
Planned Parenthood Great Plains Votes

Testimony of Rachel Sweet
Regional Director of Public Policy and Organizing
Planned Parenthood Great Plains Votes
Opposing HB 2512
House Health and Human Services Committee
February 1, 2018

Planned Parenthood Great Plains Votes, the advocacy and electoral arm of Planned Parenthood in Kansas, opposes House Bill 2512 as introduced solely due to Section 6, which states that “Nothing in this act shall be construed to authorize the prescription of any abortifacient, nor shall anything in Kansas telemedicine act be construed to authorize the delivery of any abortion procedure via telemedicine.” Section 6 of House Bill 2512 further codifies the state’s existing restrictions on the use of telemedicine for administering abortifacients and does nothing to improve the lives of Kansas women and families. The following testimony addresses the harm caused by Kansas’ prohibition on the use of telemedicine for medication abortion, a policy that is bolstered by Section 6 of the proposed Kansas Telemedicine Act.

- **Telemedicine has the potential to increase access to health care services—including safe, legal abortion—for women across Kansas, particularly in rural and underserved areas.**
 - Kansas is a leader in the development of telemedicine and telehealth to provide greater access to health care services for rural residents.
 - Nearly one-third of Kansans live in rural areas.
 - Everyone deserves equal access to health care, no matter where they live. The legislature should support efforts to expand telemedicine while not placing onerous and medically unnecessary restrictions on the use of abortifacients.

- **Medication abortion is a safe and common procedure that can be effectively delivered via telemedicine, with high levels of patient satisfaction.**
 - Medication abortion is a method of terminating a pregnancy that does not require a surgical procedure and is used during early pregnancy. Under this method, the patient takes two different types of medication, generally forty-eight hours apart. This allows the patient to end a pregnancy in a more private, less invasive manner.
 - Medication abortion is one of the safest procedures in contemporary medical practice. Major complications from medication abortion are extremely rare, and far rarer than those associated with pregnancy and childbirth.¹

¹See, e.g., Kelly Cleland et al., Significant Adverse Events and Outcomes After Medical Abortion, 121 *Obstetrics & Gynecology* 166, 169 (2013) (finding that fewer than 0.06% of medication abortion patients experienced complications resulting in hospital admission).

- According to the latest data released from the Kansas Department of Health and Environment, 53% of abortions performed in the state of Kansas are performed via medication abortion².
 - The American College of Obstetrics and Gynecology (ACOG) recognizes that medication abortion “can be provided safely and effectively via telemedicine with a high level of patient satisfaction” and that it is “equally effective when compared with an in-person visit with a physician.”³
- **The Kansas legislature has a history of passing onerous, medically unnecessary and politically motivated restrictions on abortion that harm Kansas women and their families. Singling out abortifacients and no other medication in HB 2512 is a further attempt to restrict women’s access to sexual and reproductive health care.**
 - Kansas legislators have passed more than 24 different restrictions on abortion access since 2011.
 - Health care policy should be based on medical and scientific evidence; not politics.
- **Kansas has a shortage of abortion providers. This does not decrease the need for such services, but instead adds an increased burden to women who wish to end a pregnancy.**
 - In 2014, some 97% of Kansas counties had no clinics that provide abortions, and 56% of Kansas women lived in those counties⁴.
 - There are only four abortion providers in the state of Kansas—all located in Overland Park and Wichita. Kansas women who live outside these metro areas must travel tremendous distances—sometimes several hundred miles—to access the care they need, incurring costs for travel, childcare and lost wages.

At Planned Parenthood, our top priority is making sure that every woman, no matter where she lives, can make her own personal, private health care decisions without interference from politicians. We’ll continue to do everything in our power to protect women’s access to safe, legal abortion on behalf of the patients who rely on us.

Planned Parenthood Great Plains Votes urges the Committee to remove Section 6 from HB 2512, and will remain opposed to this legislation if this section is included. We encourage the Committee to pass a telemedicine bill that does not discriminate against women of child-bearing age by attempting to further restrict their access to health care. The people of Kansas would benefit greatly from increased access to telehealth services, and this can be done while protecting each individual’s constitutionally guaranteed right to safe, legal abortion.

² Kansas Department of Health, Annual Summary of Vital Statistics, 2016

³ ACOG, Practice Bulletin No. 143: Medical Management of First-Trimester Abortion 11 (Mar. 2014)

⁴ Jones RK and Jerman J, Abortion incidence and service availability in the United States, 2014, Perspectives on Sexual and Reproductive Health, 2017, 49(1), doi:10.1363/psrh.12015.