



March 16, 2016
Senate Public Health & Welfare
Opposition to SB 497

Chairman O'Donnell and members of the committee:

Good afternoon. The Kansas Association for the Medically Underserved (KAMU) stands in opposition to Senate Bill 497. I am Denise Cyzman, KAMU Executive Director, and I thank the Committee for the opportunity to present this written testimony. As the Primary Care Association of Kansas, KAMU represents 45 safety net clinics, with 91 locations; of these 23 provide OB services to women, many of whom are Medicaid beneficiaries. All of the safety net clinics have a common mission to provide quality, affordable, and accessible health care services without regard for the patients' ability to pay.

The American College of Obstetricians and Gynecologists (ACOG) advocates assessing for psychosocial risk factors of all women seeking prenatal care regardless of social status, educational level, or race/ethnicity. Because problems may arise during pregnancy, ACOG recommends performing the screening at least once each trimester. Psychosocial risk factors also should be considered after delivery.¹ When screening is conducted, every effort should be made to identify areas of concern, validate major issues with the patient, provide information and education, and, when necessary, refer the patient for further evaluation or intervention. This increases the likelihood of identifying important issues, protecting maternal health, and reducing poor birth outcomes. Following standards of care, like the ACOG recommendation, and using decision support mechanisms, such as standardized assessments, assures that the right care is delivered to the right patient at the right time – **every time**. This bill, as written, allows pregnant women to opt out of these risk screenings, and requires a physician to ask permission to practice evidence-based care.

Screening for psychosocial risk factors requires sensitive discussions between the provider and the patient, and barriers to having these discussions must be minimized. Women already have the right to refuse to answer questions; this does not require legislation. Even when women refuse to answer questions, though, raising the questions gives an important message about how these risk factors may harm their babies. Allowing women to opt out creates a barrier to quality care that could have detrimental consequences, negatively impacting the mother's health and resulting in poor birth outcomes, including infant mortality. This is contrary to the A & M Efficiency Report recommendation to "implement health birth outcomes initiatives to improve women and child health care outcomes and manage costs," which was estimated to save Kansas almost \$23,000,000 through SFY21.

While KAMU strongly supports screening for psychosocial risk factors during pregnancy and postpartum, we cannot support legislation that obstructs providing high quality care, achieving optimal health outcomes, and reducing preventable healthcare costs.

¹ American College of Obstetricians and Gynecologists Committee on Health Care for Underserved Women. ACOG committee opinion no. 343, psychosocial risk factors: Perinatal screening and intervention. *Obstet Gynecol.* 2006 Aug;108(2):469-77.