ALASKA STATE LEGISLATURE
SENATE HEALTH, EDUCATION & SOCIAL SERVICES COMMITTEE
March 16, 2001
12:00 p.m.

MEMBERS PRESENT

Senator Lyda Green, Chair
Senator Loren Leman, Vice Chair
Senator Gary Wilken
Senator Jerry Ward

MEMBERS ABSENT

Senator Bettye Davis

COMMITTEE CALENDAR

SENATE BILL NO. 133
"An Act relating to a two-year transition for implementation of the public high school competency examination and to establishing an essential skills examination as a high school graduation requirement; and providing for an effective date."

MOVED CSSB 133 (HES) OUT OF COMMITTEE

SENATE BILL NO. 67
"An Act relating to assisted living homes and to liability for acts or omissions in the licensing, monitoring, or supervision of assisted living homes; and providing for an effective date."

HEARD AND HELD

SENATE BILL NO. 86
"An Act relating to employment of teachers who have subject-matter expertise; and providing for an effective date."

SCHEDULED BUT NOT HEARD

SENATE BILL NO. 94
"An Act relating to education funding; and providing for an effective date."

HEARD AND HELD

SENATE BILL NO. 91
"An Act relating to information and services available to

pregnant women and other persons; and ensuring informed consent before an abortion may be performed, except in cases of medical emergency."

HEARD AND HELD

PREVIOUS COMMITTEE ACTION

Ms. Alison Elgee, Deputy Commissioner
Department of Administration
P.O. Box 110200
Juneau AK 99811
POSITION STATEMENT: Commented on SB 67.

Gary Ward, Manager
Assisted Living Licensing Program
Department of Administration
P.O. Box 110200
Juneau AK 99811
POSITION STATEMENT: Commented on SB 67.

Mr. Elmer Lindstrom
Special Assistant to the Commissioner
Department of Health &
Social Services
PO Box 110601
Juneau, AK 99801-0601
POSITION STATEMENT: Commented on SB 67.

Mr. Shelby Larson, Administrator
Health Facilities Licensing and Certification
4730 Business Park Blvd.
Anchorage AK 99503
POSITION STATEMENT: Commented on SB 67.

Mr. Ron Parke, Housing Administrator
Friendship Services Assisted Living
3935 Svedlund
Homer AK 99603
POSITION STATEMENT: Commented on SB 67.

Mr. Carl Rose, Executive Director
Association of Alaska School Boards
POSITION STATEMENT: Opposed SB 94.

Ms. Sandy Altland
Staff to Senator Ward
State Capitol Bldg.
Juneau AK 99811
POSITION STATEMENT: Presented SB 91.

Ms. Nancy Davis, Acting Director
Division of Public Health
Department of Health &
Social Services
PO Box 110601
Juneau, AK 99801-0601
POSITION STATEMENT: Opposed SB 91.

Ms. Karen Vosburgh, Executive Director
Alaskans Right to Life
PO Box 1847
Palmer AK 99645
POSITION STATEMENT: Supported SB 91.

Mr. Bob Lynn, President
Alaskan Right to Life
Anchorage AK
POSITION STATEMENT: Supported SB 91.

Dr. Colleen Murphy
Anchorage AK
POSITION STATEMENT: Opposed SB 91.

Ms. Sherry Goll
Alaska Pro Choice Alliance
Haines AK
POSITION STATEMENT: Opposed SB 91.

Ms. Anna Franks
Fairbanks AK
POSITION STATEMENT: Opposed SB 91.

Ms. Jennifer Rudinger, Executive Director
Alaska Civil Liberties Union (ACLU)
POSITION STATEMENT: Opposed SB 91.

Ms. Dietrick Sitler
Anchorage AK
POSITION STATEMENT: Opposed SB 91.

Ms. Mary Dye
Citizen of Alaska
POSITION STATEMENT: Supported SB 91.

Mr. Sid Heidersdorf
Juneau Resident
POSITION STATEMENT: Supported SB 91.

Ms. Mary Horton
Juneau AK

POSITION STATEMENT: Supported SB 91.

WITNESS REGISTER

ACTION NARRATIVE

TAPE 01-23, SIDE A
Number 001
#SB133

SB 133-PUBLIC SCHOOL COMPETENCY EXAM/REPORTS

CHAIRWOMAN LYDA GREEN called the Senate Health, Education & Social Services Committee meeting to order at 12:00 p.m. and announced SB 133 to be up for consideration. She said they had language from the Department that dealt with two of their concerns regarding the waiver.

AMENDMENT 1

Page 1, line 16: following "rates,"; insert "including the number of students who received a diploma under a waiver from the competency examination required under AS 14.03.075(a),"

Page 3, line 27: following "student": insert "; criteria regarding granting a waiver must include provisions requiring that a student satisfy the performance standards developed under AS 14.07.020(b) to the maximum extent possible" - She said they would also have a reporting section that would bring this issue back before the legislature in 2003.

Page 4, line 26: delete "Sections 2 - 4" and insert "Sections 2 - 5"

Page 4, line 30: delete "Sections 5 and 8" and insert "Sections 6 and 9"

Page 4, line 31: delete "Sections 9 and 10" and insert "Sections 10 and 11"

SENATOR WARD moved to adopt Amendment 1, version 0.4 to CSSB 133 (HES). There were no objections and it was so adopted.

AMENDMENT 2

Page 4, following line 28: Insert a new bill section to read:

"*Sect.9. The uncodified law of the State of Alaska is

amended by adding a new section to read:

REPORT. The Department of Education and Early Development shall, by January 31, 2003, deliver a report to the Alaska State Legislature that describes the proposed criteria and procedure under which a school district could use a waiver to grant a diploma to a student."

Page 4, line 31: delete "9 and 10" and insert "10 and 11"

SENATOR WARD moved to adopt Amendment 2, version 0.3, to CSSB 133 (HES). There were no objections and it was so adopted.

SENATOR WILKEN said he was concerned about the requirement in the exit exam to be proficient in the English language. He hoped the State Board of Education would consider his language when they enact SB 133. He read for the record:

> In regard to the waivers, that each student achieve competency in the English language before graduation from high school and that the waiver process enacted and the regulations governing the issuance of a waiver for the secondary student competency examination adopted by the Department of Education and Early Development should not be used to allow a diploma to be given to a student who lacks a minimal level of competency in the English language.

CHAIRWOMAN GREEN thanked the members of the committee, the agencies, the departments and the many other people for their work on this issue.

Number 577

SENATOR DAVIS said she appreciated the Senator's statement, but she didn't know what they were doing with it. It is not part of the bill.

CHAIRWOMAN GREEN said that is correct. She thought it was reasonable for them to be able to have their interests on the record and how they would continue to be reviewed.

SENATOR DAVIS said that she wanted to go on record not supporting that statement.

SENATOR LEMAN said he appreciated the Chair's leadership in pulling this issue together. He moved to pass CSSB 133 (HES) from committee with individual recommendations. There were no objections and it was so ordered.

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CHAIRWOMAN GREEN announced an at ease from 12:10 - 12:14.
#SB67

SB 67-ASSISTED LIVING HOMES

CHAIRWOMAN GREEN announced SB 67 to be up for consideration. She said she did not intend to pass it out today and wanted people to have time to work on it.

