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# FISCAL NOTE

**STATE OF ALASKA**  
**2001 LEGISLATIVE SESSION**

Fiscal Note Number: \_\_\_\_\_  
 Bill Version: SB 91  
 ( ) Publish Date: \_\_\_\_\_

Revision Date/Time (Note if correction): \_\_\_\_\_ Dept. Affected: Health & Social Services  
 Title: Services available to pregnant women/ BRU: State Health Services  
informed consent for abortion Component: Maternal, Child, & Family Hltn  
 Sponsor: Ward  
 Requester: Senate (HES) Component Number: 290

**Expenditures/Revenues** (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Personal Services	22.1	23.9	25.7	27.5	29.3	31.1
Travel	10.0	4.0	4.2	4.4	4.3	4.5
Contractual	16.0	3.5	3.5	3.5	3.5	3.5
Supplies	2.0	1.0	0.8	0.9	0.9	1.0
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>50.1</b>	<b>32.4</b>	<b>34.2</b>	<b>36.3</b>	<b>38.0</b>	<b>40.1</b>

<b>CAPITAL EXPENDITURES</b>						
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<b>CHANGE IN REVENUES ( )</b>						
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**FUND SOURCE** (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	50.1	32.4	34.2	36.3	38.0	40.1
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
<b>TOTAL</b>	<b>50.1</b>	<b>32.4</b>	<b>34.2</b>	<b>36.3</b>	<b>38.0</b>	<b>40.1</b>

Estimate of any current year (FY2001) cost: 0.0

Check this box (X) if funding for this bill is included in the Governor's FY 2002 budget proposal:

**POSITIONS**

Full-time						
Part-time	2	2	2	2	2	2
Temporary						

**ANALYSIS:** (Attach a separate page if necessary)  
**Personnel: \$22.1**  
 .25 FTE Advanced Nurse Practitioner to 1) develop initial information packet, 2) conduct on-going literature review and provide updates when new information becomes available  
 .10 FTE Administrative Clerk II to 1) provide clerical support for mailings, copying, and ordering materials  
**Travel: \$10.0**  
 Travel to areas in Alaska to do training on the new requirements.

Prepared by: Karen Pearson Phone (907) 465-8613  
 Division: Public Health Date/Time 3/6/01 1:12 PM  
 Approved by: Elmer A. Lindstrom, Special Assistant Date 3/6/2001  
 Agency: Department of Health & Social Services

For distribution information, call the Governor's Office at 485-6000

ANALYSIS: (continued)

**Contractual: \$16.0**

**Material printing costs:**

Initial \$10.0

Ongoing \$ 2.0

**Postage:**

Initial \$6.0

Ongoing \$1.5

**Supplies: \$2.0**

Initial \$2.0

Subscriptions/books for ANP \$0.5

Envelopes \$0.7

Letterhead \$0.8

Ongoing \$1.0



# ALASKA STATE LEGISLATURE



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600 East Railroad Avenue  
Wasilla, Alaska 99654  
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*Session:*  
State Capitol  
Juneau, Alaska 99801-1182  
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## SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE SENATOR LYDA GREEN, CHAIR

To: Senate HESS Members  
From: Aurora Hauke, Senate HESS Committee Aide  
Date: March 30, 2001  
Subject: CS for SB 91 ABORTION: INFORMED CONSENT;INFORMATION

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Please find attached a proposed CS for SB 91 ABORTION: INFORMED CONSENT;INFORMATION along with an explanation.

SENATOR LOREN LEMAN, VICE-CHAIR  
SENATOR JERRY WARD, SENATOR GARY WILKEN, SENATOR BETTYE DAVIS

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## SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE SENATOR LYDA GREEN, CHAIR

### PROPOSED SENATE HESS COMMITTEE SUBSTITUTE FOR

### SB 91 ABORTION: INFORMED CONSENT; INFORMATION

SB 91 would require the Department of Health & Social Services to prepare an informational pamphlet relating to pregnancy and pregnancy alternatives under guidelines described in the bill.

The proposed Senate Health, Education and Social Services Committee substitute for SB 91 addresses the distribution of the pamphlet. The committee substitute replaces subsection (c) of Section 1, which begins on page 3, line 9, to read as follows:

The department shall advertise the availability of the information required under (a) of this section and distribute the information free of charge on request and in appropriate volume to the requester. The department shall also place the information in public hospitals, clinics, or other health facilities throughout the state and, upon request of an administrator, in a private hospital, clinic, or health facility so that members of the public may obtain the information voluntarily, without request.

SENATOR LOREN LEMAN, VICE-CHAIR  
SENATOR JERRY WARD, SENATOR GARY WILKEN, SENATOR BETTYE DAVIS

22-LS0557C  
Lauterbach  
3/21/01

**CS FOR SENATE BILL NO. 91(HES)**  
**IN THE LEGISLATURE OF THE STATE OF ALASKA**  
**TWENTY-SECOND LEGISLATURE - FIRST SESSION**

**BY THE SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE**

**Offered:**  
**Referred:**

**Sponsor(s): SENATOR WARD**

**A BILL**  
**FOR AN ACT ENTITLED**

1 "An Act relating to information and services available to pregnant women and other  
2 persons; and ensuring informed consent before an abortion may be performed, except in  
3 cases of medical emergency."

4 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

5 \* Section 1. AS 18.05 is amended by adding a new section to read:

6       Sec. 18.05.032. **Information relating to pregnancy and pregnancy**  
7 **alternatives.** (a) The department shall prepare a standard information pamphlet that  
8               (1) contains geographically indexed material designed to inform a  
9 person of public and private agencies and services that are available to assist a  
10 pregnant woman with the woman's reproductive choices; the department should  
11 include information about at least the following types of agencies and services:

12                       (A) agencies and services designed to assist a woman through  
13 pregnancy, including adoption agencies and counseling services; and

14                       (B) clinics and facilities that provide abortion options and

1 counseling and post-abortion counseling and services;

2 (2) includes a comprehensive regional directory of the agencies and  
3 clinics identified by the department under (1) of this subsection, a description of the  
4 services they offer, and the manner in which the agencies and clinics may be  
5 contacted, including telephone numbers;

6 (3) provides information concerning the circumstantial criteria for the  
7 availability of medical assistance benefits for prenatal care, childbirth, and neonatal  
8 care, as well as the circumstantial criteria for the availability of medical assistance  
9 benefits for abortion services;

10 (4) states that a person who coerces a woman to undergo an abortion  
11 may be prosecuted for a felony offense under AS 11.41.530;

12 (5) states that a physician who performs or induces an abortion on a  
13 woman without obtaining the woman's informed consent may be liable to the woman  
14 for damages in a civil action;

15 (6) states that the father of a child is liable to assist in the support of  
16 the child even in instances where the father has offered to pay for an abortion, and that  
17 the law permits adoptive parents to pay costs of prenatal care, childbirth, and neonatal  
18 care;

19 (7) describes the fetal development of a typical unborn child at two-  
20 week gestational increments from fertilization to full-term, including photographs  
21 depicting the anatomical characteristics of a typical unborn child at two-week  
22 gestational increments, and relevant information about the possibility of an unborn  
23 child's survival at the various gestational ages; the fetal dimensions in the photographs  
24 must be accurately represented and shall be realistic and appropriate for the woman's  
25 state of pregnancy; the information must be objective, nonjudgmental, and designed to  
26 convey only accurate scientific information about unborn children at various  
27 gestational ages;

28 (8) contains objective, unbiased information that describes the methods  
29 of abortion procedures and treatments commonly employed and the medical risks and  
30 possible complications commonly associated with each procedure and treatment, as  
31 well as the possible psychological effects that have been associated with having an

1 abortion;

2 (9) contains objective, unbiased information describing the possible  
3 medical risks and complications commonly associated with pregnancy and childbirth,  
4 as well as the possible psychological effects that have been associated with carrying a  
5 child to term.

6 (b) The information required under (a) of this section must be written in easily  
7 comprehensible language and must be printed in a typeface that is large enough to be  
8 clearly legible.

9 (c) The department shall advertise the availability of the information required  
10 under (a) of this section and distribute the information free of charge on request and in  
11 appropriate volume to the requester. The department shall also place the information  
12 in public hospitals, clinics, or other health facilities throughout the state and, upon  
13 request of an administrator, in a private hospital, clinic, or health facility so that  
14 members of the public may obtain the information voluntarily, without request.

15 (d) In this section,

16 (1) "fertilization" means the fusion of a human spermatozoon with a  
17 human ovum;

18 (2) "gestational age" means the age of the unborn child as calculated  
19 from the first day of the last menstrual period of a pregnant woman;

20 (3) "informed consent" means a voluntary and knowing decision to  
21 undergo a specific procedure or treatment, based on at least the following information:  
22 a description of the proposed treatment or procedure, reasonably foreseeable  
23 complications and risks to the patient from the procedure, and the manner in which the  
24 procedure and its foreseeable complications and risks compare with those of each  
25 readily available alternative to the procedure;

26 (4) "unborn child" means the offspring of a human being in utero at  
27 various stages of biological development.

28 \* Sec. 2. AS 18.16.010(a) is amended to read:

29 (a) An abortion may not be performed in this state unless

30 (1) the abortion is performed by a physician or surgeon licensed by the  
31 State Medical Board under AS 08.64.200;

1 (2) the abortion is performed in a hospital or other facility approved for  
2 the purpose by the Department of Health and Social Services or a hospital operated by  
3 the federal government or an agency of the federal government;

4 (3) before an abortion is knowingly performed or induced on an  
5 unmarried, unemancipated woman under 17 years of age, consent has been given as  
6 required under AS 18.16.020 or a court has authorized the minor to consent to the  
7 abortion under AS 18.16.030 and the minor consents; for purposes of enforcing this  
8 paragraph, there is a rebuttable presumption that a woman who is unmarried and under  
9 17 years of age is unemancipated; [AND]

10 (4) the woman is domiciled or physically present in the state for 30  
11 days before the abortion; and

12 (5) the applicable requirements of AS 18.16.060 have been  
13 satisfied.

14 \* Sec. 3. AS 18.16.010 is amended by adding a new subsection to read:

15 (h) A person who performs or induces an abortion in violation of (a)(5) of this  
16 section is civilly liable to the pregnant woman for compensatory and punitive  
17 damages. In a civil action under this subsection, there is a rebuttable presumption that  
18 an abortion was performed without the pregnant woman's informed consent if the  
19 physician who performed the abortion does not submit into evidence the copy of the  
20 woman's written certification required to be retained in the physician's files under  
21 AS 18.16.060(b)(3).

22 \* Sec. 4. AS 18.16 is amended by adding a new section to read:

23 **Sec. 18.16.060. Informed consent requirements.** (a) Except in the case of a  
24 medical emergency, a person may not knowingly perform or induce an abortion  
25 without the voluntary and informed consent of the woman on whom the abortion is to  
26 be performed or induced.

27 (b) Consent to an abortion is voluntary and informed when all of the following  
28 are true:

29 (1) before the abortion procedure, the physician who is to perform the  
30 abortion or the referring physician has orally informed the woman of the

31 (A) name of the physician who will perform the procedure;

1 (B) gestational estimation of the pregnancy at the time the  
2 abortion is to be performed; and

3 (C) nature and risks of undergoing or not undergoing the  
4 proposed procedure that a reasonable patient would consider material to  
5 making a voluntary and informed decision of whether to undergo the  
6 procedure;

7 (2) before the abortion, the woman certifies in writing that the  
8 information required to be given under (1) of this subsection has been provided; and

9 (3) the physician who is to perform the abortion or a representative of  
10 the physician receives a copy of the written certificate required under (2) of this  
11 subsection and retains a copy in the physician's file.

12 (c) The information required in (b)(1) of this section shall be provided to the  
13 woman individually and in a private setting to protect the woman's privacy, maintain  
14 the confidentiality of the woman's decision, ensure that the information focuses on the  
15 woman's individual circumstances, and ensure that the woman has an adequate  
16 opportunity to ask questions.

17 (d) In this section,

18 (1) "informed consent" means a voluntary and knowing decision to  
19 undergo a specific procedure or treatment, based on at least the following information:  
20 a description of the proposed treatment or procedure, reasonably foreseeable  
21 complications and risks to the patient from the procedure, and the manner in which the  
22 procedure and its foreseeable complications and risks compare with those of each  
23 readily available alternative to the procedure;

24 (2) "medical emergency" means a condition that, on the basis of a  
25 physician's good faith clinical judgment, so complicates the medical condition of a  
26 pregnant woman that

27 (A) the immediate termination of the woman's pregnancy is  
28 necessary to avert the woman's death; or

29 (B) a delay in providing an abortion will create serious risk of  
30 substantial and irreversible impairment of a major bodily function of the  
31 woman.

1 \* Sec. 5. The uncodified law of the State of Alaska is amended by adding a new section to  
2 read:

3 SEVERABILITY. Under AS 01.10.030, the provisions of this Act are severable.

# ALASKA STATE LEGISLATURE



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## SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE SENATOR LYDA GREEN, CHAIR

To: Senate HESS Members  
From: Aurora Hauke, Committee Aide  
Date: March 19, 2001  
Subject: SB 91 ABORTION: INFORMED CONSENT:INFORMATION

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Please find attached additional testimony for SB 91 ABORTION: INFORMED CONSENT:INFORMATION.

Thank you.

SENATOR LOREN LEMAN, VICE-CHAIR  
SENATOR JERRY WARD, SENATOR GARY WILKEN, SENATOR BETTYE DAVIS

March 16, 2001

Dear Senators,

Thank you for this opportunity to speak concerning SB 91. I urge you to vote in favor of this bill as it is much needed to protect women in a very vulnerable situation. I have heard countless stories of women who were coerced into abortion by a parent or boyfriend and were not given all the facts. Later, they found out that it was not just a blob of tissue or group of cells but really an unborn child complete with heartbeat, arms, legs and eyes and had to deal with the guilt and remorse for what they had done.

There is a growing body of medical statistics indicating that significant health risks such as breast cancer and substance abuse are associated with abortion especially if it is the first pregnancy. I have attached citations from a brief search on the Internet which illustrate this point. The abortion providers would rather this material be hidden from their potential clients just like the tobacco industry were less than forthcoming about the dangers of smoking. It is amazing that the government requires more information to be put on a package of cigarettes, a can of soda or a bottle of aspirin than it does for a procedure which is the most common operation in our country and for which, in over 95% of the cases, are done for sociological reasons rather than medical.

While some abortion providers may provide what they consider to be neutral counseling that truly informs women of their choices and risks, there is abundant evidence of bias toward abortion with many of these so-called counselors, especially those associated with clinics that do little else but abortion. It is no exaggeration to state that many women are sold abortion rather than counseled. I have also attached statement from former workers and abortionist that documents this claim.

This bill, if enacted, will not infringe upon the constitutional right of abortion. It's simply an example of consumer protection legislation. Certainly those who refer to themselves as Pro-choice on abortion would want to insure that women who choose, do so on an informed basis. While developing the pamphlet described in the legislation will not be easy given the emotions associated with this subject, that should not discourage us from starting. I suggest the information on fetal development should be a separate document from the one that discusses health risks associated with abortion since there is little dispute concerning fetal development.

Sincerely,



Kermit D. Reppond  
1616 Selief Lane  
Kodiak, AK 99615  
907-486-6593

### Health Risks

Certainly one of the definitive studies was by H. L. Howe. Her study was done in upstate New York using official statistics from the New York State Health Department. This was an excellent study by epidemiologic standards and was not subject to any kind of recall memory bias from people asked in questionnaires. It used only hard data. She investigated all the women in this area who developed breast cancer under age 40 and checked to see whether or not they had had abortions. The conclusion was that women who had aborted their first pregnancy had a 1.7 times increased risk of breast cancer. Those who had gone on to abort their second and/or third pregnancy had a 4.0 times increased risk.

Howe HL, Serie RT, Bzduch H, Herzfeld P (1989) et al., *Int. J. Epidemiol.* 18:3004.

- An induced abortion raises a woman's chance of getting breast cancer before age 45 by 50%. If done before age 18, it increases 150%; if after age 30, it's up 110%.

- A woman with a family member with breast cancer who had her first abortion after 30 years increased her risk 270%.

J. Daling, Risk of Breast Cancer Among Young Women, *J. Nat. Ca. Inst.*, Vol. 86, No. 21, 11/2/94, pg. 1584

Other studies done since then include: Greece: An overall increased risk of 51% was reported in women who had abortions, compared to those who did not. It involved 850 patients in Athens. L. Lipworth, *Int. J. of Cancer*, April '95 U.S.A.:

"Complications following abortions performed in free-standing clinics is one of the most frequent gynecologic emergencies . . . encountered. Even life-endangering complications rarely come to the attention of the physician who performed the abortion unless the incident entails litigation. The statistics presented by Cates represent substantial under-reporting and disregard women's reluctance to return to a clinic, where, in their mind, they received inadequate treatment."

J. Inly, "Second Trimester Abortions," *JAMA*, vol. 249, no. 5, Feb. 4, 1983, p. 588.

Suicide: The suicide rate associated with birth was 5.9 per 100,000 births and the suicide rate associated with abortion was 34.7 per 100,000 abortions (Gissler, Mike, Hemminki, Elina and Lonnqvist, "Suicides after pregnancy in Finland; 1987-94 *British Medical Journal* Vol 313 (1996) PP 1431-1436) Another study concluded "Of the aborted women surveyed, 62 percent described themselves as having become 'suicidal' as a direct result of their abortions." (David C. Reardon, *Aborted Women: Silent No More* (Chicago, IL; Loyola University Press 1987.

