

**ALASKA STATE LEGISLATURE
HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES
STANDING COMMITTEE**

March 29, 2001
3:05 p.m.

MEMBERS PRESENT

Representative Fred Dyson, Chair
Representative Peggy Wilson, Vice Chair
Representative John Coghill
Representative Gary Stevens
Representative Sharon Cissna

MEMBERS ABSENT

Representative Vic Kohring
Representative Reggie Joule

COMMITTEE CALENDAR

HOUSE BILL NO. 160

"An Act requiring the reporting of induced terminations of pregnancies."

- HEARD AND HELD

HOUSE BILL NO. 164

"An Act prescribing the rights of grandparents related to child-in-need-of-aid hearings; and amending Rules 3, 7, 10, 15, and 19, Alaska Child in Need of Aid Rules."

- HEARD AND HELD

HOUSE BILL NO. 142

"An Act relating to the Alaska temporary assistance program; and providing for an effective date."

- SCHEDULED BUT NOT HEARD

PREVIOUS ACTION

BILL: HB 160

SHORT TITLE: REPORTING OF ABORTIONS

SPONSOR(S): REPRESENTATIVE(S) COGHILL

Jrn-Date	Jrn-Page	Action
----------	----------	--------

03/09/01	0514	(H)	READ THE FIRST TIME - REFERRALS
03/09/01	0514	(H)	HES, JUD, FIN
03/22/01	0697	(H)	COSPONSOR(S): JAMES, KOTT
03/23/01	0711	(H)	COSPONSOR(S): WILSON, MEYER
03/29/01		(H)	HES AT 3:00 PM CAPITOL 106

BILL: HB 164

SHORT TITLE: GRANDPARENTS' RIGHTS REGARDING CINA

SPONSOR(S): REPRESENTATIVE(S) DYSON

Jrn-Date	Jrn-Page		Action
03/09/01	0515	(H)	READ THE FIRST TIME - REFERRALS
03/09/01	0515	(H)	HES, JUD, FIN
03/27/01		(H)	HES AT 3:00 PM CAPITOL 106
03/27/01		(H)	Heard & Held
03/27/01		(H)	MINUTE(HES)
03/29/01		(H)	HES AT 3:00 PM CAPITOL 106

WITNESS REGISTER

DANIELLE SERINO, Staff
to Representative John Coghill
Alaska State Legislature
Capitol Building, Room 102
Juneau, Alaska 99801

POSITION STATEMENT: Testified on behalf of the sponsor of HB 160.

KAREN PEARSON, Director
Division of Public Health
Department of Health & Social Services
PO Box 110610
Juneau, Alaska 99811

POSITION STATEMENT: Answered questions on HB 160.

RANDALL LORENZ, Staff
to Representative Fred Dyson
Alaska State Legislature
Capitol Building, Room 104
Juneau, Alaska 99801

POSITION STATEMENT: As committee aid, answered a question concerning language on HB 160.

MARY DYE
8000 North Douglas Highway

Douglas, Alaska 99824

POSITION STATEMENT: Testified on behalf of herself on HB 160.

ANNA FRANK, Executive Director

Planned Parenthood

9300 Arlene

Anchorage, Alaska 99515

POSITION STATEMENT: Testified on behalf of herself and Sharon Smith on HB 160.

JENNIFER RUDINGER, Executive Director

Alaska Civil Liberties Union

PO Box 201844

Anchorage, Alaska 99520

POSITION STATEMENT: Testified on HB 160.

IDA BARNACK, Alaskans for Life Incorporated

8292 Garnet Street

Juneau, Alaska 9801

POSITION STATEMENT: Testified in support of HB 160.

SID HEIDERSDORF

PO Box 658

Juneau, Alaska 99801

POSITION STATEMENT: Testified on behalf of himself on HB 160.

WES KELLER, Staff

to Representative Fred Dyson

Alaska State Legislature

Capitol Building, Room 104

Juneau, Alaska 99801

POSITION STATEMENT: Testified on behalf of the sponsor of HB 164.

BETTY SHORT, President

Grandparents Rights Organization

3705 Arctic Boulevard

Anchorage, Alaska 99503

POSITION STATEMENT: Testified in support of HB 164.

LINDA SLONE

Grandparents Rights Organization

6400 Reed Lane

Anchorage, Alaska 99503

POSITION STATEMENT: Testified in support of HB 164.

JOANNE GIBBENS, Program Administrator

Division of Family & Youth Services
Department of Health & Social Services
PO Box 110630
Juneau, Alaska 99811

POSITION STATEMENT: Testified in support of HB 164.

ACTION NARRATIVE

TAPE 01-38, SIDE A
Number 0001

CHAIR FRED DYSON called the House Health, Education and Social Services Standing Committee meeting to order at 3:05 p.m. Members present at the call to order were Representatives Dyson, Wilson, Coghill, Stevens, and Cissna.

HB 160-REPORTING OF ABORTIONS

CHAIR DYSON announced that the first item of business would be HOUSE BILL NO. 160, "An Act requiring the reporting of induced terminations of pregnancies." He stated that it was his intention to not move the bill that day.

CHAIR DYSON said currently abortion clinics are not licensed or inspected like other surgery centers, and he would like to spend a couple of days investigating that and then decide whether or not to add those facilities to the list of those that are licensed and inspected.