MS. ALISON ELGEE, Deputy Commissioner, Department of Administration, explained that SB 67 is the outgrowth of a regulation project that they worked on with the Department of Health and Social Services (DHSS) on assisted living licensing. She said:

> Our two departments have joint responsibility. The Department of Administration licenses homes for senior residents and the DHSS licenses homes under their Division of Mental Health and Developmental Disabilities for those two population groups.
>
> When the licensing law was passed in about 1995, this was a brand new venture for us and we decided that it was important that we review the operations of the assisted living industry against our regulations at the time and our statutes to see whether everything was working, whether there were areas that needed to be strengthened and/or changed.

Public hearings were held throughout the state and they came up with several items that were recommendations and couldn't be dealt with in regulation. They required some statutory modification. SB 67 addresses those areas. The regulation package has been publicly noticed and is just beginning the adoption process.

This particular bill requires that any assisted living home that receives public funding be licensed. Current statute requires homes with three or more residents to be licensed. The Division of Senior Services has been licensing any home that receives public funding just as a matter of policy. This would be a new effort on the part of the Division of Mental Health and Developmental Disabilities. It also sets some standards against which background checks would be conducted. This is required for employees of an assisted living home. This would expand the number of people that would be subject to background checks so that they could pick up other people who had unsupervised access to residents of an assisted living home on a regular basis. It would include family members who actually live in the home along

with the assisted living residents. It would include contractors so that they don't have a loophole where somebody is not subject to a background check because they are put on a contract instead of being set up as an employee. Regular volunteers would also get a background check where they have unsupervised access. It also identified those people who would not be subject to background checks, like occasional visitors or people who are only in the home along with the professional staff.

Number 916

CHAIRWOMAN GREEN asked where that section was.

MS. ELGEE replied that Section 3 says who is not required. She said:

> The bill also provides provisions that the assisted living industry has been very interested in obtaining. The bill sets out the conditions under which an assisted living provider could terminate a resident's contract. Often times, the smaller assisted living homes are not capable of managing every type of behavior or medical condition and they need an opportunity when an individual progresses beyond their capability to handle, and subsequently, then, is at risk, or has a behavioral issue that puts other residents at risk. They need a process through which they can terminate the contract of the resident and find more suitable placement.
>
> The primary mechanism through which this would be addressed is contained in Section 4 and would allow for a 30-day process for these determination proceedings. It lays out specific activities that would generate the assisted living providers right to terminate the contract.
>
> Section 5 essentially continues this process for termination and it lays out the residents' rights to have a conference with the assisted living provider along with any advocates or family members to contest that determination and show why that determination should not occur.
>
> There are occasions where an emergency termination of contract may be necessary and Section 7 addresses the emergency termination of contract and again lays out what would constitute the emergency and sets out a much

shorter time frame than the normal involuntary termination.

The bill also includes in Section 8 an immunity provision for liability for acts or omissions in the licensing, monitoring or supervision of a licensed home.

Section 9 addresses the situation, which has occurred and we determined we did not have the legal authority to go in an assisted living environment and actually take over the operation of the home. Where the home is not being operated in a way that is safe for the residents of the home, but where some time is needed in order to place those individuals in another setting. So, this addresses a real situation that occurred a few years ago in the Anchorage area where we had two fairly good-sized homes with approximately 16 residents each, both operated by the same operator who ran into financial difficulties. It was impossible to place the 30-some residents in other settings over night. So, we need this window of opportunity and this is actually modeled after a provision that's currently in statute for nursing homes that allows the Department of Health and Social Services the same kind of opportunity if there is a similar situation with nursing homes.

CHAIRWOMAN GREEN asked if there was an appeal process, if someone's license was being revoked for unfair reasons, for instance.

Number 1178

MR. GARY WARD, Manager, Assisted Living Licensing Program, answered:

The home does have an appeal process if the Division takes action to revoke the license either on an emergency basis or through routine procedures revocation. The home is issued a notice of violation with the intent to impose an administrative sanction. That administrative sanction would be the revocation of a license. The home, then, has 10 days in which to request a hearing to appeal the revocation. Unless it's an imminent situation, the home is allowed to continue to operate. If they submit a request for an appeal or a request for a hearing, then a hearing officer would be assigned and it really depends on the schedule of the hearing officer and then an administrative hearing is

held. That is usually down the road several months. The home, unless it's an emergency situation where the residents are at imminent risk of harm, would be allowed to continue to operate pending the outcome of the hearing.

CHAIRWOMAN GREEN referred to the immunity in Section 8 and asked if that was typical language.

MR. WADE said he thought it was.

CHAIRWOMAN GREEN asked what that language was designed after.

MS. ELGEE answered that is was language very similar to that that protects child protection workers.

SENATOR LEMAN wanted clarification on how an assisted living home was taken over if it was in imminent danger.

MR. WADE replied:

In terms of the court order, administration of receivership, you would have to petition the superior court for temporary administration or receivership of the home, in which case, the administration of the home would be present at that hearing to defend their situation. So, it's not something we can walk right in and take over the home. We would have to petition the court for receivership or temporary administration.

SENATOR LEMAN asked what the timeline was for when the department decides that needs to be done and when it actually gets done.

MR. WADE replied that it is new language and they don't have experience with this procedure. Previously, the options they had were to do an emergency revocation of the license. He said:

In other words, go in, serve a notice to the home, notify all the residents and/or their representatives and inform that the license was being revoke under emergency conditions. The reason, as Ms. Elgee stated, was that in those situations, it's very difficult to find especially if you have a large home with a fairly large number of residents, it's very hard to find alternative places for them on very short notice. It's very difficult for senior citizens, elders, anyone, to make a move like that even though it's required because they are at imminent risk. So, the court ordered administration would allow us to potentially go in and

take over temporary administration of the home or at least allow enough time for the residents of the home and/or the families and their representatives to look for alternative placements.

SENATOR LEMAN said that much of this was patterned after things in child welfare and he just wanted an understanding.

MS. ELGEE responded that if this language was in effect in the instance she told them about, they would have tried to do some court receivership. They worked for several months with the administrator of the homes to try to correct the problems. It became obvious that he could not overcome all the underlying financial difficulties. "It's a last resort effort and we wouldn't be attempting the other kinds of things that we can do in terms of working with the homes first."

MR. SHELBY LARSON, Administrator, Health Facilities Licensing and Certification, said they hadn't had circumstances like that in the 12 years he had been with the agency. They didn't have similar language either on nursing home licensure.

SENATOR LEMAN said it seemed like no one could answer that question very well and he then asked Ms. Elgee if this also applies to family members who take care of their related family.

MS. ELGEE answered:

In an assisted living home where the family resides along with the assisted living residents, the family members that may not provide direct care, but are in the home and, therefore, have access on an unsupervised basis to the residents, would also require a background check unless they're younger than 16.

SENATOR LEMAN asked about language on page 2, line 10, referring to a family member who is maybe off at school, but moves back into the home. Would that family member, if they were not there and then moves back into the home, be subject to a background check?

