HB
292

ALASKA STATE LEGISLATURE

Vice Chair:
Joint Armed Services Committee

Member:
Military and Veterans Affairs Committee
Labor and Commerce Committee
State Affairs Committee
Economic Development, Trade, &
Tourism Committee

Session:
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HB 292
SPONSOR STATEMENT

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

Since the early 1970's, Alaskan physicians who perform or induce abortions are required, in regulation, to inform patients "of the medical implications and the possible emotional and physical sequelae of the procedure" (12 A.A.C. 40.070). HB 292 raises these regulations into statute, and standardizes the information presented to the patients by means of a website maintained by the Department of Health and Social Services. This website will list accurate, objective information that explains resources available to a pregnant woman that may assist her in making and implementing her own reproductive decisions. This bill will enable women to make healthy, educated choices regarding their own individual and private circumstances.

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HB 292
SECTIONAL ANALYSIS (Version H)

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

Section 1 FINDINGS language describes the interests and intentions of the Legislature's intervention in this issue. Interests include regulating medical practice, protecting the life and health and choices of pregnant women, and clarifying a physician's requirements to obtain inform consent, which will in turn, conserve legal and judicial resources.

Section 2 directs the Department of Health and Social Services to develop a website designed to assist a pregnant woman with her reproductive choices. This pamphlet will provide resources for women to use in order to make and implement these decisions. The material will include information specific to geographic region, adoption services, counseling, abortion, clinics, medical assistance benefits, requirements for doctors who performs abortions, the father's liability, fetal development, and medical risks/rewards for each procedure option.

Section 3 adds that abortion may not be performed unless informed consent is obtained, as outlined in Section 4. This elevates 12 A.A.C. 40.070 to statute.

Section 4 adds civil liability for a person who performs or induces an abortion without meeting the informed consent provisions. A doctor who prints the website's information and distributes it to the pregnant woman is not liable under this section.

Section 5 states the terms of qualification for consent to an abortion to be informed and voluntary. Medical emergency, as defined in this section, bypasses the informed consent requirements. The pregnant woman or her parent/guardian/etc. will certify the requirements in writing as met. Voluntary informed means: at least 24 hours before the procedure, in an individual and private and confidential setting, the physician will provide information on the women's individual circumstances including the physician's name, gestational estimation of the pregnancy, and the nature and risks of the procedure and its alternatives, and the availability of the website's information.

Section 6 adds to the current abortion reporting law. In preparing the report, the state registrar must require whether or not the pregnant woman received the website's information.

Section 6 provides severability of this legislation.

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MEMORANDUM March 21, 2003

SUBJECT: Information and services for pregnant women; informed consent requirements before an abortion (Work Order No. 23-LS0867\A)

TO: Representative Nancy Dahlstrom

FROM: Terri Lauterbach
Legislative Counsel

Enclosed is a work draft on the above subject.

Section 1. Requires the Department of Health and Social Services to prepare a standard information pamphlet containing the types of information listed on pages 1 - 3 of the draft.

Sections 2 - 4. Establish a specific type of informed consent requirement applicable to abortions. Provides for civil damages, in addition to the criminal sanction that would exist, for violation of the informed consent requirement.

Section 5. Provides a special severability clause.

Because this bill requires a specific type of informed consent before an abortion may be performed, there are some legal issues about the bill that you may wish to consider.

First, as background, I want to let you know that a patient's informed consent is already a requirement before a physician may perform an abortion. In general, of course, a physician must always have the consent of a patient before treatment; otherwise, the physician could be guilty of an assault. But, there is also a specific regulation of the State Medical Board requiring physicians to obtain informed consent before an abortion is performed. The regulation is 12 AAC 40.070. It requires that the patient's consent be in written form and be put on the patient's chart. The regulation requires the physician to advise the patient "of the medical implications and the possible emotional and physical sequelae of the procedure." Disciplinary sanctions can be imposed by the State Medical Board for failure to comply with its regulations. (AS 08.64.326(a)(7))

Secondly, in my opinion, the language of Sec. 18.16.060(a) overlooks situations where, because of mental incompetence, a woman is incapable of providing voluntary, informed consent. The subsection could be amended to allow consent to be provided by the

woman's parent or legal guardian when the woman has been legally determined to be mentally incompetent.

Thirdly, there are two specific features of the informed consent requirements in this bill draft that may be challenged as unconstitutional.

One type of challenge could be based on the requirement that all women must be given the type of information described in the definition of "informed consent." This could be challenged as interfering with the privacy of the patient-physician relationship and the exercise of the physician's best medical judgment. The definition of "informed consent" would require certain types of information about abortions and abortion procedures to be given to every woman seeking an abortion, regardless of the physician's judgment of the relevancy of the information to a particular patient, the medical desirability of giving the patient the information, and whether the patient wants to know the information. This type of restraint on a physician's discretion might be struck down by an Alaska court. The Alaska Supreme Court, in *Korman v. Mallin*, 858 P.2d 1145 (Alaska 1993) (a case not relating to abortion) has recognized that a

> physician retains a qualified privilege to withhold information on therapeutic grounds, as in those cases where a complete and candid disclosure of possible alternatives and consequences might have a detrimental effect on the physical or psychological well being of the patient or where the patient... has specifically requested that [s]he not be told. [Additional citations omitted.]

The risk that the enclosed draft could be found unconstitutional in this area could be decreased by adding the following two exceptions to Sec. 18.16.060(a) (where there is already an exception for medical emergencies): (1) when, in the judgment of the physician, a complete and candid disclosure of possible alternatives and foreseeable complications has a substantial possibility of having a severely detrimental effect on the physical or psychological well being of the woman, or (2) when a patient has specifically requested that she not be told about certain matters included in the definition of "informed consent."