Number 0220

REPRESENTATIVE COGHILL speaking as the sponsor of HB 160, stated that it is his intention to amend the bill. He remarked that there is no monitoring of abortions in Alaska; however, the majority of states do monitor, and the Centers for Disease Control [and Prevention] (CDC) has a template for doing this. He remarked that there is a heavily polarized discussion [on abortions] in America; however, this would help tabulate what is going on in society, notwithstanding the debate. This would be modeled after the federal guidelines for these reports and would then be established in [Alaska's] records with the National Center for Health Statistics. He concluded that he would like this to be reported to Vital Statistics with some modification.

Number 0427

DANIELLE SERINO, Staff to Representative John Coghill, Alaska State Legislature, came forth on behalf of the sponsor of HB 160. She stated:

Currently, Alaska does not collect any abortion information. Alaska and California are the only two states that do not collect any information, and California currently doesn't because of a lawsuit that put their current laws in limbo.

Both sides to the abortion debate recognize the need for abortion information and statistics. ... Currently, abortion data in the United States is collected and evaluated by the Centers for Disease Control [and Prevention] and the Alan Guttmacher Institute. Data is used in conjunction with birth data and fetal death computations to estimate pregnancy rates and other maternal health rates.

MS. SERINO stated that the bill is designed to go alongside the federal guidelines for induced termination of pregnancy reporting. On page 1, [lines 11-12] it states, "the physician shall submit the report required under this section within three days after the induced termination of pregnancy is completed." She explained that one of the proposed amendments [to be provided in future proposed committee substitute (CS)] would increase that to one month in order to give physicians enough time to comply with that requirement. She stated that there will be another amendment on page 2, [paragraph] (2), following line 8, that will address ectopic and non-uterine pregnancies to be excluded from reports of induced termination of pregnancies.

Number 0662

REPRESENTATIVE CISSNA asked if those pregnancies are reported at all.

MS. SERINO responded that she thinks the [Department of Health & Social Services] could better answer that. She stated that she thinks it would be a voluntary reporting by the physician.

Number 0692

KAREN PEARSON, Director, Division of Public Health, Department of Health & Social Services (DHSS), answered that ectopic and non-uterine pregnancies are not considered to be pregnancies

because they are not viable. The only way to actually carry a pregnancy to term is in the uterus.

REPRESENTATIVE CISSNA stated that she could see some applicability if [DHSS] were collecting data on fertility.

Number 0723

MS. SERINO continued, stating that the entire section on page 2, line 23, through page 3, line 8, will probably be deleted. She explained that in discussing this with [DHSS], it would be hard to determine any medical complications at that point. Many complications that might result from an abortion would be more visible in following visits to a physician, rather than immediately after the termination procedure.

CHAIR DYSON stated that he will require some convincing on that. He said he is particularly concerned with perforated uteruses, fetal parts that are left in the uterus, and resulting infections. He added that he would think the clinic would know of the 30-day reporting cycle.

MS. SERINO responded that he has a valid concern.

REPRESENTATIVE STEVENS asked if any of the issues referred to on page 2, line 23, through page 3, line 8, are in the federal handbook [provided in the committee members' packets].

MS. SERINO answered that they are not, and that is the reason why they are included separately [in the bill]. She continued, stating that the main purpose of Sections 2, 3, and 4 on page 3 is to protect patients' privacy. Since Alaska is a very unique state and made up of rural and urban areas, it is very possible for women in the rural areas to be easily identified through a report.

Number 0946

CHAIR DYSON, referring to page 3, line 10, asked, "Why wouldn't the bureau [of vital statistics] make the data available for research purchases? Why should it be may instead of will? What kind of research projects wouldn't this public organization want to make the information available to?"

MS. SERINO responded that she is not certain as to which [research projects]. She stated that this focuses on individual reports. Therefore, if the [DHSS] is going to provide an annual

report with all of the data compiled, a research organization would be able to access the data instead of the individual reports, which could possibly be a violation of patient confidentiality.

CHAIR DYSON asked, if he were to look at AS 18.50.310(b) in its context, whether he would know that subsection (b) is talking about an individual person.

MS. SERINO replied yes, it would be about an individual report from which an individual may be identified.

CHAIR DYSON asked if the same is true for subsection (e), lines 13 and 14.

MS. SERINO answered yes.

Number 1050

REPRESENTATIVE WILSON asked if there is a safeguard already in place for rape.

MS. SERINO answered that she is not positive.

Number 1091

REPRESENTATIVE CISSNA noted that on page 1, line 7, it states, "The report may not contain the name of the patient". She said she thinks it would be more reasonable to say, "The report shall not contain the name of the patient". She asked if there is a reason why "may not" instead of "shall not" appears.

CHAIR DYSON remarked that it is his guess that "may not" is an imperative.

RANDALL LORENZ, Staff to Representative Fred Dyson, Alaska State Legislature, speaking as the committee aid for the House Health, Education and Social Services Standing Committee, stated that he had talked with Legislative Legal [and Research Services] on this issue for a prior bill and was told that "shall not" is not accepted in any legislation. According to [Legislative Legal and Research Services], "may not" means the same thing [as "shall not"] under the Alaska statutes.

Number 1170

MS. SERINO continued, stating that on page 3, Section 5, the "fetal death" definition was amended so that induced termination of pregnancy would be excluded from that definition. This would draw a defining line between fetal death and induced terminations of pregnancy.

