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RON BRYCE
11TH DISTRICT

03/08/2023

To: Representative Brenda Landwehr, Health and Human Services Committee Chair

Re: Proponent Testimony for House Bill 2313

Dear Chairperson Landwehr and Committee Members:

Please accept this letter as my written testimony as a proponent for House Bill 2313. This bill would create the "Born Alive Infants Protection Act" to provide legal protections for infants who are born alive, regardless of the intent of the delivery. Particularly, infants born alive after an attempted abortion would be granted legal protections. I hope my years of experience as a practicing physician will be of benefit as the committee considers this important issue.

Although it is not widely known, many infants have been born alive after abortion. Here is the story of one of these patients:

As the medical resident on duty for the neonatal intensive care unit (NICU) in a county hospital I was summoned to an operating room for a "Code Blue". Most of the time a "Code Blue" is initiated when someone is having cardiac arrest or other immediately life-threatening conditions. But when I arrived for this one no one seemed in distress. And no one would verbalize what was happening. The surgeon, still fully gowned, was not actively providing care. The young lady on the operating table was awake, and seemed in no distress. It was then that I heard a cry. I turned to see a premature male infant lying on a metal table in the corner of the room.

This baby had accomplished the seemingly impossible—survived his abortion. Though strong enough to temporarily live outside the womb, he was still too young to survive for very long after being separated from his mother, primarily because his lungs weren't developed adequately enough to support his body's needs. Medical science had failed to take his life quickly, and now medical science had little to offer that would allow him to live.

At the time, I had been a physician for only a few years. But I had seen aborted fetuses who still had a heartbeat. However, this infant wasn't lying limp like the others. He was moving his arms and legs, and crying.

I transferred him to the NICU for further care after it became obvious he was too tough to die quickly. Attendants placed him under a heating lamp for warmth in his NICU bed. I stared down at his frail body and wrote routine orders for premature babies' admittance to the NICU. But this admission seemed anything but routine.

Over several hours, as his breathing became more labored, he grimaced several times—evidence of a struggle with something he had no ability to comprehend. While I could see him, he could not see me. He would never know me, but I would always remember him. Finally, his grunting quieted, movements ceased, and the grimace passed. Though he was no longer breathing, his heartbeat continued. (It isn't unusual for babies' hearts to keep beating for some time after they are in all other ways dead.) Because of the irreversible brain damage he had sustained due to lack of oxygen, I pronounced him dead.

This case highlights there are only three options for these patients:

- 1) Treat the newborn as you would any other newborn of similar gestational age.
- 2) Set the newborn aside and hope he or she dies quickly of complications of prematurity. This is what happened in the case I just described, but in that case the nurses intervened when the baby kept on crying. They called the Code Blue in spite of the abortionist's objections.
- 3) The third option for the abortionist when a newborn is born to live after an abortion is to actively take the life of the newborn.

So, as you can see, under current law the abortionist has three options. House Bill 2313, if it is passed, would make it clear that caring for the infant is the only legal option.

We are moral people. We believe that those who are weakest among us, those who are powerless among us, and those most innocent among us should be protected and cared for to the best of our ability.

Thank you,



Ron Bryce, M.D.