



Wichita Office
3301 W. 13th St.
Wichita, KS 67203
316-687-5433
kfl@kfl.org

Topeka Office
735 SW Jackson Street
Topeka, KS 66603
785-234-2998
kfftpeka@gmail.com

Overland Park Office
7808 Foster
Overland Park, KS 66204
913-642-5433
kansansforlife@aol.com

HB 2082-Neutral Testimony

House Health and Human Services Committee

February 6, 2019

Chairwoman Landwehr and Members of the Committee,

I am Jeanne Gawdun, Senior Lobbyist with Kansans for Life. Thank you for the opportunity to testify today in regard to HB 2082.

Here in Kansas, the KDHE reported that 3,962 (58%) of abortions in the state in 2017 were performed using the RU 486 method (mifepristone). This is above the national average of 45%, but certainly indicative of the national trend.

For many years, there has been a concerted effort by abortion activists to **push dangerous, do-it-yourself abortions**. They also are pushing to allow nurses and midwives to abort unborn babies. (*see examples of articles on next page*).

The University of California, Berkeley has a Self-Induced Abortion Legal Team, a nonprofit group that "envisions a world" where abortion drugs are as easy to buy as the morning-after pill, according to the Christian Science Monitor. Abortion activists also launched a website in 2017 that promotes do-it-yourself abortions to American women.

In 2015, the Kansas legislature, by a near unanimous bi-partisan majority, expressed its intent to require the in-person presence of a physician in the abortion pill protocol.

In light of the increasing numbers of medication abortions, and the push to allow lower level health care providers to administer such abortions, it is imperative that the legislature not create a situation where pharmacists would be allowed to do so.

.KFL will remain neutral on HB 2082, provided an amendment (*attached*) is added stating that nothing in the bill will repeal, replace or supersede the abortion pill protocol requirements listed in KSA 65-4a10.

Thank you and I stand for questions.

Jeanne Gawdun

Kansans for Life Senior Lobbyist

785-383-8636

1. <https://www.who.int/bulletin/volumes/87/1/07-050138/en/>

Bulletin of the World Health Organization

Provision of abortion by mid-level providers: international policy, practice and perspectives by Marge Berer

“For many years now, since first-trimester abortion techniques have become so straightforward, it has been technically feasible for health professionals other than physicians to carry out first-trimester aspiration abortions, to provide medication to women for medical abortion and, in both types of procedure, to monitor and follow-up the process to a safe conclusion. Yet, in most countries, doctors are the only health professionals permitted to provide abortions, with the support of nurses. This paper argues that this policy has not kept up with technical innovation and is not only out-of-date but makes it more difficult for countries to provide highly accessible, quality abortion services at low cost.”

“Measures for de-medicalising primary health services include: adoption of simpler technology and service protocols, authorisation and training of less qualified providers, simplification or elimination of facility requirements, establishment of robust referral links to hospitals, increasing user control and self-medication.” .4

2. <https://ipas.azureedge.net/files/WHOPROE15-WhoCanProvideAbortionCare.pdf>

“For women who want to end their pregnancies, laws that allow only medical doctors to provide abortion are real barriers. Abortion can safely be provided by nurses, midwives, paramedical personnel and other midlevel providers. Women who have correct information can take pills to end a pregnancy safely outside a health facility. However, many abortion laws require the involvement of one or more medical doctors. These laws criminalize women and other health professionals who end pregnancies safely without a doctor.”

Proposed amendment to HB 2082

To be placed in New Section 1 as subsection (b), replacing the current language in subsection (b) which would become subsection(c):

“Nothing in this act shall replace, repeal, or supersede the abortion pill protocol requirements listed in KSA 65-4a10.”