CHAIR DYSON asked if on page 3, line 23, the inclusion of "complete expulsion" allows for the life of the child to be terminated just before the last bit of expulsion.

MS. SERINO answered that that wasn't the intention, and that the definition is as it currently is in Alaska statute. She concluded that on page 4, Section 6 amends the vital statistics definition to include induced termination of pregnancy, and Section 7 adds a definition for induced terminations of pregnancy.

Number 1309

REPRESENTATIVE WILSON asked if the definition on page 4, line 5, is used anywhere else.

MS. SERINO replied that the definition is standard throughout all of the states.

REPRESENTATIVE STEVENS asked if virtually everything in the bill is a reflection of the federal handbook.

MS. SERINO answered that the bill, as it is currently drafted, calls for reporting requirements other than the federal guidelines. With the [future] proposed CS, it would be based solely on the guidelines of the federal requirements.

REPRESENTATIVE COGHILL commented that he wanted to provide the intention [of the bill] before hearing public testimony. He stated that there are several issues that are difficult to describe. For example, many people won't admit to [having been raped].

Number 1457

MS. PEARSON stated that it is her understanding that the intent of HB 160 is to require all providers to report induced termination to [the Division of Public Health]. She said:

While we do not oppose mandatory reporting of induced pregnancy terminations, according to the U.S. standard

report, as described and discussed earlier, we do have some concerns about certain requirements in HB 160. ... [Sub]section (a) [in Section 1] asks for medical complications resulting from the pregnancy termination.

Overall, there's an overarching concern here that any numbers that are collected through this process have meaning and validity so that policymakers and people who are concerned can make decisions on the basis of the information collected. We're a bit concerned here that collecting this information would be of minimal value since the complications that would be likely to be reported here would be those that would occur only at the time of the induced terminations, or shortly thereafter,, due to the fact that in Alaska, at the current time, there are very limited numbers of providers and they are not in the rural areas. So it is quite possible that women could come in to the more urban settings, have an induced termination, and if there were any follow-up problems, they would be seen by a different provider back in their home community who would not be filing a report of an induced termination. So there would never be any connection between those. While you may get some information here, it would be a less-than-complete picture.

CHAIR DYSON asked, "So what?"

MS. PEARSON responded that part of the reason is to understand whether there are complications associated with [induced terminations], and to have the caveats to explain in any report that these numbers would likely only address those occurring within 24 or 48 hours. She stated that in other cases, if the provider was someone whom a woman came to for ongoing care, then any problem that might come up would be reported in that 30-day period. She added that there would be complete information on some women, incomplete information on other women, and overall it would be hard to look at aggregate statistics and know what they revealed.

CHAIR DYSON asked, "Why wouldn't you want to have ... some information?"

MS. PEARSON answered that it comes back to how people use information and knowing that partial information is sometimes more problematic than none.

Number 1643

CHAIR DYSON suggested that an asterisk could be inserted saying, "Everybody pay attention, this is incomplete information." However, he said, the interest is protecting public health. He stated that there is a case on the national level in which 85 or 87 women who had very serious complications sued a provider of these services. He asked Ms. Pearson why her department wouldn't want to know that.

MS. PEARSON answered that [the Division of Public Health] would want to know that kind of information; however, she said she is not sure this is the right vehicle to get that information.

CHAIR DYSON asked what the right vehicle would be.

MS. PEARSON responded that she thinks [the Division of Public Health] could look, for example, at hospital discharge data. If someone was looking at serious complications, that person would likely be looking at a hospitalization.

CHAIR DYSON asked if that information is received now.

MS. PEARSON answered that Alaska does not have a hospital discharge data system.

Number 1708

CHAIR DYSON remarked that it is his understanding that part of the way this industry has protected itself is that virtually all of these malpractice cases are being settled out of court, which is why there are no public records.

MS. PEARSON asked Chair Dyson if he understands why [the Division of Public Health] would want to know that there is a complete picture for health purposes and policymaking.

CHAIR DYSON stated, "Your testimony ... makes me think that you're more interested in reports than saving the life and health of people."

MS. PEARSON responded that [the Division of Public Health] is concerned and wants to make decisions that reflect what the reports say.

REPRESENTATIVE CISSNA stated that she occasionally goes to the doctor and occasionally has procedures done. She said she is mystified by the amount of forms, with duplicate information, that have to be filled out. She added that it constantly makes her mindful of the fact that [the legislature's] job is to protect the public's health, but also to remember that people's time is precious and that duplication in collection of material needs to be avoided.

Number 1833

REPRESENTATIVE WILSON shared that someone she knows found out she was going to have twins. A week later she started having complications and had a miscarriage. About six weeks later the woman was pregnant again, and a few weeks after that she started getting sick and had problems. The woman found out that with the first twins everything had not been removed; as a result, this terminated her second pregnancy. The woman received a D&C (dilation and curettage) in a doctor's office; therefore, there were no [hospital] reports. Representative Wilson stated that if this were an abortion, the same thing could have happened and the reports would not show up.

MS. PEARSON responded that Representative Wilson is correct. She stated that the situation that she described would not show up on an induced pregnancy termination because it is a miscarriage situation and has to do more with practice issues.

