

To the House Federal and State Affairs and the Senate Judiciary Committees

Testimony in Opposition of HCR 5019

Emily Martinelli, MD

I appreciate your time in considering my testimony. I am Dr. Emily Martinelli, an Obstetrician and Gynecologist providing general ob/gyn care for women who live in the greater Kansas City area.

My goal as a physician is to provide evidence and fact-based care to my patients, while maintaining their autonomy to make decisions for themselves. I see patients on their best days and their worst days. I take great pride in being a compassionate source of information for women.

Pregnancy is a beautiful thing, with the development of new life, plans for their future, and a dream of a happy, healthy family.

But, for a young, reproductive-aged woman the time surrounding pregnancy and delivery is the biggest risk to a woman's health. Imagine your teenage daughter, or college-age niece suddenly being permanently disabled or lose their life to a sudden blood clot, or unexpected hemorrhage. These are risks that previously healthy women accept every single day that they are present. As an obstetrician and gynecologist, it is my responsibility to be on the lookout for potential subtle changes that may precede a devastating outcome.

However, this is not about me. This is about my patients.

For some women, maintaining a pregnancy is a matter of life and death. She may be injured or murdered at the hands of a partner- as women are more likely to be victims of intimate partner violence while they are pregnant. There is a wide spectrum of hypertensive disorders of pregnancy which can cause organ damage such as kidney failure, severe lung disease, stroke, blindness, seizure, and sudden fetal death.

Those are things for me to worry about. My patients worry about their important life goals- raising their current children in stable homes where there is money to put food on the table, being the first one in the family to finish high school or college (and with that try to dig out of the cycle of poverty), coming to terms with a genetically nonviable pregnancy.

My patients need to have safe access to abortion care. Without this fundamental human right of medical care, women are at increased risk of death simply by being pregnant, not to mention the increased literal and emotional cost associated with pregnancy.

As a liaison between hard science and my patients, I understand that there are often many terms misused, and fundamental facts of science that are ignored when discussing abortion care.

It is my job as a physician to care for my patient in the way that makes the best sense for her. I counsel my patients the same way each time. Was this an expected pregnancy? How are you feeling about being pregnant? How can I help you?

This conversation is between me and my patient. I answer her questions using my knowledge of science and medicine.

It is not my place to decide that she must continue her pregnancy, to take on the risks of pregnancy and child birth.

Safe abortions are an integral part of health care. Protecting the right to safe abortion care for the women and families of Kansas is a vital part of keeping Kansas a healthy and safe state for pregnant patients to live.

Thank you for your time.

Sincerely,

Emily Martinelli