TESTIMONY OF CURTISS HANNUM,
PHILADELPHIA WOMEN'S CENTER
BEFORE THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
ON REGULATION OF ABORTION FACILITIES
SB 642, SB 732, SB 660, SB 662

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Chairwoman Vance, Senator Kitchen, members of the Committee, thank you for the opportunity to appear before you today to discuss how the Pennsylvania Department of Health can best regulate medical facilities offering abortion care.

My name is Curtiss Hannum. I am a nurse practitioner and I am here today representing the Philadelphia Women's Center, a freestanding reproductive health center located in Center City Philadelphia. We are one of the approximately 20 freestanding facilities in Pennsylvania who will be directly affected by the legislation you are studying today. We are members of the National Abortion Federation, or NAF, which regularly inspects our facility and maintains strict clinical standards for abortion providers. The Gosnell grand jury report specifically praised Pennsylvania's NAF-affiliated clinics and noted their high clinical standards.

At the Philadelphia Women's Center, our goal is first and foremost that our patients are safe and that they are treated with kindness, dignity and respect. As a safe abortion provider that values our patient's emotional and physical well-being, it is devastating to

learn of a provider who does not value patient safety or who takes advantage of women. We do not currently and have never referred patients to providers who are known to practice substandard or unsafe care. At the Philadelphia Women's Center, we strongly support and encourage regulation that promotes and protects women's health and that prosecutes illegal providers. We support regulation that includes annual inspections of abortion providers by fair and impartial surveyors, a patient safety reporting system that is clearly understood and not punitive to providers and an accessible complaint system for patients and providers to report bad care. Abortion regulation must be used to promote and protect patient safety and to ensure providers are practicing according to the highest standards of care. Abortion regulation cannot limit access to safe abortion care or harass women or providers. We welcome the opportunity to work in partnership with the Department of Health to ensure that all patients receive the highest level of care and that regulation supports this mission.

We commend Senators Vance, Corman, and Hughes for the thoughtful and careful approach you have taken in your legislation. We do have some constructive feedback on these bills that I will be addressing today. In general, we believe the approach you are taking is a wise one: that is, to focus on consistent, appropriate, alert enforcement of reasonable health and safety standards that do not interrupt women's access to safe care.

I will focus my remarks on two questions raised by the proposed legislation:

1. What mechanisms should the Department of Health put in place to make it possible for patients and providers to complain about an unsafe provider or facility?

2. What type of patient safety reporting system should be in place to promote non-punitive, consistent reporting and subsequently improve patient care?

Prior to my discussion of complaint systems and patient safety reporting, I would like to create a context for abortion care in the United States. According to the Alan Guttmacher Institute, approximately half of American women have had an unintended pregnancy in their lifetime and at current rates about 1/3 of women will have had an abortion by the time she is 45. The vast majority, 88%, of these abortions occurs in the first 12 weeks of pregnancy. The safety of abortion in both the first and 2nd trimester is well established, less than 0.3% of abortion patients experience a complication that requires hospitalization.

Complaint: We thank the Gosnell grand jury and Senators Vance and Hughes for recognizing that the previous complaint system was prohibitively complicated for patients and did not facilitate or ensure the investigation of unsafe or illegal practices. The formal complaint mechanism should be simple to use, ensure patient privacy and be responsive to complaints without interfering with patient care. The complaint mechanism outlined out in SB 732 and SB 662 has many positive features including a statewide toll-free telephone number and the option for the complainant to remain anonymous. While the anonymity of the complaint system is necessary to protect patient privacy, it also makes the system subject to abuse.

We caution legislators to carefully consider any complaint system to ensure that, as much as possible, it is immune to abuse from abortion protestors. We are acutely

aware of the harassment that our patients endure at the hands of abortion protestors and the means to which protestors will go to harass and intimidate abortion providers and understandably fear a complaint system that could be abused by anti-abortion activists. In addition, providers have just cause for concern about how the DOH will investigate complaints. Though not stated as current practice at the mandatory DOH meeting on March 21st, 2011, it is our understanding that current practice will be for the DOH to send inspection teams following all complaints regardless of their level of acuity.

For the reasons stated above, we appreciate and support the clarity that SB 662 imposes on the Department of Health's duty to investigate complaints and refer to the appropriate civil or criminal authorities when warranted. In addition, the language in SB 732 that states that by definition, a complaint is a violation of a specific act or statute that pertains to abortion facilities. Going forward, clear definitions of what constitutes a complaint and what prompts an investigation will help to eliminate inspections that may have occurred after frivolous or fraudulent complaints.

Patient Safety Reporting: In Pennsylvania, the vast majority of abortions occur in freestanding abortion facilities. These freestanding facilities are currently subject to Ambulatory Gynecological Surgery in Hospitals and Clinics regulations, the Abortion Control Act (ACA) Legislation and the MCARE Act. These 3 bodies of comprehensive regulation, when enforced, currently ensure the safety of women. In addition to the thorough requirements for abortion, consent and reporting outlined in the Ambulatory Gynecological Surgery in Hospitals and Clinics regulations and ACA, the MCARE Act gives clear parameters for reporting requirements to the Patient Safety Authority.

As reinforced at the mandatory DOH meeting on Monday March 21st, 2011, the Patient Safety Reporting System is a non-punitive system that providers use to report serious events, incidents and infrastructure failures. This system encourages over-reporting, and is designed primarily to identify places where patient safety can be improved. Unfortunately, recent mandates from the governor and current proposed legislation have created mandatory on-site inspections, prompted by patient safety reports, which are exclusive to abortion providers. These inspections do not apply to any other medical facilities under the MCARE Act, are punitive to providers and do not increase patient safety.

Currently, under the governor's direction, all freestanding abortion facilities are being inspected within 5 days of a serious event. SB 732 would make inspections following serious event law and would mandate that it happen within 72 hours. SB 642 expands the inspection requirement to follow not just a serious event but also an incident and an infrastructure failure. Incidents are defined as an act that does not harm the patient and in some cases does not even reach the patient directly. Infrastructure failures may occur as the result of protestor activity.

By responding to every report with an on-site inspection, regardless of potential merit, the Patient Safety Reporting System becomes punitive, which is not the object of the System. Rather, the Department should evaluate how to best expend their own resources and the resources of providers while simultaneously protecting patient safety. In addition, current policy and proposed legislation indicating automatic inspections are and would be exclusive to abortion facilities, which stigmatizes providers as needing additional layers of regulation not necessary for other medical facilities. Abortion

providers support the current PSA reporting system as it holds true for all facilities under the MCARE Act. When deemed necessary, we support report prompted on-site inspections that have followed a thorough investigation determining the reason for and goals of the inspection.

Closing: In closing, I want to thank the Committee for permitting me to testify today. As a nurse and a patient advocate, I thank the Committee for supporting regulatory measures that promote and protect the health and safety of women seeking abortion care in Pennsylvania.