CHAIR DYSON shared that [he knows of] a woman who had an abortion and didn't know that she was [carrying] twins. A few weeks later she was really sick. When she went back to the doctor she found that she had an almost five-month-old fetus with both legs and part of one arm gone. He added that "we" need that kind of information.

MS. PEARSON responded that the point that Representative Wilson brought up is the need for information about practice in general. She stated that [Representatives Wilson and Dyson were talking about] two different situations: one is an induced termination, and the other is a miscarriage that wasn't handled properly.

CHAIR DYSON remarked that [the committee] will look forward to helping tie the hospital records that deal with complications from induced terminations to individual practitioners.

MS. PEARSON stated, "In public health, what we strive to do is get information from specific situations so that we can take the learning statewide for public practices. We don't get involved with the one-to-one patient-practice relationships."

CHAIR DYSON stated that he appreciates that [and would like to know] how the medical practicing board finds out about incompetence and malpractice.

MS. PEARSON responded that that is outside the purview of public health. She continued, stating that subsection (b) asks if a fetal anomaly was discerned, and if so, what type. She explained that when pregnancy terminations are induced early, it is very difficult to discern the anomalies without expensive genetic or laboratory testing. Therefore, there would only be information on induced terminations when the fetus was at such a developmental stage that the provider could visibly discern any anomalies. She added that as a result, there would be incomplete information.

CHAIR DYSON remarked that if it is possible to find out that some of the diagnostic techniques being used prenatally have an error range he thinks that is useful information.

Number 2105

MS. PEARSON stated that if this bill passes, [the Division of Public Health] would not be going back and tying testing to the clients. Everything that would be coming to Vital Statistics would be a numbered document; the woman who has the procedure will not be named.

REPRESENTATIVE COGHILL remarked that one of the things being looked for is the times when people are presented with an anomaly within the pregnancy and are encouraged to have an abortion. He stated that as far as public health, this bill is looking for the practice that is actually happening and whether an anomaly was part of that.

MS. PEARSON responded that there would be some identification of fetal anomalies, but it couldn't be extrapolated from that data that a certain percent of induced terminations were fetal anomalies. She stressed that this is why she cautions about having incomplete data. Those in the public health field, she said, have the responsibility to let lawmakers know where the difficulties would be in using the information that would be produced by such a system.

Number 2194

REPRESENTATIVE CISSNA stated that she has heard that one of the hardest things to prove legally is intent.

REPRESENTATIVE WILSON asked Representative Coghill if he is looking for whether [a doctor] could tell from an ultrasound that something was wrong and therefore the woman decided to terminate the pregnancy.

REPRESENTATIVE COGHILL responded that that would be a discernible fetal anomaly.

REPRESENTATIVE WILSON asked if he really wants to know what [the anomaly is] and if [the anomaly] is the reason [for the termination].

REPRESENTATIVE COGHILL answered that he would be looking for the anomaly. He stated that he understands the incompleteness of it; however, he said he is throwing out questions that continually come to his mind when looking for what is actually happening and not the motive.

Number 2276

CHAIR DYSON stated that he remembers when no one knew that thalidomide, which was supposed to be a wonder drug, was causing so many problems until finally some folks started looking at it. Also, he said, Fetal Alcohol Syndrome [wasn't recognized] until finally someone who had seen quite a few kids who looked different started pulling that information together. He stated that he thinks a pattern of fetal abnormalities could be very interesting and prevent some huge tragedies.

REPRESENTATIVE CISSNA remarked that she could see there would be real purpose in knowing about the pattern of abnormalities in pregnancies.

MS. PEARSON responded that currently [the Division of Public Health] has in place the Maternal Infant Mortality Review Committee, which reviews all maternal and infant deaths. [The committee] collects all of the possible information about what happened during the pregnancy and determines exactly the kinds of things [that could have caused the death].

TAPE 01-38, SIDE B

Number 2356

MS. PEARSON continued, stating that [the Division of Public Health] is very concerned and knows that the sooner patterns [are detected], the more can be done. She shared that one of the best examples of that, which was consistent with national information, was when a very large percentage of infants who had died from SIDS (Sudden Infant Death Syndrome) were found dead on their "tummies." After an educational campaign [about not placing infants on their stomachs] was launched, there was a dramatic decrease [in SIDS].

CHAIR DYSON remarked that if "you're" going to start tracking what has caused fetal deaths, some of the induced termination of pregnancies will be because some kind of amniocentesis or ultrasound had showed defects. Having this information, together with [information on] fetuses that died naturally, could be helpful.

REPRESENTATIVE WILSON referred to page 2, [subparagraph] (B), regarding whether a fetal abnormality was discernible, and noted that [subparagraph] (C) asks for the reason given by the pregnant woman. She stated that one reason could be because there was a fetal abnormality. She suggested that that could be one of the reasons [listed under subparagraph (C)].

MS. PEARSON stated that [subparagraph] (C) asks for the reason for the termination to be reported. In response to Representative Wilson's remarks, she said this is very personal information that may appear to intrude on the woman's privacy. Several of the states that have the [induced termination reporting] had started by asking this information. In more than 90 percent of the reports, it was listed as a psychological factor; therefore, almost all states have dropped any requests in this area, based on a number of issues of why women would not give any other reason. For example, sometimes incest victims are very reluctant [to give information] if their pregnancy resulted from that, because of all of the possible ramifications. She stated that the likelihood of this being left in, and of meaningful information [being collected] that reflects the true reasons for that choice, is pretty limited and very unlikely.