A second type of constitutional challenge could be based on the requirement that the physician personally impart the required information to the patient.[1] A recent case from

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[1] While AS 18.16.060(b), enacted in sec. 4 of the bill, does not say that the requirements of AS 18.16.060(b) are the **only** way to measure whether consent is voluntary and informed, the rebuttable presumption established in sec. 3 of the bill places a distinct threat of civil liability on any other method of informed consent, and the requirement in AS 18.16.010(a)(5), enacted in sec. 2 of the bill, that "applicable requirements of AS 18.16.060" must be satisfied in order to avoid criminal liability, places a physician at risk of criminal liability as well if informed consent is not obtained in the precise manner described in sec. 4 of the bill.

the Tennessee Supreme Court, *Planned Parenthood of Middle Tennessee v. Sundquist*, 38 S.W.3d 1 (Tenn 2000), invalidated a requirement of physician-only counseling because it conflicted with the "standard throughout the medical community" of allowing other health care professionals to provide the needed counseling. The Tennessee court used strict scrutiny under the Tennessee constitution's right of privacy and found that the physician-only counseling restriction was not tailored narrowly enough to overcome the pregnant woman's fundamental right of "procreational autonomy." Since the Alaska Supreme Court, under our constitution's right to privacy clause, has also found that "reproductive rights are fundamental" in *Valley Hospital Ass'n v. Mat-Su Coalition for Choice*, 948 P.2d 963 (Alaska 1997), our court may well make the same kind of decision as the Tennessee court and strike down the physician-only counseling requirement of the enclosed draft.

This potential constitutional infirmity could be mitigated by amending Sec. 18.16.060(b)(1) so that a member of the physician's staff could also provide the information, with (perhaps) the opportunity, at the patient's request, to consult the physician after the information is provided.

I also have one additional question: on page 1, line 10, the draft uses the word "should." Do you want to use "shall" instead, or do you want to leave some discretion with the department and allow for the listing to be incomplete from time to time because new agencies start up and old agencies become defunct or change addresses? (Please note that this "should" is a word that applies only to subparagraphs (1)(A) and (B). Paragraphs (2) - (9) fall under the "shall" on page 1, line 7.)

Please let me know if this memorandum raises additional questions or if I can be of other assistance on this matter.

TML:med
03-337.med

Enclosure

Informed Consent/Abortion Info

AS 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.

12 A.A.C. 40.070
Unless otherwise provided in 12 AAC 40.060 (Termination of pregnancy must be requested by the pregnant woman, unless she has been adjudged mentally incompetent or is unmarried and under 18 years of age, in which case the request must be made by her parent or guardian.), 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

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; 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.

(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.

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.

(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 (j) 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.

(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.

Sec. 18.16.090. Definitions.

In this chapter,

(1) "abortion" means the use or prescription of an instrument, medicine, drug, or other substance or device to terminate the pregnancy of a woman known to be pregnant, except that "abortion" does not include the termination of a pregnancy if done with the intent to

(A) save the life or preserve the health of the unborn child;

(B) deliver the unborn child prematurely to preserve the health of both the pregnant woman and the woman's child; or

(C) remove a dead unborn child;

(2) "unemancipated" means that a woman who is unmarried and under 17 years of age has not done any of the following:

(A) entered the armed services of the United States;

(B) become employed and self-subsisting;

(C) been emancipated under AS 09.55.590 ; or

(D) otherwise become independent from the care and control of the woman's parent, guardian, or custodian.

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Patient Fact Sheet/ Medical Abortion

Comparison of Medical Abortion with Surgical (Suction) Abortion

Medical Abortion	Surgical Abortion
Can be done early: Available from when you first find out that you are pregnant up to 9 weeks (63 days) from your last period	Available in the office setting from the 5th week of pregnancy from your last period through the 13th week
Cannot change your mind once the mifepristone has been given; possible birth defects are expected	Cannot change your mind after the laminaria are placed; there is a significant risk of infection and/or miscarriage
Must remain within one hour drive of AWHS until the abortion is complete	Must remain overnight in the Anchorage Area after the laminaria is placed
Some people feel "more in control", it feels more "natural", like a miscarriage	Some people prefer the physician to have a major role
No anesthesia or surgery. Pills, when used in combination, causes the contents of the uterus to be expelled. Feels less "invasive"	Removal of the uterine contents through a tube that is inserted in the cervix.
More privacy: May have the abortion at home	Wants fast results and greater certainty of abortion.
Requires at least 2-3 visits. 1-3 additional visits may be required to confirm that the pregnancy tissue has all passed.	Requires 1-2 visits to the clinic for the actual procedure and then a follow-up visit 2-3 weeks later
Usually requires 3-4 days to complete the abortion, but may require up to 2-4 weeks.	Takes 10-15 minutes for the surgical procedure, but requires 2-4 hours in the clinic. Women complete the abortion during the procedure.
Pain is typically described as cramping and is more intense during expulsion, most commonly over a 1-3 hour period, after which the pain typically subsides. On average, women may expect to have bleeding and/or spotting for 9-16 days. Women may pass clots, ranging in size. It is typically heavier than your period.	A local anesthetic (pain killer) may be injected into the cervix but some women still feel the pain and nausea during and after the procedure; bleeding accurs on the average 7-14 days following the surgical procedure.
95% effective. 5% of women will need to have a surgical (suction) abortion.	Almost 100% effective
Extremely safe	Extremely safe
Possible complications: infection, heavy bleeding, incomplete abortion and the possible need for a surgical (suction) abortion.	Possible complications: infection, perforation (one of the instruments go through the wall of the uterus) and incomplete abortion and the possible need for a surgical (suction) abortion.
Cost: Essentially the same	Cost: Essentially the same

