

2-14-23

Senator Beverly Gossage, Chairwoman Senate Public Health Committee
Beverly Gossage - Chairman 445S 785-296-5123
Renee Erickson – Vice Chairman 441E 785-296-7476
Pat Petty – Ranking Minority 125E 785-296-7375

Re: comments in support of SB5

Dear Senator Gossage and colleagues of the Senate Public Health Committee:

I urge you to support and vote out SB5 to the Senate floor for full vote and passage! The burgeoning practice of chemical/medical abortion performed remotely by telemedicine carries significant risks to the mother, not to mention death of the rapidly developing infant!

- Chemical abortion has a complication rate four times that of surgical abortion, and as many as one out of five women will suffer a complication.^{1,2}
- Three to seven out of every hundred women who choose chemical abortion early in pregnancy will need follow-up care to finish the abortion, with as many as 7-10% needing follow-up care for chemical abortions in the first trimester after 63 days of pregnancy and up to 39% requiring surgery if accidentally taken in second trimester.^{3,4,5}
- As many as 15% of women will experience hemorrhage, and 2% will have an infection. The risk of incomplete abortion and infection increases with increasing gestational age.^{1,5}
- Chemical abortion drugs are more likely to send women to the emergency room: the rate of chemical abortion-related emergency room visits increased over 500% between 2002-2015.⁶
- Chemical abortions are over 50% more likely than surgical abortions to result in an ER visit within 30 days affecting one in twenty women.⁶
- Mifepristone cannot treat an ectopic pregnancy and can mask the symptoms of tubal rupture, putting women at risk of severe bleeding and death. Approximately 2% of all pregnancies are ectopic.⁷
- If an Rh-negative woman is not administered Rhogam if indicated at the time of her chemical abortion, she could experience isoimmunization which would cause serious risks to future pregnancies.⁸
- Some abortion advocates encourage women to lie to their doctors if they need urgent care and say they are having a miscarriage. However, if a chemical abortion is miscoded as a miscarriage in the ER (which occurred 60% of the time in one study), the woman is at significantly greater risk of needing multiple hospitalizations and follow-up surgery.⁹
- <https://lozierinstitute.org/fact-sheet-risks-and-complications-of-chemical-abortion/>

Telemedicine can and is a beneficial adjunct to medical exam and treatment in certain situations, especially in rural areas of Kansas, HOWEVER, as you can see from the above complications and rates of complication, chemical abortions cannot be, and WILL not be supervised by an on-site physician or nurse practitioner, utilizing ultrasound and other legitimate common medical exams or practices to insure the patient is an appropriate candidate for the procedure, and insuring that complications will be prevented and should they occur, be treated safely and in a timely manner! Additionally, in this case, without local on-site medical supervision, the ability to accurately track these medical practices and patient outcomes is highly in question.

The following statistic from KDHE's 2021 Kansas Health and Vital Statistics further illustrates the problem of attempting to accurately supervise and track abortions in Kansas. As you can see, in Kansas in 2021 there were 7,849 abortions in Kansas, of which about 50% were performed on women from out of state! And we do not yet know how the failure of the VTB amendment will affect these numbers. BUT, chemical abortions performed on non-residents portend a HOST of challenges, if not impossibilities to accurately supervise, and assess for and treat complications!

	Tot	Out of state	Ks resident
abortions all ages	7849	3912	3937

Even the Highly reputable Mayo Clinic states the following:

Having a medical abortion is a major decision with emotional and psychological consequences. If you're considering this procedure, make sure you understand what it entails, side effects, possible risks, complications and alternatives.

<https://www.mayoclinic.org/tests-procedures/medical-abortion/about/pac-20394687>

For the unfortunate infant, whose life is ended, there is no mitigation of consequences!

More broadly speaking, while emergency powers acts do have their place, both their duration and extent have been broadly abused by politicians, including Governor Kelly, President Biden, and elected officials at almost every level to unduly restrict and forcibly curtail the freedoms of Kansans for the past several YEARS! Certainly this is NOT the intent of such emergency powers. AND, furthermore their dubious benefits in this circumstance compared to the damage caused at many levels of our society make their protracted duration and enforcement indefensible!

Thank you for your support of SB5!

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