MS. ELGEE replied that the background checks would apply to visitors, and he could think of that family member as a visitor, who are residing in the home for more than 14 days. A student who is residing in a home for the summer would be subject to the background check, as well.

SENATOR LEMAN said he thought to think about that area a little bit more.

MR. ELMER LINDSTROM, Special Assistant to the Commissioner, DHSS, said they had a memo to him from Mr. Larson relating to background checks in nursing homes. They did not suggest that background check information be added to the nursing home statute, but it has been Mr. Larson's intention to adopt, in regulation, the same background check standards that they have now developed for assisted living and in order to do that, they would need some statutory revisions for the nursing home statutes that are parallel to those already included in the bill relative to assisted living homes.

CHAIRWOMAN GREEN said they would continue to work on this bill.

MR. RON PARKS, Housing Administrator, Friendship Services Assisted Living, said they were a nonprofit organization and used volunteers. The fingerprint requirements would add $94 per volunteer to their budget, which they can't afford. Every year they have 50 - 60 volunteers come through their establishment. He asked them to clarify the difference between a regular volunteer and an occasional volunteer. In Section 2, line 10, he was concerned specifically when volunteers are in direct contact with staff and how that would work with church groups that do fellowship with some of his residents. He was concerned that they might be overprotecting the residents and violating their rights if they want to invite one of those persons into their rooms to have their services. He wanted to know when they would come into violation as far as a criminal background check.

CHAIRWOMAN GREEN asked Ms. Elgee and Mr. Lindstrom to see if there was a better definition and if regulations would cover that more clearly that the language before them.

MR. PARKS said he had a hard time understanding some of the terms. He asked if they could define 'contractor.'

MR. LINDSTROM replied that the exceptions in Section 3 say it doesn't include a contractor who comes into the home who is telephone repairman repairing utilities. A contractor is really people who are providing services to the residents in the home, not a contractor in the sense of a building repairperson.

CHAIRWOMAN GREEN asked if a contractor could be a therapist or someone who provided food services.

MR. LINDSTROM replied yes. In his department, for instance, there would be other Health and Human Services providers who would likely be contractors providing services to people in the home and that is what they are speaking to.

CHAIRWOMAN GREEN asked if those people weren't already under the requirement of a background check.

MR. LINDSTROM replied that some of them might already be by virtue of licensure requirements, but he couldn't say that all of them would be.

CHAIRWOMAN GREEN asked if that helped Mr. Parks.

MR. PARKS replied that helped him somewhat and asked if they could change "regular volunteers" to "care providers". He asked since these people are coming into his facility, since he can't use other agency's background checks for their purposes, does a health care provider who comes into a room and closes the door to take blood for blood work need to have a background check?

MS. ELGEE responded that Section 3 (2) specifically exempts from the background check requirement an individual who is providing services to the resident as an employee of a care providing entity that is not affiliated with the assisted living home.

CHAIRWOMAN GREEN asked if this could be an RN or a doctor.

MS. ELGEE said the example of a physical therapist was a good one. They contract with physical therapists in the Pioneers' Homes, but the physical therapist is usually affiliated with a hospital or another medical practice.

MR. PARKS asked if they are already health care providers, they already have their own background checks.

MS. ELGEE responded that the assisted living home would not be required to provide a background check as a part of their licensure for those individuals.

MR. PARKS said the volunteer program is very important in their facility and are important in their socialization programs and getting people out. The wording in SB 67 in regards to volunteers would be so restrictive that it would cripple their program and he asked if language could be put in that would cover the background checks for their volunteers.

MR. WARD responded that Mr. Parks had some good questions. He said there was quite a bit of discussion about them. The key piece in terms of volunteer, is if the volunteer was going to be in direct contact with a resident in an unsupervised situation. Groups from schools and groups to provide entertainment, etc. would probably be in a public area in a situation where staff would be in close proximity and those would not be subject to a background check. They are most concerned about an individual who is coming in on a one on one basis. He thought the larger percentage of volunteers would not be required to have background checks.

MR. PARKS said their senior companion program could be arranged in a public area where staff is present, but if a resident invites someone they have befriended into their room where they have the right to close the door if they wish, this is the main gray area of his concern.

CHAIRWOMAN GREEN said there was nothing in their fiscal note that would cover the cost of background checks.

MS. ELGEE said that was right. The individuals, before employment, are asked to get the name check and they cover those costs. They cover the costs for people in the Pioneer Homes.

MR. PARKS agreed that they do cover the cost for employees, but criminal background checks are very restrictive. Just fingerprint checks are $94 and he doesn't have that in the budget.

CHAIRWOMAN GREEN said she hoped they could work through this problem and not have it burdensome to the people who provide services and set SB 67 aside.
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CHAIRWOMAN GREEN said that SB 86 would not be heard today at the request of the Chair.

#SB94

SB 94-EDUCATION FUNDING

CHAIRWOMAN GREEN announced SB 97 to be up for consideration. She announced a brief at ease.

TAPE 01-23, SIDE B

SENATOR TAYLOR, sponsor, said he first filed aspects of this bill as amendments submitted by Ron Larson in 1986 and 87 as they tried to change an inequitable formula for funding education. It was his intention that all residents of Alaska who pay taxes towards education would share the same level of pain and the funds would be distributed throughout the state and every school district would receive benefit.

He said in Wrangell, they pay almost 9 mils of local property taxes to support education and he considered this a low level. He didn't think that there were any nurses in his schools and there weren't coaches in his elementary schools. There were no music programs or art programs. This is because of an inequitable formula that grants area cost differentials to school districts across the state, but basically leaves all of the school districts in Southeast Alaska, with a very small exception in Juneau, at the same funding base that Anchorage receives money.

Anchorage has almost half of the children in the state, so through volumes of scale their school board can make discretionary appropriations to other activities in their community from their school district budget. His school boards wrestle with the question of maintaining the one or two janitors they have when they used to have five or six or do they have to "can" another one of them. He said they are receiving about $7,000 per student in Wrangell. The North Slope Borough receives $21,000 per student and has a student teacher ratio of 10 to 1. He has about 18 to 1.

He explained that under the bill before them, every child in the North Slope Borough will receive an increase in funding, so will every child in Wrangell. Anchorage would receive the largest increase in funding. Senator Taylor explained:

> This bill increases funding across the board to education by over $47 million. It carries a state fiscal note against the general fund of about $29 million, maybe $27 million. There is no bill that is before you or that has been submitted so far that will cost the general fund less money than this one does nor is there any bill that will distribute this amount of money to the children of Alaska. How do we do that? We do that by expecting every citizen in the state who lives in a tax-based district to pay the same minimum amount. Forty-eight school districts in this state today either have full support or provide local support themselves. They provide that support up to a minimum of 4 mils. Each of you three members live in tax-based communities where you are paying a minimum of 4 mils on your home or other property you own in your town and that 4 mils has to be dedicated by the community of Anchorage, the community of Palmer, the community of Wasilla, the community of Wrangell, we all have to pay a minimum of 4 mils before we receive one thin dime of money from the state of Alaska. So, that's the rule under which all of us have to play.
>
> If you're a wealthy district and you have a tax base that is just extraordinary, you don't have to play by that rule. You get to play by a different rule. You only have to pay 45 percent of the cost of educating your children. You don't have to pay 4 mils. All this bill does is it asks that everyone in the state play on the same playing field - that everybody pays 4 mils on their house towards education. It doesn't seem to me like a lot to ask.