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SURGICAL ABORTION CONSENT

PATIENT Information and Consent Form for:
Demo, Demo
01/15/1976

What is a surgical abortion?
A surgical abortion is a surgical procedure that terminates an early pregnancy. Early surgical abortion is completed by vaccum aspiration, either with a syringe device or an electric machine. Our office offers both methods.
A local anesthetic, Novocaine, is first injected into your cervix to numb the discomfort. This is the same numbing medicine used at your dentist's office. The doctor then gradually opens the cervix by using a series of long narrow rods called dilators. Each dilator is a little wider in size. The cervix is opened approximately to the size of a drinking straw. In addition, to further soften the cervix, the doctor may instruct you to place 3 misopristol tablets into your upper vagina next to your cervix several hours before the procedure. The doctor may also choose to open the cervix by inserting a laminaria (a slim roll of absorbent material placed into the cervix) the day prior to the procedure.In either case, you need to return to the clinic on the instructed day to complete the surgical abortion to avoid complications. After the cervix is dilated by the combination of the above techniques (misopristol or laminaria followed by cervical dilators), a blunt tipped tube is inserted into the uterus. This is attached to the aspiration device (either syringe or electric machine) and suction is applied. After the the uterus has been emptied completely, a spoon shaped curette may be used for final cleaning of the lining of the uterus.

What are the possible complications of a surgical abortion?
Possible problems can occur with vacuum aspiration. However the complications most likely to occur are encountered in only a small number of cases. The most common complications are:

1. **Incomplete abortion**-when the tissue is retained. This could be associated with severe cramps, heavy bleeding, & /or infection and is generally apparent within several hours or days after the surgical abortion. Incomplete abortions occurs in approximately 5% of all first trimester abortions. To remove the tissue, sometimes a repeat procedure at the office or hospital is necessary.
2. **Infection**- caused by bacteria entering the uterus. An infection occurs in about 2% of all early surgical abortions but can be decreased with the use of antibiotic prophylaxis. These are the antibiotic pills, doxycycline, that we will instruct you to take before and after the procedure. An infection will usually respond quickly to antibiotics, but in some cases hospitalization is required. If the infection is very serious or prolonged, surgery may be required that may result in loss of your reproductive organs. This is a very rare complication.
3. **Perforation**- is when an instrument goes through the wall of the uterus. This occurs in about one out of 400 abortions. Should this be recognized, the patient will require close observation, sometimes hospitalization and/or surgical repair.
4. **Laceration**- when the cervical opening is torn durindg dilation. When this occurs, sometimes surgical repair (stitches) and/or hospitalization is required.
5. **Local anesthetic reaction**- when an allergic reaction to a Novocaine or a derivative occurs. If you know that you are allergic to Novocaine, it is VERY important to tell the nurse or doctor.
6. **Vasovagal reaction**- a fainting episode. Some women react very strongly to the emotional impact and physical procedure of surgical termination. Sometimes a woman will become anxious, lightheaded, nauseated, and even pass out during or after the procedure. We will try to keep you calm as possible and take good care of you to minimize this reaction. Oral Valium tablets are available if you feel that it would help your anxiety before the procedure is performed.
7. **Continued Pregnancy**- when the pregnancy was not terminated by the surgical abortion. Sometimes there is more than one pregnancy in a woman's body (either in the tube or an undiagnosed twin pregnancy). That is why a post abortion exam is important to determine that the procedure was completed. If you still shows signs of pregnancy at the post abortion visit (unusual bleeding or pain), then further testing and treatment may be necessary.

You will be given post abortion and emergency instructions. It is VERY IMPORTANT that you call us if you suspect any complications.

PATIENT Information and Consent Form for
SURGICAL ABORTION PROTOCOL

PATIENT Information and Consent Form for:
Demo, Demo
01/15/1976

My initials & signature below certifies that:

Initials

_________ I have read the information about surgical abortion.

_________ I understand that in order to receive a surgical abortion in the State of Alaska I must be a resident or physically present at least 30 days prior to the procedure.

_________ In order to have a medical abortion at this clinic, you must request termination of your pregnancy and be certain of your decision.

_________ I consent to the physical examination, ultrasound, and recommended laboratory work.

_________ I am emotionally and mentally stable, in good general health, and capable of fully understanding the informed consent materials.

_________ I must return for all scheduled office visits and have access to a telephone and transportation in case of an emergency. Unforeseen complications may occur which may require additional treatment or hospitalization at your own expense.

_________ I understand that my abortion is not complete without the 2-3 week follow-up visit.

_________ Failure to keep all follow-up vists may result in an incomplete abortion and could lead to infertility or death.

_________ You understand that all information in your medical records will be kept confidential, but it may be medically necessary for a medical provider to contact you.

_________ I am responsible for any payment regarding post abortion complications.

PATIENT NAME: Demo Demo

PATIENT SIGNATURE:______________________________________DATE: 05/06/2003

WITNESS SIGNATURE:______________________________________DATE: 05/06/2003

Colleen M. Murphy, MD, FACOG
4100 Lake Otis Parkway Suite 330
Anchorage, AK 99508 Telephone: (907) 770-5432 Fax: (907)-770-5431 Lab Results:1-800-536-3[illegible]32

MIFEPRISTONE/MISOPRISTOL MEDICAL ABORTION PROTOCOL

PATIENT Information and Consent Form for:
Demo, Demo
01/15/1976

What is mifepristone?