Substance and Alcohol Abuse: "It is common for substance abuse to be seen posttrauma." Dr. Rue also found that "Individuals relying upon illegal or prescription drugs attempt to self-medicate to avoid disturbing symptoms. E.g. intrusive thoughts, nightmares, flashbacks etc." (Vincent M. Rue, *Post-abortion Trauma: Controversy, Diagnosis & Treatment*)

K. Reppond, attachment 1

## Abortion "Counseling"

"I have never yet counseled anybody to have the baby. I'm also doing women's counseling on campus at Albany State, and there I am expected to present alternatives. Whereas at the abortion clinic you aren't really expected to."

--abortion counselor, cite in Rachel Weeping and Other Essays About Abortion. James Truststead Burchsall, editor. New York: Universal Press, 1982 pgs 42-43

"Vital signs should be observed regularly, and a Doppler [for listening to the fetal heartbeat] inaudible to the patient should be used at intervals to determine the presence or absence of fetal heart tones. This [informed consent] is a controversial area, but most professionals in the field feel that it is not advisable for patients to view the products of conception, to be told the sex of the fetus, or to be informed of a multiple pregnancy".

--Abortionist Warren Item in "Abortion Practice" J.B. Lippincott Company, 1984 pgs 145 and 304

"In my facilities, I always gave option counseling. Of course you make the abortion the most appealing. I told them about adoption and about foster care and about [when there was welfare] assistance. The typical way it would go is, "Well, you know you can place your baby out for adoption." But then, in the second breath you would say, "That's an option available to you, but you also have to realize that there's going to be a baby of yours out here somewhere in the world you will never see again. At least with abortion you know what's happening. You can go on with your life...The longer I was in it, the less I cared, so I really didn't really care what my conscience said. My conscience was totally numb anyway. But what it did do was public relations-wise. You were able, when a reporter or TV crew came, to pull out a packet of information for the patients to read and they received it. So what can anybody say? Publicly it looked good -- in reality it was another tool that was used to force a woman into abortion. It's typical -- I would give them an option and then shoot it down. The only option you didn't shoot down, obviously, was abortion."

--Former clinic owner Eric Harrah quoted by Dr. Jack Willke and Brad Mattes

"I was trained by a professional marketing director in how to sell abortions over the telephone. He took every one of our receptionists, nurses, and anyone else who would deal with people over the phone through an extensive training period. The object was, when the girl called, to hook the sale so that she wouldn't get an abortion somewhere else, or adopt out her baby, or change her mind. We were doing it for the money."

--Nina Whitten, chief secretary at a Dallas abortion clinic under Dr. Curtis Boyd

"They [the women] are never allowed to look at the ultrasound because we knew that if they so much as heard the heart beat, they wouldn't want to have an abortion."--Dr. Randall  
"Pro-Choice 1990: Skeletons in the Closet" by David Kuperlain and Mark Masters in Oct "New Dimensions" magazine

K. Reppond, attachment 2

Good afternoon Madame Chair ~~and~~, and Members of the Committee. My name is Bob Lynn, and I'm the President of Alaska Right to Life.

I'm not here today to talk about the tragedy of legalized abortion, because passing a statute mandating "informed consent" is not about whether abortion should or should not be legal, or should or should not be made 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. All of us know that, in every medical procedure, other than abortion, informed consent is routine.

Some obvious questions come to mind. What good purpose could possibly be served by denying a woman informed consent? Why would anyone want to keep a woman uninformed about any medical procedure she's contemplating?

The only purpose, obviously, is that if a woman knew some of the risks of abortion, she might not consent. It should be remembered that abortion providers only get paid when a woman decides to abort. Informed consent for a medical procedure only becomes a problem if there is something to hide. - ~~edit committee~~


In my other life, I'm in the real estate business. Under Alaska Statute 34.70, anyone who sells a house must provide a disclosure statement to buyers. The legislature passed that law - and it's a good law - to protect buyers and sellers, so that house buyers will aware of the facts before they consent to buy. Likewise, Alaska Right to Life thinks anyone who sells an abortion should provide the buyer of that abortion with a full disclosure of facts, so there is informed consent before the woman buys the abortion. I hope the legislature thinks the health of a woman more important than the health of a house. And, as a point in passing, one would think that

abortion providers would also support informed consent, because it provides a higher degree of protection for the abortion business – of course that doesn't please me, but it's a fact.

You know, there is something terribly amiss, if those who claim to be "pro-choice," want to hide information needed to make informed choices. Under current law, even though Alaska Right to Life disagrees with that law, women have the right to decide for themselves whether to abort or not abort. We don't think the legislature should discriminate against women by denying facts needed to make an informed choice, instead of an uninformed choice. Abortion is not reversible. Abortion will affect a woman all the days of her life. Full disclosure is the law every time a house is sold. Full disclosure should likewise be mandated every time someone sells an abortion. Some would call it consumer protection for women.

Please pass SB 91 for informed consent. Please don't prejudice a woman's right to know the truth before she makes a life-altering decision.

Thank you, and have a good day.

  
(907) 346-4447  
4400 Trampoline Drive  
Anchorage, AK 99516-1538

March 15, 2001

WRITTEN TESTOMONY

SENATE BILL 91

FOR AN ACT ENTITLED "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 CASE OF A MEDICAL EMERGENCY".

Please vote infavor of Senate Bill 91. Mothers need to be in possession of all the facts concerning her body and the body of her baby so she can make a decision based on the facts. In this day and age all medical and sergical procedures are covered by informed consent except abortion. An abortion of any kind is very hard on the mother's body and of course it kills the baby. The mother 's hormones are pouring through her oody to ensure a sucesful pregnancy. An abortion throws all these changes into a sudden stop. It is like being thrown into a brick wall physically.

As far as I know, all medical and surgical proceaures performed on or for a man come with an,"informed consent". It is past time to do the same for women and ensure they have full knowledge of what this will do to their bodies and minas. And of course they need to know what will happen to their baby. The mother also needs to know all options for help for her and her baby.

Please vote in favor of Senate Bill 91.

Thank You.

  
Virginia C. Phillips

## **Testimony on SB 91 Informed Consent for Abortions**

**Karen E. Pearson 3-16-01 Senate HESS Committee**

**Madam Chair, members of the Committee, for the record my name is Nancy Davis, I am presenting the testimony of Karen Pearson, Director of Public Health for the Department of Health and Social Services.**

**The Division of Public Health supports what appears to be the intent of this bill-ensuring all women seeking a abortion are fully informed prior to signing consent for the procedure to be done. Since this is currently required prior to any surgical procedure being performed and is considered essential by the medical provider and 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 to them personally. This bill seeks to address this need by requiring each woman be provided a detailed and lengthy informational document and requiring the provider to have the patient sign a form indicating she has read and understands the information in the document and it's relevance to her.**

**Some women would find such material informative but many who are low literacy, illiterate or for whom English is a second language will not be served well by this process. Many individuals who have reading problems are very skilled at hiding them from those with whom they interact, thus it could be very difficult for a provider to ascertain, 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 the procedure to be preformed. 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 the 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 DHHS staff compiling and keeping current lists of providers, agencies and organizations in each community that provide support, aid and other services for women contemplating parenting, adoption or abortion. Local communities are well versed in local resources and better able to keep 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 his money could perhaps be better used to fund needed services or to educate women about avoiding unintended pregnancies, thus avoiding the need to even contemplate having an abortion.

Thank you

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## SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE SENATOR LYDA GREEN, CHAIR

To: Senate HESS Members  
From: Aurora Hauke, Committee  
Date: March 15, 2001  
Subject: SB 91 Abortion: Informed Consent; Information

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Please find attached additional testimony on SB 91 Abortion: Informed Consent; Information.

Thank you.

SENATOR LOREN LEMAN, VICE-CHAIR  
SENATOR JERRY WARD, SENATOR GARY WILKEN, SENATOR BETTYE DAVIS



# Alaska State Legislature

Please enter into the record my testimony to the SENATE HESS  
 committee name  
 committee on SB 91, dated 3-14-01  
 bill/subject

*I am for this senate bill #91  
 being passed.*

Signed: *J. G. Mc Bride*  
 Testifier

*self*  
 Representing (Optional)  
*P.O. Box 779 Delta Jet, AK 99737*  
 Address  
*907-895-4009*  
 Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the Senate HESS  
 committee on SB 91, dated 3-14-01  
 bill/subject committee name

I urge you to pass this bill. Women need to be informed of all their options. ~~messing~~  
 As legislators, I would hope you would have enough respect for women & their intelligence, to trust us (me) with all the information available to make an informed decision.

A no vote says that women are incompetent to weigh information concerning their own health and that of the infant they may be carrying. A no vote says that doctors ~~are~~ decisions weigh in heavier than the woman herself. I trust my doctors, generally speaking, but I still want to make my own decisions based on what he/she has to say, PLUS a second or even third opinion. I still make the decision & I want to be as informed as possible about the pros & cons of any medical procedure. Please don't send women's rights backward.

Signed: Frances Hallgren  
 Testifier

Vote yes for SB91.

self  
 Representing (Optional)  
P.O. Box 1625 Delta AK 99737  
 Address  
895-5532  
 Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the Senate HES  
 committee on SB91, dated 3-14-01  
 bill/subject committee name

Signed:

*Richard J. Jaska*  
 Testifier

Representing (Optional)

Address

Phone No.

## SB91 Testimony

My name is Debbie Joslin. My husband, Steven and I live in Delta Junction with our three children; Mattnew, Emily and Victoria. Steven is the resource forester in our area. I am a homeschooling mom. I teach 3rd and 4th grade Sunday School at my church.

On January 15, 1999 I was 22 weeks pregnant when we drove 100 miles to Fairbanks for an ultrasound on our child. After a lengthy examination of the baby, I was told we were expecting a male child with multiple anomalies. The baby we named Isaiah John had a brain cyst, a missing or unconnected stomach and a hypoplastic left heart. We were given the name of a Perinatologist in Anchorage. A Perinatologist, as I understand it, is a doctor who specializes in unborn babies who have serious health complications. I spoke to this specialist over the phone and made arrangements to go to Anchorage and have another ultrasound. During that phone conversation she urged me to have the pregnancy terminated. The reasons she listed were that the baby would probably die anyway, the medical expenses would be too great and that my own life was probably in danger. Keep in mind, she had not examined me at this point. I made an appointment with this doctor, since I was told she was the only Perinatologist in the state. My husband and I drove 350 miles to keep that appointment, leaving Delta at 40 below zero. When we arrived for our appointment we first saw a genetic counselor who went over some family history with us and explained that they thought Isaiah had Trisomy 18, a chromosomal abnormality (an extra number 18 chromosome). She expressed surprise that we were not considering terminating the pregnancy and asked several times whether we wanted to consider terminating the pregnancy. Another ultrasound was performed by a technician and then the Perinatologist took over the exam and listed the following anomalies: Brain cyst, missing or unconnected stomach, hypoplastic left heart, eyes not properly spaced, underdeveloped chin, something wrong with spinal development, something wrong with his penis, rocker bottom feet, possibly an extra toe and fluid in the abdominal cavity and lungs. We were told the fluid indicated that Isaiah was already in congestive heart failure and that he would never make it to his due date in May. The Perinatologist told us that Isaiah would never respond to us if he were to live, we were told that all Trisomy infants were severely mentally retarded. She described a somewhat vegetative state but more probably he would be stillborn any day. She said that if he were to be born alive he would only live for a few minutes. Later they adjusted it to a few hours and then later yet they said maybe a day at most and then finally they said a few days. We agreed to an amniocentesis to determine whether Isaiah did actually have Trisomy 18. Our hope was that he would not, and we could begin to make plans for heart surgery. She told us doctors will not operate on Trisomy infants since they ALL die in infancy anyway.

You can imagine what heavy hearts we had as we drove back to Delta. The plans and dreams I had had for my son were shelved as we instead discussed his funeral. Within a few days I got a call from the genetic counselor with the preliminary test results which showed Isaiah had Trisomy 13. I asked how that differed from Trisomy 18 and she said it was worse. She asked again about termination and I told her again that we were not interested in that. Almost immediately I got a call from my doctor in Fairbanks who asked

me about termination. I told her (again) that I was not interested in that. She told me that since my life was in danger and I had chosen to continue with the pregnancy, she could no longer be my doctor as she was a general practitioner and not qualified to handle such a case. I began seeing the osteopath doctor in Delta and an OB/GYN in Fairbanks. I told them what I had been told about the baby and about my own health. The OB/GYN doctor told me he could not understand why I had been told my life was in danger. He treated me during the remainder of the pregnancy and I never had any complications or problems. Only the usual complaints pregnant women suffer from.

A couple of weeks after the preliminary results, the genetic counselor called with the final results from Isaiah's amniocentesis. It was final - Isaiah had Trisomy 13. She asked me again about termination and I told her no again. I then asked her out of curiosity what she would do if I did say yes. She got very excited and told me "there is the most wonderful clinic in Kansas". I asked if she meant Dr Tiller's clinic and she said, "yes, do you know him?" "No, I told her, but I know about him". She offered to have other women who had had abortions call me but I declined. Sensing that I was not interested in pursuing this any further she told me in a very apologetic voice that "there is a parent support group, but well....they are rather positive". She made it sound as though positive was a bad thing to be. She then went on to tell me that she had information on the group including an 800 number as well as pamphlets and books in her office that gave detailed information about Trisomy 18, 13 and related disorders including pictures. I called S.O.F.T. (Support Organization for Trisomy 18, 13 and Related Disorders) right away and found that they were indeed positive - but realistic. I told the woman over the phone about Isaiah's diagnosis and she told me that probably they were right but there was a chance he could live. She talked to me about the other "parents" and I remember asking her, "parents, you mean they have children?" "Yes, some did," she said. "How old?" I was told that they varied but there were a few children who were teenagers and even a couple of adults. The lady took my name and address and told me she would send me a family packet right away. I also requested the books they had available; Trisomy 13, a Guideline for Families and Care of the Infant and Child with Trisomy 18 or 13. These were the books the genetic counselor had described, the very ones she had in her office. While the information was heartbreaking, it also offered some hope and some help. Two things we hadn't had much of. Not only did some of these children live - they played and smiled and laughed and talked and learned things and showed affection and responded to love and affection.

We located a wonderful pediatrician in Fairbanks who agreed that Isaiah's chances were not good but she was willing to do what she could to help him. We made the decision to hire her and made plans to deliver our baby in Fairbanks. On May 10, only 11 days before his due date, Isaiah John Joslin was born at Fairbanks Memorial Hospital. He weighed 6 lbs 1 oz and was 18 1/4 inches long. Isaiah was a pretty baby with lots of bright red hair. Isaiah had difficulty breathing when first born but as the doctors and nurses checked him over they could find no sign of the problems seen earlier on three different ultrasounds. The brain cyst, stomach problem and hypoplastic heart were all missing as were all of the other problems earlier noted. However, Isaiah suffered from a ventricular septal defect (VSD) - a hole in his heart. Although very serious, it was a far cry from the problems he

had had earlier. Isaiah required oxygen and a nasal gastric tube for feeding. Because of the hole in his heart he was too weak to nurse and had to be fed with a tube. Isaiah looked so normal that even the nursing staff agreed we should retest him. Test results again showed Isaiah to have Trisomy 13. He stayed in the hospital for 12 days and then came home where we cared for him for 20 days before he left us to go to be with the LORD in heaven. Those were some of the hardest but sweetest days of my life.

I am telling you this story so you can understand why I stand before you today and ask that you pass SB91.

After talking to other doctors and doing a great deal of research and reading about Trisomy infants and because of my own personal experience, I believe my life was never in any danger. Yet, this undue burden was placed on me at a time when I already had plenty to worry about. I believe this was done to try and convince me to have the abortion.

I was told that ALL Trisomy infants die. I now know that somewhere between 90 and 95% of all Trisomy infants die before one year of age. That doesn't leave much room for hope I realize but it is quite different than saying they ALL die.

I was not told about the parent support group (S.O.F.T.) for over two weeks not until they had finally given up on talking me into an abortion. Well, you may say they were not sure your child had Trisomy until the final results were in. Perhaps, but they were sure enough that they continually brought up termination. I drove 350 miles to see the doctor and was never shown the written information about this disorder that they had right there.

Though they were careful to tell me every negative thing they could about the baby, I was never told of any of the risks of having an abortion. There was never any mention made of the risk to my health, either physical or emotional from having the abortion.

I believe the doctors who repeatedly brought up termination probably meant well. The problem comes in where they apparently believed that their professional status, or their medical degrees placed them in a position to know better than me what was best for me, my family and my baby. That simply is not true.

Giving life to Isaiah was hard on our family. But it wasn't TOO hard. It was expensive. But it wasn't TOO expensive. It was hard on the other children. But it wasn't TOO hard on my other children. Giving life to Isaiah blessed our family, including the other children. Because of his heart condition Isaiah was always lethargic and sleepy and tired acting but he was never in pain. The equipment which monitored his oxygen saturation rate showed that whenever we held him or showed affection to him, Isaiah was aware of it. His saturation levels would soar when he was being loved on. My daughter, Emily who is five loves to recount the story of how Isaiah's oxygen saturation level was in the 60s the night before he died. I laid him in Emily's arms and immediately his saturation level rose to 100. There seems to be a feeling out there that a successful life is one that is free from pain or

suffering or trials and that isn't true. Isaiah's life was successful. We loved him and he loved us.