Number 2214

CHAIR DYSON asked, "How are you going to get at the Hyde amendment requirements for when [the] public pays for abortion

for a reportedly indigent person if you don't ask this question?"

MS. PEARSON replied that the definition that is operative in Alaska is called a therapeutic abortion. The meaning of this has to do with the health and life of the mother and the physical and psychological well-being of the woman. She stated that these are the types of questions a provider would have to ask to determine if it was a therapeutic abortion.

CHAIR DYSON asked if [those questions] are asked for those reasons, why they can't be put on the report [mentioned in the bill.]

MS. PEARSON answered that this report asks for a lot of other things such as whether [the woman is having an abortion] for economic reasons, because of social circumstances, or as the result of a rape or incest. She stated that it goes beyond the health and well-being of a woman.

CHAIR DYSON asked if he could infer that Ms. Pearson would not object to a question that only went to the life and health [of the woman].

MS. PEARSON responded no, that she thinks that has to be asked anyway.

CHAIR DYSON asked Ms. Pearson to go through all of the sub-subparagraphs under [subparagraph] (C). He asked if she would object to [sub-subparagraph] (iii).

MS. PEARSON responded that this isn't her personal feeling, but she is worried about getting information that has meaning for [the legislature and the Division of Public Health]. She stated that in the doctor-patient relationship there are going to be a variety of questions asked, and there will not be one question that leads a person to know if it's the overall health and well-being of the woman. She asked, "What would be the benefit of having information about whether it was a risk to the woman's physical health or her mental health? Are you going to get anything meaningful when you ask these questions [since they are subjective]?"

Number 2059

CHAIR DYSON remarked that [Ms. Pearson] point was well taken. He stated that his guess is that some information properly

understood is better than no information. He said if hundreds of children per year are being terminated because of the mother's health, maybe that says something about the support services that need to be provided to young women of childbearing age.

REPRESENTATIVE CISSNA stated:

The thing that strikes me on this is that we've gone to a lot of lengths, and I don't disagree with it, to remove, for instance, putting social security numbers on a number of things - on things that there's no really good reason for. And by having the social security number on there, if somebody really wants to, they could find out a lot about us - and some personal things about us. That is a movement which I applaud. I think that privacy is something that we should fight for, because everything in our system right now is fighting against it. And young women or middle-aged women going through these things - it's going to be meaningful for them, and it's a private issue. ... Our personal bodies are private.

REPRESENTATIVE COGHILL responded that he took great lengths to do that in this bill - to protect that privacy - while still trying to find out what is actually happening with the terminations of pregnancies.

Number 1948

MS. PEARSON stated that her final concern is with subparagraph (E) [on page 3], "whether the termination was paid for through medical assistance". She remarked that [the Division of Public Health] already has that information from the Medicaid claims tapes. Therefore, if this is passed, [the Division of Public Health, at the end of every year, would go to Medicaid, ask how many [abortions] were paid for, and put that into the report. If the provider is asked to report this information, then it will no longer just be the provider filling it out. [The report] would have to go into [the provider's] financial records, which adds quite a burden.

REPRESENTATIVE COGHILL responded that he agrees with Ms. Pearson on this.

Number 1876

MARY DYE came forth to testify on behalf of herself and stated:

It seems like there are a lot of people here who are taking a step in the right direction, but they are wanting to make sure, when they take this step, "I am in favor of this step." But they want to make sure that they don't do anything that also creates problems for women. This issue really is a women's health and a public health issue. In my opinion, you never can make a mistake gathering information - gather it. And you will never have complete information. Yes, that would be wonderful. I can't imagine ever having complete information on anything to make a determination. A lot of times you just have to gather what you can in order to make that determination. But information is a good thing. The thought, to me, of not getting information because it wouldn't be complete doesn't make sense.

Number 1752

ANNA FRANK, Executive Director, Planned Parenthood, testified via teleconference. She first read to the committee testimony prepared by Sharon Smith, M.D.:

I am astounded that Alaska is currently the only state that does not require mandatory reporting of abortions. These statistics are essential. The National Center for Health Statistics, Centers for Disease Control, and U.S. Department of Health and Human services have developed a standard report of induced termination of pregnancy designed to be a model for use by the states. If each state adopts this standard report, there will be a uniform system of reporting nationwide, which can yield very useful and important information to be used in policymaking and assessment of current programs. I urge you to adopt this reporting tool for use in Alaska.

Unfortunately, HB 160 - without the amendments, of course, that you've discussed today - requires the mandatory reporting of a different set of statistics, and does not make use of the standard created by the CDC. Many of the statistics required by HB 160 are, frankly, inappropriate or irrelevant. The timetable of required reporting is also very short and difficult to comply with.

I urge you to oppose HB 160, and instead draft a bill which would require reporting based on the model provided by the CDC.

Number 1652

MS. FRANK testified next behalf of herself. She read her testimony to the committee:

It may surprise you to know that Planned Parenthood of Alaska is in support of requiring certain statistics to be required of physicians performing abortions. Indeed, knowing how many abortions are performed, the age of people who receive abortions, and whether or not they have children or have had other terminations is information we can use to assess whether or not our efforts to reduce abortion and provide family planning services are working. And Alaska, we know now, is one of the only states that does not currently have this reporting requirement.