Mifepristone (formerly known as RU-486) is a medication that blocks the action of the hormone progesterone. Progesterone is needed to sustain a pregnancy. Mifepristone has been used, in combination with other medications called prostaglandins, for medical abortion since 1988. In September 2000, the U.S. Food and Drug Administration (FDA) approved mifepristone for use in the U.S.

How does mifepristone works to e[illegible]gnancy?

Mifepristone blocks the action of progester[illegible] is needed to sustain a pregnancy. This results in:

- Changes in the uterine lining and dete[illegible]ne pregnancy
- Softening and opening of the cervix
- Increased uterine sensitivity to prostag[illegible]

Mifepristone is used in combination with an[illegible]dication, a prostaglandin called misoprostol.

What is misoprostol?

Misoprostol causes the uterus to contract, and helps the pregnancy tissue to pass. This is commonly used drug to protect the stomach who take daily doses of anti-inflammatory drugs such as ibuprofen. It is approved by the FDA for the above use but not for the termination of pregnancy. The FDA has however consistently adhered to a policy that permits evidence-based use of approved drugs.

How effective is the combination of mifepristone and misoprostol in terminating an early pregnancy?

Approximately 95% of women will have a complete abortion when using mifepristone/misoprostol up to 63 days after the start of the last menstrual period. The remaining women will need a suction abortion either because of ongoing or excessive bleeding, an incomplete abortion (tissue remains in the uterus but there is no growing embryo), or an ongoing pregnancy (which occurs in less than 1% of cases).

What is the treatment regimen with mifepristone/misoprostol?

Clinical studies have shown that several variations in mifepristone/misoprostol treatment regimens are safe and effective. Generally, however, once a woman has decided to have a medical abortion, there are three steps in the process of a medical abortion:

Medical abortion with mifepristone/misoprostol requires at least two visits to a doctor's office or clinic.

Step One

A medical history is taken and a clinical exam and lab tests are performed.
Counseling is completed and informed consent is obtained.
If eligible for medical abortion, the woman swallows the mifepristone pill(s).

Step Two *(at clinic or at home depending on patient's informed consent)*

This step takes place about two days after step 1.
Onset of bleeding prior to misproprostol occurs in approximately 50% of patients, most women will need miscpristol to complete the process. About 2-5% of women will have the abortion before they take the misopprostol. Unless abortion has occurred and has been confirmed by the clinician, the woman uses misoprostol. Misoprostol tablets may be swallowed or inserted into the vagina, depending on the treatment regimen.

NOTE: About 2/3 of women will have a complete medical abortion within 4 hours of using the misoprostol, 90% within 24 hours. 95% of women will eventually have a complete medical abortion. The whole process can take about a week.

Step Three

This step takes place approximately 14 days after **Step 2**. Your health care provider will examine you to confirm a complete abortion. It is essential for women to return to the clinic to confirm that the abortion is complete. If there is an ongoing pregnancy, a suction abortion MUST be performed. If there is an incomplete abortion, the clinician will discuss possible treatment options with you. These may include waiting and re-evaluating for complete abortion in a number of days or performing a suction abortion.

What are the possible side effects of a mifepristone abortion?

- Pain, cramping and vaginal bleeding, result from the abortion process itself
- Pain is typically described as cramping and is more intense during expulsion most commonly over a 1-3 hour period, after which the pain typically subsides.
- On average, women may expect to have bleeding and/or spotting for 9-16 days. Women may pass clots, ranging in size. It is typically heavier than your period.
- Other side effects of the medications themselves may include nausea, vomiting, diarrhea, chills, or fever. Complications are rare, but may include excessive vaginal bleeding requiring transfusion (occurs in approximately 1 in 500 cases), incomplete abortion or ongoing pregnancy which requires a suction abortion, about 5% of the time.

Call the 24 hour emergency contact line at the clinic if you:

- Soak more than two maxipads an hour, more than two hours in a row
- Bleed heavily for more than 12 hours in a row
- Pass clots larger than a lemon for two hours or more
- Run a temperature over 100.4 degrees for more than four hours after using misoprostol. Call immediately if a fever starts a few days after using the misoprostol.

Dose of Mifepristone:

______I agree to take Mifepristone 600 mcg (3-200 mcg tablets) according to the FDA approved labeling

______I agree to take Mifepristone 200 mcg (1-200 mcg tablet), This has been proven to be as effective as the 600 mg regimen in the accumulated scientific data but is not set forth in the FDA- approved labeling. The FDA has consistently adhered to a policy that permits evidence based use of approved drugs.

Site of Misopristol administration:

______I agree to return to the office on Day 3 for the administration of the misopristol according to the FDA-approved labeling.

______I will adminster the misopristol on Day 3 at home. This has been proven to be as safe and effective as office based administration and is highly acceptable to patients according to the accumulated scientific data but is not set forth in the FDA-approved labeling. The FDA has consistently adhered to a policy that permits evidence-based use of approved drugs.

Dose of Misoprostol:

______I agree to take Misopristol 400 mcg (2- 200 tablets) by mouth according to the FDA-approved labeling

______I agree to place Misopristol 800 mcg (4- 200 tablets) high into my vagina. This has been proven to have fewer gastrointestinal side effects and increase the likelihood of expulsion of the pregnancy within four hours of administration. It is more effective than the misopristol oral regimen according to the accumulated scientific data but is not set forth in the FDA-approved labeling. The FDA has consistently adhered to a policy that permits evidence based use of approved drugs.