We have been comforted and encouraged even since Isaiah's death by reading of other families with Trisomy children in the S.O.F.T. newsletter. The letters and testimonials are all expressions of the love each family has for their infant or child. Many of them include pictures of their precious children, most of them deceased but some still living. Some of them telling stories of medical professionals pressing them to have abortions are very similar to our experience. Without exception every family expressed love and gratitude for the time they had had with their children, no matter how short.

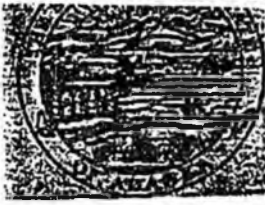
Uniform written information should include basic facts regarding fetal development and the risks associated with continuing the pregnancy versus terminating the pregnancy. Crisis pregnancies come in many different forms. For some women it can be as simple as finding out about WIC, others are not even aware that the child's father is legally responsible for helping to provide support. Over 90% of all babies diagnosed prenatally with Downs Syndrome are aborted. Could it be that those women don't know about the parent support groups out there? Information on adoption agencies should be as readily available as information on abortion. There is a wealth of information out there and it would be a great help to doctors to have a booklet they could hand out to their patients.

Of course I would like for every mother to make the same decision I did but I realize that won't happen. But every mother deserves to have all of the information pertinent to her situation so that she can make an intelligent informed decision. I stand before you today and say that if you vote against SB91 you are saying, in effect, that women are not competent enough to be trusted with the facts regarding the health of their own bodies and that of their unborn children. A "no" vote says that you have no compassion for families and believe that doctors are better suited to make decisions for women and their unborn babies.

A "yes" vote for SB91 sends an entirely different message. A vote *for* informed consent says that you have respect for the intelligence of women and believe that they have the right to be trusted with the information necessary to make decisions for themselves. I trust and hope that this body of legislators will prove themselves to be in favor of women's rights.

Thank you.

Debbie Joslin



# Alaska State Legislature

Please enter into the record my testimony to the Health, Education, + Social Services  
 committee on SB No. 91 committee name  
 committee on Abortion: Informed Consent, dated March 14, 2001  
 bill/subject

We urge all members of this Committee, and of the full Senate, to pass SB 91. It is a basic right of all women to be provided with accurate and objective information concerning their bodies, the development of their babies, what abortion procedures are actually doing to themselves and their babies, and helpful alternatives (e.g. adoption services). Women deserve this basic information and the provision of it should not cause any women or health care providers undue duress.

The provision of information and informed consent is particularly crucial for abortion procedures. These are not like any other medical procedures - these involve the welfare of a child's life, not to mention the health (particularly reproductive and psychological health) of the mother.

We urge all members to consider this testimony and vote for the passage of SB 91.

Signed:

Jacqueline Blodgett  
 Testifier

Representing (Optional)

P.O. Box 1143 Delta Junction, AK 99737

Address

(907) 895-5408

Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the Senate / HESS  
 committee name  
 committee on SB 91, dated 3/14/01  
 bill/subject

I support Senator Ward's bill for informed consent before an abortion as I had a friend back in Pennsylvania who had an abortion - not knowing the consequences, physically or emotionally - and had a very traumatic experience. It was not performed in a hospital or doctor's office and she suffered greatly after the abortion. It was done by a doctor but not in an approved facility. Another scenario that occurred was actually seeing the baby after it was aborted and feeling very remorseful. Had these women been informed I feel they would have chosen life.

Signed: Nancy M. Campbell Testifier

Representing (Optional)  
P.O. Box 3075 - Palmer, AK 99645  
 Address  
745-2256 (H) 376-3784 (W)  
 Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the SENATE  
 committee name  
 committee on SB 91, dated 3/14/01  
 bill/subject

*I fully support SB 91 - Without being fully informed the pregnant female - and Grandparents and father of the baby may not be able to make the choice that not only the child, but they themselves can live with, we cannot expect our youth to value life if we do not take a life giving message!*

Signed: *Eileen A. Johnson*  
 Testifier

Representing (Optional)  
501 KNIK Goose Bay Rd. Wasilla AK 99654  
 Address  
907-373-1139  
 Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the Senate  
committee name

committee on SB 91, dated March 14, 01  
bill/subject

I firmly support this Bill! I have counseled girls and women in the Valley for almost 5 yrs. Those that have had abortions ALL have stated how UN informed they were of their choice. They (the women & girls) have ALL stated if they had been more informed on fetal development, ~~the~~ and health risks, they probably would have made other choices for their pregnancy.

Signed: Brenda Strader  
Testifier

Representing (Optional)

P.O. Box 823429 3101 W. Mansfield Way  
Address

907-357-3972  
Phone No.

**Subject:** SB 91 hearing

**Date:** Tue, 13 Mar 2001 16:40:22 -0900

**From:** "cmm" <murphylogue@alaskalife.net>

**To:** <Senator\_Lyda\_Green@legis.state.ak.us>

Dear Senator Green,

Please read the enclosed attachment.


It is very relevant to Senate Committee hearing on SB 91.


I have scheduled time to testify tomorrow.

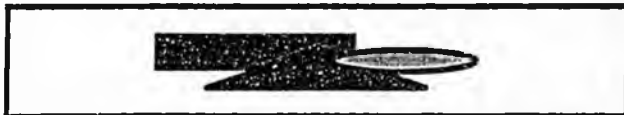
I advocate that the HESS Committee should concentrate their efforts on passage of SB 15 to decrease the need for abortion.

Thank you.

Colleen Murphy, MD, FACOG

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Volume 4, Number 1, February 2001

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*Issues & Implications*

## **A Message to the President: Abortion Can Be Safe, Legal and Still Rare**

By Susan A. Cohen

On his first day in office, which coincided with the 28th anniversary of the *Roe v. Wade* decision legalizing abortion nationwide, President George W. Bush reinstated the "global gag rule" requiring, among other things, that indigenous nongovernmental organizations overseas, in return for U.S. family planning assistance, promise not to use their own funds to pursue efforts to make abortion legal in their country. His spokesman explained that the president believes this policy will "make abortion more rare."

The notion that the way to minimize women's recourse to abortion is to keep--or, in the U.S. context, make--it illegal is a mainstay of the antiabortion movement. But the argument is belied by the facts. However counterintuitive it may be to some, ample evidence from around the world indicates that there is little correlation between abortion legality and abortion incidence. Instead, utilization of abortion in a given country--whether the procedure is legal or not--is much more closely correlated with levels of unplanned, unwanted pregnancy. The fact is, therefore, that both for individuals and at the program level, the most effective way to reduce abortion is to reduce unintended pregnancy, and the most effective way to do that--since most people inevitably will be sexually active for many years of their life--is to increase access to contraception.

This commonsense conclusion is well supported by the research. Yet, sexual and abortion politics continue to obscure the facts about the relationship between contraception and abortion, and even about effectiveness of contraception itself, leaving room for doubt in the minds of many politicians and some members of the public about the importance of continued U.S. support for family planning services both at home and abroad.

### **Abortion Laws, Rates and Safety**

The main effect of abortion's legal status is not on the likelihood that it will occur but on its safety. In country after country around the world, illegal abortion is associated with women dying and being maimed by unsafe abortion. That was the U.S. experience in the years prior to *Roe v. Wade*, but in addition to looking back in time, many contemporary--and very stark--examples can be found by simply looking overseas.

For example, abortion is completely illegal throughout Latin America, but abortion rates in Peru, Chile and the Dominican Republic have been estimated to be more than twice the U.S. rate. In Brazil and Colombia, they are substantially higher as well. At the same time, these countries' maternal mortality rates, which are highly associated with unsafe abortion, range from six times to more than 20 times the rate in the United States.

By contrast, in virtually every country in which abortion is legal and also widely available from trained clinicians, abortion-related mortality and morbidity is virtually nonexistent. Moreover, in these countries, abortion rates are by no means

necessarily high. Indeed, in some countries in which abortion is not only legal but also very easily accessible to women and even free of charge under a national health insurance system, rates of abortion are among the world's lowest. Countries in this category include the Netherlands, Belgium, Finland and Italy.

#### **The Role of Family Planning**

It is clear that for individual women and couples having intercourse, contraceptive use is effective in preventing unintended pregnancy. Research indicates that U.S. women using a method of contraception are only 15% as likely as sexually active women using no method to have an abortion. Put another way, contraception reduces the probability of having an abortion by 85%.

More than nine in 10 U.S. women aged 15-44 who are at risk of unintended pregnancy are using some form of contraception. Rather than using abortion as a method of birth control, then, as opponents of family planning proclaim, virtually all sexually active women are trying to prevent an unintended pregnancy. But contraceptive methods are imperfect, as are the people who use them--so contraceptive failures do occur, resulting in unintended pregnancies. For this reason, just over half of the three million unintended pregnancies in the United States each year occur to the 36 million women who are using contraception. But what is really striking is that almost half of the unintended pregnancies, and almost half of all the abortions annually, occur to the three million women who do *not* use contraception.

Just as family planning is effective at the individual level, so, too, are organized family planning programs at the country level. The publicly supported program that subsidizes family planning services for low-income and young women in the United States has made significant public health contributions over the last three decades. One of the most important, clearly, is its enormous success in helping women, including young women, to avoid unintended pregnancy (see related article, page 5). In the last two decades, Title X funds alone have been responsible for preventing almost 20 million pregnancies. When all sources of public funding are taken together, the U.S. subsidized family planning program helps women avert some 1.3 million unintended pregnancies, (including 386,000 teenage pregnancies) each year--which if they occurred, would result in approximately 534,000 unintended births, 632,000 abortions and 165,000 miscarriages.

Internationally, in country after country, the introduction of modern methods of contraception is associated with declines in abortion rates. Sometimes, the results are dramatic. This has been especially true in Eastern Europe, where until the early 1990s, modern contraceptives were essentially unavailable and abortion was used as the primary means of birth control.

In Russia, for example, abortion has been legal for a very long time, and at the same time, the intense desire among the Russian people for small families is well established and pervasive. Until very recently, a Russian woman wanting only two children might have had up to 10 abortions in her lifetime. The Russian Ministry of Health estimated that in 1990 only 19% of all married couples were relying on modern contraceptives, but the country had an abortion rate of 109 per 1,000 women of reproductive age (approximately 10 times that of the United States). Only four years later, contraceptive use had risen significantly to 24%, while the abortion rate plummeted to 75 per 1,000 women.

In most countries, however, replacing abortion with contraceptive use takes time. **The speed of the decline in abortion rates varies with the rapidity of the increases in access to contraceptives**, the effectiveness of the methods chosen and cultural and socioeconomic differences. It also depends in part on the extent to which women previously were relying on abortion--regardless of its legal status--to limit their family size before contraceptive services became available (see box).

#### **Making Abortion Rare**

Throughout his campaign for the presidency, President Bush often reiterated his desire to make abortion rare. But he rarely, if ever, took the opportunity to promote

family planning as a means of doing so. Instead, he spoke about increasing funds for abstinence education, heightening awareness about adoption, imposing parental consent and other restrictions on access to abortion and helping the American people become "ready" to overturn *Roe v. Wade* by promoting a "culture of life." Finally, at virtually the same moment the president was personally announcing his reimposition of the global gag rule, a statement was being issued by the White House press office saying Bush remains committed to overseas family planning funding "because he knows that one of the best ways to prevent abortion is by providing quality voluntary family planning services." The statement was certainly welcome. But so far, the president's action speaks louder than his words. The gag rule--which prohibits developing country groups that receive U.S. family planning aid from using their own funds to provide counseling about abortion, perform privately funded abortions if they are legal in their country or advocate for abortion law reform if they are not--is not only anti-democratic but also profoundly damaging to the U.S. international family planning program. It is a direct attack on the medical integrity and ethical delivery of family planning care, and at a minimum, it will require the reprogramming of funds away from some of the most effective family planning providers in the world. But while it is certainly anti-family planning, the gag rule is antiabortion in name only. There is ample evidence from which to conclude that in all likelihood, it will have little if any impact on the incidence of abortions in the developing world. Indeed, to the extent that it is successful in curbing the involvement of local reproductive health organizations in country-level debate with the goal of keeping abortion illegal wherever possible, it may only ensure that abortion in these countries remains clandestine and unsafe--and a continuing, direct threat to women's health and lives.

#### **Reducing Abortion Rates Can Take Time**

When the desire for small families takes hold in a society, the initial result is often an increase in both contraceptive use and abortion rates. The experiences of South Korea, the United States and Hungary are cases in point.

In South Korea, contraceptives became available and abortion was legal in the 1960s, when smaller families became a cultural norm. Over the next two decades, fertility declined rapidly, from six to less than two children per woman. But the contraception-abortion mix changed dramatically. Initially, the abortion rate went up, to a high of 33 per 1,000 women of reproductive age in 1980s, but then dropped dramatically to roughly half of that today. Over the same period, contraceptive use tripled to 77% of all married women. The country's abortion rate remains relatively high, however, mainly because a sizable number of South Korean women still rely on less effective methods.

Smaller families also became the norm in the United States in the 1960s. Contraceptive use was high, but so were contraceptive failures and the resulting unintended pregnancies and unplanned births--and clandestine abortions. Following the nationwide legalization of abortion in 1973, the U.S. abortion rate increased over the next several years, peaking in 1980 at 29 per 1,000 women; it then began a gradual decline. Starting in 1990, the abortion rate--along with the teenage pregnancy rate and the overall unintended pregnancy rate--has dropped more steeply to the current rate (as of 1997) of 22 per 1,000 women. A number of factors may be contributing to these trends, but one significant correlate is that contraceptive use has increased, especially since 1990; American women also have shifted to more effective methods and are using the methods better.

Hungary provides perhaps the clearest example of the relationship over a 30-year period between contraception and abortion. Data show that having few children was the norm in Hungary from as early as the 1950s and that smaller families were achieved mainly through heavy reliance on abortion. At that time, contraceptive use hovered at about 20%, while the abortion rate was around 70 per 1,000 women. Contraceptives were not introduced in Hungary until the mid-1960s. Because it

took some time for contraceptive services to become widely available and for the necessary behavioral and cultural shifts towards pregnancy prevention to take place, abortion rates continued to increase slightly for a short period, reaching a peak of 90 per 1,000 women in the late 1960s. Once this shift took hold, however, and contraceptive use began a steadily upward trajectory to over 69% today, the abortion rate dropped sharply and now stands at about 35 per 1,000 women.

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## Analysis of Senate Bill No. 15

### I. The Problem

#### A. United States

- On average, a woman has 2.1 children during the course of her life.
- A sexually active woman will need contraception for more than twenty years of her life.
- Over 50% of U.S. pregnancies are unintended; 52% end in abortion
- Unintended pregnancies carry appreciable risks (*The Best Intentions*, IOM, 1995)
  - later onset of prenatal care & higher frequency of inadequate prenatal care
  - higher incidence of low birth weight infant (<2500 g)
  - higher incidence of infant mortality, child abuse, and physical abuse of mother
  - higher subsequent divorce rate (3x) and fathers more likely to be absent
  - Children raised by one parent are more likely to drop out of school, to have encounters with the criminal justice system, and more likely to become teen parents
  - higher incidence of economic hardship & failure of parents to achieve educational & career goals

#### B. Alaska

- There are 140,00 Women of childbearing age in Alaska (ages 15-44).
- Each year in Alaska, 120 pregnancies occur per 1,000 women ages 15-44, 69% of which end in live births, 15% in miscarriage, and 16% in elective abortions.
- 60% of pregnancies in Alaska are from unintended pregnancies.
- 42% of live births in Alaska are from unintended pregnancies. (Source: PRAMS 1996)

### II. The Solution: Increasing Contraceptive Access

#### A. United States

- 97% of typical insurance policies cover most prescription drugs (Alan Guttmacher Institute, 1994)
- Only 33 percent of insurance plans cover birth control pills (Alan Guttmacher Institute, 1994)
- < 20% of traditional health care plans cover all of the most commonly used methods of contraception.
- Women of reproductive age spend 68% more in out-of-pocket expenses than men- most of this is due to reproductive health care.
- In 1998, the AMA and ACOG recommended that all health insurance policies providing prescription benefits should no longer exempt contraceptive prescriptions.
- At least 13 states, Maryland, California, Connecticut, Delaware, Georgia, Hawaii, Iowa, Maine, Nevada, New Hampshire, North Carolina, Rhode Island, and Vermont — have enacted contraceptive equity laws.
- State contraceptive equity laws only apply to state-regulated insurance plans.
- The "Equity in Prescription Contraceptive Coverage Act," or EPICC, was reintroduced by Sen. Harry Reid, D-Nev., and Sen. Olympia Snowe, R-Maine in 1/01.
- The Pregnancy Discrimination Act, enacted by Congress in 1978, requires that expenses related to pregnancy, childbirth or related medical conditions be treated the same as expenses related to other medical conditions. The law also protects women against discrimination because they have the ability to become pregnant, not just because they are already pregnant
- On 12/13/00, The U.S. Equal Employment Opportunity Commission (EEOC) today issued a Commission Decision finding merit in two charges of discrimination alleging violations of Title VII of the Civil Rights Act of 1964, as amended by the Pregnancy Discrimination Act.
- The Commission based its decision on the grounds that the respondents in the charges excluded the cost of prescription contraceptive drugs - available only to women - from their employee health plan while covering a number of other preventive drugs, devices, and services.
- The EEOC rejected arguments based on cost.
- The ruling applies only to firms with more than 15 workers and is specific to the two cases presented to the commission. It stops short of policy guidance that would apply to all employers
- Deborah Brake, a law professor at the University of Pittsburgh, states. "I would advise [companies] to

[expand coverage] immediately rather than being sued. My reading of the ruling is that it is quite broad," she said (Snowbeck, Pittsburgh Post-Gazette, 1/1).

