

Lee A. Norman, MD, MHS, MBA
Senior Vice President
Chief Medical Officer

Proponent Testimony
LTC Lee A. Norman, MD, MHS, MBA
S.B. 235
March 23, 2017

Chairwoman McGinn and Members of the Committee:

Good morning. My name is Dr. Lee Norman. I am the Chief Medical Officer of The University of Kansas Hospital. In that role I am a physician leader and senior hospital executive.

I also serve the State of Kansas as a lieutenant colonel in the Kansas Army National Guard, and I am the State Surgeon of Kansas, which means I oversee troop medical readiness, train Army medics for combat, and advise the Adjutant General on matters of emergency preparedness and homeland security.

I have four brief comments to make this morning in support of SB 235.

(1) Last week we finished the annual “match” program and have the results. The “match” is the process where new medical school graduates from throughout the United States choose and are selected for their specialty and primary care residency training programs. We got by this year “by the skin of our teeth.”

Graduating medical students – and we know this through the interview process – do not want to come to an academic medical center where guns are allowed. That we are awaiting a law allowing our exemption was our saving grace *this year*.

If the exemption is not granted, thereby allowing guns in our facility, those resident physicians, the future medical manpower of our state, will go elsewhere. Our pipeline of physicians will dry up.

Attracting resident physicians is the key to building and sustaining a physician workforce statewide. A high percentage of residency graduates settle within 150 miles of their training. Additionally, our own graduating medical students will leave the state, and many will not return.

(2) Our competitors are “licking their chops” awaiting the knowledge of the fate of this bill. They will win, and we – and especially the State of Kansas – will be the big losers. Healthcare professionals and patients will vote with their feet and go elsewhere.

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(3) Every hospital is a “mental” hospital. Yes, we have patients and visitors who are mentally ill. But we also have people – many of them – who I would categorize as *temporarily* mentally ill due to grief, loss, anger, pain and delirium. Guns do not belong in their hands.

And finally, (4) I am Army-trained in the use of a Beretta M9 handgun. I know what it takes to be safe and accurate. But our workforce is not and will not choose to be competent with handgun use. They will simply go someplace else.

In our hands we are very good with stethoscopes and speculums. Would you be comfortable with a stethoscope or a speculum? You wouldn't want to be wielding those any more than we want to wield a handgun.

I hope you see fit to support SB 235. Thank you.