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BRUCE H. PRICE, M.D.

February 2, 2015

Senate Public Health and Welfare Committee
10th & Jackson
Topeka, KS 66612

Dear Chairman and Committee Members:

As a medical professional and native Kansan, a state I return to frequently, I am writing to express opposition to SB 95, which is deceptive, at best.

This bill further limits the physician's ability and judgment when taking care of patients. This will have a chilling effect on the medical profession and further marginalize women who are in need of abortion care.

The dilation and evacuation, D&E, procedure is assuredly the safest method of evacuation of the uterus in the second trimester. There is sufficient data to say that the time required to complete evacuation and blood loss incurred during the process, in particular, are much less with a D&E.

When the outcome is termination of the pregnancy, the emphasis **MUST** be on what is safest for the woman. This bill would eliminate what medical literature has shown to be the safest procedure and as such would be increasing the risk of 2nd trimester evacuation and putting women at risk. This is ironic, given that proponents are continuously touting safety concerns in women undergoing abortion.

I would encourage the committee to also take into consideration that there are many times when we need to quickly evacuate the uterus of a woman undergoing an evacuation because of fetal demise or a worsening and life-threatening medical condition. In these women who may have initially preferred induction, but whom became too sick or who was bleeding too much to have adequate time to complete that process, D&E is the safest method. By banning the use of this procedure, physicians, in cases like these will be forced to deviate from the best, most sound care for patients; hence, putting the woman's life at risk.

Additionally, D&E procedures can be utilized at various gestational limits and is not limited to second trimester abortions. Indeed, there are times when a physician who is performing a first trimester procedure may need to utilize a D&E. If a physician's medical latitude and judgment is hampered, it is the patient who will suffer the consequences.

Each patient comes to a provider for care with unique circumstances. I cannot tell Committee Members how many times I have had to uniquely tailor the medicine I prescribe to my patients due to their own unique circumstances. Removing clinically accepted surgical options from physicians is not taking into consideration the best standard practice of care.

SB 95 does not include exceptions for the woman's health, fetal anomalies, rape or incest. It is disheartening to think what women in the most dire of circumstances may have to endure unnecessary treatments and treatments that deviate from established standards of care due to this misguided bill that will further restrict abortion access.

I encourage the Committee to consider carefully any action on this bill. I respectfully ask that you vote no.

Best.

A handwritten signature in black ink, appearing to be 'Bruce H. Price', written over a horizontal line.

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