#### **B. Alaska**

- A legal opinion from the Alaska State Legislature's Division of Legal Services indicates the EEOC's ruling would be applicable to all "employers," which for legal purposes is defined as all businesses with 15 or more employees.
- The state is considered an employer and is covered under the Civil Rights Act.
- This ruling would include all small business and self-insured plans, including the State of Alaska
- Legislative Attorney, Mike Ford, has reviewed the EEOC ruling. If a plan does not cover prescriptions, then it would not be required to cover contraceptives.

### **III. Cost of Increasing Contraceptive Access**

#### **A. United States**

- When women have to pay out of pocket, they will often opt for less expensive and effective contraceptive methods, thus increasing the likelihood of an unintended pregnancy.
- A large number of unintended births are paid for by private insurance -- costs that are eventually distributed to others in the form of higher insurance premiums.
- Every dollar spent for contraceptive services saves \$3 in public funds that would have been needed to provide prenatal and newborn care alone
- The Health Association of America, a national trade association representing about 270 of the nation's leading health care companies, showed that insurance costs would increase by \$16.00 per year per employee in plans covering other prescription medications.
- Other studies show including contraceptives in prescription programs could cost as little as \$1.43 per employee per month to as high as \$3.50 per employee per month. The high estimate is slightly more than the price of one month of oral contraceptives.
- The Alan Guttmacher Institute, which supports the expanded coverage, cited the cost of coverage for all five forms of reversible contraceptives -- oral contraceptives, diaphragms, intrauterine devices, injectables and implants -- to be \$21 per health plan member per year, or a 0.6% increase in the overall costs of health plans
- A 15 percent increase in the number of oral contraceptive users in a health plan would provide enough savings in pregnancy costs alone to provide oral contraceptive coverage for all users in the plan. (American Journal of Public Health, 1995)

#### **B. Alaska**

- Almost half of unintended pregnancies in Alaska are paid for by a government source.
- The prescriptive equity bill just would affect small business plans (2-50 people)
- Total people covered in 4/99 in small business plans: est 30,000 people.
- The bill would exclude private plans, self-insured, and specifically excludes churches.
- Most businesses with more than 100 employees are SELF-INSURED, and many with 50-100 employees are self-insured.
- Self-insurance is regulated by the federal government; the state has no authority to tell policy holders, businesses, or insurance companies what those policies must cover.
- The State of Alaska estimates that employee health insurance costs would increase \$3.25- \$3.50 per month to add coverage for contraceptives
- The State of Alaska also notes that improved access to and use of contraception would save insurers and society money by preventing unintended pregnancies. .



Clarke D. Forsyth, Esq.  
President

March 5, 2001

Honorable Terrence H. Martin  
Alaska House Of Representatives  
P. O. Box 102381  
Anchorage, AK 99510-2381

Dear Representative Martin,

Imagine going in for major elective surgery but having little understanding of the procedure, its risks, or alternatives.

*abortion clinics should  
have sonogram capabilities  
to show the mother-to-be  
the development of the  
child in her body.*

People are pressuring you to do it.

Also, you won't meet the doctor until you're on the operating table.

And one more thing: As you're trying to decide whether or not to have the surgery, a "counselor" is strongly urging you to go ahead—in fact, to do it right away.

You and I would never agree to put our lives at risk under such conditions.

Yet this is what most women face when they have an abortion. They aren't told all the dangers they face. They are often sadly ignorant about the development of the life within them. The doctor who does the procedure is a virtual stranger. And the counselor who is supposed to "help" the woman make her decision is in fact a high-pressure salesperson.

This is simply wrong. But thanks to your support of Americans United, more women are learning the truth about abortion—and deciding against having one—because of our efforts to pass state Women's Right to Know (WRTK) laws.

I am writing to ask you, as one of our valued friends, to consider a gift today to help AUL build momentum nationally for the passage of Women's Right to Know laws.

Our most recent success on this front came this month when the Arkansas Senate unanimously passed a Women's Right to Know law. The bill had already passed the Arkansas House of Representatives by a 79-16 margin. The bill, like others we have provided constitutional analysis on in several other states, is straightforward: Women who seek abortions must receive information about the medical risks of the procedure (including the Abortion-Breast Cancer risk) at least one day beforehand, as well as facts about fetal development and a directory of public and private agencies that provide abortion alternatives.

Based on what we know from other states with such laws, the number of abortions should decrease in Arkansas once the bill is signed into law. In Mississippi, for instance, abortions dropped by nearly half between 1991, when its law was enacted, and 1996.

AUL attorneys provided key constitutional analysis in the Arkansas victory. We drafted the model legislation based on a similar law upheld by the U.S. Supreme Court in 1992. We answered legal questions about the bill from its sponsor, Arkansas Representative Jim Magnus. Furthermore, we provided legal analysis to pro-life groups regarding various amendments offered in committee hearings.

I am hopeful that the women of Arkansas will soon learn the truth about the dangers of

(over, please)

abortion—especially if you will help us now defend this important pro-life legislation from certain attacks by anti-life groups.

Women's Right to Know laws are a powerful weapon in our arsenal to protect women and babies from abortion—and to build a culture of life in our nation. It is simple common sense that a woman should have all the facts before she puts herself in the hands of an abortionist who will change her life forever. When women have the facts, they often keep their babies.

But the abortion industry makes big profits from women's ignorance and doesn't want them to have all the facts about abortion. That is why organizations such as the extremist Center for Reproductive Law and Policy (CRLP), Planned Parenthood, and other anti-women groups so vehemently oppose Women's Right to Know laws.

In fact, I fully expect the CRLP will file a lawsuit to overturn the Arkansas Women's Right to Know law. But they'll have a difficult time succeeding. Here's why:

*Women's Right to Know laws have withstood challenges in Indiana, Louisiana, Mississippi, North Dakota, Ohio, Pennsylvania, South Dakota, Utah, and Wisconsin. And as recently as December 2000, a federal district court upheld the constitutionality of the Kentucky Women's Right to Know law, which was based on AUL model legislation.*

AUL was involved in the defense of the laws in several of those states. We have a strong track record, which your continued support will help sustain as we work toward our ultimate goal of seeing Women's Right to Know laws passed in all 50 states.

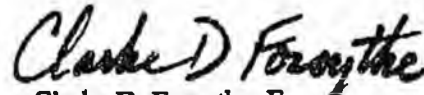
In addition to our Arkansas victory, we have a significant role in pending legislation in Arizona, Missouri, and Oklahoma. The Missouri and Oklahoma bills include the requirement that the woman be informed of the Abortion-Breast Cancer Link—another major effort of AUL's work nationwide.

Our attorneys are consulting with lawmakers, crafting legislative language, planning strategy, and fending off legal attacks from our opponents who fear these bills' passage.

This battle is costly. Our efforts on WRTK will total at least \$55,000, not including our anticipated cost to defend the bill against a lawsuit by anti-life groups should it pass. We can only move forward as friends like you provide the resources. Could you send a generous gift to Americans United for Life today? Your gift in any amount will help protect women and babies who deserve the basic protections that Women's Right to Know laws provide.

Please be generous, and please consider keeping our dedicated staff in your prayers.  
Thank you.

Sincerely,



Clarke D. Forsythe, Esq.  
President

P.S. Just as I was writing you this letter, the Virginia House and Senate also passed a Women's Right to Know law. Although another organization—an ally of AUL—championed that fight, the Virginia victory and our Arkansas win encourage me that we can win in other states where we are working on these badly needed laws. The gifts of friends like you are critical to our success. Please give generously today.



# Alaska State Legislature Written Testimony Form

Please enter into the record my testimony to the SENATE HES Committee on  
SB 91 dated 3-14-01  
(bill/subj) (Committee Name)

I would urge the SENATE to PASS SENATE BILL 91.  
AN ABORTION HAS SO MANY HIDDEN CONSEQUENCES TO THE WOMAN THAT I FEEL SHE SHOULD HAVE AS MUCH ACCURATE, OBJECTIVE INFORMATION AS POSSIBLE. SOME OF THESE CONSEQUENCES ARE AS FOLLOWS:  
POTENTIAL DAMAGE TO HER CERVIX, WOMB, TUBES & BREASTS. MAJOR IMMEDIATE COMPLICATIONS INCLUDE INFECTION, EXCESSIVE BLEEDING, RIPPING OR PERFORATION OF THE UTERUS, ANESTHESIA COMPLICATIONS, CONVULSIONS, AND HEMORRHAGING. RECENT <sup>RESEARCHED</sup> STUDIES HAVE SHOWN THAT A WOMAN WHO HAS AN ABORTION IS TWICE AS LIKELY TO HAVE A PREMATURE BABY IN THE FUTURE. HER RISK OF DEATH BY SUICIDE IS SIX TIMES HIGHER AND FROM AN ACCIDENT FOUR TIMES HIGHER. SHE IS 5 TIMES MORE LIKELY TO ABUSE ALCOHOL OR DRUGS. WE ALL KNOW WOMEN WHO HAVE HAD AN ABORTION & HAVE REGRETTED THE LOSS OF THEIR CHILD FOR THE REST OF THEIR LIFE. THE CLINICS THAT DO ABORTIONS ARE NOT IN A POSITION TO PROVIDE OBJECTIVE INFORMATION. WOMEN NEED AS MUCH INFORMATION

Testifier Signature

ROSANNE CUNYAN

Representing: (Optional)

Address

P.O. BOX 42, CORDOVA, AK 99574

Phone Number

907 424.7642

AS POSSIBLE before  
MAKING THIS  
life +  
DEATH  
DECISION



Alaska State Legislature  
Written Testimony Form

Please enter into the record my testimony to the She's Committee on  
SB 91 dated 3/14  
(bill/subj) (Committee Name)

I support SB 91.  
I have had 2 children since we moved to Alaska. I have been shocked at the physicians arrogance in promoting abortion even when faced w/ a low-risk pregnancy.

I have easily been intimidated by doctors who have done a gynecological exam and tuted their personal opinions, after wards, its easy to tell what they would prefer you to do.

Testifier Signature

Jennifer Grimwood

Representing: (Optional)

Address

PO Box 2132 Cordova, AK 99571

Phone Number

907-424-5586

## Alaska Civil Liberties Union

An Affiliate of the American Civil Liberties Union

P. O. Box 201844, Anchorage, AK 99520-1844

Phone: (907) 258-0044 Fax: (907) 258-0288 Email: akclu@alaska.net

To: Senate HESS Committee  
From: Jennifer Rudinger, Executive Director  
Date: Wednesday, March 14, 2001

Re: **Opposition to SB 91 – MANDATORY EXTRA "COUNSELING" FOR ABORTION**

The US Supreme Court's 1992 decision in Planned Parenthood of Southeastern Pennsylvania v. Casey upheld, among other restrictions, a Pennsylvania law requiring that physicians provide women with state-prepared anti-choice materials prior to the abortion procedure. The law forces a doctor to provide every woman seeking an abortion with information that is intended to discourage the procedure -- even if the information is irrelevant, unnecessary, and ultimately harmful to her health.

Such "biased counseling" laws are currently enforced in more than a dozen states. In a number of other states, these laws have been enacted but are enjoined or otherwise unenforced. Often introduced under the deceptive label of "Informed Consent" or "Women's Right to Know," biased counseling laws in fact serve to hamper women's access to abortion.

Alaska, however, is one of several states that evaluate restrictions on women's reproductive choices under the stricter standard of judicial review established by the US Supreme Court in 1973 in Roe v. Wade. Therefore, the Casey analysis and conclusion do not apply when an Alaska court reviews laws such as SB 91, and it is our opinion that SB 91 may be unconstitutional under the Alaska Supreme Court's decision in Valley Hospital Association, Inc. v. Mat-Su Coalition for Choice, et al. in 1997.

Aside from our concerns that SB 91 may violate the Alaska Constitution, there are many reasons why the bill is bad public policy.

**1. This Mandatory Extra "Counseling" Gives Women Inaccurate and Irrelevant Medical Information.**

Mandatory extraneous lectures do not give women accurate or meaningful medical information. SB 91 puts words in doctors' mouths and forces them to run through a litany of conceivable pro's and con's for abortion and for all alternatives to abortion -- even when those alternatives are not in the patient's best interest and may even *harm* her. Yet, women who are seeking prenatal care in order to carry a pregnancy to term are *not* forced to waste time and money listening to a diatribe about their options and alternatives to pregnancy and childbirth, even though the mortality risk of full-term pregnancy and childbirth is more than

SB 91 Position Paper  
Page 2 of 3

20 times *greater* than that of a first-trimester abortion.

2. **SB 91 refers to "possible psychological effects that have been associated with having an abortion," substituting politicians' judgment for that of doctors.**

This reference is misleading because no such psychological harms have been proven to exist. In fact, according to a 1987-88 investigation by the former Surgeon General of the United States, Dr. C. Everett Koop (who is no champion of choice), as well as a 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. It should be left to doctors to decide, based on their best medical judgment, what risks and benefits are relevant to their particular patients and what medical information is scientifically sound.

3. **Requiring That Physicians Deliver These Extraneous Lectures Makes Access to Quality Reproductive Health Care More Difficult and Expensive.**

SB 91 prohibits a trained counselor, nurse, or other health care practitioner from providing this mandatory lecture to the patient, requiring instead that a doctor deliver the state's message. This requirement has a direct effect on women's health. Many clinics experience serious difficulty in finding doctors willing and able to perform abortions, and the few doctors who are available often find themselves barely able to meet the needs of their patients. By prohibiting doctors from delegating counseling and related tasks to other trained professionals, these laws make it far more difficult for clinics to provide women with the quality health care they deserve. Furthermore, since a doctor's time costs much more than that of a nurse, clinician, social worker, or counselor, the doctor-only stipulation drives up the costs of abortion and other health services provided by clinics.

4. **Informed Consent Is Already Required For All Medical Procedures.**

A woman must already give her informed consent before undergoing *any* surgical procedure, including abortion. The standards of the medical profession, as well as state laws, ensure that health care practitioners provide women with accurate and unbiased information regarding the risks and benefits of their various treatment options, and obtain their informed consent. SB 91 singles out abortion from all other medical procedures. Implicit in the requirement of this lecture is the assumption that women do not adequately think through their abortion decision and that the State must do their thinking for them. This assumption reflects a lack of respect for women's moral decision-making. In fact, virtually all women have carefully considered their decision to have an abortion by the time they arrive at the clinic. Clinics in Alaska routinely refer for additional counseling the small number of women who remain ambivalent.

SB 91 Position Paper  
Page 3 of 3

**5. Biased Counseling Requirements Violate Standard Medical Practice and the Doctor/Patient Relationship.**

SB 91 requires a doctor to supply all of the state-mandated information to every woman in every instance in order to avoid liability. This state-imposed litany may conflict with the doctor's ethical obligation to give the best medical advice to the patient, in view of her individual circumstances. For example, it is both pointless and cruel to "inform" a victim of rape or incest that she has the "alternative" of raising the "unborn child" (as though she did not already know this), or to remind a woman carrying a fetus with impairments so severe that it could never survive outside the womb that her "unborn child" will be 20 weeks old at the time of the abortion. Indeed, the American Medical Association has resolved to oppose these types of measures, finding that "informed consent requirements [for specific medical procedures] often are not medically indicated and never are appropriate areas for codification in law." [American Medical Association, "AMA Opposition to 'Procedure Specific' Informed Consent," House of Delegates Resolution 226 (A-99).]

SB 91 is a perfect example of why legislators should not insert themselves into the business of practicing medicine. The definitions of "fertilization" and "gestational age" contained in the bill are medically inaccurate, and the definition and use of the term "unborn child" is both medically inaccurate and inflammatory.

**6. Conclusion: SB 91 Endangers Women's Health and Violates Women's Constitutional Right to Reproductive Choice.**

SB 91 is not created to protect women's health. The purpose is clear: this bill is designed to make a woman's very personal decision even more difficult. Fear of civil sanctions and the intrusive nature of the state-prescribed litany also serve to deter doctors from performing abortions, further exacerbating the alarming present shortage of providers in Alaska.

The AkCLU respectfully urges this Committee not to place any further burdens on women's rights to choose abortion. Please feel free to call on me if you have any further questions or concerns. I can be reached at (907) 258-0044 most days, from mid-morning until mid-evening.

Thank you very much for your careful consideration.

To: House HESS Committee  
From: Dr. Sharon Smith  
Date: March 7, 2001  
Re: HB 112

I am a family physician working in Anchorage. I care for pregnant woman, perform deliveries, and care for the children of my patients. I do not perform abortions.

