Bret S. Gordon, DO

Board Certified Obstetrician & Gynecologist

2704 W 145th Street Leawood, KS 66224 913-661-0604 bsgobg@gmail.com

February 2, 2017

Chairman LaTurner and members of the Federal and State Affairs Committee:

Thank you for the opportunity to submit my testimony to you regarding SB 98 where I stand as an opponent.

I am a Board-Certified Obstetrician & Gynecologist, and have maintained practice in the state of Kansas for the past 13 years. Serving in this role, I consider myself an advocate for the protection, welfare, and safety of women.

The proposed SB 98 does not advocate for the protection and welfare of my patients. None of the measures listed would facilitate improvement in delivering safe patient care. Nor would it improve quality of care.

Suction D&C procedure commonly employed for uncomplicated 1^{st} trimester pregnancy terminations is the same technical procedure that is performed for an uncomplicated 1^{st} trimester pregnancy loss (miscarriage). Its safety is well documented, particularly when provided by a skilled provider.

More complicated procedures—gastric bypass surgery for example, require far more surgical skill. Procedures like this expose patients to far more risk of complications and comorbidity than a procedure like suction D&C. Why don't surgeons providing high risk procedures require this scrutiny?

It seems absurd that a relatively safe suction D&C procedure requires such extreme "vetting" of the physician. More risky and complicated procedures (such as gastric bypass)— requires no disclosure of the surgeon's background.

Again, why is this scrutiny not required for more complicated and high risk procedures? It is clear to me that the focus of SB 98 really is not on patient safety, protection and welfare.

Provisions for the skillsets and competency of physicians are supervised quite effectively by their credentialing boards and the hospitals and clinics where they serve their patients.

These bill measurements seek to interfere with women's access to pregnancy termination. They do not serve to improve patient safety or quality of care.

Thank you again for accepting my testimony. I am happy to discuss further if I can provide further insight.

Sincerely,

Bret S. Gordon, DO