Proponent, SB 95

## **Kansas House Federal and State Affairs Committee**

March 9, 2015

Chairman Brunk and distinguished members of the committee,

Thank you for allowing me the opportunity to provide written testimony regarding the Kansas Unborn Child Protection from Dismemberment Abortion Act (SB 95).

My name is Bruce Snider and I am a board certified obstetrician gynecologist practicing at Olathe Medical Center and Overland Park Regional Medical Center in Johnson County, Kansas. I graduated from the University of Kansas Medical School in 1986 and completed my residency at KU in 1990. I have been a fellow in the American College of Obstetrics and Gynecology since 1992. I have been in private practice in Olathe and Overland Park for the last 25 years. Over the years I have had the privilege of serving as the chairman of the Obstetric/Pediatric (OB /PEDS) committee at Olathe Medical Center as well as the Medical Staff President. I am currently serving on the Board of Olathe Medical Center.

I have had the opportunity to review the written testimony of Anthony Levatino, MD, which has been provided to the committee. Dr. Levatino's detailed description of a second trimester dismemberment abortion accurately reflects the process by which extraction of a live infant is removed from a uterus. Unfortunately, words cannot accurately reflect the horrific nature of the procedure. A quick Google search under the heading of "D&E video" will result in numerous videos of the procedure. I would implore the committee members to view a video of the procedure to fully understand what this bill seeks to ban.

In my many years of practice I have encountered patients in my practice who have been faced with a situation in which their child has died during the second trimester. In these situations the child is delivered by inducing delivery, utilizing abortifacient drugs. In the majority of cases the delivery is accomplished without requiring a surgical procedure on the mother. As described by Dr. Levatino, dismemberment abortion is a very invasive

surgical procedure that carries a significant risk to the mother. During the performance of a dismemberment abortion perforation of the uterus can occur resulting in the possibility of bladder and bowel injury to the mother. Bleeding complications can lead to the need for hysterectomy and unfortunately can sometimes result in maternal death. In fact, this procedure is so high risk that the majority of obstetricians in our community do not perform the procedure.

I believe this bill has been written narrowly enough to allow for exceptions in those very rare situations in which immediate delivery is needed to avert the death of the mother or to avoid irreversible grave injury. The committee should be aware that these situations are exceedingly rare and that I have never encountered one in my over 30 years in practice. The overwhelming majority of dismemberment abortions are not performed due to concerns over potential maternal death or due to serious maternal illness.

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