PATIENT Information and Consent Form for
MIFEPRISTONE/MISOPRISTOL MEDICAL ABORTION PROTOCOL

PATIENT Information and Consent Form for:
Demo, Demo
01/15/1976

Initials

_________ In order to have a medical abortion at this clinic, you must request termination of your pregnancy and b[e] certain of your decision.

_________ You must be at least 17 years old and no more than 49 days from your last menstrual period.

_________ You must consent to a physical examination, ultrasound, and laboratory work.

_________ You must be emotionally and mentally stable, in good general health, and capable of fully understandin[g] the informed consent materials.

_________ You cannot have any hemorrhagic disorder, concurrent anti-coagulant therapy, a serious immune problem, such as HIV, chronic adrenal failure or concurrent long- term systemic corticosteroid therapy, have confirmed or suspected ectopic pregnancy or undiagnosed adnexal mass, have inherited porphyrias, have an IUD in place (it must be removed befo[r]e treatment), have a history of allergy to mifepristone, misoprostol, or other prostaglandin

_________ You must be willing to undergo a surgical abortion if the medical abortion is unsuccesful or complicatio[n]s occur. **Either drug can cause birth defects if taken while pregnant. Therefore, once the mifepristone has been given, the abortion must be completed medically or surgically.**

_________ The entire process may take from one to six weeks and may require multiple clinic visits.

_________ **Failure to keep all follow-up vists may result in an incomplete abortion and could lead to infertili[t]y or death.**

_________ You must return for all scheduled office visits and have access to a telephone and transportation in cas[e] of an emergency. Unforeseen complications may occur which may require additional treatment or hospitalization at your own expense.

_________ Alternatives to this treatment include continuation of the pregnancy or to undergo a surgical (suction) abortion.

_________ You understand that all information in your medical records will be kept confidential, but it may be medically necessary for a medical provider to contact you.

I have read and fully understand the information about medical abortion including alternative methods of treatment, risks, discomfort, and the possibility that known and unknown complication[s] may arise. All questions have been fully answered. I understand that I must undergo a surgical abortion if the medical abortion is unsuccessful or complications arise. I voluntarily accept the risk[s] associated with medical abortion and request medical abortion using mifepristone and misoprostol

Patient Name: Demo Demo **Date:** 05/06/2003

Patient Signature:______________________________

Provider Signature:______________________________

Passed

Amendment #1

To: House Bill 292 Sponsored by Rep. Seaton

Page 1, line 9,
After "professional conduct" delete the words
in a critical area of practice

Page 1, line 13,
After "on the Internet" insert the words
that is reviewed and approved by the State Medical Board and

Page 2, lines 1 and 2,
After " private choices" delete
between permanent and life affecting alternatives

Page 2, line 3,
After "information site" on the internet insert the words
that is reviewed and approved by the State Medical Board

Page 2, lines 8 through 10,
Delete all material

Page 2, line 19,
After "agencies" delete
and and insert **,**

Page 2, line 19,
After "services" insert
, clinics and facilities

Page 2, line 21,
After "(B)" insert
agencies, services,

Page 2, line 22,
After "and services" insert
and

Page 2, 23,
Create a new sub-section that shall read
{C} agencies, services, clinics and facilities designed to assist or provide contraceptive options and counseling;

Passed

Page 2, line 30,
After "abortions services;" insert

and the circumstantial criteria for the availability of medical assistance benefits for contraception;

Page 3, line 12,
After "objective, nonjudgmental, and" insert

that is reviewed and approved by the State Medical Board and

Page 3, line 15
After "information that" insert

is reviewed and approved by the State Medical Board and

Page 3, line 20,
After "unbiased information" insert

that is reviewed and approved by the State Medical Board

Pg 3, line 23 - change . to a ;

Page 3, line 24,
Create a new sub-section that shall read

(9) contains objective, unbiased and comprehensive information that is reviewed and approved by the State Medical Board on different types of available contraceptive choices and the medical risk and possible complications commonly associated with each method as well as the possible psychological effects that have been associated with using contraceptives.

Page 5, line 16,
Delete

at least 24 hours before the abortion procedure,

Page 6, line 16,
After "this section" insert

that do not violate the woman's privacy by including her name or any another identifying information.

Page 6, line 23,
After "whether the" insert

unidentified

amendment #2 also passed.

23-LS0867\H.1
Lauterbach
5/7/03

AMENDMENT

OFFERED IN THE HOUSE

TO: HB 292

1 Page 4, line 24, following "woman":

2 Insert "and the pregnant woman's estate, and only to the pregnant woman and the

3 pregnant woman's estate,"

4 Following "damages":

5 Insert "caused by the violation"

L

Alaska Pro-Choice Alliance

Protecting Reproductive Rights and Services
A Statewide Resource for Information and Referral

To: Members of the Alaska State Senate

From: Cassondra Johnson, Program Coordinator, Alaska Pro-Choice Alliance

Date: May 15, 2003

Re: HB292

I am writing to you on behalf of the Alaska Pro-Choice Alliance, a coalition of over 20 organizations dedicated to protecting reproductive rights in Alaska. We believe this bill is bad public policy on many levels.