> What does that do to your formula? That allows you, because you would not be subsidizing with state general fund money the North Slope Borough and a couple of other school districts in this state fully. They would be paying their own cost of education and they don't even come near 4 mils….

SENATOR TAYLOR explained that Section 1 modifies the Public School Account that is already set up by including municipal contributions within it. It would be a contribution returned to the state by a municipality that had so much money left over after paying the minimum amount that each of you pay, that that money would be redistributed back through this formula for poorer tax-based districts.

Section 2 says the state of Alaska will receive credit for federal impact aid funds that are received by REAAs. Today they receive 100 percent of the money that comes from the federal government, but the state is requiring them to only count 90 percent of it. "So, basically, they receive a 10 percent slush fund from the feds over and above the amount of money we're going to send to them."

SENATOR TAYLOR said that the only thing he has asked is for all the dollars to be counted 90 - 100 percent. The other numbers in the section would provide for both vocational education special needs funding. At the bottom of the second section the words "not to exceed 45 percent of" [a district's cost of education] from the existing formula. This provides then for the full amount of 4 mils to be redistributed back across the state.

He said the next section provides for the money that is left over or excess to come back into this formula that will distributed as indicated in Section 3.

SENATOR TAYLOR said he had heard concerns expressed across the state by educators and others especially in the business community, that the state isn't spending very much money on vocational education. He said that the state isn't spending it because when SB 36 passed, they provided 20 percent over and above what people get in the regular formula for gifted children, young children that are challenged or having some difficulties, bi-lingual programs and voc-ed. They were all rolled into one and the districts had to figure out how to spend it.

> Because of federal mandates, the legislation where they are required to provider certain levels of funding and certain types of programs for those of our most challenged students, the vast majority of this money

gets eaten up for those programs. A little bit may be there for bi-lingual and what's left over may be there available for a voc-ed program. As a consequence, what I've done here is I have provided a specific funding level for voc-ed at 3 percent. These numbers, by the way, Madame Chair, are just ideas thrown out for you. Some are very fearful of categorically funding voc-ed because they say every other program, then, will want to come in and have a specific funding category just like voc-ed does and that we should not fund voc-ed because somebody else might come and ask for the same thing. I think if it's justifiable, maybe we should be specifically and categorically funding or else you're never going to get it.

An amendment that I wish to offer as this bill moves through is to also add categorical funding for school nurses. That's the only way I believe I can ever get a school nurse back into any district school that I represent.

He said he would probably add that back into Section 4, which provides for voc-ed funding. Section 5 is just cleanup adding that new section. Section 6 brings the formula back into compliance with the numbers that have been provided for voc-ed.

Section 8 is what we call the declining fund adjustment. For the last five or six years across this state, we have seen declining enrollments occurring in various communities. For the first time, I think, in several years, we're now seeing an overall increase in student population estimates and that's why for the first time in several years we're seeing an indication that the formula will actually have to go up by about $10 million next year just to fund at the same basic level that you currently have that formula set. For those schools, however, that are still suffering declining enrollments, under this formula - you are all familiar with the Wrangell Petersburg problem - because of student declines causing major shifts in the way the funding levels are applied, it can have a devastating impact on a district to just loose a very few students.

SENATOR TAYLOR said he decided to submit a bill that said it doesn't matter what the decline is, whether it's only one student or 10 students, it shouldn’t make any difference. It's still a loss of funding for that next year. He explained further:

> So rather than have a school district fall off a cliff, what we've provided for here is that even though that child wasn't there the next year, the school district would still receive 75 percent funding for that phantom child. The next year after that it would be 50 percent, the next year 25 percent and then zero. That would at least allow school boards the opportunity to adjust those budgets on a much gentler slope…"

He said that Sitka lost 140 students last year and the impacts on their budget are so severe that they're contemplating terminating 14 - 17 staff people.

He said that Section 9 is the most expensive part of this bill. He went with $4,150 to apply to all students across the state - an increase of $210. Section 10 provides for the Wrangell Petersburg "fix" and drops the number from 750 to 400 on student count for a school funding formula for three funding schools. In Wrangell and Petersburg, he said, they have three buildings, but are under a funding formula mechanism that funds them for as if they were only two.

Section 11 repeals the 40 percent penalty provision, where new students moving into a rural school district, which as its enrollment increased would only receive 60 percent of the funding that student would have brought under the old formula.

> I believe that provision is illegal. I think it violates equal protection and I think sooner or later, we in the legislature are going to be sued over that one and when we do I don't think we have a leg to stand on.

CHAIRWOMAN GREEN said she had vaguely remembered some of the rationale and had also voted against SB 36.

Number 1584

SENATOR WARD asked how this bill affected charter schools.

SENATOR TAYLOR replied that it doesn't affect them, but it provides additional funding. He added that he was frustrated because the old formula contains an area cost differential, which was based upon studies done of what it cost to live in various areas of the state. He does not want to provide for another study, but he wanted to tell the Department of Education professionals who actually audit every single school district every year to go out and use consumer price indexing and give the legislature an objective report of what it truly costs in the various regions and communities and adjust the formula

accordingly. He said this had never been done. This would be done every two years.

He recollected that rationale for the 40 percent concept came up because no one could understand how the numbers had gotten so distorted that some school districts were receiving $20,000 per student and others were receiving $6,000. "When you actually look at the formula, much of it is driven by the area cost differential that everything is multiplied against at the end of the formula."

SENATOR TAYLOR said that this redistributes and appropriates over $47 million for kids. "I know that is a huge amount, but it also the lowest amount from the general fund of any of the bills that you'll be presented with this year…."

He said that the poorer communities of California were faced with the same problem about 12 years ago. Poor agricultural families used the equal protection argument and asked why they were getting paid a certain amount for education, but the ones who were rich in Hollywood were getting paid more. The judge couldn't find a good reason for it other than power politics. "The same thing has happened to us…."

MR. CARL ROSE, Executive Director, Association of Alaska School Boards, opposed SB 94. They do not positioned to scaling back a system of education for some to provide more for others. He thought that repealing the funding floor was a critical issue. He said:

> My recollection of SB 35 is similar in some cases, but different in others. As I recall the discussion behind SB 36 was to first provide equity across the state through a distribution of funds and once that was accomplished, we would address adequacy. I'm not sure that equity was accomplished, but nonetheless, that was the reason for the passage of that bill and we still struggle with adequacy. The issue back then was the redistribution of state funds. The issue with SB 94 once again is a redistribution of funds…

He said he served on a task force that dealt with the adequacy that was required under SB 36. He was concerned that they had never recognized that PL874 dollars were in lieu of taxes, but now they are being told that 100 percent of that money will now be withheld in lieu of taxes. He didn't know why people would file for that money if they get no benefit from it, other than to create a huge hole in the foundation formula if those monies are not generated.

