

This is the testimony that I hoped to give last Thursday, the 7<sup>th</sup> of April, regarding Senate bill 89. I will not be able to attend on Tuesday, so please accept this written testimony.

My name is Kathleen Todd. Although I am a long time member of the Valdez School Board including its curriculum and policy committees, I am speaking for myself, a physician in Valdez and parent of two grown daughters, educated here.

I am speaking in opposition to SB 89. I agree with much of the previous testimony about how essential good sex ed is and how it is often better received when delivered by visiting experts. As a parent I find sex ed much more important and foundational than some other controversial topics discussed in school, so singling it out to require opt-in instead of opt-out is not warranted nor optimum. The child who is too embarrassed, too neglected, too confident in their own “knowledge”, or just too disorganized to get their permission slip back is exactly the kid who probably needs the class the most. Concerned parents can already opt out of instruction they don’t agree with (or work with the school to change the curriculum for everyone). These points have been covered extensively.

So I’d like to focus on local control. To get warmed up with the issue of paying for teacher physicals. Different districts have different needs. My district needed to get more substitutes, so we offered to pay back their costs for the physical if they completed a certain number of hours of subbing. These are not people on our insurance plan, which is grandfathered in to not pay for physicals anyway. I can imagine that a district that sends teachers to extremely remote locations might require physicals for everyone before they take off. To require these teachers to pay extra for the “privilege” of the remote assignment is unfair and could be a deal breaker. The industry standard around here is that if the employer requires a physical, the employer pays for the physical, thereby avoiding arguments about what is really needed any why. School districts may need to meet the local industry standard.

Why this rule about paying for physicals is included in this bill is unclear, but let’s not forget about it if by some stretch of the imagination you decide to pass this bill. Please remove it.

On to sex ed: This bill is being touted as anti-Planned Parenthood, but in our locale it has different consequences. I do abortions –way less than one percent of my practice, but I do abortions. Some of my fellow physicians also do abortions, some do not. Some of the staff help out, some do not, according to their own consciences. My male medical partner and I have been guest speakers in the 5<sup>th</sup> grade “now your body’s changing” classes for years, as well as in junior high and high school health classes. Multiple teachers and parents have thanked us for being the voice of expertise, the male voice in the female teacher’s classroom or visa versa, and often the unembarrassed adult to answer questions. Under this bill, no local physician would be able to be the presenter in the future. Nor could we provide pamphlets or handouts. Our community does not have any other physicians or public health nurses to call upon. No one from our one medical office could volunteer, no matter what they personally do or believe.

The teachers are present and in control of what we talk about. The one time I have discussed abortion in a classroom was at the high school 30 years ago. The teacher asked me to describe the procedures used for abortions and list some reasons why people get abortions. The students had asked to discuss this topic. She consulted with the principal for approval. Notification was sent home per protocol, with an invitation for parents to discuss this with the teacher or to be present for the lectures. A speaker from the local pro-life group spoke the day after I did; the students discussed the issue the day after

that. There were two parents present in the classroom for those 3 days. There was one parent that opted their child out when the note came home. What a great way to model information gathering, discussion of controversial topics, and decision making! One of the parents who was present and two who weren't made a point of thanking me for my presentation. No complaints were lodged. I think our school district has this issue figured out. If it needs to be changed, we can best address it at the local level.

It is also necessary to consider the consequences of this bill in different places. It says no contracts with abortion providers. The school district currently contracts with our clinic to give hepatitis immunizations for new custodians. There is no other clinic to do this, so perhaps they'd have to bring someone in or send people to Glennallen or Anchorage. The proposed law could be interpreted to say that my medical partner's wife can no longer coach the ski team nor my employee cater the school district Christmas party.

Senate Bill 191/House Bill 352 are much crazier in their consequences in small towns where everyone wears many hats, but rewriting all three of these bills to more carefully pick on one organization alone is not the solution. Don't pass any of them. Work on your local school district to deal with controversial issues in a healthy way. Give our students the information they will need in adult life. Let the schools choose the materials and presenters that work the best in their circumstances and complain locally if, when you have the facts, you don't think things are being done right. Please oppose SB 89. Thank you.