I have concerns about HB 112. Specifically, the requirement that DISS develop and make available a standard information pamphlet describing the development of an "unborn child." The bill calls for "nonjudgmental information that is accurate, scientific information." The term "unborn child" is disingenuous and inflammatory, has no scientific basis, and has no place in a medically oriented document. Furthermore, the only women who would be required to ~~receive~~ the information would be those who are choosing to end their pregnancies. *receive unnecessary*

You know, as a physician I perform procedures and obtain informed consent prior to all of them. Obtaining informed consent responsibly was an important part of my medical training. I am, frankly, insulted that legislators are comfortable dictating how consent be obtained for a specific procedure, that the bill's language implies physicians are not already obtaining informed consent, and that you find it within your duties to single out one procedure and place onerous requirements on a safe, simple medical procedure.

Sharon Smith, MD  
6203 Green Tree Circle  
Anchorage, AK 99516  
346-3693



To:

Wednesday, March 14, 2001

Senator Lyda Green, Chair

Senator Loren Lehman, Vice-Chair

Senator Jerry Ward

Senator Gary Wilken

Senator Bettye Davis

Honorable Senators:

I recently read Senate Bill 91 proposed by Senator Ward. I must object to this bill on multiple grounds. This bill is a thinly veiled attempt squarely aimed at making it more difficult for women of Alaska to receive abortions. It contains biased language throughout, and indirectly suggests placing new limitations on the availability of the abortion procedure.

The bill claims to be about informed consent. As physicians, we are quite familiar with informed consent. If there is a complication of a procedure and informed consent was not obtained, we are painfully aware of the consequences. Getting proper informed consent before an abortion is very high on my list of priorities. Contrary to what some people may think, there is no monetary gain in performing abortions to a physician who does both prenatal care and abortion. If a patient carries a pregnancy to term, our practice will see a much larger revenue stream than if the patient has an abortion. There is no incentive on our part to encourage abortion over an ongoing pregnancy.

The bill starts in a biased manner by saying that it is meant to "ensure informed consent before an abortion may be performed, except in the cases of medical emergency." A pregnancy has several possible outcomes including carrying and delivery, abortion, adoption, miscarriage, and ectopic pregnancy and others. There is no mention of giving informed consent to women regarding carrying a pregnancy to delivery, or giving the pregnancy up for adoption. In my practice as a physician, I perform abortions as well as multiple other procedures including both office and hospital procedures. The legislature has not chosen to pass a bill on how I obtain consent from a person for a C-Section, or hysterectomy - both of which carry far more risk to the patient than an abortion. Clearly, the abortion is being singled out, but not for medical reasons. This bill relates to politics and beliefs, not medicine or the safety of Alaska women.

Throughout the bill the term "unborn child" is used. A review of the 23<sup>rd</sup> edition of Stedman's medical dictionary reveals that the term "unborn" or phrase "unborn child" are not recognized.



There are medical terms such as blastocyst, morula, embryo, fetus, and several others terms referring to the "conceptus." The term "unborn child" is included to incite only emotion. On page 2, line 25 the term "nonjudgmental" is used when the decidedly judgmental phrase "unborn child" is used in the very same sentence, a contradiction of terms.

In pages 1 line 1 through 3, line 23 a "standard pamphlet of information" is described, again using biased terms defined by the legislators, not terms recognized in science. Paragraph (7), page 2, lines 19-27 describes in detail the pictures that need to be included in this pamphlet. Why are these to be included? Are these meant to "educate" the patient regarding the fetal development when she is deciding whether to carry a pregnancy rather than to have an abortion? If so; where are the parallel photographs describing the complications of abortion as well as the complications of carrying a pregnancy to term? Of what value are these pictures? When I counsel patients regarding an ongoing pregnancy or an abortion, should a patient ask me for drawings or photographs of a fetus at various stages of development, I have an encyclopedia containing the information, and I go over it with the patient, but I tailor the information to the needs of the patient. Each person is an individual, and a "standard information packet" alluded to by this bill leaves little room for patient individuality.

C. Everett Koop, and the American College of Obstetrics and Gynecology, after extensively reviewing the literature, concluded that there is no solid scientific data suggesting that there are long-term negative psychological effects from an abortion. Yet paragraph 8, page 2, line 31 refers to "possible psychological effects" that have been associated with having an abortion. Why should a patient be subjected to this concept when there is no proof that it exists, and will only serve to frighten the patient with false information? Informed consent should only involve only actual scientific information, not conjecture. ("Actual scientific information" is referred to in line 26, page 2.) If this reference remains in the bill, where is the comparable line referring to the possible psychological risks of adopting a baby out?

This bill is not about science, nor about medicine. This bill is not about information or informed consent. This bill is simple bias, placing more obstructions in the paths of women seeking an abortion. The suggested body of information is already available, and gathering it as suggested is a duplication of efforts. The requirements of SB 91 serve only as an obstacle intended to discourage patients from choosing a procedure that is recognized as one of the safest performed in medicine.

The persons being served are not the patients, but those who wish to further obstruct abortion in Alaska.

Jan Whitfield

Medical Director, Alaska Women's Health Services

## Valdez Medical Clinic

Andrew R. Embick, M.D.  
Kathleen G. Todd, M.D.  
John S. Cullen, M.D.  
Joseph H. O. Roth, M.D.

P.O. Box 1829  
Valdez, Alaska 99686

Telephone  
(907) 835-4811  
Telefax  
(907) 835-5162

Please do not pass House Bill 112 or Senate Bill 91  
or even waste more committee time on them!

House Bill 112, though carefully written to try to be  
fair in presenting information to pregnant women making difficult  
decisions, is in fact not fair or reasonable and should not become  
law.

- 1) It singles out a single type of informed consent for special treatment. Why not insist that physicians tell those choosing to remain pregnant all the same things? Informed consent is already required by our legal/medical malpractice system and these regulations, for a single type of procedure, are not needed (unless their true intent is harassing providers rather than protecting patients)
- 2) The pamphlets required to be prepared will be costly, potentially biased no matter how many resources go into making them less so, frequently out of date, and not very useful in obtaining informed consent. Realistically, they will probably be more useful to those who oppose abortion to hand out to interested parties at the State Fair than to use in doctor's offices. Is this what we should be doing with DHSS's budget?
- 3) Several definitions in the bill do not match currently accepted definitions or are controversial. This is a prime example of why the state should stay out of medical matters.
- 4) There is no evidence that counseling by physicians is superior to counseling by trained office staff, and some evidence to the contrary. This is another indication that the legislation appears to create difficulties rather

then inform,

Please leave this bill where it belongs - stuck in  
Committee and not the law of Alaska.

Nathan G. Todd MD

**Subject: SB-91 Opposition Letter**

**Date:** Tue, 13 Mar 2001 14:56:43 -0900

**From:** "Diana McKenney" <dmckenney@ak.net>

**To:** <Senator\_Lyda\_Green@legis.state.ak.us>

**CC:** <Senator\_Loren\_Leman@legis.state.ak.us>, <Senator\_Gary\_Wilken@legis.state.ak.us>, <Senator\_Jerry\_Ward@legis.state.ak.us>, <Senator\_Bettye\_Davis@legis.state.ak.us>, <dmckenney@ak.net>

## *League of Women Voters of Alaska*

P.O. Box 484

Kasilof, Alaska 99610

(907)262-3941

March 13, 2001

The Honorable Lyda Green

Health, Education and Social Services Committee

And All Committee Members

Alaska State Senate

Juneau, Alaska

Dear Senator Green,

The League of Women Voters of Alaska opposes SB-91 and respectfully requests that it be held in your committee.

Each year when we address bills of this type, we site numerous problems inherent in them. A quick summary includes the ability of women in terrible situations to navigate the requirements, insufficient responsibility imposed on absent and deadbeat dads, violation of constitutional rights to privacy concerning reproductive choice, legislation that targets and attacks women, and cost and workload imposed on the Health, Education and Social Services Department.

The decision to end a pregnancy, for whatever reason, should remain between a woman and her physician. Please do what you can to hold SB-91 in your committee.

Sincerely,

Diana McKenney, President  
League of Women Voters of Alaska

Cc: Senator Loren Leman  
Senator Gary Wilken  
Senator Jerry Ward  
Senator Bettye Davis

# ALASKA STATE LEGISLATURE



*Interim:*  
600 East Railroad Avenue  
Wasilla, Alaska 99654  
(907) 376-3370  
(907) 376-3157 Fax

*Session:*  
State Capitol  
Juneau, Alaska 99801-1182  
(907) 465-6600  
(907) 465-3805 Fax

## SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE SENATOR LYDA GREEN, CHAIR

To: Senate HESS Members  
From: Aurora Hauke, Committee Aide  
Date: March 16, 2001  
Subject: SB 91 ABORTION: INFORMED CONSENT;INFORMATION

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Please find attached additional testimony for SB 91 ABORTION: INFORMED CONSENT;INFORMATION.

SENATOR LOREN LEMAN, VICE-CHAIR  
SENATOR JERRY WARD, SENATOR GARY WILKEN, SENATOR BETTYE DAVIS

P.O. Box 1949  
Kodiak, Alaska 99615  
March 16, 2001

Senator Lyda Green  
Alaska State Senate  
Juneau, Alaska

Dear Senator Green:

Please do not pass Senate Bill 91 out of the HESS Committee.

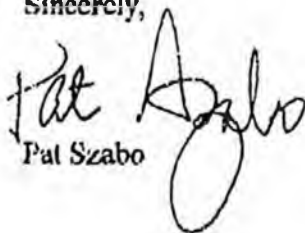
I'm not able to leave work to come to your teleconference this morning so I'd like to take this opportunity to ask you to vote against the bill.

Serious thought already goes into any woman's decision to have an abortion; it's not a decision that's treated lightly. Doctors already provide counseling because abortion is a surgical procedure that requires informed consent.

The Legislature and the State of Alaska shouldn't intrude in the doctor/patient relationship. The pamphlet referred to in the bill would require the State to produce not a medical pamphlet but a political, biased pamphlet that refers to "unborn child" not "fetus" and describes a "gestational age", which is not a medical or scientific concept.

Please do not pass the bill out of committee.

Sincerely,

  
Pat Szabo

# SB 91 ABORTION: INFORMED CONSENT; INFORMATION

## SECTIONAL ANALYSIS

Prepared by Aurora Hauke, Senate HESS Committee Aide

Sec.	Statute	Existing	Changes
1	AS 18.05.032 Health, Safety, and Housing Administration of Public Health and Related Laws Information relating to pregnancy and pregnancy alternatives	None.	New section added. The department must prepare a free pamphlet. It must contain a regional directory of public and private agencies and services (including adoption agencies and counseling services and facilities that provide abortion options and counseling) that are available to assist a pregnant woman with reproductive choices. It must contain information concerning criteria for medical assistance benefits for prenatal care, childbirth, and abortion. It must state that a person who coerces a woman to undergo an abortion can be prosecuted for a felony offense, a physician who performs an abortion without obtaining informed consent may be liable for damages in a civil action, the father of a child is liable to assist in support of the child, and adoptive parents can pay for prenatal and childbirth and neonatal care. It must describe fetal development at two-week increments. It must contain information that describes abortion procedures and medical risks and possible psychological effects associated with abortions and pregnancy and childbirth.

Sec.	Statute	Existing	Changes
2	AS 18.16.010(a) Health, Safety and Housing Regulation of Abortions Abortions	An abortion may not be performed unless it is performed by a licensed physician and it is performed in a state-approved or federal facility. If the pregnant woman is under 17, parental consent must be given or the court must have given the woman permission to give consent. The woman must live in Alaska or have been present in the state for at least 30 days.	Additionally, requirements of AS 18.16.060 (Informed consent requirements) (see Sec. 4).
3	AS 18.16.010 Health, Safety and Housing Regulation of Abortions Abortions	None.	New subsection (h) added. If an abortion is performed without informed consent, the physician is civilly liable to the pregnant woman.
4	AS 18.16.060 Health, Safety and Housing Regulation of Abortions Informed consent requirements	None.	New section added. Except in medical emergency, informed consent must be obtained before performing an abortion. The physician must tell the woman in private who will be performing the abortion, gestational estimation of the pregnancy, and risks of undergoing or not undergoing the abortion. The woman must certify in writing that said information was given to her, a copy of which must remain in the physician's files.
5	uncodified law	None.	New section SEVERABILITY added. The provisions of this act are severable.



**SENATOR JERRY WARD**  
ALASKA STATE LEGISLATURE

SPONSOR STATEMENT FOR SB 91

Ensuring Informed Consent

SB 91 elevates Alaska's current informed consent requirement from regulation to statute. This legislation would ensure that a patient is given the appropriate information about an abortion procedure without obstructing a physician's ability to tailor information to the individual needs of the patient.

Since the early 1970s, Alaska regulations have required physicians to advise patients seeking abortion of the "medical implications and the possible emotional and physical sequelae of the procedure." (12 AAC 40.070). However, Alaska's informed consent regulation lacks specificity and is not uniform in its application.

SB 91 requires the Department of Health and Social Services to develop a pregnancy informational pamphlet to be made available to the public. The pamphlet would list factual, nonbiased information about pregnancy and abortion, as well as pregnancy and abortion alternative resources, and state services available to women in Alaska.

SB 91 reinforces the current ethical standards by protecting them from possible systematic abuse in the future, putting a statutory safeguard into place for both women and physicians.

January-May: State Capitol • Juneau, AK 99801-1182 • (907) 465-4940 • FAX (907) 465-3766  
Anchorage: 716 W. 4<sup>th</sup> Ave. STE. 450 • Anchorage, AK 99501 • (907) 269-0106 • FAX (907) 269-0109  
Kenai: 145 Main Street • Kenai, AK 99541 • (907) 283-3075 • FAX (907) 283-3075

## CURRENT STANDARD:

### ALASKA ADMINISTRATIVE CODE - ABORTION/INFORMED CONSENT

#### 12 AAC 40.070

#### INFORMED CONSENT.

Unless otherwise provided in 12 AAC 40.060, a written informed consent shall be obtained from the patient or from any other person whose consent is required before termination of a pregnancy. Such written informed consent shall be on the patient's chart. The patient and other persons whose consent is required shall be advised of the medical implications and the possible emotional and physical sequelae of the procedure.

#### History -

Eff. 12/20/70, Register 36; am 8/29/73, Register 47

#### Authority -

#### AS 08.64.105

#### Sec. 08.64.105. Regulation of abortion procedures.

The board shall adopt regulations necessary to carry into effect the provisions of AS 18.16.010 and shall define ethical, unprofessional, or dishonorable conduct as related to abortions, set standards of professional competency in the performance of abortions, and establish procedures and set standards for facilities, equipment, and care of patients in the performance of an abortion.

## ABORTION STATUTES

Note: Underlined text indicates statutes that are currently unenforceable.

### Sec. 18.16.010. Abortions.

(a) An abortion may not be performed in this state unless

(1) the abortion is performed by a physician or surgeon licensed by the State Medical Board under AS 08.64.200;

(2) the abortion is performed in a hospital or other facility approved for the purpose by the Department of Health and Social Services or a hospital operated by the federal government or an agency of the federal government;

(3) before an abortion is knowingly performed or induced on an unmarried, unemancipated woman under 17 years of age, consent has been given as required under AS 18.16.020 or a court has authorized the minor to consent to the abortion under AS 18.16.030 and the minor consents; for purposes of enforcing this paragraph, there is a rebuttable presumption that a woman who is unmarried and under 17 years of age is unemancipated;<sup>1</sup> and

(4) the woman is domiciled or physically present in the state for 30 days before the abortion.

(b) Nothing in this section requires a hospital or person to participate in an abortion, nor is a hospital or person liable for refusing to participate in an abortion under this section.<sup>2</sup>

(c) A person who knowingly violates a provision of this section, upon conviction, is punishable by a fine of not more than \$1,000, or by imprisonment for not more than five years, or by both.

(d) [Repealed, Sec. 6 ch 14 SLA 1997].

(e) A person who performs or induces an abortion in violation of (a)(3) of this section is civilly liable to the pregnant minor and the minor's parents, guardian, or custodian for compensatory and punitive damages.

(f) It is an affirmative defense to a prosecution or claim for a violation of (a)(3) of this section that the pregnant minor provided the person who performed or induced the abortion with false, misleading, or incorrect information about the minor's age, marital status, or emancipation, and the person who performed or induced the abortion did not otherwise have reasonable cause to believe that the pregnant minor was under 17 years of age, unmarried, or unemancipated.

(g) It is an affirmative defense to a prosecution or claim for violation of (a)(3) of this section that compliance with the requirements of (a)(3) of this section was not possible because an immediate threat of serious risk to the life or physical health of the pregnant minor from the continuation of the pregnancy created a medical emergency necessitating the immediate performance or inducement of an abortion. In this subsection, "medical emergency" means a condition that, on the basis of the physician's or surgeon's good faith clinical judgment, so complicates the medical condition of a pregnant minor that

(1) an immediate abortion of the minor's pregnancy is necessary to avert the minor's death; or

(2) a delay in providing an abortion will create serious risk of substantial and irreversible impairment of a major bodily function of the pregnant minor.

