

Planned Parenthood Great Plains Votes

Testimony of Elise Higgins
Regional Director of Public Policy and Organizing
Planned Parenthood Great Plains Votes
Opposing House Bill 2319
House Federal and State Affairs Committee
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Planned Parenthood Great Plains Votes, the advocacy and electoral arm of Planned Parenthood in Kansas, strongly opposes House Bill 2319 because it is designed to undermine confidence in highly qualified physicians, attempts to codify an unconstitutional law, and does nothing to improve the lives of Kansas women and families. The following testimony addresses the new proposed components of the 24 hour informed consent form, in order.

(a) Forms provided to a woman 24 hours in advance of her abortion shall be provided in a printed format in black ink with 12- point Times New Roman font: This font size, type, and color requirement is an absurd and overly high degree of state interference in the appearance of a single medical form of the many a patient must sign in the process of having an abortion. This font specification is not required in any other form related to abortion or any other safe, legal medical procedure. Outside of abortion, there are no other statutes in the realm of medicine wherein the state of Kansas meddles with font size except KSA 65-4978 (3) (C) (b) (i) (A) (3) (c), where the state specifies that a heading in a medical retainer agreement, a contractual document, must be in size 10 bold font. Note that even here, the state does not specify a font color or type. Comprehensive Health of Planned Parenthood Great Plains' 24 hour informed consent form is, with the exception of a header, in size 9 Arial font and is clearly legible as such. The state's own certification of informed consent form is in Times New Roman size 11, not 12. There is no unique benefit to black ink with 12 point times new roman font, and certainly no medical necessity. Patients are capable of reading the form in the font in which it has been available for printing or pickup at our health center for many years. The primary issue patients experience with the 24 hour informed consent form is not its font, but that it creates yet another state mandated barrier between safe and legal health care and those who seek it.

(1) The name of such physician: Comprehensive Health of Planned Parenthood Great Plains' 24 hour informed consent form already includes the names of both physicians who provide medication and surgical abortion at health centers in Overland Park and Wichita. This requirement is unnecessary and redundant.

(A) The year in which the physician received a medical doctor's degree: As specified in KSA 65-28, all physicians licensed to practice medicine in the state of Kansas must have a medical doctor's degree from a healing arts school accredited by the Kansas Board of Healing Arts. In no other practice in Kansas is a physician required to prove what is assumed for their peers on a form a patient will receive ahead of a medical procedure.

(B) The date on which the physician's employment commenced at the facility where the abortion is to be performed: This requirement has no bearing on patient safety, no relation to requirements from the Board of Healing Arts and, as with the other sections of House Bill 2319, treats providers of abortion inconsistently with all other physicians providing safe and legal medical care.

(C) Whether any disciplinary action has been taken against the physician by the state board of healing arts by marking either a box indicating "yes" or a box indicating "no" and if the box indicating "yes" is marked, then provide the website addresses to the board documentation for each disciplinary action: This requirement, as with the one before it, has no bearing on patient safety, is not requested by the Kansas Board of Healing Arts or required by the Legislature for any other practitioner, and is an attempt by the bill authors to imply that physicians providing abortion are more suspect than physicians offering other types of health care. In fact, the opposite is true: Comprehensive Health of

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Planned Parenthood Great Plains and its physicians uphold the highest standards of patient safety, pass regular state inspections with flying colors, and are exemplary members of the Kansas medical community.

(D) Whether the physician has malpractice insurance by marking either a box indicating "yes" or a box indicating "no": As with Section (A) of HB 2319, all physicians are required by the Kansas Board of Healing Arts to have malpractice insurance. This requirement again singles out abortion providers for disparate treatment and is unnecessary.

(E) Whether the physician has clinical privileges at any hospital located within 30 miles of the facility where the abortion is to be performed by marking either a box indicating "yes" or a box indicating "no" and if the box indicating "yes" is marked, then provide the name of each such hospital and the date such privileges were issued; and (F) the name of any hospital where the physician has lost clinical privileges: In the landmark Supreme Court decision *Whole Women's Health v. Hellerstedt*, the Court found that neither Texas' hospital privileging requirement nor their ambulatory surgical center requirement "offers medical benefits sufficient to justify the burdens upon access that each imposes." Kansas' law requiring a physician maintain clinical privileges at a hospital located within 30 miles of the facility where the abortion is to be performed has been blocked in state court since 2011. New Section 1 (E) and (F) of HB 2319 is a transparent attempt to enshrine this blocked law which is likely to remain permanently blocked in statute. The inclusion of this language in the 24 hour informed consent form would be deceptive; it would give the impression that a Kansas' clinical privileges law is indeed in effect, which it is not.

(G) Whether the physician is a resident of this state by marking either a box indicating "yes" or a box indicating "no": This requirement has nothing whatsoever to do with patient safety and is an attempt to single out and stigmatize doctors traveling from outside of Kansas to provide safe and legal abortion. The reason some physicians must travel from outside of Kansas' borders to provide health care is the hostile and at times violent climate encouraged by the state of Kansas between 2011 and 2015 and in years past; this climate has made it increasingly difficult for physicians to train to provide abortions, and sustained harassment mean that some physicians with appropriate training choose not to provide abortions. Those who travel into Kansas to provide abortions should be lauded for their bravery and commitment to making real the promise of *Roe v. Wade*, not singled out via state law.

Kansans paying for the operation of the Legislature rely on this body to address urgent priorities such as fully funding public education and addressing a more than \$1 billion shortfall between this and the next fiscal year. To the extent that Kansans want the Legislature to address sexual and reproductive health, 59% of Kansas voters, in an October 2016 Public Policy Polling poll, support policies that put prevention first and focus on reducing unintended pregnancies by providing comprehensive sex education and increasing access to contraception. This bill represents an attempt to single out and shame both those who need and those who perform a safe and legal medical procedure; it also represents an attempt to distract the Legislature from the critical work it has not yet accomplished in the 2017 legislative session. PPGPV urges the committee to vote no on HB 2319 and instead to focus on fiscal issues, education, and prevention.