MR. ROSE did not recommend that as a strategy, because they loose on both ends of that argument. The reason people will eventually apply for this money is because they get some credit for it as a result of the 90 percent deduct. He said there is a long-standing state policy that said that four school districts - North Slope Borough, Valdez, Unalaska and Skagway - were an anomaly. "We were trying to create a foundation formula for the entire state and didn't know how to deal with the anomaly of wealth divided by population.

In the case of Skagway, when the railroad shut down in 1983, they were left in an economic disaster, but they created a tourism corridor and as a result of that effort they have a deep water port, an ore terminal, hotels, a railroad and a thriving tourism economy. Six-hundred people live in Skagway full-time and if you take all of that wealth and divide it by 600 and it puts them into a different category. They mayor of Skagway was there under the SB 36 discussion and said that back then they were paying the in excess of 53 percent of the school district budget. He didn't know what the current figures were, but he guaranteed them that the 45 percent figure they are under is being exceeded. They have the ability to pay more and they have. "These school districts, though this provision is a long standing public policy, this is a radical change and a redistribution and I don’t think many people have had a chance to really think about it."

MR. ROSE said he supports vocational education. That was talked about in the 20 percent categorical funding that was provided under SB 36 for special education, bi-lingual and vocational education.

> An argument can be made equally well, if you're going to take vocational education out and fund that, we have tremendous special education needs that aren't being met. The money that goes to special education is coming directly out of regular instruction dollars. So, the issue of the 20 percent, to begin with, is a larger issue than just the vocational education. I don't begrudge vocational education being treated separately, but special ed and bi-lingual education are also paying a price as well.

MR. ROSE said has seen many foundation rewrites and he agrees with some of the studies. SB 36 was based on a study, but it was based largely on expenditure data from 1996 and to his knowledge, school districts were getting and spending all that they had and it was inadequate. "To take that snapshot and project it forward into a new foundation formula left us further behind."

The funding task force recognized that they actually need good

empirical data so they can make changes. They specifically said they would not encourage any more changes to the current foundation formula until they had the empirical data that would underwrite those decisions. To turn over to the Department of Education and Early Development the responsibility of coming up with an appropriate cost factor without anything to hang that decision on subjects them to quite a bit of lobbying.

My main concern in all this is we're talking about all the things we didn't agree with SB 36 and we tried to deal with it then and we couldn't get there. I think what SB 94 does is brings all that back to the table, again, but it's not doing it in an open fashion. What we're talking about is redistribution of wealth here. And so, I do have some concerns and I'm also sensitive to the concerns that have been expressed for Wrangell and Petersburg and I agree with these. In fact, these were part of the discussion under SB 36 that didn't get through. I don't think I come before you to say I just want to trash on this bill. That's not the case. But I think what we're doing is we're changing some long-standing policies in this state in how we treat districts that are a fiscal anomaly with the rest of our districts. We're going to change that policy in one fell swoop and redistribute that money.

Without the recapture clause that would require districts to pay back, you don't have the money to pay for this bill. So, I would just want to talk about the recapture. The way you get the money for this bill is take from those who are struggling right now and I know you will say that the North Slope has a lot of money along with Valdez, Unalaska and Skagway, but it's the plight that they have and they are struggling to provide an education as it right now. To alter that ability for those school districts simply to redistribute the money, what we need is a increase of funding for the purpose of educating our children state-wide. So, any time that we start to look at increasing funding for education to try and imbed these standards that we're trying to do, it requires an awful lot of need that needs to be addressed. The suggestion comes to me that we're just throwing more money at the problem. I don't believe that. We've never invested in the cure. There is a solution and it was going to require us to align our systems to provide the professional development that we need and assist kids with intervention to help them take and successfully

pass their exam. We've done all this and we haven't made the investment.

MR. ROSE said they would like to work on a funding bill that meets the needs of all Alaska's students.

Number 655

SENATOR DAVIS asked him to elaborate on why those districts are struggling to pay for education.

MR. ROSE replied that he could speak in the case of Skagway:

> The amount of money that they receive in Skagway, even under this bill, they would loose an additional $65,000. I think that their budget right now is somewhere in the area of $1.3 million and they receive about $800,000 from the state. So, a good portion of that money already comes locally. Local contribution is severe, but they have the money and they readily put forward what they can. It's not that they have an open checkbook; they are limited to what they can contribute.

CHAIRWOMAN GREEN said they would look this year at how they could make improvements in education funding. She set the bill aside.
#

#SB91

SB 91-ABORTION: INFORMED CONSENT;INFORMATION

CHAIRWOMAN GREEN announced SB 91 to be up for consideration.

MS. SANDY ALTLAND, staff to Senator Ward, sponsor, explained that SB 91 provides more information to people who are considering an abortion. It asks the Department of Health to prepare a handbook with the information that is needed. Some people have emotional problems after a procedure and more information in the beginning might help them.

MS. NANCY DAVIS, Acting Director, Division of Public Health, said she was presenting the prepared testimony of Karen Pearson, Director as follows:

> The Division of Public Health supports what appears to be the intent of this bill insuring that all women seeking a abortion are fully informed prior to signing consent for the procedure to be done. Since this is currently required to any surgical procedure being performed and is considered essential by the medical

provider and the advocate communities, we question the need for a law specific to the abortion procedure.

I believe we are in agreement that each woman seeking an abortion needs information about the physical, emotional, psychological and medical risks and benefits of the procedure them personally. This bill seeks to address this need by requiring each women be provided a detailed and lengthy informational document and requiring that the provider have the patient sign a form indicating she has read and understands the information in the document and its relevance to her.

Some women would find such material information, but many who are of low literacy, illiterate or for whom English is a second language would not be served well by this process. Many individuals who have reading problems are very skilled at hiding those problems from those with whom they interact. Thus, it could be very difficult for a provider to ascertain surely or with any degree of certainty that a woman to whom the written materials were provided was actually able to read and comprehend the information.

Providers are accustomed to explaining procedures, risks, and benefits relative to medication options, treatment options of all kinds and being able to follow up on questions and concerns as they arise. They are used to tailoring the information given to meet the specific needs of the patient being seen. There are many individual health issues that a physician must address with each patient no matter what the procedure that will be performed. These needs are not well served when large volumes of written information that may or may not be relevant to that individual are required first in order to verify that a person is informed. The language, culture, age and other relevant factors of the woman must be considered when deciding how to provide information in the most usable form and manner and only the provider working with the patient can determine those individual needs. There are substantial costs as reflected in the fiscal note related to the Department of Health and Social Services staff compiling and keeping current lists of providers, agencies and organizations in each community that provides support, aid or other services for women contemplating parenting, adoption or abortion. Local communities are well-versed in local resources and are

better able to keep the information current at significantly lower costs. Thus, if these booklets do not significantly improve the process of informing the patient, and we believe they will not, then this money could perhaps be used to fund needed services or to educate women about avoiding unintended pregnancies and, thus, avoiding contemplating having an abortion.

TAPE 01-24, SIDE A

CHAIRWOMAN GREEN asked if they generally refer people to a physician, if possible.