#### Sec. 18.16.020. Consent required before minor's abortion. <sup>1</sup>

A person may not knowingly perform or induce an abortion upon a minor who is known to the person to be pregnant, unmarried, under 17 years of age, and unemancipated unless, before the abortion, at least one of the following applies:

(1) one of the minor's parents or the minor's guardian or custodian has consented in writing to the performance or inducement of the abortion;

(2) a court issues an order under AS 18.16.030 authorizing the minor to consent to the abortion without consent of a parent, guardian, or custodian, and the minor consents to the abortion; or

(3) a court, by its inaction under AS 18.16.030, constructively has authorized the minor to consent to the abortion without consent of a parent, guardian, or custodian, and the minor consents to the abortion.

#### Sec. 18.16.030. Judicial bypass for minor seeking an abortion. <sup>1</sup>

(a) A woman who is pregnant, unmarried, under 17 years of age, and unemancipated who wishes to have an abortion without the consent of a parent, guardian, or custodian may file a complaint in the superior court requesting the issuance of an order authorizing the minor to consent to the performance or inducement of an abortion without the consent of a parent, guardian, or custodian.

(b) The complaint shall be made under oath and must include all of the following:

(1) a statement that the complainant is pregnant;

(2) a statement that the complainant is unmarried, under 17 years of age, and unemancipated;

(3) a statement that the complainant wishes to have an abortion without the consent of a parent, guardian, or custodian;

(4) an allegation of either or both of the following:

(A) that the complainant is sufficiently mature and well enough informed to decide intelligently whether to have an abortion without the consent of a parent, guardian, or custodian; or

(B) that one or both of the minor's parents or the minor's guardian or custodian was engaged in physical abuse, sexual abuse, or a pattern of emotional abuse against the minor, or that the consent of a parent, guardian, or custodian otherwise is not in the minor's best interest;

(5) a statement as to whether the complainant has retained an attorney and, if an attorney has been retained, the name, address, and telephone number of the attorney.

(c) The court shall fix a time for a hearing on any complaint filed under (a) of this section and shall keep a record of all testimony and other oral proceedings in the action. The hearing shall be held at the earliest possible time, but not later than the fifth business day after the day that the complaint is filed. The court shall enter judgment on the complaint immediately after the hearing is concluded. If the hearing required by this subsection is not held by the fifth business day after the complaint is filed, the failure to hold the hearing shall be considered to be a constructive order of the court authorizing the complainant to consent to the performance or inducement of an abortion without the consent of a parent, guardian, or custodian, and the complainant and any other person may rely on the constructive order to the same extent as if the court actually had issued an order under this section authorizing the complainant to consent to the performance or inducement of an abortion without such consent.

(d) If the complainant has not retained an attorney, the court shall appoint an attorney to represent the complainant.

(e) If the complainant makes only the allegation set out in (b)(4)(A) of this section and if the court finds by clear and convincing evidence that the complainant is sufficiently mature and well enough informed to decide intelligently whether to have an abortion, the court shall issue an order authorizing the complainant to consent to the performance or inducement of an abortion without the consent of a parent, guardian, or custodian. If the court does not make the finding specified in this subsection, it shall dismiss the complaint.

(f) If the complainant makes only the allegation set out in (b)(4)(B) of this section and the court finds that there is clear and convincing evidence of physical abuse, sexual abuse, or a pattern of emotional abuse of the complainant by one or both of the minor's parents or the minor's guardian or custodian, or by clear and convincing evidence the consent of the parents, guardian, or custodian of the complainant otherwise is not in the best interest of the complainant, the court shall issue an order authorizing the complainant to consent to the performance or inducement of an abortion without the consent of a parent, guardian, or custodian. If the court does not make the finding specified in this subsection, it shall dismiss the complaint.

(g) If the complainant makes both of the allegations set out in (b)(4) of this section, the court shall proceed as follows:

(1) the court first shall determine whether it can make the finding specified in (e) of this section and, if so, shall issue an order under that subsection; if the court issues an order under this paragraph, it may not proceed under (f) of this section; if the court does not make the finding specified in (e) of this section, it shall proceed under (2) of this subsection;

(2) if the court under (1) of this subsection does not make the finding specified in (e) of this section, it shall proceed to determine whether it can make the finding specified in (f) of this section and, if so, shall issue an order under that subsection; if the court does not make the finding specified in (f) of this section, it shall dismiss the complaint.

(h) The court may not notify the parents, guardian, or custodian of the complainant that the complainant is pregnant or wants to have an abortion.

(i) If the court dismisses the complaint, the complainant has the right to appeal the decision to the supreme court, and the superior court immediately shall notify the complainant that there is a right to appeal.

(j) If the complainant files a notice of appeal authorized under this section, the superior court shall deliver a copy of the notice of appeal and the record on appeal to the supreme court within four days after the notice of appeal is filed. Upon receipt of the notice and record, the clerk of the supreme court shall place the appeal on the docket. The appellant shall file a brief within four days after the appeal is docketed. Unless the appellant waives the right to oral argument, the supreme court shall hear oral argument within five days after the appeal is docketed. The supreme court shall enter judgment in the appeal immediately after the oral argument or, if oral argument has been waived, within five days after the appeal is docketed. Upon motion of the appellant and for good cause shown, the supreme court may shorten or extend the maximum times set out in this subsection. However, in any case, if judgment is not entered within five days after the appeal is docketed, the failure to enter the judgment shall be considered to be a constructive order of the court authorizing the appellant to consent to the performance or

inducement of an abortion without the consent of a parent, guardian, or custodian, and the appellant and any other person may rely on the constructive order to the same extent as if the court actually had entered a judgment under this subsection authorizing the appellant to consent to the performance or inducement of an abortion without consent of another person. In the interest of justice, the supreme court, in an appeal under this subsection, shall liberally modify or dispense with the formal requirements that normally apply as to the contents and form of an appellant's brief.

(k) Each hearing under this section, and all proceedings under (i) of this section, shall be conducted in a manner that will preserve the anonymity of the complainant. The complaint and all other papers and records that pertain to an action commenced under this section, including papers and records that pertain to an appeal under this section, shall be kept confidential and are not public records under AS 40.25.110 - 40.25.120.

(l) The supreme court shall prescribe complaint and notice of appeal forms that shall be used by a complainant filing a complaint or appeal under this section. The clerk of each superior court shall furnish blank copies of the forms, without charge, to any person who requests them.

(m) A filing fee may not be required of, and court costs may not be assessed against, a complainant filing a complaint under this section or an appellant filing an appeal under this section.

(n) Blank copies of the forms prescribed under (l) of this section and information on the proper procedures for filing a complaint or appeal shall be made available by the court system at the official location of each superior court, district court, and magistrate in the state. The information required under this subsection must also include notification to the minor that

(1) there is no filing fee required for either form;

(2) no court costs will be assessed against the minor for procedures under this section;

(3) an attorney will be appointed to represent the minor if the minor does not retain an attorney;

(4) the minor may request that the superior court with appropriate jurisdiction hold a telephonic hearing on the complaint so that the minor need not personally be present.

Sec. 18.16.050. Partial-birth abortions.<sup>3</sup>

(a) Notwithstanding compliance with AS 18.16.010 , a person may not knowingly perform a partial-birth abortion unless a partial-birth abortion is necessary to save the life of a mother whose life is endangered by a physical disorder, illness, or injury and no other medical procedure would suffice for that purpose. Violation of this subsection is a class C felony.

(b) A woman upon whom a partial-birth abortion is performed may not be prosecuted under this section or under any other law if the prosecution is based on this section.

(c) In this section, "partial-birth abortion" means an abortion in which the person performing the abortion partially vaginally delivers a living fetus before killing the fetus and completing the delivery.

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<sup>1</sup> Parental Consent/Judicial Waiver struck down - Planned Parenthood of Alaska, Inc. v. State, No. 3AN-97-6014 CI (10/5/98)

<sup>2</sup> Permanent injunction prohibiting enforcement of a "quasi-public" hospital's policy barring the performance of abortion - Valley Hospital Association v. Mat-Su Coalition for Choice ('97)

<sup>3</sup> "Partial birth" abortion law struck down - Planned Parenthood of Alaska, Inc. v. State, No. 3AN-97-6019 CIV (3/13/98)

My name is Debbie Joslin. My husband, Steven and I live in Delta Junction with our three children; Matthew, Emily and Victoria. Steven is the resource forester in our area. I am a homeschooling mom. I teach 3rd and 4th grade Sunday School at my church.

On January 15, 1999 I was 22 weeks pregnant when we drove 100 miles to Fairbanks for an ultrasound on our child. After a lengthy examination of the baby, I was told we were expecting a male child with multiple anomalies. The baby we named Isaiah John had a brain cyst, a missing or unconnected stomach and a hypoplastic left heart. We were given the name of a Perinatologist in Anchorage. A Perinatologist, as I understand it, is a doctor who specializes in unborn babies who have serious health complications. I spoke to this specialist over the phone and made arrangements to go to Anchorage and have another ultrasound. During that phone conversation she urged me to have the pregnancy terminated. The reasons she listed were that the baby would probably die anyway, the medical expenses would be too great and that my own life was probably in danger. Keep in mind, she had not examined me at this point. I made an appointment with this doctor, since I was told she was the only Perinatologist in the state. My husband and I drove 350 miles to keep that appointment, leaving Delta at 40 below zero. When we arrived for our appointment we first saw a genetic counselor who went over some family history with us and explained that they thought Isaiah had Trisomy 18, a chromosomal abnormality (an extra number 18 chromosome). She expressed surprise that we were not considering terminating the pregnancy and asked several times whether we wanted to consider terminating the pregnancy. Another ultrasound was performed by a technician and then the Perinatologist took over the exam and listed the following anomalies: Brain cyst, missing or unconnected stomach, hypoplastic left heart, eyes not properly spaced, underdeveloped chin, something wrong with spinal development, something wrong with his penis, rocker bottom feet, possibly an extra toe and fluid in the abdominal cavity and lungs. We were told the fluid indicated that Isaiah was already in congestive heart failure and that he would never make it to his due date in May. The Perinatologist told us that Isaiah would never respond to us if he were to live, we were told that all Trisomy infants were severely mentally retarded. She described a somewhat vegetative state but more probably he would be stillborn any day. She said that if he were to be born alive he would only live for a few minutes. Later they adjusted it to a few hours and then later yet they said maybe a day at most and then finally they said a few days. We agreed to an amniocentesis to determine whether Isaiah did actually have Trisomy 18. Our hope was that he would not, and we could begin to make plans for heart surgery. She told us doctors will not operate on Trisomy infants since they ALL die in infancy anyway.

You can imagine what heavy hearts we had as we drove back to Delta. The plans and dreams I had had for my son were shelved as we instead discussed his funeral. Within a few days I got a call from the genetic counselor with the preliminary test results which showed Isaiah had Trisomy 13. I asked how that differed from Trisomy 18 and she said it was worse. She asked again about termination and I told her again that we were not interested in that. Almost immediately I got a call from my doctor in Fairbanks who asked

me about termination. I told her (again) that I was not interested in that. She told me that since my life was in danger and I had chosen to continue with the pregnancy, she could no longer be my doctor as she was a general practitioner and not qualified to handle such a case. I began seeing the osteopath doctor in Delta and an OB/GYN in Fairbanks. I told them what I had been told about the baby and about my own health. The OB/GYN doctor told me he could not understand why I had been told my life was in danger. He treated me during the remainder of the pregnancy and I never had any complications or problems. Only the usual complaints pregnant women suffer from.

A couple of weeks after the preliminary results, the genetic counselor called with the final results from Isaiah's amniocentesis. It was final - Isaiah had Trisomy 13. She asked me again about termination and I told her no again. I then asked her out of curiosity what she would do if I did say yes. She got very excited and told me that "there is the most wonderful clinic in Kansas". I asked if she meant Dr Tiller's clinic and she said "yes, do you know him"? "No, I told her, but I know about him". She offered to have other women who had had abortions call me but I declined. Sensing that I was not interested in pursuing this any further she told me in a very apologetic voice that "there is a parent support group, but well...they are rather positive". She made it sound as though positive was a bad thing to be. She then went on to tell me that she had information on the group including an 800 number as well as pamphlets and books in her office that gave detailed information about Trisomy 18, 13 and related disorders including pictures. I called S.O.F.T. (Support Organization for Trisomy 18, 13 and Related Disorders) right away and found that they were indeed positive - but realistic. I told the woman over the phone about Isaiah's diagnosis and she told me that probably they were right but there was a chance he could live. She talked to me about the other "parents" and I remember asking her, "parents, you mean they have children?" "Yes, some did," she said. "How old". I was told that they varied but there were a few children who were teenagers and even a couple of adults. The lady took my name and address and told me she would send me a family packet right away. I also requested the books they had available; Trisomy 13, a Guideline for Families and Care of the Infant and Child with Trisomy 18 or 13. These were the books the genetic counselor had described, the very ones she had in her office. While the information was heartbreaking, it also offered some hope and some help. Two things we hadn't had much of. Not only did some of these children live - they played and smiled and laughed and talked and learned things and showed affection and responded to love and affection.

We located a wonderful pediatrician in Fairbanks who agreed that Isaiah's chances were not good but she was willing to do what she could to help him. We made the decision to hire her and made plans to deliver our baby in Fairbanks. On May 10, only 11 days before his due date, Isaiah John Joslin was born at Fairbanks Memorial Hospital. He weighed 6 lbs 1 oz and was 18 1/4 inches long. Isaiah was a pretty baby with lots of bright red hair. Isaiah had difficulty breathing when first born but as the doctors and nurses checked him over they could find no sign of the problems seen earlier on three different ultrasounds. The brain cyst, stomach problem and hypoplastic heart were all missing as were all of the other problems earlier noted. However, Isaiah suffered from a ventricular septal defect

(VSD) - a hole in his heart. Although very serious, it was a far cry from the problems he had had earlier. Isaiah required oxygen and a nasal gastric tube for feeding. Because of the hole in his heart he was too weak to nurse and had to be fed with a tube. Isaiah looked so normal that even the nursing staff agreed we should retest him. Test results again showed Isaiah to have Trisomy 13. He stayed in the hospital for 12 days and then came home where we cared for him for 20 days before he left us to go to be with the LORD in heaven. Those were some of the hardest but sweetest days of my life.

I am telling you this story so you can understand why I stand before you today and ask that you pass HB329. 5891

After talking to other doctors and doing a great deal of research and reading about Trisomy infants and because of my own personal experience, I believe my life was never in any danger. Yet, this undue burden was placed on me at a time when I already had plenty to worry about. I believe this was done to try and convince me to have the abortion.

I was told that ALL Trisomy infants die. I now know that somewhere between 90 and 95% of all Trisomy infants die before one year of age. That doesn't leave much room for hope I realize but it is quite different than saying they ALL die.

I was not told about the parent support group (S.O.F.T.) for over two weeks not until they had finally given up on talking me into an abortion. Well, you may say they were not sure your child had Trisomy until the final results were in. Perhaps, but they were sure enough that they continually brought up termination. I drove 350 miles to see the doctor and was never shown the written information about this disorder that they had right there..

Though they were careful to tell me every negative thing they could about the baby, I was never told of any of the risks of having an abortion. There was never any mention made of the risk to my health, either physical or emotional from having the abortion.

I believe the doctors who repeatedly brought up termination probably meant well. The problem comes in where they apparently believed that their professional status, or their medical degrees placed them in a position to know better than me what was best for me, my family and my baby. That simply is not true.

Giving life to Isaiah was hard on our family. But it wasn't TOO hard. It was expensive. But it wasn't TOO expensive. It was hard on the other children. But it wasn't TOO hard on my other children. Giving life to Isaiah blessed our family, including the other children. Because of his heart condition Isaiah was always lethargic and sleepy and tired acting but he was never in pain. The equipment which monitored his oxygen saturation rate showed that whenever we held him or showed affection to him, Isaiah was aware of it. His saturation levels would soar when he was being loved on. My daughter, Emily who is five loves to recount the story of how Isaiah's oxygen saturation level was in the 60s the night before he died. I laid him in Emily's arms and immediately his saturation level rose to 100. There seems to be a feeling out there that a successful life is one that is free from pain or

suffering or trials and that isn't true. Isaiah's life was successful. We loved him and he loved

We have been comforted and encouraged even since Isaiah's death by reading of other families with Trisomy children in the S.O.F.T. newsletter. The letters and testimonials are all expressions of the love each family has for their infant or child. Many of them include pictures of their precious children, most of them deceased but some still living. Some of them telling stories of medical professionals pressing them to have abortions are very similar to our experience. Without exception every family expressed love and gratitude for the time they had had with their children, no matter how short.

Uniform written information should include basic facts regarding fetal development and the risks associated with continuing the pregnancy versus terminating the pregnancy. Crisis pregnancies come in many different forms. For some women it can be as simple as finding out about WIC, others are not even aware that the child's father is legally responsible for helping to provide support. Over 90% of all babies diagnosed prenatally with Downs Syndrome are aborted. Could it be that those women don't know about the parent support groups out there? Information on adoption agencies should be as readily available as information on abortion. There is a wealth of information out there and it would be a great help to doctors to have a booklet they could hand out to their patients.

Of course I would like for every mother to make the same decision I did but I realize that won't happen. But every mother deserves to have all of the information pertinent to her situation so that she can make an intelligent informed decision. I stand before you today and say that if you vote against HB329 you are saying, in effect, that women are not competent enough to be trusted with the facts regarding the health of their own bodies and that of their unborn children. A "no" vote says that you have no compassion for families and believe that doctors are better suited to make decisions for women and their unborn babies.

