

January 15, 2021

Kansas House Committee on Federal and State Affairs

### **HCR 5003 - The Value Them Both Constitutional Amendment**

Testimony by Lisa Gilbert, MD, FAAFP, PROPONENT

Chairmen Barker and Members of the Committee,

My name is Lisa Gilbert. I am a board-certified family physician and I would like to thank you for this opportunity to speak in support of the Value Them Both Constitutional Amendment.

During my 12 years in practice, I have cared for people of all ages, including infants, children, teenagers and many pregnant patients. After completing residency in Wichita, I practiced for three years in Lakin and at an FQHC in Garden City. Here I provided women's health, including prenatal, obstetrical management, and surgical procedures following miscarriage. Now that I have returned to Wichita, I serve as core faculty at the Via Christi family medicine residency program, which includes women's health and obstetrics.

I strive to treat each patient with compassionate and excellent care, respecting their dignity and autonomy by providing informed consent. Informed consent requires discussion of the risks, benefits, and alternatives to any plan of care. It is vital that patients can choose between options with sufficient knowledge, and without pressure or duress. This is especially important with minors, where health literacy is notoriously low, and who often receive health information from peers and social media.<sup>1</sup> Furthermore, the mental capacity to understand and rationally evaluate risks and benefits is still developing in adolescents.<sup>2</sup> Many downplay potential risks, and instead base their decisions on immediate perceived gain and peer pressure. For this reason, parental involvement is equally important in any major decisions. And the policy statement of the American Association of Pediatrics agrees, "Parents generally are better situated than others to understand the unique needs of their children and to make appropriate, caring decisions regarding their children's health care" and "Parents should generally be recognized as the appropriate ethical and legal surrogate medical decision-makers for their children and adolescents."<sup>3</sup>

Informed consent counseling requires discussing openly the risks and benefits of all medical procedures. Regarding abortions, documented **physical risks** include infection, bleeding, damage to cervix or uterus, and tissue remaining in the uterus. We have incomplete data in the US because abortions are not uniformly reported in all states. Secondly, we do not keep national databases linking abortions to complications. Abortion clinics do not report this data and may not

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<sup>1</sup> <https://www.tandfonline.com/doi/full/10.1080/15398280802121406>

<sup>2</sup> [ncbi.nlm.nih.gov/pmc/articles/PMC3621648/](https://ncbi.nlm.nih.gov/pmc/articles/PMC3621648/)

<sup>3</sup> <https://pediatrics.aappublications.org/content/138/2/e20161484>

even know it, as patients proceed to the emergency department if there are complications once they leave the clinic. Instead, we rely on 1) patients disclosing that they had an abortion when they present to the ER with complications, 2) on the physician documenting this with appropriate diagnosis (ICD-10) codes, and 3) this data then has to be “data mined” through an appropriate research study pooling these codes. This leads to a higher likelihood of underreporting, due to the need for patients to self-disclose their prior abortion rather than stating they were having “a miscarriage.” Physicians may hesitate to enter diagnosis codes for an abortion due to concerns (accurate or not) about who will see the billing statements later on (e.g. a family member who is the payer), and whether the services will be covered financially by insurance companies.

Despite the challenges, the most comprehensive study in the US occurred through UCSF, studying over 50,000 women<sup>4</sup>. It showed that **5.2% of women had complications after medication abortion**, and about **1.5% for all surgical abortions** together. There were **2.6% of women who visited an emergency room** because of abortion complaints.

Let’s bring this home: There were 6916 abortions performed in Kansas in 2019, and 36% were surgical<sup>5</sup>. If we use California’s complication risk, this shows us that last year 231 women had some complications after medication abortion, and 37 women after surgical abortion; these complications were serious enough to have required some sort of medical attention. If 2.6% of women required a subsequent visit to the emergency department, that is 180 women. Based on Kansas abortions among minors, of which there were 161 last year, 6 girls developed complications, 4 of whom went to the emergency room. This is information any parent and teens themselves should know.

In terms of mental health risks, many teens are struggling with depression and anxiety. In fact, the NIH reports a major depressive episode in 20% of teen girls<sup>6</sup>. Abortion also contributes to mental health challenges. Even studies that deny that abortion causes depression directly still admit, “Still, both sides agree that (a) abortion is consistently associated with elevated rates of mental illness compared to women without a history of abortion; (b) the abortion experience directly contributes to mental health problems for at least some women; and (c) there are risk factors, such as pre-existing mental illness, that identify women at greatest risk of mental health problems after an abortion.”<sup>7</sup> Other factors involved include adolescents and women who feel pressured to terminate a pregnancy, who perceive opposition or lack of social support by family or friends, who experience feelings of stigma or need for secrecy, who generally use avoidance or denial as coping strategies, or who experience low self-esteem or low perceived control over their lives<sup>7</sup>. Some of these risk factors are certainly present in adolescents seeking abortions.

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<sup>4</sup> <https://pubmed.ncbi.nlm.nih.gov/25560122/>

<sup>5</sup> [https://www.kdheks.gov/phi/abortion\\_sum/2019\\_Preliminary\\_Abortion\\_Report.pdf](https://www.kdheks.gov/phi/abortion_sum/2019_Preliminary_Abortion_Report.pdf)

<sup>6</sup> <https://www.nimh.nih.gov/health/statistics/major-depression.shtml>

<sup>7</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6207970/>

Parents, as well as their teens, need to know what the risks are. They need to know why their daughters may experience unusual abdominal pain and cramping which might keep them out of school for several days after an abortion. They need to know what to look for in terms of infection or excessive bleeding during their daughters' recovery. Parents also need to be able to inform the medical team about the recent abortion if their child needs to go to the emergency department, as this may guide critical decisions about medical and surgical management. Finally, mental health risks cannot be effectively addressed if the teen's closest mentors and protectors are entirely unaware of her situation. Since patients experiencing depression often do not present for medical care when they most need it, parents need to be aware in order to intervene early with treatment for any mental health concerns.

Regardless of whether an adolescent chooses to abort, give up for adoption, or raise the child herself, I think everyone agrees that she and her parents deserve to have adequate disclosures to make a free and informed decision, and to have this required by law. Just as we are required to disclose vaccine risks, abortion risks should also be required. And according to Guttmacher Research Institute, most states agree, as **parental involvement is required in 37 states, with 26 states requiring one or both parents to consent to the procedure**. Similarly, a woman deserves to have the same disclosure in order to assess her own risks and benefits.

The Constitutional Amendment appropriately preserves reasonable protections around abortion, such as informed consent counseling and parental consent prior to abortion, which would be typical of any other medical procedure. For these reasons, I urge you to support the Amendment, intended to protect the women and children of Kansas by reasonable legislation. Thank you for this opportunity and for all your work for the people of Kansas. I am happy to receive any questions.

Sincerely,

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