

Before the Kansas House Federal & State Affairs Committee, March 14, 2017

PROPONENT, House Bill 2319

Chairman Barker and committee,

I am a Kansas-licensed physician, Dr. Melissa Colbern, who is unable to attend this hearing but want to submit my support for **HB 2319, the Disclose Act**.

Since 2012, while **directing a pregnancy resource center** here in Topeka, I have become familiar with women experiencing an unplanned pregnancy. I provide pregnancy tests and ultrasounds as well as information regarding the choices of abortion, parenting, or adoption. My services have been provided to women from age 14 through 44 at this center.

I was asked to share my thoughts on the **mental state of many of these women in crisis pregnancy**. My time as a family practitioner has direct bearing on this subject, because it was during those many patient experiences that I learned how people react and process information during a crisis.

What is clear is that **people under stress do not hear or understand all information** presented to them. When I had bad news to relay, often the patient would not remember details we would discuss. We would need to write down important information and have additional meetings in the future to discuss details of their diagnosis and treatment. Frequently, at the follow-up visits, the patients would lack any understanding of information I had tried to relay at the previous visit.

Young girls and women in crisis pregnancies are **very much like a medical patient receiving an unfavorable diagnosis**. They cannot process even 50% of the information you are presenting.

A brain in crisis is not able to give full attention to conversation or medical details, nor is a brain in crisis good at processing information so that it can be stored in their memory.

Often these women are being **pressured** by parents or boyfriends to choose options that they do not want to choose. These women are trying to process how their lives are developing in ways they never planned. They are:

- very stressed and distracted;
- not able to effectively express questions or communicate their own feelings; and
- overwhelmed trying to maneuver all their life stressors.

A Topeka physician who operates a pregnancy resource center comments on the mindset of women dealing with unplanned pregnancy.

When counseling patients in such stressful situations, there **needs to be repeat visits with a lot of information written down** so the patients can process the information slowly and continue to re-read the information.

They need to have an unrushed environment and opportunity to ask many questions. Ideally, it is beneficial if the woman can be seen alone even for a few minutes to be sure all of her questions are answered. Much care needs to be taken to adequately educate patients undergoing a stressful event.

In counseling my private practice patients regarding an unfavorable diagnosis, I would always refer my patients to doctors that I approved of. These doctors would be **licensed, would have hospital privileges, and would have a good reputation** for quality care given. I would NEVER send my patients to physicians I would not send my own family members to.

Likewise, in counseling women in crisis pregnancies, I believe patients should have ready-access to information regarding physicians working in the abortion clinics. These women **should be able to easily access information** regarding licensing, hospital privileges, and medical board disciplinary actions.

I counsel women in crisis pregnancies who will be traveling to abortion clinics that they should ask for this information and, in fact, have a right to this information.

Thank you, committee.



Dr. Colbern

Melissa Colbern, M.D., graduated from University of Kansas Medical School in 1996, and completed Family Medicine Residency in Wichita, Kansas in 2000. She worked as a family practitioner in Topeka, Kansas from 2000 to 2013, practicing **obstetrics as well as full-spectrum family medicine**. She established **Mary's Choices, a pregnancy resource center**, in Topeka in 2012 and is the medical and executive director there. She continues to practice family **medicine in the acute care setting**.
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