SB91

A "yes" vote for HB329 sends an entirely different message. A vote *for* informed consent says that you have respect for the intelligence of women and believe that they have the right to be trusted with the information necessary to make decisions for themselves. I trust and hope that this body of legislators will prove themselves to be in favor of women's rights.

Thank you.

Debbie Joslin

895-4565  
Delta

Joslin@WildAK.net

# ALASKA STATE LEGISLATURE




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Wasilla, Alaska 99654  
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## SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE SENATOR LYDA GREEN, CHAIR

To: Terry Lauterbach, Legislative Legal Services

From: Aurora Hauke, Committee Aide 

Date: March 21, 2001

Subject: SB 91 ABORTION: INFORMED CONSENT; INFORMATION

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Please prepare a HESS CS for SB 91 ABORTION: INFORMED CONSENT;  
INFORMATION as described in the attached letter.

SENATOR LOREN LEMAN, VICE-CHAIR  
SENATOR JERRY WARD, SENATOR GARY WILKEN, SENATOR BETTYE DAVIS

Post-It* Fax Note	7671	Date	3/20/01	# of pages	1
To	Aurora	From	Sandy		
Co./Dept.	Senator Green	Co.	Senator Ward		
Phone #		Phone #			
Fax #	3805	Fax #	3766		

Hi Aurora,

Please ask Senator Green if she would like an amendment to SB 91 now or when it gets to Finance.

↳ Abortion: Informed Consent

The amendment would be added to page 3, line 9 (c) (in regards to where the DOE's handbook would be distributed)

The department shall place the information in public hospitals, clinics, or other health facilities throughout the state, and upon request of its administrator, in a private hospital, clinic, or health facility, so that members of the public may obtain the information voluntarily, without request. The department shall also advertise the availability of the information and distribute it to any person upon written request.

(this is just the same as for planned parenthood information Sec. 18.05.035)

Thanks!

*Sandy*

Sandy Altland, Aide to Senator Ward

*now is for  
let's request  
a DS*



**SENATOR JERRY WARD**  
ALASKA STATE LEGISLATURE

**SPONSOR STATEMENT FOR SB 91**

**Ensuring Informed Consent**

SB 91 elevates Alaska's current informed consent requirement from regulation to statute. This legislation would ensure that a patient is given the appropriate information about an abortion procedure without obstructing a physician's ability to tailor information to the individual needs of the patient.

Since the early 1970s, Alaska regulations have required physicians to advise patients seeking abortion of the "medical implications and the possible emotional and physical sequelae of the procedure." (12 AAC 40.070). However, Alaska's informed consent regulation lacks specificity and is not uniform in its application.

SB 91 requires the Department of Health and Social Services to develop a pregnancy informational pamphlet to be made available to the public. The pamphlet would list factual, nonbiased information about pregnancy and abortion, as well as pregnancy and abortion alternative resources, and state services available to women in Alaska.

SB 91 reinforces the current ethical standards by protecting them from possible systematic abuse in the future, putting a statutory safeguard into place for both women and physicians.

Robert H. Johnson  
NRE?too many - none in  
27 or 28**Subject: SB 91****Date: Sun, 18 Mar 2001 21:41:00 -0900****From: "R. Holmes Johnson" <drbob@keconnect.net>****To: Senator\_Lyda\_Green@legis.state.ak.us**

Dear Senator Green:

As a physician in Kodiak since 1955, I was practicing before abortions became legal and knew something of the problems associated with illegal abortions. I was well aware of the problems associated with the birth of unwanted children. I was pleased when the procedure became legal and women who with unexpected pregnancies could have a choice. Thus began to perform abortions for my patients who were less than three months pregnant.

All were counseled at a preliminary visit including options available to them other than abortion. Most had already considered these

and had elected to have an abortion. Some were not comfortable with their decision and needed to talk about it. A few were referred to mental health counselors. Few desired intricate or detailed information

of fetal development but those who did were informed. Three additional visits were scheduled, for: insertion of laminaria; the abortion procedure; post-abortion exam.

My experience includes approximately 700 abortions from 1984 to 1994 at which time I retired. The only complication I encountered in these women was post-abortion depression which occurred at no greater frequency than did post-partum depression in normal term deliveries. These responded well to treatment

I report this to indicate that I have experience in the matter and to inform you that the State should have no business dictating to women how much they should be told in order to make a decision. They are capable of making the decision for themselves and of asking for what

information they desire. To assume otherwise is an affront to their intelligence.

This bill requires that both patient and physician "jump through a number of hoops," and creates one more impediment to free choice. Consider that this much information is not needed by everyone and, in some cases, creates a sense of guilt which makes the likelihood of complications greater. SB 91 seems designed to do just that. At any rate, it should not get out of committee.

Sincerely,

Dr. Bob

Johnson

Karen Koester  
VK: 09-217/N

**Subject:**

**Date:** Sun, 18 Mar 2001 14:45:24 -0800 (PST)

**From:** karen koester <kkoester@yahoo.com>

**To:** Senator\_Lyda\_Green@legis.state.ak.us

Senator Green:

While you are not my senator, I still ask that you oppose SB 91.

Thank you

Karen Koester

645 Set net Dr.

Kenai, AK 99611

vk: 09-217/N

---

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Kimberly Olmsted  
3052 Wesleyan Dr.  
Anchorage, Ak 99508  
VR: 22-413 /D

**Subject: SB91**

**Date:** Sun, 18 Mar 2001 21:33:50 -0900

**From:** "Kimberly H. Olmsted" <dedkho@alaska.net>

**To:** Senator\_Lyda\_Green@legis.state.ak.us

Dear Senator Green:

I am writing to urge you to hold SB91 in committee. This purpose of this bill is not to provide women with relevant, accurate or useful information regarding abortion. If passed, this bill would put physicians in the unethical role or dissuading women from exercising their legal rights to an abortion by perpetuating false and/or ungrounded information regarding medical risk, future financial support and negative psychological consequences.

Please give this bill your undivided attention. Read the biased information it demands physicians give and ask your self if this bill is really supportive of women's reproductive freedom and physicians' ethical obligations.

Thank you.

Kimberly Olmsted

January 21 - 27, 2001 3

## News In Brief

### Settlement Paid In Death Caused by RU-486 Drug

PORTLAND, Ore. — A recently settled Portland lawsuit has called into question the safety of a drug being used in concert with the abortion compound RU-486. Misoprostol, known by its brand name Cytotec, is a prostaglandin that induces uterine contractions.

The undisclosed settlement, reached in December after a two-year trial in Multnomah County Circuit Court, went to Michael O'Connor of Portland. On Jan. 28, 1997, O'Connor lost his wife Margaret an hour after she gave birth to their third child at Legacy Emanuel Hospital in Portland.

Margaret O'Connor was admitted to the hospital for what appeared to be an "uneventful" labor, but was prescribed misoprostol to hurry the birth. But after delivering the child, she began bleeding profusely and died.

FDA figures show 30 cases of a rupture of the uterus related to the use of misoprostol. In eight cases, the child died even though abortion was not the intent. In the Portland case, the mother died.

Gayle Atteberry, executive director of Oregon Right to Life, told the *Catholic Sentinel*, Portland's archdiocesan newspaper, that O'Connor's death "tragically proves" that the pro-life community is right about RU-486. Said Atteberry, "The pro-life community has always warned that RU-486 abortions are deadly not only to the unborn but to the women." (CNS)

### POM for Senator Green



From: Ms Herta Tschersick  
1423 Baranof

*h*  
*vr: 06-047/D*

Telephone: 486-5648

Kodiak, AK 99615

NON Constituent

Registered Voter: U

Email:

Bill: SB 91 Title: ABORTION: INFORMED CONSENT; INFORMATION  
Message:

Please register my vote as against SB 91.

Entered in KOD on 3/16/01 POMID:99779 Stored

Distribution: 7

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Message 15 out of 57.

## POM for Senator Green



From: Ms Stephanie L Love  
PO Box 2503

VK:DLG-045/D

Telephone: 486-3595

Kodiak, AK 99615

NON Constituent

Registered Voter: V

Email:

Bill: SB 91 Title: ABORTION: INFORMED CONSENT; INFORMATION

Message:

**Vote no on this legislation. Women go through enough in making this decision, the doctor does inform the patient. Why does the state have to interfere with patient doctor relationship?**

Entered in KOD on 3/16/01 POMID:99777 Stored

Distribution: 7

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Message 13 out of 57.

## POM for Senator Green



From: Ms Laurie E Lindsey  
PO Box 4185

*VR: DL-043/R*

Telephone: 481-1067

Kodiak, AK 99615

NON Constituent

Registered Voter: V

Email:

Bill: SB 91 Title: ABORTION: INFORMED CONSENT; INFORMATION

Message:

I am against SB 91. Please vote NO.

Entered in KOD on 3/16/01 POMID:99774 Stored

Distribution: 7

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Message 10 out of 57.

## POM for Senator Green



From: Ms Peggy J Smith  
PO Box 1863

*VR: 010-039/u*  
*PR 8/21*

Telephone: 487-2395

Kodiak, AK 99615

NON Constituent

Registered Voter: V

Email:

Bill: SB 91 Title: ABORTION: INFORMED CONSENT; INFORMATION  
Message:

I am against SB 91. I am against these women having to through any more. Physicians already inform patients and the State should not intrude on this relationship. Please do not pass this legislation.

Entered in KOD on 3/16/01 POMID:99772

Distribution: 7

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Message 8 out of 57.

### POM for Senator Green



From: Ms Elizabeth S Piedra  
PO Box 750324

*33-215/ll*

Telephone: -

Fairbanks (Uofa), AK 99775 NON Constituent  
Email: fsespl@uaf.edu

Registered Voter: U

Bill: SB 91 Title: ABORTION: INFORMED CONSENT; INFORMATION  
Message:

**AS AN ALASKAN WOMAN; I OPPOSE SB 91. I BELIEVE WOMEN HAVE THE RIGHT TO MAKE THESE DECISIONS IN PRIVATE AND THAT REQUIRING OR FORCING THIS COUNSELING IMMEDIATELY BEFORE A WOMAN COULD RECEIVE THE PROCEDURE IS UNFAIR. I WANT YOUR VOTE TO REFLECT MY OPINION.**

Entered in FBX on 3/16/01 POMID:99764

Distribution: 20

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Message 6 out of 57.

**Subject:** SB91

**Date:** Sun, 18 Mar 2001 11:53:43 -0900

**From:** "Alicia Iden" <iden@alaskalife.net>

**To:** <Senator\_Lyda\_Green@legis.state.ak.us>

Dear Senator Green,

I am writing because I am one of many Alaskan citizens who wishes to be on record in opposition to Senate Bill 91 which will put in place mandatory extra counseling for abortion. Please do not let this divisive and repressive Bill out of the HESS Committee.

Thank you.

Alicia Iden  
Anchorage, Alaska

3012 Brittany Pl.

Anch. AK 99504

VR:22-417/D

**Subject:** SB 91

**Date:** Fri, 16 Mar 2001 17:14:42 -0900

**From:** Susan Orlansky <orlansky@frozer.law.com>

**Organization:** fao

**To:** Senator\_Lyda\_Green@legis.state.ak.us, Senator\_Gary\_Wilken@legis.state.ak.us,  
Senator\_Jerry\_Ward@legis.state.ak.us, Senator\_Betty\_Davis@legis.state.ak.us,  
Senator\_Loren\_Leman@legis.state.ak.us

Senators: I oppose SB 91 and urge you to defeat it in committee. It is an unnecessary intrusion into the very personal relationship between a woman and her doctor.

Susan Orlansky  
2708 W. 64 Ave.  
Anchorage, AK 99502

VR: ~~11-259~~ / D

--  
The information contained in this e-mail message may be confidential, privileged, and legally protected from disclosure. If you have received this message in error, please contact the sender at the above address.

### POM for Senator Green



From: Ms. Eileen M Cummings  
1267 Jacquelyn Ln

VR 33-240/D

Telephone: 488-9386

North Pole, AK 99705

NON Constituent

Registered Voter: V

Email:

Bill: SB 91 Title: ABORTION: INFORMED CONSENT; INFORMATION

Message:

**Do not pass this bill. This bill discriminates against women's right to choose a medical procedure in a timely way. Informed consent is already in place for every medical procedure. Why isolate this issue? Choosing to terminate a pregnancy is already a difficult decision. Keep your personal values to yourself.**

Entered in FBX on 3/16/01 POMID:99762

Distribution: 5

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Message 37 out of 37.

### POM for Senator Green



From: Ms. Sarah L Ferrency  
PO Box 6551

NR: 62-310/N

Telephone: 747-7732

Sitka, AK 99835

NON Constituent

Registered Voter: V

Email:

Bill: SB 91 Title: ABORTION: INFORMED CONSENT; INFORMATION  
Message:

**This bill is unnecessary, medically inaccurate, and biased. Its sole purpose is to prevent women from exercising their constitutionally protected rights. Worse, it assumes that women are incapable of moral decision making on their own. I urge you to prevent this misogynistic bill from ever leaving committee.**

Entered in SIT on 3/15/01 POMID:99715

Distribution: 6

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Message 7 out of 37.

SENATOR LYDA GREEN

*File  
SB91*

CONSTITUENT & PHONE MESSAGE CONTACT FORM

Name: Karen Vosburgh (prolife) Date: 3/15/01

Phone: 276-1912 home & office VR: 27-016 R

Address: PO Box 1847 Palmer, AK 99645-1847

Message: SB 91: She would like to speak to you about the seperation of powers and the  
abortion bills. (SB 91, HB 112)

Check if No Response Needed - Message Only. Message Taken by: srh

Lyda's Response/Staff Instructions: \_\_\_\_\_

**Subject:** SB 91

**Date:** Thu, 15 Mar 2001 13:57:07 -0900

**From:** "Elizabeth S. Piedra" <fsespl@uaf.edu>

**To:** Senator\_Lyda\_Green@legis.state.ak.us, Senator\_Loren\_Leman@legis.state.ak.us,  
Senator\_Gary\_Wilken@legis.state.ak.us, Senator\_Jerry\_Ward@legis.state.ak.us,  
Senator\_Pete\_Kelly@legis.state.ak.us, Senator\_Bettye\_Davis@legis.state.ak.us,  
"Elfincoho@aol.com" <Elfincoho@aol.com>,  
MERCEDDES PIEDRA <MERCEDDES\_PIEDRA@mte.educ.state.ak.us>

I oppose Senate Bill 91 or House Bill 112, which is requiring extra counseling for abortions. As an Alaskan woman, I have confidence in the judgment of other women who make this decision in their life. Often a woman has already received lots of advice regarding her choices, and cornering her in a weak moment with pro-life propaganda is unfair! I support the right of a woman to choose whether or not to have an abortion, and want your vote to reflect my opinion. Don't let this bill out of your committee...  
Thanks, Elizabeth S. Piedra

**Subject: SB-91**

**Date:** Thu, 15 Mar 2001 09:39:53 -0900

**From:** "Ed Dennis" <edennis@gci.net>

**To:** <Senator\_Lyda\_Green@legis.state.ak.us>

Dear Senator Green,

Please do not back this bill, concerning Mandatory Extra "Counseling" for Abortion, it is a thinly veiled attempt to erode abortion rights. Women have the right to a confidential relationship with their doctors and seek the appropriate counseling for themselves. I urge you not to let a small group of people interfere with women's choice in this matter.

Regards,

Ed Dennis  
Fairbanks, Alaska

JOSEPH D. RIEDERER, M.D.  
4600 NO. DOUGLAS  
JUNEAU, ALASKA 99801  
TELEPHONE 907 • 586-2900

Senator Lydia Green, Chairman HESS Committee  
Alaska State Senate  
Juneau, Alaska

FAX 465-3805

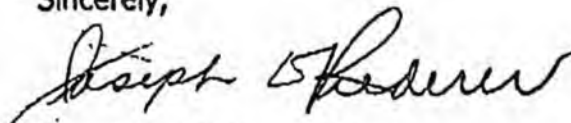
Re: Senate Bill 91

Dear Senator Green:

I wish to voice support for Senate Bill 91 that would require a woman to be given certain factual information before an abortion procedure.

In 1961 I came to Juneau to practice medicine, and have witnessed the grief of the world of abortion hell since 1973, of virtually all of those associated with destroying the right to life. I am often reminded of the prayer of Bishop Kenney who prayed on the steps of our State Capitol Building fifteen years ago "Lord help us not to try to solve our social problems by killing the unborn and help us to act Christlike to those who disagree with us." I feel that Senate Bill 91 will be helpful to all women facing decisions regarding the perils of abortion.

Sincerely,



Joseph D. Riederer, M. D.