First of all, contrary to what Senator Dyson said on Tuesday, May 6, 2003 in the House HES Committee, we are **not** opposed to women having accurate, scientific, evidence based information about all their reproductive options. In fact, we fully support that proposal. (I assume that Senator Dyson was referring to organizations like ours when he asked the committee to listen to "the other side"...saying we don't want women to have information.) However, we do not believe that giving women this information is the state's responsibility. We trust women to find their own information. Also, we believe this is a private matter for a woman to discuss with her medical provider - medical providers that are in a much better position than politicians are to discuss reproductive options with their patients because of their years of medical training.

If the sponsor and supporters of this bill truly believe this is the state's role, perhaps they would be willing to fund comprehensive accurate sexuality and reproductive health education curriculum in all Alaskan schools. This bill does not address this. In fact, it only targets women wanting an abortion. If the proposed website has medically accurate information about pregnancy and all the options that go along with pregnancy, why not give it to all women of child bearing age?

Secondly, this bill restates the parental/court consent legislation that has been challenged in court. I would like to share with members that when similar laws were passed in Minnesota and Missouri, the proportion of second trimester abortions among minors increased by 20%, increasing the risk and cost of the procedure. Of course, it would increase the cost here as well as there not a facility that currently performs second trimester abortions in Alaska.

Thirdly, the 24 hour waiting period is unnecessary and discriminatory. It is unnecessary because a woman already takes much longer than 24 hours when making the necessary arrangements for abortion care (making an appointment, making travel plans if necessary, and arranging to pay for the abortion, etc). This waiting period is discriminatory to women having to travel from rural Alaska to a city where abortion is available. At the very least, it will increase the cost of lodging and increase the time away from their jobs and families.

At the last HES hearing on HB 292, there was some discussion about changing the waiting period to 12 hours or less. Still, this treats women seeking an abortion differently than other pregnant women. We do not tell women who choose to carry their pregnancy to term, "Go home and think it over for 24 hours. When you return, we then can begin your prenatal care."

Lastly, we have grave concerns about the information that would be included in this website. I have heard an enormous amount of inaccurate testimony given by members of the Right to Life community. For example, Ms. Karen Vossburgh testified in front of the Senate Judiciary Committee regarding the mythical link between abortion and breast cancer. In fact, a scientific panel appointed by the Director of the National Cancer Institute (who was appointed by the anti-choice President of the United States) has **unanimously** concluded, after a review of four new studies and a review of all available earlier studies that there is **absolntely no evidence** that having an abortion increases the risk of breast cancer. This review was widely publicized in all major media formats in early March of this year.

Another mythical ailment that has been discussed is the so-called Post Abortion Syndrome. When this syndrome is mentioned, it is likened to Post Traumatic Stress Disorder. And again, **not one** reputable organization recognizes this supposed syndrome. It is not recognized by the American Medical Association or the American Psychological Association, and it is not in the DSM IV. However, Post-Partum Depression is recognized by these groups.

In closing, the members of the Alaska Pro-Choice Alliance believe this bill is bad public policy and urge you to not pass HB 292 out of your committee.

by Carolyn Brown, M.D.

Senate Bill 30
"An Act relating to information and services available to pregnant women and other persons; and ensuring informed consent before an abortion may be performed; except in cases of medical emergency"

On the face of it, this proposed legislation would appear to address equity so that all pregnant women and girls, significant others, and families receive the same information about their pregnancy options as these may relate to abortion.

In order to enable this proposed legislation as a just, workable, and fair document, it will be useful to seriously consider the following:

I. DEFINITIONS.

1. Define "public, private agencies and services" [18.05.032 (a) (1)]. Does this include all health care providers who may interact with a pregnant woman/girl in the professional care of that woman/girl? This will require some administrative oversight by the Department of Health and Social Services (DHSS) to identify and maintain credible monitoring and update on this information.
2. Define "agencies, services, clinics, facilities" [18.05.032 (1) (A) (B)] that provide pregnancy services – whether these are for intended term pregnancies or whether these are for intended abortions or whether that decision has not been made at the initial encounter. Who and what are these entities? This will necessitate the oversight provided in #1 above.
3. Define "coerce". Once that definition is clear, it would appear crucial to assure the person or persons who coerce a pregnant woman/girl not to have an abortion are subject to the same penalties as the person or persons who coerce a pregnant woman/girl to have an abortion. This equitable language does not appear to be present in the proposed legislation.
4. Define "unbiased" [18.05.032 (a) (8) (9)]. It would appear obvious to most thinking people that none of us lives a day of our lives

of no treatment, so that the patient can make an intelligent or informed choice".

11. Define "medical emergency" [18.16.060 (a)]. This proposed legislation would appear to have left the decision making to the "physician's good faith clinical judgment" [28.16.060 (d) (2)]. Why would this single "good faith clinical judgment" be accepted when other measures of the physicians' judgments are not accepted?

II. SERVICES.

1. Parental consent [18.16.010 (a) (3)]. If parental consent is required before an abortion is performed for a minor, can a parent demand or mandate an abortion for a minor who does not wish/want this done? Is it the intent of this legislation to assure parental consent whether or not an abortion is the end result? The proposed legislation does not appear clear on this.
2. Provision of information. In addition to assuring that a pregnant woman/girl who requests an abortion receives information about all possible services, it is equally important that any pregnant woman/girl who does not request an abortion be provided the same information. How will this be mandated, implemented, and assured?
3. Any document provided by the Department of Health and Social Services (DHSS) must be available to any and all pregnant women and girls since a decision for or against an abortion may not have been made at any number of patient/healthcare provider encounters. How will this be assured and monitored?
4. How will this proposed legislation affect women and girls who are pregnant secondary to rape or incest? What will the Department's position be on this?
5. How will the putative sexual partner that produced the pregnancy be identified? Who will mandate his participation and responsibility

10. What is the issue for the 30-day waiting period? It is clearly established that early abortions carry less morbidity and mortality than later abortions. It is clearly established that a first trimester abortion carries less morbidity and mortality than a full term pregnancy delivery.
11. Is it clear just who delivers the messages in this legislation to pregnant women and girls? Can anybody do this? How can the Department assure that the correct information has been presented and that the patient's questions have been appropriately answered?

