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Proponent, SB 304

Senate Federal and State Affairs Committee
Chairman Ostmeyer and Committee,

May 13, 2015

I am the Legislative Director for Kansans for Life, here to support passage of SB 304 which would "tweak" one provision of the 2011 Abortion Clinic Licensure law now under temporary injunction in Shawnee County District Court. Because of this injunction, protective, pro-woman provisions governing in-person delivery of abortion pills are not in effect.

Currently, 19 states have enacted bans on "webcam" abortions provided without an onsite physician. 15 are in effect, 2 more go into effect in July, and Iowa and Kansas are under injunction (see attached chart).

In 2011, this novel invention—getting abortion pills without an in-person visit/exam by a physician—was operating in Iowa. The abortion pill regimen consists of two different drugs, mifepristone given initially, followed within two days by misoprostil. The "webcam" protocol involves abortion-seekers utilizing a satellite facility to discuss the procedure and then to teleconference access, via webcam, to a practitioner offsite, many miles away to "press a button" and open a drawer on the computer with pills for the woman. The woman typically ingests the first drug at the clinic and then takes the second drug by herself at home.

However casual this approach appears, the abortion pill regimen is dangerous. An FDA post-marketing summary on mifepristone published that spring showed the following adverse reactions in the U.S. experienced by women who used Mifepristone for abortions:

- 2,207 reports of "adverse events"
- 612 women hospitalized
- 339 women required transfusions
- 256 women reported infections, with 48 of them classified as severe infections
- 58 cases of ectopic pregnancies, which the pills do not treat
- 14 women died

The report can be found at
http://www.fda.gov/downloads/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/UCM263353.pdf

These abortion drugs certainly necessitate more, not less, medical oversight. Accordingly, the 2011 clinic licensure law included language to prohibit webcam abortions:

65-4a10 Performance of abortions; only physicians; RU-486 or any drug induced abortion requirements; violations. *(a) No abortion shall be performed or induced by any person other than a physician licensed to practice medicine in the state of Kansas. When RU-486 (mifepristone) or any drug is used for the purpose of inducing an abortion, the drug must be administered by or in the same room and in the physical presence of the physician who prescribed, dispensed or otherwise provided the drug to the patient.*

When this licensure law was heard in committee, Kansas-licensed abortionist Herb Hodes testified to the House Fed-State committee that he opposed the bill but SUPPORTED the anti-webcam language, adding that he himself did not do these kinds of abortions!

However abortionist Hodes sued the law, and among the many claims of his attorneys in ensuing filings over the past four years is that he opposes the webcam provision, due to potential issues of medical emergencies and hospitalization of his patients with drugs that have abortifacient properties for whom he cannot physically be present to initiate.

We believe the abortion clinic licensure language is clear that the abortionist must only be present at the initial provision of the abortion-inducing drug. SB 304 specifies an exemption:

RESULTING NEW LANGUAGE
(b) (1) Except as provided in subsection (b)(2), when RU-486(mifepristone) or any drug is used for the purpose of inducing an abortion, the drug ~~must~~ shall be administered by or in the same room and in the physical presence of the physician who prescribed, dispensed or otherwise provided the drug to the patient.
(2) When a drug is administered in a hospital through the use of an intravenous drip chamber or through intravenous intermittent infusion and the administration of such drug results in inducing an abortion, whether intentionally or unintentionally, the prescription for such drug shall be given to the patient in the same room and in the physical presence of the physician prescribing such drug to the patient.
(3) The provisions of this subsection shall not apply in the case of a medical emergency

The revised language would specifically allow for a situation in which the pregnant woman:

1. must go to the hospital and intentionally receive abortion-inducing drugs intravenously or
2. is in an obstetric emergency requiring intravenous drugs with abortifacient properties.

In no case would the abortionist be required to be in the room throughout the intravenous administration.

SB 304 also keeps the original intent that the abortionist must be physically in the room with an abortion-seeking woman to provide the drug or a prescription for abortion-inducing drugs, and not just appear on a computer screen from miles away.

SB 304 will clarify an exemption that will hopefully allow the court to at least grant this anti-webcam protective provision to come out from under injunction and go into effect.

Thank you, I stand for questions.

