

Pablo J Sánchez, MD

Proponent Testimony for Sub. S.B. 147

House Families Against and Human Services Committee

November 18, 2021

Chair Manchester, Vice Chair Cutrona, Ranking Member Liston, and members of the House Families, Aging, and Human Services Committee, thank you for the opportunity to provide proponent testimony for Substitute Senate Bill 157, “the Born Alive Infant Protection Act.”

I am a practicing neonatologist with 30 years of experience. I have cared for many full-term and preterm newborns and young infants in the neonatal intensive care unit, some as young as 22 to 23 weeks’ gestation. All of these infants, including the periviable extremely preterm infants, are born with a heartbeat, respirations, and feel pain from procedures that are done to them. When admitted to the neonatal intensive care unit, all of them are supported with life-saving measures that range from placement in an incubator to provide warmth and humidity, respirator support to maintain oxygen levels, nutritional support consisting of intravenous fluids and milk feedings to prevent dehydration and malnutrition, antibiotic therapy to treat any possible infection, as well as careful monitoring of blood pressure, heart rate, and respirations. All infants born alive after attempted abortion possess the same vital signs that are needed to sustain life even if only for a short period of time. It is up to us as a society to make sure that they are given all opportunities for optimal comfort, care, and ultimately survival.

It is my firm belief that we need to support the lives of infants who survive a failed abortion. It is imperative that we care for them in a timely and benevolent manner in order to optimize their outcomes. For this to happen, these infants will need to be transferred to a nearby hospital, and therefore it is imperative that abortion clinics have up-to-date variance agreements that help maintain the best practical standards of care.

All life must be supported and this bill will provide many of these infants with the opportunity to be transferred to a neonatal intensive care unit where a medical team will provide the needed medical care such as nutrition, cardiorespiratory support, antibiotic therapy, and neurologic care to optimize future outcomes. If they are not able to survive when transferred to a neonatal intensive care unit, at the very least they will be cared for in a loving environment and provided with end-of-life loving care that may consist of alleviation of pain and suffering to maintenance of hydration status. Such is the care that we would provide to any member of society.

Please feel free to call me with any questions or if you desire any clarification. Please support this bill as it will enhance the quality of the lives of our most vulnerable members of society.

Sincerely,

Pablo J Sánchez, MD