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Testimony of Eve Espey, MD, MPH
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Thank you to Chairman Siegfried and members of the Kansas House Committee on Federal and State Affairs for allowing me to submit this testimony. As lawmakers around the country continue to legislate on issues of women's reproductive health, it is vital that the voices of physicians and other healthcare providers, along with the voices of women themselves, are heard.

My name is Eve Espey, MD, MPH, and I am an Associate Professor of Obstetrics and Gynecology at the University of New Mexico. I am submitting testimony today as an experienced healthcare provider and a member of Physicians for Reproductive Choice and Health (PRCH). PRCH is a national not-for-profit organization created to enable concerned physicians to take a more active and visible role in supporting universal reproductive health. We are committed to ensuring that all people have the knowledge, access to quality services, and freedom to make their own reproductive health decisions.

I write today to state my opposition to any legislation that disregards circumstances that require pregnancy termination in order to protect a woman's health. It is my purpose in submitting this testimony to convey the medical implications of the decisions made in Topeka and to represent the real-life faces and voices of the women, my patients, who are affected by such decisions. Any time legislators debate aspects of reproductive healthcare, the health and safety of the women of Kansas should be a central part of that conversation.

Abortion is one of the safest medical procedures in the United States. Because it has been so contentious, it has been highly scrutinized and studied, and thus we have a large database supporting our assertions regarding safety. In 2002, nearly 1.3 million women terminated their pregnancies through surgical or medical abortion.[i] The vast majority of these were completed in the first trimester when risk of mortality and morbidity are lowest. The Centers for Disease Control and Prevention estimates that 59% of legal abortions in the United States occur within the first eight weeks of gestation, and 88% are performed within the first

13 weeks.[ii] Complications attributed to first trimester abortion are very rare, with less than 1% of women experiencing serious adverse events.[iii] The risk of death associated with abortion is very low. Death occurs in 0.0006% of all legal abortions (1 in 160,000 cases). In comparison, a woman's risk of death during pregnancy and childbirth is ten times greater.[iv] Mortality risks, however, do increase with gestational age, from 1 death for every one million abortions up to 8 weeks to 1 per 29,000 at 16-20 weeks and 1 per 11,000 at 21 or more weeks.[v] Many women are forced to delay obtaining procedures as a result of difficulties in locating funds or transportation.[vi]

In Kansas, the Department of Health and Environment reports 11,221 abortions were performed in 2006. Of these, a majority are performed at less than nine weeks' gestation, with an overwhelming majority, 96.6%, performed within 22 weeks. Of the 233 abortions performed in Kansas after 22 weeks of gestation on a fetus determined by the attending physician to be viable, all were provided to prevent "substantial and irreversible impairment of a major bodily function" of the pregnant woman.[vii] We hope the Kansas legislature would not want women to suffer substantial and irreversible impairment due to a pregnancy. Banning abortion after 21 weeks' gestation with no exception for a woman's health, however, would do just that.

There exist legitimate threats to a woman's health caused by continuing a pregnancy, and healthcare providers must be trusted to use our sound medical judgment in such cases. Preeclampsia, a condition characterized by high blood pressure that develops in the second or third trimester of pregnancy, is a major cause of maternal mortality worldwide. In severe cases, pregnancy termination is recommended to protect the pregnant woman's health.[viii] Physicians may also recommend pregnancy termination to protect the woman's health if advanced stage cancer is diagnosed in the second trimester. Delaying therapy may subject the woman to treatment delay, risking further progression of the disease.[ix]

I recently cared for a woman at 22 weeks' gestation whose heart condition had deteriorated during pregnancy. She had undergone open heart surgery for a condition known as "transposition of the great vessels" when she herself was an infant. Although previously stable, my patient's cardiac function declined during her pregnancy to such a degree that her cardiologist recommended termination of the pregnancy in order to preserve her health. In this case, the abortion procedure was necessary to protect her health and may have even been life-saving. She was grateful for the opportunity to live her life and to continue to parent her two-year-old daughter.

As a doctor, my patients' health is my top priority. Doctors aim to provide the best possible medical care for our patients, and we know that patients must be fully informed of their options in order to make the healthcare decisions best for themselves and their families. Your constituents, our patients, hope the Kansas legislature shares their belief that healthcare

providers, not legislators, know best when a specific medical procedure is required to protect their health. If you believe that doctors, not legislators, should have the final say in private healthcare matters, then you cannot in good conscience seek to ban medical procedures that may be necessary to preserve a woman's health.

Intimate reproductive healthcare decisions should be made by a woman and her doctor. The doctor-patient relationship, long recognized to be crucial to the health of an individual, is one built on trust and medical judgment. Efforts by legislators to interfere in this relationship by prohibiting doctors from offering medical procedures they consider safest and best to preserve their patients' health do a disservice to women, families, and communities.

Major medical organizations recognize the danger in allowing politics to dictate medicine. The American Medical Association, for example, "strongly condemns any interference by the government or other third parties that causes a physician to compromise his or her medical judgment as to what information or treatment is in the best interest of the patient."[x] The American College of Obstetricians and Gynecologists states that "the intervention of legislative bodies into medical decision making is inappropriate, ill advised, and dangerous."[xi] Lawmakers are experts on crafting the best laws for their constituents. Doctors are experts on providing the healthcare services their patients need. The medical community relies on its experience, scientific expertise, and sound judgment to determine which medical procedures are necessary to protect their patients' health. Preventing the intrusion of politics into science and medicine is paramount to the health of our communities.

The CDC recently reported shocking news: the rate of death during childbirth in the United States rose in 2004 for the first time in decades.[xii] In 2004, the U.S. maternal mortality rate increased from 12 to 13 deaths per 100,000 births, a statistically significant trend that confirms pregnancy and childbirth may pose serious health risks to women. Recognizing this, physicians know we must work together to improve the health and lives of women in Kansas. Expanding access to family planning services, promoting comprehensive and medically accurate sex education, and respecting women's reproductive choices can help create a culture where women's health and sound science are valued and preserved. Prohibiting a safe medical procedure for a woman when physicians have determined its need to protect the woman's health benefits no one, disrupts patient care, and sends a message to the women of Kansas that their healthcare needs are insignificant.

Education works. Prevention works. Strong doctor-patient relationships free from government interference work. What doesn't work is criminalizing medical procedures necessary to ensure a woman's health. Physicians can attest to the need for abortion services post-viability to protect the health of the woman. Please allow doctors to do what they do best—care for their patients.

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