Kathy Ostrowski

Web Cam Abortion Bans

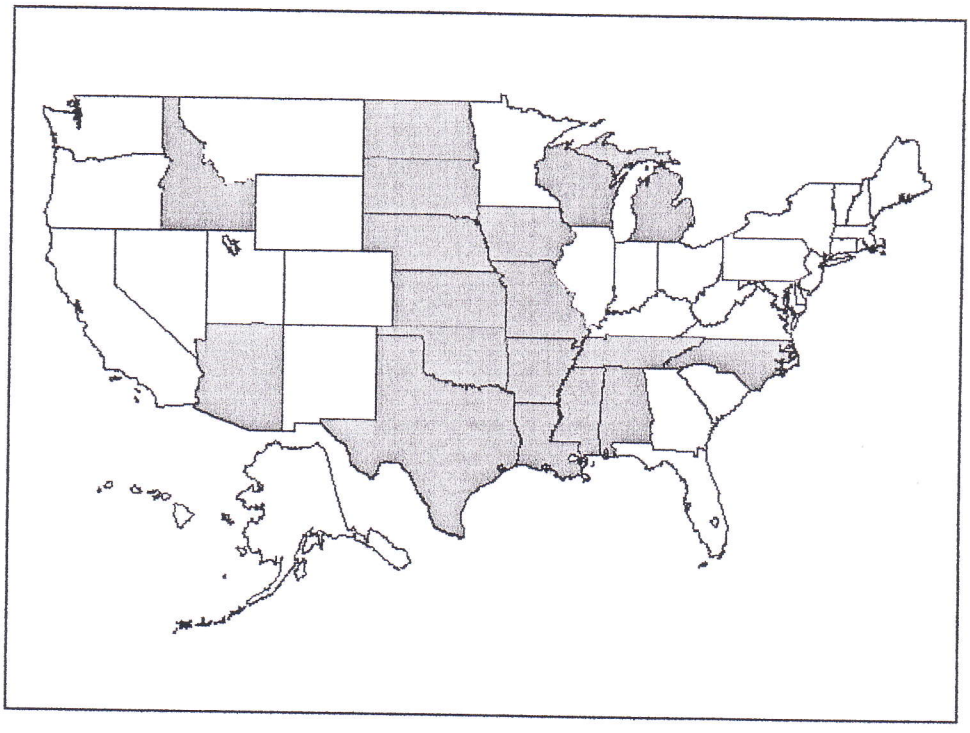
Updated: April 7, 2015

"Web-cam abortions" are chemical abortions done by a video conferencing system where the abortionist is located at one location and uses a closed circuit TV to talk over a computer video screen with a woman who is at another location. The chemicals are dispensed by a remote control which opens a drawer near the woman. She removes the pills herself. The abortionist never sees the woman in person. They're never actually in the same room.

Nineteen (19) states have enacted laws requiring abortionist to be physically present in the same room as the woman when administering a chemical abortion.

* Enjoined

States with Web Cam Abortion Bans



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SB 304: adds exemption to webcam provision in 2011 abortion law under injunction

Dangers of "webcam" abortions

3.228 women obtained abortions "by pill" in Kansas in 2014—44.4% of total abortions.

From the beginning, the abortion industry has asserted that abortion drugs are both "safe and effective." But too many women have found otherwise.

These facts come from an April 30, 2011 FDA post-marketing summary on mifepristone, the first part of the 2-drug RU486 protocol used in Kansas and other states:

* more than 2,200 reports of "adverse events" or complications (2,207)
* more than 600 women (612) hospitalized,
* more than 300 (339) requiring transfusions.
* 256 women reported infections, with 48 of them classified as severe.
* 58 cases of ectopic pregnancies, which the pills do not treat

Sometimes these complications prove deadly.

The FDA knew of at least 14 deaths associated with use of these drugs in the U.S. and at least five more in other countries. And that was as of April 2011. Deadly infections killed more than half (8) of those who died in the U.S. Undiscovered ectopic pregnancies which ruptured killed two others. Women in other countries have bled to death.

Everyone who chemically aborts will bleed, and not just a little.

> A woman aborting with mifepristone [the first of the two drugs associated with an "RU-486" abortion] generally **bleeds four times as much as a woman having a standard first-trimester surgical abortion**. Sometimes the bleeding goes on for days, or weeks. When the bleeding gets out of control, what a woman needs is not a phone or a webcam, but a physician close by who can examine her, evaluate her condition, and provide emergency surgery if necessary.
>
> One of the major problems in all these cases is that **the signs and symptoms** of **an ectopic pregnancy, of a hemorrhage, of a serious reproductive tract** infection – that is, painful cramping, heavy bleeding, gastro-intestinal distress – also **are standard side effects of the chemical abortion process**. They are signs that even a trained emergency room doctor might easily misinterpret.

Webcam abortions are an innovation designed to increase abortion business revenues, but do not promise to make women's lives any safer. They claim high safety and efficacy rates with webcam abortions, but critical data is missing.

In Grossman's August 2011 study from the journal Obstetrics & Gynecology, 58 women, or 21% of telemedicine study participants, were "lost to follow-up." Nearly four times that many, 207, the report says, "declined participation" in the study or were "not invited."

This is, in fact, one of the chief problems with web-cam abortions – not the women who dutifully check in reporting they survived their chemical ordeals – but the ones who don't. Women who disappear, who go through this arduous, dangerous, bloody process without ever meeting --in person--the physician supposedly is charge of their care.

> Researchers would have you ignore these lost women and **calculate safety and efficacy from only those women with whom they were able to follow up. That's part of how you get a 99% "success" rate.**

While possible that these lost women's cases were non-problematic, it is also possible that these women turned to their own personal physicians, or to a doctor in the E.R., to handle serious problems. Whether these other doctors would have been prepared to handle abortion related complications, or whether they would have even been told the woman was dealing with complications of a chemical abortion, is an open question.

> Some promoters of abortion pills have **told women to tell doctors they are having miscarriages.** They tell them the doctors can't tell the difference. If so, they **won't show up in any mortality rates or "adverse event" reports** associated with the drugs, but they will be dead or injured just the same.

Frankly, pro-lifers believe that both women and their unborn children would be better off if these drugs weren't sold in the U.S. at all. But if they are going to be sold, the least we can do is to make sure that the mother's life isn't going to be put at further risk for the convenience and economic benefit of the abortionist.

> Even in Grosssman's 2011 study touting women's 'satisfaction" with webcam abortions, a high percentage – **25% – still said they would have preferred being in the same room as the doctor.**

Perhaps the industry considers a few ruptured ectopic pregnancies, hemorrhaging patients, or life-threatening infections as "statistically insignificant," as acceptable losses, as just the cost of doing business. But the rest of us do not. Not when lives hang in the balance, not when this is an entirely elective procedure, not when we can put a physician in the room to ensure a more responsible standard of care.

Legislators must protect women's health and insure abortion practitioners do their jobs.

EXCERPTS ADAPTED FROM TESTIMONY OF DR. RANDY O'BANNON. NRLC
http://www.nationalrighttolifenews.org/news/2015/03/idaho-house-votes-55-14-to-curb-web-cam-abortions-bill-on-its-way-to-the-senate/#.VVJo2pNmooN