MS. DAVIS answered that the Public Health Division, through several different divisions, encounters women who are pregnant or seeking a pregnancy test. Through some of their grantees, that encounter is made through public health nurses in public health centers at the local level. They do not provide any abortion services at public health centers or by public health staff. They refer clients to whatever services they need or seek. She said further that public health services are primarily preventive in nature and for on-going prenatal care or other things, they refer them to an on-going provider.

MS. IDA BARNICK, Alaskans for Life, Inc., supported SB 91. She said, "Medical and scientific fact have proven that human life begins at conception."

This is extremely important for a woman who is contemplating the life of her unborn child to understand what she is doing.

Therefore, she deserves to know the age, the fetal development of her unborn child, possible psychological effects that she might experience if she ends the life of this child and she needs to know what the other options to abortion or other community services that can help her if she decides to let her unborn child live. She should never be coerced into having an abortion. She should be required to sign a statement that she was given the information…

MS. BARNICK said this is the same procedure she would have to go through if she were going to have any other major or minor medical procedure. If English is the second language, she would usually have an interpreter with her who will explain the information. She also didn't think it was unusual for a state agency to have to provide brochures to the public for various things and she didn't believe it would cost that much.

Number 460

MS. KAREN VOSBURGH, Executive Director, Alaska Right to Life, said she didn't understand the opposition by pro-abortion forces to allow women to have full and informed consent. She has found that when women are considering abortion, very little factual information is actually given. She said there are over 100 potential physical complications associated with abortion. She presented some abortion statistics for Great Britain saying that she new women were not aware of these. She said that many studies have connected breast cancer and abortion and have also connected it with the pill.

> According to Calinborn (ph), based on the most comprehensive medical evidence available, induced abortion and the birth control pill are both independent root factors for development of breast cancer. This risk is especially great if the women have participated in either of these factors at a young age…

She said that despite evidence of the dangers of breast cancer from abortions and contraceptive use, "abortion clinics continue to promote abortion on demand." She said that evidence of psychological damage from having abortion is overwhelming.

Number 825

MR. BOB LYNN, President, Alaskans Right to Life, said that passing a statute mandating informed consent is not about whether abortion should or should not be legal or available or who should pay for it. "My concern today is nothing more than a woman's right to know the facts about any medical procedure including an abortion procedure before consenting to it."

He said that informed consent is routine. If women knew some of the risks of abortion, she might not consent. He noted that abortion providers only get paid when a woman decides to abort.

MR. LYNN said that he sells real estate and that everyone who sells a house must provide a disclosure statement to buyers.

> Likewise, Alaska Right to Life thinks that anyone who sells an abortion should provide the buyer of that abortion with a full disclosure of facts. So there was informed consent before the woman buys the abortion. I hope the legislature thinks that the health of a woman is more important than the health of a house.

DR. COLLEN MURHPY, Anchorage Obstetric Gynecologist, said she is Board certified by the American College of OBGYN. She wanted to reassure the audience and said:

> The standard procedure for medical practice is to provide informed consent. It currently constitutes excellent patient care. It is currently required by all professional organizations under all circumstances be it for a medical or a surgical procedure of any nature. Likewise, our professional ethical standards require it and furthermore the lawyers demand it. I will say repeatedly again and again, that this particular attempt at informed consent is not required under state law. This is something that is done in the privacy of the office with an individual patient and client talking about the serious nature of a condition be it related to abortion, a hysterectomy, a colposcopy or a gall bladder surgery. For the legislature to step in between the privacy of a patient and a doctor is inappropriate. We are practicing medicine and this does not need to be legislated.

DR. MURPHY disagreed with the preceding scientific information by someone describing breast cancer. That is not scientific fact and is a subjective evaluation. She also wanted to discuss what they could do about the tragedy of unintended pregnancy in Alaska.

> Currently, 60 percent of pregnancies are unintended in Alaska. It is estimated that half of those pregnancies will go to termination of pregnancy. The other half may miscarry or become live born. Some women will elect to adopt them out. If we truly want to decrease the need or the request for abortion, we should be directly our attention towards decreasing the reasons unintended pregnancy occurs in Alaska. Rather than fighting about informed consent, which is something that is done privately between a trained medical provider when a surgical condition is being considered with a patient. I would suggest that we direct our attention, just like the World Health Organization has suggested elsewhere. The best way to decrease the need for termination of pregnancy is to increase the availability of contraception. I would challenge this committee to look at a bill that has currently been proposed by Senator Johnny Ellis, SB 15, called the prescriptive fairness act. This is a step in the right direction that is concrete, that everyone can agree on - that women who use contraception that is reliable and approved by the FDA - have a lower risk of unintended pregnancy and the need for termination.

DR. MURHPY said they should spend time doing something that they

know works rather than putting women and providers in additional difficulties and expense based on the proposals in this bill.

CHAIRWOMAN GREEN said she had a question from someone who had to leave earlier, but they refer to the term in the bill of "gestational age", which is neither a medical nor scientific concept and asked if there was better phrasing.

DR. MURPHY replied that gestational age varies. She explained:

> There is something called Migel's Rule. It's when you find out when the woman's last menstrual period is. You add nine months plus one calendar week and it's the estimated date of confinement. From that, we calculate the supposed gestational age. The average pregnancy will be approximately 40 weeks in duration. A normal term pregnancy will deliver between 37 and 42 weeks. To make a long story short, menstrual dating is notoriously inaccurate. If you go ahead a retrospectively date a pregnancy based on the baby's size and weight and appearance at birth, 25 percent of menstrual dates are inaccurate for gestational aged dating. In modern obstetrics, we will often alter the dating of the pregnancy based on ultrasonigraphic findings in which we might go ahead and measure the gestational sack size. We might measure the crown growth points, the fetal fold, different measurements of the skull or the femur length. This will alter the gestational age such that we no longer rely on the last menstrual period because a bleeding episode did not occur exactly two weeks prior before the egg was released from the ovary.

CHAIRWOMAN GREEN asked if the method of computing the gestational age has been refined through time.

DR. MURPHY responded that it no longer relies on just the last menstrual period. "It's invariably complemented with ultrasonigraphic and physical exam."

CHAIRWOMAN GREEN asked if using those methods, was there a range in which she could identify at what point of development the unborn child is.

DR. MURHPY replied, "I don't know what an unborn child is. I'm not familiar with the term unborn child. She is a physician and medically trained and has never come across unborn child in my medical training."

CHAIRWOMAN GREEN asked what phrase would she use for the before

delivery time.

DR. MURHPY said they don't use that phraseology. She explained:

> When a fertilized egg divides, it changes into a blastocyst and then it will implant into the uterus and be called an embryo until eight weeks gestation. From eight weeks gestation until the time of delivery, it is called a fetus. There is no such thing as unborn child in medical literature.

CHAIRWOMAN GREEN asked how she identified the number of weeks or what the stage of development is. She asked, "If when you are making those assumptions, are you basing that on a range of time versus this is a specific day in the development versus it could be within two weeks."