SUMMARY.

1. SB 30 is discriminatory to pregnant women and girls as it does not assure the provision of appropriate information to all pregnant women and girls – regardless of their decision for or against an abortion.
2. Definitions are incomplete or inaccurate for statutory inclusion.
3. Language of bias and opinion are integrated into the document so as to preclude an accurate presentation of science based facts about options for pregnant women and girls.
4. SB 30 in its current form does not appropriately address the issues of pregnant women and girls who may/may not plan an abortion or who may/may not plan a term delivery. SB 30 should not be a part of Alaska Statutes.

References:

1. Alan Guttmacher Institute Report on Public Policy. Minors and the Right to Consent to Health Care. 3 (4). August 2000.
2. American College of Obstetricians and Gynecologists. Compendium 2003. ACOG Statement of Policy. Abortion. Washington DC: ACOG. 2003.

March 17, 2003

Senate Hess
State Capitol
Juneau, AK 99801-1182

Dear Mr. Chairman and Members of the Committee:

My name is Deatrich Sitchler, and I reside in Anchorage. I am here today to urge you to oppose SB 30, and to do everything in your power to stop this bill from becoming law.

I would like to share with you my personal reasons why this bill is not needed. At the age of 14, I was diagnosed with hemophilia, a disease affecting the blood. As a result o this condition, it is medically dangerous for me to carry a pregnancy to term because the loss of blood during delivery could be potentially fatal to me. I am in a long-term committee relationship, and my partner and I are very careful, but as you know, no form of birth control is 100% effective. Were I to accidentally become pregnant, it may be in my best interest to terminate the pregnancy rather than carry the pregnancy to term.

I strongly feel that this is a decision between my partner and me, with the advice and consultation of my doctor. The government has no place in this personal, painful choice I would have to make. Furthermore, I would find it very painful to have to listen to a litany of "alternatives" to abortion – alternatives that are not actually in my best interest and that could actually threaten my life – before being deemed capable of consenting to an abortion. I might not fall under the "medical necessity" exception to SB 30 because having the abortion at that very moment would probably not be a life-saving measure or an emergency situation. Therefore I would be subject to this extra "counseling" which would be wholly irrelevant to my individual circumstances.

I remind you that this decision would already be very painful for me, and that I would only be terminating my pregnancy to save my life. Why should extra hurdles be placed before me that are not placed before any other patient seeking any other medical treatment?

For these reasons I urge you to oppose this bill.

Very truly yours,

Deatrich Sitchler

Dear Senators:

I have studied Senate Bill 30 proposed by Senator Dyson, and I must object to this bill on multiple grounds. This bill is a thinly veiled attempt aimed squarely at making it more difficult for women in 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.

Furthermore, contrary to what some people might think, there is no monetary gain in performing abortions to a physician who provides both prenatal care and abortion. If a patient carries a pregnancy to term, our practice will see a much larger revenue stream than if that patient has an abortion. There is absolutely 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 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 in SB 30 of giving this kind of information 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 regulating how I obtain informed consent from a person for a C-section or hysterectomy – both of which carry far more risk to the patient than an abortion. Clearly, 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 23rd 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 other terms referring to the "conceptus." The term "unborn child" is included only to incite emotion. On page 2 lines 25-26, the term "nonjudgmental" is used when the decidedly judgmental phrase "unborn child" is used in the very same sentence, a contradiction of terms.

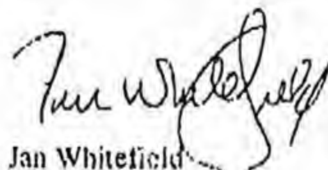
4115 Lake Otis Parkway • Anchorage, Alaska 99508 • (907) 563-7228

On pages 1 through 3, a "standard information pamphlet" is described, again using biased terms defined by politicians, not terms recognized by science. Page 2, lines 19-27, *describe in detail the pictures* that need to be included in this pamphlet. Why are these to be included? Are they 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 the "standard information packet" alluded to by this bill leaves little room for patient individuality.

After extensively reviewing the literature, former Surgeon General C. Everett Koop (a conservative) and the American College of Obstetrics and Gynecology concluded that there is no solid scientific data suggesting that there are long-term negative psychological effects from an abortion. Yet page 2, line 31 refers to "possible psychological effects" that have allegedly 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 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 30 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 the legislators who wish to further obstruct abortion in Alaska.



Jan Whitefield

Medical Director, Alaska Women's Health Services

MAY 0 9 2003

SPRUCEHAVEN
2109 C Mission Road
P.O. Box 945
Kodiak AK 99615

TESTIMONY ON HB 292 May 8, 2003

In order to establish my credibility, let me say that I am a physician who practiced 40 years in Kodiak. During the last 10 years of practice, I performed about 70 abortions per year for a total of 700 abortions. I am thoroughly familiar with the procedure, the risks, and the results. I am retired and have nothing to gain by promoting abortions.

I was here Tuesday at 3PM to testify but, after finally getting to HB 292, the committee spent about 30 minutes discussing various aspects of the bill. During this process, Senator Dyson testified and cautioned the committee not to entertain objections to the term *unborn child,* which clearly indicated his bias with respect to abortion, and his obvious conflict of interest. This was to have been a *hearing*, not a discussion of the bill or testimony of the committee in favor of the bill, which it became apparent that it was. Because of this only two were able to testify that afternoon.

