#### SESSION OF 2009

## SUPPLEMENTAL NOTE ON HOUSE BILL NO. 2011

### As Recommended by House Committee on Federal and State Affairs

# Brief\*

HB 2011 would require the Kansas Department of Health and Environment (KDHE) to adopt rules and regulations directing reporting requirements for abortions to be implemented as specified in this bill. The changes to current law would:

- Require that the current rules and regulations adopted by KDHE be modified in such a way that the specific medical basis and clinical diagnosis for determinations that an abortion was necessary be included on reporting forms submitted to the agency;
- Require that the second consulting physician for abortions must be from Kansas;
- Require that the medical reasons for determining the gestational age to be reported for all abortions, regardless of gestational age;
- Add the terms "medical basis and clinical diagnosis" to the statement currently required by physicians to report the reasons for a determination that the fetus was not viable; and
- Add a requirement that the physician performing an abortion report the specific medical basis and clinical diagnosis used to make the determination that the abortion was necessary.

<sup>\*</sup>Supplemental notes are prepared by the Legislative Research Department and do not express legislative intent. The supplemental note and fiscal note for this bill may be accessed on the Internet at http://www.kslegislature.org

## Background

Proponents for the bill include its sponsor, Representative Arlen Siegfreid, and a representative of Concerned Women for America of Kansas, who provided written testimony. Opponents included a conferee representing Planned Parenthood of Kansas and Mid-Missouri and a representative of Women's Health Care Services and ProKanDo, who provided written testimony.

The fiscal note indicates the bill would impact the Department of Health and Environment and would increase State General Fund expenditures by \$77,000 in FY 2010. The expenditure increase would be limited to contractual and printing costs that would be required for updating the vital statistics database and reporting forms, modifying instructions, and providing training for staff and providers.