Sadly, however, we must oppose HB 160 as it is currently drafted. And the reasons why, I believe, Representative Coghill has addressed quite succinctly, and we would support the amendments that he's proposing. Again, I could call your attention to Section 1(e)(2), where clearly the requirements are beyond what the state has a compelling interest to know. Why a woman needs or chooses to have an abortion is really none of the state's interest, and whether or not the termination is paid through Medicaid is redundant. As Karen Pearson has pointed out, physicians already file claims for Medicaid for this procedure if it is therapeutic. So, this information is readily available and should not be required to be tracked more than once.

... I would like to call your attention to Section 1(b) ... as you propose changing the three-day requirement to the one-month requirement. That is also stated in lines 6 and 7, and should be changed there as well. The three-day requirement, as it is written in the draft that I have, is burdensome and unprecedented. In many instances, the physician would be unable to comply. This is because if a physician were providing a medical abortion, known to be safer

and done earlier than a surgical abortion, it is likely that the abortion would not be complete within the specified three-day period. Again, what is typical of other states is to require information on a less-frequent basis.

We believe this bill, as written, is in violation of the Alaska constitution. We would support the amended bill that would require the information on a less-frequent basis and that is actually similar to that of the CDC requirements. And those requirements ... include the patient's ID (identification), age, marriage status, date of termination, residency information - and I really appreciated the issue of confidentiality for women in smaller rural towns in Alaska - ... race, education, date of last menstrual period, estimated gestation, previous pregnancies and live births, other terminations, the type of procedure, the name of the physician, and the name of the person completing the report.

Again, Planned Parenthood of Alaska is pleased that we may be able to know, by aggregate statistics, information associated with induced abortion, information on the characteristics of the women who choose or need an abortion, and information on the role that abortion plays in prevention of unintended births as compared with contraception. The data obtained are very important from both a demographic and public health viewpoint.

Thank you for your time, and thank you for considering to amend the bill as written to protect women's privacy and keep the state's interest to that which simply protects and promotes women's health.

Number 1532

CHAIR DYSON stated that it seemed in Ms. Frank's preliminary remarks that part of her mission is to reduce the number of abortions. He asked if it would be helpful to know the reasons for the abortions in order to help reduce them.

MS. FRANK responded that [Planned Parenthood] believes that is confidential and private information that a woman has a right to keep private if she chooses to do so.

CHAIR DYSON asked Ms. Frank is she feels the same way about the form that [Planned Parenthood] endorses, which asks when the last period was, how many kids [the woman] has, her race, and her education. He asked if those also are private information that people have the right to not share.

MS. FRANK stated that he is correct and that they have the right to not tell. Therefore, [Planned Parenthood] would have to take the information that it can gain with a grain of salt. She added that by collecting this information, [Planned Parenthood] knows if the family planning programs are really working.

CHAIR DYSON asked if it is right to infer that Ms. Frank would not object to this bill's asking for people to give some of this additional information on a voluntary basis.

MS. FRANK responded that she would object to that. She said the state really doesn't have an interest in knowing that specific information. She added that since that information is collected aggregately, it wouldn't be possible to tie this information to the information that is required.

Number 1433

JENNIFER RUDINGER, Executive Director, Alaska Civil Liberties Union (AKCLU), testified via teleconference. She stated that she would like to thank Representative Coghill for a bill that balances the interests in protecting patient privacy, as he has proposed to amend it, with the public interest in collecting aggregate data for statistical purposes. She remarked that she would underscore Ms. Frank's recommendation on page 1, lines 6 and 7, for that three-day requirement, to be extended to quarterly or, at the very least one month to match the one-month extension for doctors. She said the three-day [requirement] is in fact unworkable and overly burdensome. She added that if [subsection] (e)(2) is deleted then [AKCLU] would not have a constitutional problem with the bill.

MS. RUDINGER explained that doctors already do extensive counseling with their patients in order to gain informed consent prior to performing any medical procedures, including an induced termination of pregnancy. Oftentimes in the doctor-patient relationship, which the patient understands to be confidential, this kind of information in [subsection] (e)(2) will come up. There's a difference, as a woman, in being asked these questions by a doctor with the understanding that it's confidential, as opposed to being asked these questions by a doctor who then has

to turn around and report it to the government, even if the woman's name isn't on it. This is where the Alaska constitution privacy guarantee may be violated because the state would not be able to show compelling interest in this subjective information, which is not a fact like rape or the number of children.

Number 1204

REPRESENTATIVE COGHILL asked, if information with regard to the timing of the abortion were asked, whether she thinks that would be intrusive information.

MS. RUDINGER responded that she thinks that the CDC already includes information about the day of the last period and an estimate of gestation. She stated that the AKCLU does not have a problem with what the CDC is already requiring or requesting in the standard report of induced termination of pregnancy.

REPRESENTATIVE COGHILL stated that he knows that information is already there; however, he is looking for parameters regarding how [the legislation] can ask information in order to find out what is happening.

MS. RUDINGER explained that the problem with [subsection] (e)(2) is that, as a patient it's as though one is being asked to justify a choice that is constitutionally protected. She stated that the AKCLU does not have a problem in terms of the right to privacy with factual information, such as gestation and rape.

Number 1095

REPRESENTATIVE COGHILL stated that he is looking for how to get some of this subjective information. He asked if it is possible to ask doctors to give a summation at the end of the year based on their experience.