DR. MURHPY replied:

> It gets pretty interesting. If you look at first trimester, which according the American College of OBGYN is up to 14 weeks in pregnancy, and then the second trimester is 14 weeks to 28 weeks and third trimester is 28 weeks to birth. Basically, we know if we do ultrasound measurements of the fetus, that world wide based on large statistical studies [indisc.] that fetuses pretty much grow at a very similar rate in the first trimester, through 14 weeks - such that you can date the pregnancy within several days to about 10 days. Between 14 weeks [and 28 weeks] we start to get such variation that it's two weeks difference. So, we're not accurate. I think a lot of lay people give us too much credit for being terribly accurate and we really aren't. We guess pretty well.

Number 1486

MS. SHERRY GOLL, Alaska Pro Choice Alliance, Haines, said they are a state wide coalition of diverse nonprofit organizations with a mission of protecting reproductive rights and to promote reproductive health services through education, advocacy and community organizing. Although the group promoting this legislation think it is informational, her organization thinks it is trying to intimidate and harass women who are choosing to have an abortion. She said:

> Apparently, people are under the impression that women take this kind of decision lightly instead of thinking about it and dealing with it in the privacy of their

own lives, making their own constitutionally protected, private pregnancy decision with their physician. As Dr. Murphy just stated, physicians for all surgical procedures provide informed consent. To suggest that women in this particular instance have to be shown photographs - I mean photographs of a developing fetus would be more appropriate to show to a woman who is planning to have a pregnancy and there are many books in the library to help you understand child development if you're going to have a baby.

If a man needs to have a cyst removed from his testicles, do you think it would appropriate for the legislature to put in law that this man should be shown pictures of how that cyst would grow over a period of time if he fails to remove it.

I think the bill is flawed in ways using terms that are so charged, like unborn child, when as you know it is not a medical term. If it's meant to be educational, if you want to provide information, don't tell women that the father of their child will be under obligation to provide child support unless you're also going to tell her what the statistics are that obligors pay their child support. I am very much opposed to this legislation. I think that it's just intended to harass women who choose to have an abortion and it is clear that it is that type of bill by the folks who have shown up to testify on it. I appreciate your taking my testimony. Thank you very much.

Number 1620

MS. ANNA FRANKS, Fairbanks, said she would be reading testimony from Alicia Wells, Anchorage resident, who was home caring for her children. The letter said preventing pregnancy sometimes is just based on luck and that a woman can get pregnant using an IUD. She said that she was never forced to have sex against her will and that her parents shared with her information about responsible sexual behavior. She read:

Not all women are that lucky, however, and for one reason or another, many women find themselves pregnant when they don't want to be. For these women, the decision about what to do is not easy. I know from having counseled several friends with this decision that it is not one that any woman takes lightly. Women who are in this situation need access to good quality

information and supportive non-judgmental counseling about their actions.

She read further that:

SB 91 masquerades as something that will help women make a decision at this critical time in their lives, its main purpose is to intimidate women and make them feel guilty for exercising their right to make choices about their bodies and their lives. In addition to being a blatant anti-choice attempt to restrict women's rights, there are several major problems with the bill. First, the legislature has no business telling doctors the specifics of what they can and should be saying to their patients. Doctors are already bound by the standards of practice which include providing complete and unbiased information and counseling about medical procedures as well as insuring that a woman or any patient freely consents to the procedure she will undergo. These systems are already established and working. There is not need for special information consent forms just for abortion.

Second, the purposed intent of this so-called counseling material is clearly biased and intended to dissuade women.

Third, the proposed content of the so-called counseling materials related to the psychological affects of abortion is simply not supported by scientific research.

Finally, SB 91 shows a lack of respect for women. It assumes that women will not make the right choice without an extra push in the right direction from the state. Well, as a woman myself and someone who has talked to many women, I can assure you that women do have the ability to make thoughtful and moral decisions about their lives. We need to respect that ability and provide women with quality information and services so that they may have the best possible outcome whatever their choice. I urge you to vote against SB 91 and allow women to make their own decisions with the assistance and medical expertise of their own doctors.

MS. JENNIFER RUDINGER, Executive Director, Alaska Civil Liberties Union (ACLU), opposed SB 91. She asked if the committee had received testimony from Dr. Sharon Smith, Dr. Cathy Todd and Dr. Jan Whitefield regarding this bill.

CHAIRWOMAN GREEN replied that they did receive it.

MS. RUDINGER summarized her testimony:

> I want to first of all point out something that hasn't been mentioned yet and that's that SB 91 requires that the physician, him or herself, be the person delivering these extraneous lectures to the patient. This is going to have the effect of not only forcing doctors to give information that may not be relevant to that particular patient's circumstances, but also by using the doctor's time to do this, is making access to quality health care more difficult and more expensive. SB 91 will not allow a trained counselor, a nurse or another health care practitioner to provide the state's mandatory lecture to the patient and there are very few doctors already available. There's a shortage of doctors able to help women in these circumstances. By taking the doctors time and forcing them to deliver these lectures when other healthcare practitioners could do it is going to drive up the cost of healthcare and make access more difficult.
>
> Finally, I just want to address some of the medical misinformation, actually, that's been put on the record, to kind of correct the record. SB 91 refers to possible psychological affects that have been associated with having an abortion and as Dr. Murphy testified, this is really substituting lay people and politician's judgment for that of doctors. Practicing medicine is something that should be left up to people with a medical license. This reference to possible psychological effects is misleading because no such psychological harms have been proved to exist and in fact to corroborate that, according to a 1987-88 investigation by former Surgeon General C. Everett Coup, who is of course no champion of choice, as well as another study by the World Health Organization, there is no medical evidence that abortion causes psychological injury. On the contrary, relief is the most common reaction to a voluntary abortion whereas women who are forced to continue unwanted pregnancies suffer adverse and sometimes severe psychological consequences. So, again this is where it should be left to doctors to decide based on their best medical judgment, based on the specifics of their patient, what

risks and benefits are relevant to that patient, what medical information is scientifically sound.

And finally, I hadn't planned to discuss this, but I must just briefly rebut the allegation that there's a link shown between abortion and breast cancer. The latest scare tactic initiated by anti-choice groups is to link abortion with breast cancer. Ceasing upon scant evidence in a 1994 research study, they have mounted a bigger advertising and legislative campaigns to convince the public that having an abortion increases a woman's chance of contracting breast cancer. In fact, this study they are referring to published in the Journal of the National Cancer Institute reported a small statistical connection between abortion and breast cancer. Although cancer research experts have characterized this study as inconclusive and methodolically problematic, anti-choice activists eagerly wield it as a new way to frighten women and restrict their choices. Opponents of choice have persuaded legislators in several states that there is this link, that this is part of the information that needs to be conveyed. It's not clear from this bill whether, in fact, that's the case, but if anyone is under the impression that there is such a link and that this information is needed for informed consent, I'd like to mention, and I can get this for you later, a couple points that illustrate just the opposite. The Natural Cancer Institute has charged that the study has been interpreted inaccurately and, "There is no evidence of a direct relationship between breast cancer and either induced or spontaneous abortion."

Second, the American Cancer Society has concluded, "The inconsistencies of existing research do not permit definitive scientific conclusions."

Third, on the day this study was published, the Journal of National Cancer Institute, the source of the study, printed an editorial stating that, "The overall results of the study as well as the particulars are far from conclusive and it's difficult to see how they will be informative to the public.

