



March 16, 2016

Senate Public Health & Welfare

Opposition to SB 497

Chairman O'Donnell and members of the committee:

I am the CEO of the Salina Family Healthcare Center and the Program Director of the Smoky Hill Family Medicine Residency Program in Salina, KS. More importantly, I am a Family Physician who provides obstetrical care. I am writing today in opposition to Senate Bill 497 regarding risk factor screening for pregnant women.

It may seem surprising that a physician would oppose a bill that on the surface appears to have the intention of increasing screening for the important birth risk factors of tobacco use, alcohol consumption, substance abuse, depression, and domestic violence. Especially since these are all risk factors that not only do I screen for twice during the prenatal course and again at the post-partum visit, but we also teach all of our residents to do the same. However, this bill as written could have the opposite affect and actually decrease screening. The bill currently includes getting written permission to do the screening before doing the screening. This gives the patient an opportunity to refuse the screening before it ever occurs. A doctor shouldn't have to ask permission to ask a pregnant woman if they smoke, drink, do drugs, are depressed, or are a victim of domestic abuse; they should just ask. Furthermore, if a patient is smoking, drinking or doing drugs they are likely to refuse the screening. Also, if the patient's domestic partner who is abusing them is present, they are likely to refuse the screening specifically to avoid a potential trigger for more abuse.

In addition, this seems like busy work for both the KDHE and the physicians. It is currently the standard of care to screen for tobacco use, alcohol consumption, substance abuse, depression, and domestic violence. These questions are already built into most if not all OB documentation and I would hazard to guess that everyone who provides OB care is already asking these questions. Forcing the KDHE to provide written information to healthcare providers for patients and to enforce that signed consent for screening is obtained is a waste of resources. All this does is add work to something that is already being done.

Again, as a Family Physician who both practices and teaches obstetrical care, I speak in strong opposition to SB 497. While I applaud the effort to increase screening for these important risk factors, I feel this would have the opposite effect. If the goal is to increase screening, don't do it like this. There are better ways. This adds busy work, ties up resources that the KDHE could use in other ways, and puts in a way for patients to refuse the screening. Thank you.

Sincerely,

Rob Freelove, MD