MS. RUDINGER responded that it depends on what the doctors are going to do with the information. She stated that she thinks it will depend on a lot of things such as the government's interest in obtaining it; how the patients' rights of privacy are protected; and if the means of obtaining it are narrowly tailored and essential to achieving that compelling government interest.

REPRESENTATIVE COGHILL remarked that he is going to take Ms. Rudinger's testimony, along with Ms. Pearson's, and try to think

through what kind of parameters he can provide that are more factual and less subjective.

MS. RUDINGER explained that she thinks the reasons that [subparagraphs] (A) and (B) [on page 2] are constitutionally problematic is because they are unworkable and are unnecessary for vital statistics keeping. Especially in the cases of medical abortions, the patient can't tell whether there is a fetal anomaly.

CHAIR DYSON stated that Ms. Rudinger's testimony raises three questions in his mind. He stated that "we" are virtually on the edge now where a tissue sample from a terminated fetus could provide DNA (deoxyribonucleic acid) information about birth defects and abnormalities. Second, referring to page 3, line 4, he asked Ms. Rudinger whether she was comfortable with information on rape and incest.

MS. RUDINGER responded that that is the heart of the privacy argument and is really problematic. It forces the woman to be put in a position where she is asked for this information, not as part of the doctor-patient relationship. but as part of the interest in record keeping. She added that all of [subsection] (e)(2) is either a violation of privacy or is superfluous and redundant. She stated that in respect to fetal anomalies, doctors say that in early abortions fetal anomalies are not discernible.

Number 0811

IDA BARNACK, Alaskans for Life Incorporated, came forth in support of HB 160. She stated that she would like to see on page 2, under subsection (e)(2), the medical complications left in even though it might be incomplete information. She said she once worked for a government agency as a programmer and gave information to various civic groups; if the information was incomplete, she made a note that it was not complete. She stated that [subparagraph] (B) [on page 2] can be put under [subparagraph] (C) and perhaps just be reworded. She remarked that she thinks [subparagraph] (C) should be left in because if a woman has an abortion it would be good to know why. If they are economic reasons, something should be done to relieve the situation, and if they are social reasons, she said, perhaps [the woman] could get help.

MS. BARNACK stated that she thinks [subparagraph] (D) could be left in, but she thinks that [subparagraph] (E) could be taken

out because if [the information] is already reported under another statute, any good programmer could go to that data file and combine this information. She continued, referring to Section 2, and stated that a program could give the information without any indication of who it is by blanking out the social security number and the name. Finally, she asked if a pregnancy that results from incest is already reported.

CHAIR DYSON answered yes, that it is a crime and [if the victim is a child, the physician] is required to report it to DFYS (Division of Family and Youth Services) and the police.

MS. BARNACK asked if it would already be in the database.

CHAIR DYSON responded that it would be reported to the police and this information would never become part of Ms. Pearson's database.

MS. BARNACK stated that it would be good to know if the termination of the pregnancy was due to incest.

Number 0422

SID HEIDERSDORF came forth to testify on behalf of himself in support of HB 160. He stated that he was pleased to hear that there is thought being given to "rewiring" inspections and evaluations of all abortion facilities. When abortion was first legalized, a tremendous effort was made to protect abortion facilities from any kind of oversight. The result has been, he said, that many women have paid the price because there are some very shoddy abortion operators who are in it just for the business. He remarked that he doesn't have any strong issues about the three-day-versus-one-month issue; however, he said he wonders why it would have to be a month. He stated that he thinks information about ectopic and non-uterine pregnancies should be collected because it relates to the fertility rate of women. He noted that the rate of ectopic pregnancies has skyrocketed following the legalization of abortion and is clearly related.

MR. HEIDERSDORF stated that he thinks the sentence on page 2, line 13, "After preparation of the annual report, the state registrar shall destroy the reports received under this section", is unwise because if there ever comes a time when someone wants to look back, he or she might want to go to the original source. He added that the report could be skewed and prepared in such a way as to not reflect this data.

CHAIR DYSON asked if it would be sufficient if the reports were stored electronically.

MR. HEIDERSDORF answered yes, because that would eliminate the possibility of distortion of the report. He stated that with regard to what would be included on this form, he would encourage [the committee] not to drop medical complications. He stated that this is at the heart of the reasons for looking at the effects of abortions.

TAPE 01-39, SIDE A

MR. HEIDERSDORF stated that he thinks the gestational age should be included. He said many states are gathering more information than what is on the federal form and he thinks that Alaska should as well. He mentioned when Ms. Pearson had talked about how early on 97 percent of the abortions were for psychological reasons; he remarked that this would be correct because before Roe v. Wade some states used this as a justification for abortions. He added that he is sure this is the bottom line for most people, and that if they had another reason, they would gladly give it. He stated that he believes this is "kind of the thing that says "I want an abortion for no reason.'"

Number 0215

MR. HEIDERSDORF stated that with regard to incest, for years the argument was that abortion needed to be legalized because of rape, incest, or the life of the mother. However, he asked:

Where was the concern about asking the individual about incest or that individual revealing the fact of incest before? Now we are concerned about whether incest is one of the reasons why the abortion was desired, and I would think that if it is suspected, at any rate, that we would want to find whether it was incest.