The study was particularly criticized because of the methodological problem of possible inaccurate reporting of a history of abortion by participants.

Fourth, four recent reviews published in scientific journals have assessed more than 30 studies and concluded that the available data on the relationship between induced or spontaneous abortion in breast cancer are inconclusive. Fifth, a 1995 article in Cancer Causes and Controls reported in an article entitled Abortion and Breast Cancer Causes in Seven Countries the study of these countries concluded, "In Summary, these data suggest that any overall relation between abortion and risk of breast cancer is likely to be weak at the most."

This list goes on and on and finally, one more point, a widely noted 1997 study of more than 1.5 million women in Denmark where abortion histories are corroborated by a government sponsored medical registry, so there's no chance of reporting bias, concluded that, "Induced abortions have no overall affect on the risk of breast cancer."

In a New England Journal of Medicine editorial, a company in the Danish research I just quoted, Dr. Patricia Harkey (ph) of the National Cancer Institute said, "It provides important new evidence to resolve a controversy that previous investigations have been unable to settle." In short, a woman need not worry about the risk of breast cancer when facing the difficult decision of whether to terminate a pregnancy.

MS. GOLL said she appreciated the opportunity to read these articles into the record and offered to provide them with further information they might find helpful.

MS. DIETRICK SITLER, Anchorage resident, opposed SB 91. She wanted to share with them why a bill like this could be very detrimental to many women like her as follows:

At the age of 14 I was diagnosed with hemophilia, a disease affecting the blood. As a result of this condition, it is medically dangerous for me to carry a pregnancy to term, because the loss of blood during delivery could be potentially fatal to me. I am in a long-term committed relationship and my partner and I are very careful, but as you know, no form of birth control is 100 percent effective. Were I to become accidentally pregnant, it would be in my best medical interests to terminate the pregnancy rather than carry the pregnancy to term. I strongly feel this is a decision between my partner and I with the advice and

consultation of my doctor. The government I feel has no place in this personal painful choice that I would have to make. Furthermore, my partner and I would find it very painful to have to listen to a litany of alternatives to abortion - alternatives that are not in our best interest and that could actually threaten my life before we would be deemed capable of consenting to an abortion.

My greatest objection is in your definition of a medical emergency. I would not fall under the medical necessity exception to SB 91, because having the abortion at that very moment would probably not be a life saving measure or an emergency situation. Therefore, I would be subject to this extra counseling which would be wholly irrelevant in my individual circumstances. I have also heard a lot of testimony today stating that if many women knew more facts about abortion, they would probably choose not to have this procedure. This is not entirely true, especially in my situation. Not every woman that is having an abortion is having this procedure just because they do not want to have the child. What about women like me? There is no exception for women like me. I would remind you that this decision would already be very painful for me and I would be terminating this pregnancy to save my own life. Why should these extra hurdles be placed on me, especially when they are not placed before any other patient seeking any other medical treatment. We urge you to oppose this bill and thank you very much for your time.

Number 2224

MS. MARY DYE, citizen of Alaska, supported SB 91 and read a definition of informed consent that she got off the Internet:

> In medicine a patient's written consent to a surgical or medical procedure or other course of treatment given after the physician has told the patient all of the potential benefits, risks and alternatives involved.

She used an analogy of deciding whether or not to put gutters on her home and gathering all the information available and deciding if it was the thing to do. She said they could offer the information to women and do the best you can.

MR. SID HEIDERSDORF, Juneau resident, supported SB 91.

TAPE 01-24, SIDE B

He said that informed consent is needed to protect women from unscrupulous abortion practices. He pointed out this bill does not attempt to outlaw abortion or place restrictions on a woman's right to an abortion. He said, "Abortion is not an honorable or an innocent medical procedure and those who are involved with it are not likely to be very open and free about the information when they are talking to their patient."

MR. HEIDERSDORF asked, "Why is abortion the only invasive medical procedure for which full information is not given? It is well known that abortion counseling is a sham."

Further he said:

> If biased information results in an attitude of viewing it as being anti abortion, I think there's something there to look at. The fact is that scientific unbiased information, which is required by this legislation, may in fact speak against abortion and that's the way it is. It's true if the child in the womb, which is the crux of the issue, is what's discussed. That's what women really must know.
>
> We hear a lot said about RU486. In August of this past year, Serle, the company that produces one of the drugs used in the RU486 abortion procedure, wrote a letter to 200,000 medical practitioners in this country telling them, "Don't use cytotech for abortions." They said don't use it because it's dangerous. They didn't study it for that purpose; this is a drug used to cure ulcers, not to be used for producing contractions for a woman to expel a dead baby.

He passed out an article to the committee on cytotech in which a woman died who used it. He disagreed that there wasn't a link between abortion and breast cancer. He said there are over two dozen scientific articles that do show a strong link between abortion and breast cancer, especially first pregnancy abortions. He said, "The evidence is building."

Specifically, SB 91 does not include a waiting period. He thought a 24-hour waiting period was critical because a woman needs to get the information and get away from the doctor and the clinic personnel, because they are out to sell an abortion. "They are in the business of selling these abortions."

One final thing was on page 5, line 3. He was concerned that this language did not require that the woman be given the information

produced by the Department of Health and Social Services.

CHAIRWOMAN GREEN said she thought page 5, line 8, addressed his concern.

MR. HEIDERSDORF responded that he was concerned with language in AS 18.05.032.

Number 1853

MS. MARY HORTON, Juneau resident, supported SB 91, because of a recent experience she had bringing healing to two men and six women who had experienced abortion in Juneau. Their ages were 17 - over 50 years. She said that a man begins to deal with an abortion 5 - 7 years after it's happened. She said, "When we talk about the abortion, it's not only the woman who carries the child, the fetus, it's also the grandparents, the sisters and brothers that come before or are still there, the man who fathered the child."

She said there will be another opportunity for healing that is called Project Rachael, Rachael's Vineyard. In her experience, she found that women were very surprised to hear the other side of the story, that men were carrying the guilt and what could they have done about it. "Women need to know, but so do the men…"

She said that people who can't read can see pictures and can understand clearly what's going on. It's hard for her to express all the healing that happened and SB 91 would go a long way in helping people think about it a little bit more clearly.

CHAIRWOMAN GREEN said she was chagrined at some of the comments. She had undergone various surgeries and had seen pictures of body parts on the doctor's office wall and what might be wrong with them and how they could be corrected. She received a great deal of information and the consent forms and waivers she signed were all inclusive. She continues:

> On the other hand, I would say that those who say that government should not be involved in this decision making and certainly in regulating and/or prohibiting or allowing are the very same people who spend a great deal of time challenging the fact that state Medicaid money should indeed be used to fund abortions. So, I'm a little conflicted on those.

SENATOR DAVIS asked if there would be time for more public testimony.

SENATOR WARD said he had a lot of people who wanted to testify

and wanted to know if any state money had been spent on psychological follow-ups or abortions; if so, how much. He was trying to figure out if the state is liable.

CHAIRWOMAN GREEN adjourned the meeting at 2:55 p.m.