

Testimony of Dr. Selina Sandoval, MD MPH (written and oral testimony)
Associate Medical Director
Comprehensive Health of Planned Parenthood Great Plains
Regarding HB 2749 (Opponent)
Senate Committee on Public Health and Welfare
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My name is Dr. Selina Sandoval, and I am the Associate Medical Director of Comprehensive Health of Planned Parenthood Great Plains (“CHPPGP”). CHPPGP offers expert, compassionate, comprehensive sexual and reproductive health care to patients with three health centers located in Kansas. As a practicing OBGYN who provides abortion care in Kansas, I submit this testimony in opposition to HB 2749. This bill would require providers like me to ask patients about the reasons they are seeking an abortion—and indicate which is most important from a list of 11 arbitrary, legislatively outlined reasons. Providers would also be required to report this information to the department of health and environment (“KDHE”). This is not only medically unnecessary, but it intentionally exposes patients’ personal lives to the will of politicians who have never met them. This bill is motivated by anti-abortion stigma and a desire to harass, intimidate, and shame health care providers and patients in Kansas.

Data on why pregnant people seek abortion care already exists. This information has been voluntarily collected through legitimate academic research by organizations such as the Guttmacher Institute.¹ Such institutions undergo rigorous processes to ensure ethical compliance in their research. It is made clear to research participants that the information they provide is voluntary and that they can cease participation at any time. The proposed reporting requirements in HB 2749 follow no such standards for ethical data collection. Unlike valid academic studies that require participant consent and ensure confidentiality, the reporting requirements in this bill are unnecessary and immensely harmful.

Requiring abortion providers to ask such invasive questions of patients serves no purpose—except to shame and stigmatize abortion. There are many reasons people need abortion care, certainly more than 11 reasons defined by this bill. The patient’s unique and personal reason plays no role in the safe, effective, timely health care I provide them. Furthermore, the requirements in this bill could potentially retraumatize patients who are survivors of rape and incest. As a provider, I am a mandated reporter who is equipped to contact the proper authorities and help patients experiencing violence and sexual assault. The reporting requirements set forth in HB 2749 would undermine the patient-provider relationship and present serious barriers to honest conversations about care. The ability to have open and truthful conversations is a fundamental element of the patient-provider relationship. Patients should not have to fear that they will get denied care for not knowing how to answer a question. Health care is not standardized testing; it is a basic human right.

These questions also do nothing to advance informed consent. I always thoroughly explain each procedure’s risks and benefits to a patient in a manner easily understood by them. Asking these questions has nothing to do with the medically accurate informed consent we always have and continue to provide.

The American College of Obstetricians and Gynecologists has repeatedly reaffirmed their strong opposition to “any governmental interference that threatens communication between patients and

¹ <https://www.guttmacher.org/united-states/abortion>



their physicians or causes a physician to compromise his or her medical judgment when caring for patients.”² There is simply no medical reason why I or any provider would need this information to adequately care for patients. It does not protect current or future patients.

Kansans have made it abundantly clear that abortion access is a right that should not be impeded by the Legislature. HB 2749 has nothing to do with protecting patient safety, and only seeks to subject patients to invasive and deeply personal questions with irrelevant answers—and for no reason but to stigmatize abortion, and to intimidate and shame providers and patients.

I strongly urge the Committee to oppose HB 2749 for the health and safety of our communities.

² <https://www.acog.org/clinical-information/policy-and-position-statements/statements-of-policy/2019/legislative-interference-with-patient-care-medical-decisions-and-the-patient-physician-relationship>