My purpose is to prevent obstacles being placed before women who, for multiple reasons, feel they need an abortion. Each of my patients was presented with options available for them in addition to an abortion. Each was told as much as they wanted to know about the procedure, the risks and the outcomes. Each was scheduled for a follow up visit two weeks after the procedure.

My findings support entirely Tuesday's testimony by Dr. Murphy who, by the way, you questioned mercilessly about her own management of patients. She was very cooperative and did not deserve Senator Dyson's vituperative accusation that her testimony was biased. In addition, he made a big fuss about her use of the term *termination of pregnancy,* which, I suspect, was her attempt to be sensitive to patients' feelings about the term abortion, which those in favor of the *right to life* have made a nasty word!

My findings indicate that the risks are considerably less than we are led to believe by those who oppose abortion. For instance, only two of my patients developed post-abortion depression requiring treatment and both of these recovered. This is less than the incidence of post-partum depression. None lost enough blood to require a transfusion. Two had minor post-abortion infections, which responded promptly to treatment. Those, who so desired, went on to have normal pregnancies. I saw no fertility problems associated with abortion.

There is no indication for this kind of legislation. Politicians have no business telling patients what they must know, in spite of what advice they receive or from whom. It is an insult to the intelligence of women who, in my opinion, know exactly what they want to know and, if encouraged, will make sure their physician tells them. Do you think that physicians are not familiar with their responsibility to explain the options, risks, benefits and procedural details of any treatment?

This legislation places more obstacles in the path of those who need an abortion. It, along with much inaccurate publicity, complicates the decision and tends—indeed, *intends,* I believe—to make women who elect to have an abortion feel guilty. *I think* the occasional suicide I have heard mentioned is a direct result of this.

Ladies and Gentlemen, I implore you, in the name of compassion for women who cannot manage to bear or raise a child, for whatever reason, to reject this and any similar legislation.

Dr. Bob Johnson

Alaska State Legislature

Please enter into the record my testimony to the House Health Educ & SocSvc
committee name

committee on HB292, dated 5/8/03.
bill/ subject

HB292 is aboutempowering women to make informed choices. It is about respecting a woman's intelligence enough to give her the tools necessary to make an educated choice. Many women must resort to making the decision about having an abortion based on outside pressure rather than revelatory information. This pressure may come from a variety of sources, but it often comes from within the medical profession itself. I have heard many stories of women being coerced by members of the medical profession into having an abortion.

HB292 puts this very important decision back into the hands of the ones it most effects. I doubt there is any other medical procedure which we administer while purposely withholding knowledge that would insure the patient is as informed as possible on the scientific facts, medical hazards, and emotional and psychological risks of the procedure. Anyone truly believing in women's rights should be fighting for the support of this bill.

Thank you,
Ruth Abbott

Signed: Ruth A. Abbott
Testifier

Representing (Optional)

HC 60 Box 4225 Delta Jct, AK
Address
895-2007
Phone No.

Alaska State Legislature

Please enter into the record my testimony to the House Hess committee name

committee on House Bill 292 bill/ subject, dated 5/8/03.

As a young Alaskan woman, I fully support House Bill 292. I believe it is important to fully inform women of the risks involved in the abortion procedure, and to offer alternative choices. Choices that offer a baby every opportunity to be granted life.

Life and death decisions should not be rushed or uninformed.

Signed: A. Autumn N. Nott
Testifier

Representing (Optional)

HC 60 Box 9225 Delta Jct
Address

(907) 895-2002
Phone No.

Alaska State Legislature

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

committee on HB 292 / Informed Consent, dated 5/6/03.
bill/subject

I'd like to urge you to vote in favor of this bill. I think this is a very important bill. In these days of countless lawsuits this bill will offer some immunity to lawsuits. Surely this is in the best interests of the physician, patient and state.

This bill doesn't force the woman to read the information - but only makes it available - to make sure she can know if she desires.

This bill by no means infringes on a woman's right to choose but rather only enables her to be a more fully informed participant in her life's choices.

Please vote for this so that all the young women in our state can be more fully informed before making irreversible, life-changing decisions.

Signed: Linda Bowche
Testifier

Self
Representing (Optional)

P.O. Box 1048 Delta Jct, AK 99737
Address

895-4328
Phone No.

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH

FRANK H. MURKOWSKI, GOVERNOR

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May 13, 2003

MAY 13 2003

The Honorable Peggy Wilson
Chair, House HESS Committee
State House of Representative
State Capitol, Room 104
Juneau, AK 99801-1182

Dear Representative Wilson:

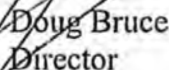
The House HESS Committee has proposed amendments to HB 292 that include State Medical Board review of any informatio· ·he Division of Public Health would post on its webpage. The Division does not see any proble· ·ith this, especially if the Board could delegate the review to recognized Ob/Gyn specialists, since presumably Board members in general would not have this expertise. This would assure that the posted information is reviewed for medical accuracy and appropriateness.

The Committee also asked about the Department of Health & Social Services' process for ensuring the accuracy of all the health information and promotional materials posted or issued by this agency. All information posted can be referenced back to multiple authoritative sources, such as the Centers for Disease Control (CDC), Office of Women's Health, peer reviewed published research, etc. For complex documents related to medical care guidance, the Department has a committee of experts in the field co-author and review the document prior to distribution. