

# SB 67 - Opposing Testimony (Written-Only)

## Testimony before the House Committee on Health and Human Services

NAME: Joseph Nicholas

TITLE: Private Citizen

BILL NUMBER: SB 67

PROPONENT, OPPONENT, or NEUTRAL: Opponent

ORAL or WRITTEN ONLY TESTIMONY: Written Only

DATE OF HEARING: March 7, 2025

Chair Carpenter and Members of the Committee,

Thank you for the opportunity to submit testimony regarding SB 67. While the bill seeks to clarify the role of Certified Registered Nurse Anesthetists (CRNAs) in prescribing, procuring, and administering drugs, I am deeply concerned about **Section (b)(2)**, which explicitly prohibits CRNAs from administering drugs for abortion. This provision is unnecessary, redundant, and could result in serious harm to Kansas patients.

### **The Problem with (b)(2):**

- **Kansas law already restricts abortion procedures and medication to licensed physicians.** Only doctors can perform abortions or prescribe medications like mifepristone (RU-486). There is no scenario in which a CRNA would be the primary provider of an abortion, making this restriction redundant.
- **Most elective abortions do not require anesthesia from a CRNA.** They are typically performed under local anesthesia or light sedation, which does not require the involvement of a nurse anesthetist or anesthesiologist.
- **Emergency D&Cs (dilation and curettage) often require anesthesia.** These procedures are necessary in cases of incomplete miscarriage, heavy bleeding, or fetal demise. Unlike elective abortions, they are frequently performed under general anesthesia, which does require a CRNA or anesthesiologist.

### **The Harmful Consequences of This Provision:**

By singling out abortion care in SB 67, the bill may create confusion and hesitation among CRNAs, leading to unnecessary suffering for Kansas patients:

- **Delays in emergency care** - CRNAs may refuse to administer anesthesia in emergency situations, fearing legal consequences.
- **Patients forced to undergo painful procedures without anesthesia** - If no anesthesiologist is available due to legal uncertainty, women experiencing miscarriage complications could be denied pain management during a necessary D&C.
- **A chilling effect on healthcare providers** - Medical professionals may hesitate to provide appropriate care, even when legal, due to vague or unnecessary legislative restrictions.

## **Conclusion:**

This provision does not improve patient care, nor does it align with established medical standards. Instead, it could deny women critical, time-sensitive healthcare, forcing them to endure needless pain and suffering during emergency medical procedures. I urge you to remove this unnecessary restriction from SB 67 and ensure that Kansas patients receive the care they need without political interference.

Thank you for your time and consideration.

Sincerely,

Joseph Nicholas  
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