MR. HEIDERSDORF continued, stating that in reference to page 3, line 11, he would think that the annual report for these induced terminations should certainly be available for research purposes. He added that he thinks it could be prepared in such a way to protect people in small villages. In conclusion, he asked what the definition of induced termination of pregnancy means, which states, "the purposeful interruption of an

intrauterine pregnancy with the intention other than to produce a live-born infant, and that does not result in a live birth".

REPRESENTATIVE COGHILL responded that it means the completion of the termination.

MR. HEIDERSDORF said, "Let's say it does result in a live birth."

REPRESENTATIVE COGHILL stated that it would not be, by definition, a termination.

Number 0525

CHAIR DYSON suspended the hearing on HB 160.

[HB 160 was held over.]

HB 164-GRANDPARENTS' RIGHTS REGARDING CINA

CHAIR DYSON announced that the final order of business would be HOUSE BILL NO. 164, "An Act prescribing the rights of grandparents related to child-in-need-of-aid hearings; and amending Rules 3, 7, 10, 15, and 19, Alaska Child in Need of Aid Rules."

CHAIR DYSON, speaking as the sponsor of HB 164, explained that about three years ago he worked on adding foster parents to the list of people who had the right to be heard in CINA (child-in-need-of-aid) case hearings, which is what HB 164 is trying to do. He noted that [grandparents] are not parties in a legal sense.

Number 0645

WES KELLER, Staff to Representative Fred Dyson, Alaska State Legislature, gave the sectional analysis of the bill:

Section 1 inserts "grandparents" into the list of those who must receive a notice of court proceeding that could result in the termination of the rights and responsibilities for CINA kids - to determine whether or not they're CINA kids. ...

Section 2 specifies that the department will give notice to the grandparent if the grandparent has contacted the department and has provided evidence of

being a grandparent and a current address, or if the department is aware that there is a grandparent. It leaves it so the department does not have to seek out every grandparent that might exist. ...

Section 3 requires the grandparent notification when there is an informal court hearing related to custody and gives them the right to be heard in that context with the parent that tried, the foster parents and everybody else.

Section 4, then, requires grandparent notification for permanency hearings. ... And Section 5 amends the Court Rules 3, 7, 10, 15, and 19.

MR. KELLER explained that [Court] Rule 17 was missed; therefore, there is a proposed amendment that addresses this. The first part of the amendment includes the actual rule in the bill, and the second part makes grandparents aware of the predisposition report.

Number 0835

BETTY SHORT, President, Grandparents Rights Organization, testified via teleconference. She stated:

We are very pleased with the HB 164, which we feel is in the best interest of the child. The best interest of the child is our main concern. Most grandparents are a stable unit for these children, and when they are torn from their immediately family by strangers, it's very devastating to them, and a familiar face of a grandparent would be very welcome. Being put with strangers, we feel, is mentally and emotionally upsetting. Plus, it costs money for foster care, whereas a lot of times the grandparents could take them in without pay or at least till the situation got a little more resolved. And it should take only 48 hours, according to DFYS [Division of Family and Youth Services], to investigate a grandparent or grandparents, but that investigation doesn't always protect the children. ...

Division of Family and Youth Services, actually, on their own could recognize and work with the grandparents. It would sure make their job, we think, a lot easier. But instead they have chosen to tell us

that we have no rights and that we are nothing more than strangers and that we are not a party to the case. ... According to Alaska Statute [AS] 25.05 they recognize the grandparents' rights. AS 47.14.100(e) (1) provides that the state department cannot place a child in foster care if a blood relative [requests] placement. And AS 47.10.080(p) provides the department may deny visitation to parents or guardians or family members only if there is clear and convincing evidence that it is not in the best interest of the child.

LINDA SLONE, Grandparents Rights Organization, testified via teleconference. She stated:

I am the parent of four children, adoptive parent of three of those children, and a grandparent. As a grandparent I ask you to please pass HB 164. It is vitally important to the safety and well-being of our grandchildren. Our grandchildren are extensions of ourselves - put simply, one more for us to love. Grandparents are an integral part of the family and they need to be involved in that process. When grandparents are willing and able to step up to be caretakers for their offspring, the state and the court system should be required to allow that to happen. The best hope for providing for the children is the family or extended family rather than the system. In order to have the best interest of the child in mind, you first need to know what the best interests are, and you could always get that from the grandparents.

Number 1120

JOANNE GIBBENS, Program Administrator, Division of Family & Youth Services (DFYS), Department of Health & Social Services, came forth in support of HB 164 as it currently stands. She said [DFYS] would have some concern about the amendment in regard to the predisposition report, not in regard to notification of the hearing. The predisposition generally goes to the parties only, and this piece of legislation does not make grandparents parties in terms of [Court] Rule 2, which legally defines who the parties of the case are. She explained that the predisposition report often contains confidential information

regarding the parents, such as extensive mental health histories.

CHAIR DYSON stated that he is not going to pass [the bill] out today and will allow [DFYS] to work that issue out.

ME. GIBBENS added that [DFYS] had some initial concerns about grandparents who potentially had a [mental health] history, but she said she thinks that is already covered in the requirement regarding the hearing's being in the best interest of the child.

[HB 164 was held over.]

ADJOURNMENT

There being no further business before the committee, the House Health, Education and Social Services Standing Committee meeting was adjourned at 5:02 p.m.