**Subject: SB 91**

**Date:** Thu, 15 Mar 2001 13:57:07 -0900

**From:** "Elizabeth S. Piedra" <fsespl@uaf.edu>

**To:** Senator\_Lyda\_Green@legis.state.ak.us, Senator\_Loren\_Leman@legis.state.ak.us,  
Senator\_Gary\_Wilken@legis.state.ak.us, Senator\_Jerry\_Ward@legis.state.ak.us,  
Senator\_Pete\_Kelly@legis.state.ak.us, Senator\_Bettye\_Davis@legis.state.ak.us,  
"Elfincoho@aol.com" <Elfincoho@aol.com>,  
MERCEDES\_PIEDRA <MERCEDES\_PIEDRA@mte.educ.state.ak.us>

I oppose Senate Bill 91 or House Bill 112. which is requiring extra counseling for abortions. As an Alaskan woman, I have confidence in the judgment of other women who make this decision in their life. Often a woman has already received lots of advice regarding her choices, and cornering her in a weak moment with pro-life propaganda is unfair! I support the right of a woman to choose whether or not to have an abortion, and want your vote to reflect my opinion. Don't let this bill out of your committee...  
Thanks, Elizabeth S. Piedra

**Subject:** HB 112 SB 91

**Date:** Thu, 15 Mar 2001 00:51:29

**From:** "gail mcbride" <gailmcbride@hotmail.com>

**To:** Senator\_Lyda\_Green@legis.state.ak.us

Gail McBride  
PO Box 511  
Delta Junction, AK  
99737-0511  
VR: 35-010/R

Dear Senator Green,

I would like to express my support for the informed consent bills the Legislature will be seeing.

The exploitation of women, especially those that are young and in a difficult situation facing an unexpected pregnancy, has taken an immeasurable toll on the women of this country.

I am continually shocked at the number of women I talk to about abortion who after 20 and 25 years are troubled to varying degrees over their abortion experiences. Most of these women were offered "a solution" to their "problem". They were never told that they would never forget their baby and many would be tormented for the rest of their lives with guilt.

For many of these women it is years later that they come to the understanding that it was a baby that died. *Their* baby. Each of these women should be allowed to make such a life long decision based on fact. Please support the informed consent bills which you will be voting on.

Thank you,

Gail McBride

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# ALASKA STATE LEGISLATURE



*Interim:*  
600 East Railroad Avenue  
Wasilla, Alaska 99654  
(907) 376-3370  
(907) 376-3157 Fax

*Session:*  
State Capitol  
Juneau, Alaska 99801-1182  
(907) 465-6600  
(907) 465-3805 Fax

## SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE SENATOR LYDA GREEN, CHAIR

**Off-Nets**

Friday, March 16, 2001

### SB 91 ABORTION: INFORMED CONSENT; INFORMATION

↓ > Dr. Colleen Murphy, Anchorage, 563-7288

↓ - Sherrie Gou (Haines) myself / Alaska Pro-Choice Alliance

### SB 86 TEACHER EMPLOYMENT & SUBJECT EXPERTISE

> Melissa Hill, Alaska Teacher Placement Center, 474-6644

↓ > Jennifer Rudinger, AK Civil Liberties 258-0044  
↓ > Deatrich Sitchler

100 members  
in the State  
of Alaska

SENATOR LOREN LEMAN, VICE-CHAIR  
SENATOR JERRY WARD, SENATOR GARY WILKEN, SENATOR BETTYE DAVIS

**SITE: Mat-Su LIO**

**COMMITTEE: SHES**

**DATE: 3.16.01**

**SUBJECT OF MEETING:**

**SB 91**

**UPDATE #:**



# PLEASE SIGN IN

**PLEASE PRINT:**

**NAME**

**ADDRESS (MAILING & ZIP)**

**REPRESENTING**

**DO YOU WANT  
TO TESTIFY?**

**Y or N**

NAME	ADDRESS (MAILING & ZIP)	REPRESENTING	DO YOU WANT TO TESTIFY? Y or N
↑ Karen Vosburgh			SB 91 Y















**SENATOR LYDA GREEN**

CONSTITUENT & PHONE MESSAGE CONTACT FORM

Name: Marv Kvalheim Date: 4-2-01

Phone: 376-5742 VR: 26-038 D

Address: 1001 Pullman Ave East Wasilla, AK 99654

Message: She wants you to oppose SB 91 (abortion; informed consent, information).

Check if No Response Needed - Message Only. Message Taken by: srh

Lyda's Response/Staff Instructions: \_\_\_\_\_

### POM for Senator Green



From: ms. Carmen Nantez  
PO Box 5184

WR: 01-0410/Δ

Telephone: -

Ketchikan, AK 99901  
Email:

NON Constituent

Registered Voter: V

Bill: SB 91 Title: ABORTION: INFORMED CONSENT; INFORMATION  
Message:

**Informed consent is already required for all Health Professionals who work with women considering abortion. This is a specious attempt to brow beat women who already have a difficult decision to make. Abortion is a legal medical procedure. Stop this harassment of women.**

Entered in KTN on 4/10/01 POMID: 968 Stored

Distribution: 13

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Message 7 out of 90.

## POM for Senator Green



From: Susan E Newburn-Medel  
49 Double Eagle Ln

WR: 01-095/D

Telephone: 225-4350

Ketchikan, AK 99901

NON Constituent

Registered Voter: V

Email:

Bill: SB 91 Title: ABORTION: INFORMED CONSENT; INFORMATION

Message:

**Informed consent is already a requirement for all Health Professionals working with women considering abortion. This bill is harassment of women who already have a difficult decision to make. Abortion is a legal medical procedure. Choice is a woman's right. Stop this harassment of women.**

Entered in KTN on 4/10/01 POMID: 966

Distribution: 13

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Message 6 out of 90.

## POM for Senator Green



From: Mrs Joan B Hamilton  
PO Box 1275

VR: 39-250/D

Telephone: -

Bethel, AK 99559  
Email:

NON Constituent

Registered Voter: V

Bill: SB 91 Title: ABORTION: INFORMED CONSENT; INFORMATION  
Message:

**You are teaching by example to all children laws by Supreme court are not to be obeyed unless you agree with them. Or use strong arm tactics until courts decide in your favor. No wonder children are getting more violent. Most of you are teaching them from the state capital.**

Entered in BET on 4/09/01 POMID: 943

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Message 27 out of 35.





**STATE OF ALASKA**  
**LEGISLATIVE AFFAIRS AGENCY**  
**DIVISION OF PUBLIC SERVICES**

RECEIVED  
MAR 20 2001

DATE: 3-16-01

Please accept the enclosed original(s) of written testimony  
for the S HESS - 7437 teleconference hearing that was  
scheduled on 3-16-01.

A copy of this testimony was transmitted to your committee via  
fax on 3-16-01.

Thank you,

Lorna Steilman  
Kodiak LIO



# Alaska State Legislature

Please enter into the record my testimony to the Senate Health, Education & Social  
committee name Services  
committee on SB 91 / Informed Consent  
bill/subject Abortion, dated 3/16/01.

PLEASE SEE TESTIMONY  
ATTACHED

Signed: Pat Szabo  
Testifier  
Self  
Representing (Optional)  
PO Box 1949 Kodiak 99615  
Address  
907-486-3853  
Phone No.

P.O. Box 1949  
Kodiak, Alaska 99615  
March 16, 2001

Senator Lyda Green, chairman  
Senator Loren Leman, Jerry Ward, Gary Wilken & Bettye Davis  
Alaska State Senate  
Juneau, Alaska

Dear Senators,

Please do not pass Senate Bill 91 out of the HESS Committee.

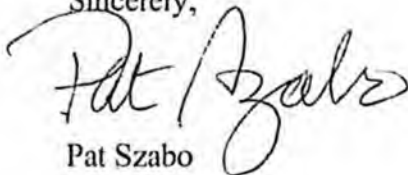
I'm not able to leave work to come to your teleconference this morning so I'd like to take this opportunity to ask you to vote against the bill.

Serious thought already goes into any woman's decision to have an abortion; it's not a decision that's treated lightly. Doctors already provide counseling because abortion is a surgical procedure that requires informed consent.

The Legislature and the State of Alaska shouldn't intrude in the doctor/patient relationship. The pamphlet referred to in the bill would require the State to produce not a medical pamphlet but a political, biased pamphlet that refers to "unborn child" not "fetus" and describes a "gestational age", which is not a medical or scientific concept.

Please do not pass the bill out of committee.

Sincerely,



Pat Szabo



# Alaska State Legislature

Please enter into the record my testimony to the Senate Health, Education & Social Services  
 committee name  
 committee on NB 91 / Informed Consent, dated 3-16-01  
 bill/subject

PLEASE SEE TESTIMONY  
 ATTACHED

3 pgs

Signed: Kermit Reppand  
 Testifier

Representing (Optional)  
1616 Selief Lane Kodiak 99615  
 Address  
907-486-6593  
 Phone No.

March 16, 2001

Dear Senators,

Thank you for this opportunity to speak concerning SB 91. I urge you to vote in favor of this bill as it is much needed to protect women in a very vulnerable situation. I have heard countless stories of women who were coerced into abortion by a parent or boyfriend and were not given all the facts. Later, they found out that it was not just a blob of tissue or group of cells but really an unborn child complete with heartbeat, arms, legs and eyes and had to deal with the guilt and remorse for what they had done.

There is a growing body of medical statistics indicating that significant health risks such as breast cancer and substance abuse are associated with abortion especially if it is the first pregnancy. I have attached citations from a brief search on the Internet which illustrate this point. The abortion providers would rather this material be hidden from their potential clients just like the tobacco industry were less than forthcoming about the dangers of smoking. It is amazing that the government requires more information to be put on a package of cigarettes, a can of soda or a bottle of aspirin than it does for a procedure which is the most common operation in our country and for which, in over 95% of the cases, are done for sociological reasons rather than medical.

While some abortion providers may provide what they consider to be neutral counseling that truly informs women of their choices and risks, there is abundant evidence of bias toward abortion with many of these so-called counselors, especially those associated with clinics that do little else but abortion. It is no exaggeration to state that many women are sold abortion rather than counseled. I have also attached a statement from former workers and abortionists that documents this claim.

This bill, if enacted, will not infringe upon the constitutional right of abortion. It's simply an example of consumer protection legislation. Certainly those who refer to themselves as Pro-choice on abortion would want to insure that women who choose, do so on an informed basis. While developing the pamphlet described in the legislation will not be easy given the emotions associated with this subject, that should not discourage us from starting. I suggest the information on fetal development should be a separate document from the one that discusses health risks associated with abortion since there is little dispute concerning fetal development.

Sincerely,



Kermit D. Reppond  
1616 Scief Lane  
Kodiak, AK 99615  
907-486-6593

## Health Risks

Certainly one of the definitive studies was by H. L. Howe. Her study was done in upstate New York using official statistics from the New York State Health Department. This was an excellent study by epidemiologic standards and was not subject to any kind of recall memory bias from people asked in questionnaires. It used only hard data. She investigated all the women in this area who developed breast cancer under age 40 and checked to see whether or not they had had abortions. The conclusion was that women who had aborted their first pregnancy had a 1.7 times increased risk of breast cancer. Those who had gone on to abort their second and/or third pregnancy had a 4.0 times increased risk.

Howe HL, Senie RT, Bzduch H, Herzfeld P (1989) et al., *Int. J. Epidemiol.* 18:3004.

- An induced abortion raises a woman's chance of getting breast cancer before age 45 by 50%. If done before age 18, it increases 150%; if after age 30, it's up 110%.

- A woman with a family member with breast cancer who had her first abortion after 30 years increased her risk 270%.

J. Daling, Risk of Breast Cancer Among Young Women, *J. Nat. Ca. Inst.*, Vol. 86, No. 21, 11/2/94, pg. 1584

Other studies done since then include: Greece: An overall increased risk of 51% was reported in women who had abortions, compared to those who did not. It involved 850 patients in Athens. L. Lipworth, *Int. J. of Cancer*, April '95 U.S.A.:

"Complications following abortions performed in free-standing clinics is one of the most frequent gynecologic emergencies . . . encountered. Even life-endangering complications rarely come to the attention of the physician who performed the abortion unless the incident entails litigation. The statistics presented by Cates represent substantial under-reporting and disregard women's reluctance to return to a clinic, where, in their mind, they received inadequate treatment."

L. Iffy, "Second Trimester Abortions," *JAMA*, vol. 249, no. 5, Feb. 4, 1983, p. 588.

Suicide: The suicide rate associated with birth was 5.9 per 100,000 births and the suicide rate associated with abortion was 34.7 per 100,000 abortions (Gissler, Mike, Hemminki, Elina and Lonngvist, "Suicides after pregnancy in Finland; 1987-94 *British Medical Journal* Vol 313 (1996) PP 1431-1436) Another study concluded "Of the aborted women surveyed, 62 percent described themselves as having become 'suicidal' as a direct result of their abortions." (David C. Reardon, *Aborted Women: Silent No More* (Chicago, IL; Loyola University Press 1987.

Substance and Alcohol Abuse: "It is common for substance abuse to be seen posttrauma." Dr. Rue also found that "Individuals relying upon illegal or prescription drugs attempt to self-medicate to avoid disturbing symptoms. E.g. intrusive thoughts, nightmares, flashbacks etc." (Vincent M. Rue, *Post-abortion Trauma: Controversy, Diagnosis & Treatment*)

K. Reppond, attachment i

## Abortion "Counseling"

"I have never yet counseled anybody to have the baby. I'm also doing women's counseling on campus at Albany State, and there I am expected to present alternatives. Whereas at the abortion clinic you aren't really expected to."

--abortion counselor, cite in *Rachel Weeping and Other Essays About Abortion*. James Tunstead Burtchaell, editor. New York: Universal Press, 1982 pgs 42-43

"Vital signs should be observed regularly, and a Doppler [for listening to the fetal heartbeat] inaudible to the patient should be used at intervals to determine the presence or absence of fetal heart tones.. This [informed consent] is a controversial area, but most professionals in the field feel that it is not advisable for patients to view the products of conception, to be told the sex of the fetus, or to be informed of a multiple pregnancy".

--Abortionist Warren Hern in "Abortion Practice" J.B. Lippincott Company, 1984 pgs 145 and 304

"In my facilities, I always gave option counseling. Of course you make the abortion the most appealing. I told them about adoption and about foster care and about [when there was welfare] assistance. The typical way it would go is, "Well, you know you can place your baby out for adoption." But then, in the second breath you would say, "That's an option available to you, but you also have to realize that there's going to be a baby of yours out here somewhere in the world you will never see again. At least with abortion you know what's happening. You can go on with your life...The longer I was in it, the less I cared, so I really didn't really care what my conscience said. My conscience was totally numb anyway. But what it did do was public relations-wise. You were able, when a reporter or TV crew came, to pull out a packet of information for the patients to read and they received it. So what can anybody say? Publicly it looked good -- in reality it was another tool that was used to force a woman into abortion. It's typical -- I would give them an option and then shoot it down. The only option you didn't shoot down, obviously, was abortion."

--Former clinic owner Eric Harrah quoted by Dr. Jack Willke and Brad Mattes

"I was trained by a professional marketing director in how to sell abortions over the telephone. He took every one of our receptionists, nurses, and anyone else who would deal with people over the phone through an extensive training period. The object was, when the girl called, to hook the sale so that she wouldn't get an abortion somewhere else, or adopt out her baby, or change her mind. We were doing it for the money."

--Nina Whitten, chief secretary at a Dallas abortion clinic under Dr. Curtis Boyd

"They [the women] are never allowed to look at the ultrasound because we knew that if they so much as heard the heart beat, they wouldn't want to have an abortion."-Dr. Randall  
'Pro-Choice 1990: Skeletons in the Closet' by David Kuperlain and Mark Masters in Oct "New Dimensions" magazine

K. Reppond, attachment 2



# Alaska State Legislature

Please enter into the record my testimony to the Senate HESS  
committee name  
committee on SB 91 / Informed Consent, dated 3/16/01  
bill/subject

PLEASE SEE TESTIMONY  
ATTACHED

Signed: \_\_\_\_\_

A handwritten signature in cursive script, appearing to read "Robert Johnson".

DR. Robert (Bob) Johnson

Testifier

Representing (Optional)

Box 945

Address

486-5171(H) 486-9466(F) 654-6647(C)

Phone No.

As a physician in Kodiak since 1955, I was practicing before abortions became legal and knew something of the problems associated with illegal abortions. I was well aware of the problems associated with the birth of unwanted children. I was pleased when the procedure became legal and women who with unexpected pregnancies could have a choice. Thus began to perform abortions for my patients who were less than three months pregnant.

All were counseled at a preliminary visit including options available to them other than abortion. Most had already considered these and had elected to have an abortion. Some were not comfortable with their decision and needed to talk about it. A few were referred to mental health counselors. Few desired intricate or detailed information of fetal development but those who did were informed. Three additional visits were scheduled, for: insertion of laminaria; the abortion procedure; post-abortion exam.

My experience includes approximately 700 abortions from 1984 to 1994 at which time I retired. The only complication I encountered in these women was post-abortion depression which occurred at no greater frequency than did post-partum depression in normal term deliveries. These responded well to treatment.

I report this to indicate that I have experience in the matter and to inform you that the State should have no business dictating to women how much they should be told in order to make a decision. They are capable of making the decision for themselves and of asking for what information they desire. To assume otherwise is an affront to their intelligence.

This bill requires that both patient and physician "jump through a number of hoops," and creates one more impediment to free choice. Consider that this much information is not needed by everyone and, in some cases, creates a sense of guilt which makes the likelihood of complications greater. SB 91 seems designed to do just that. At any rate, it should not get out of committee.

Sincerely,

Dr. Bob

Johnson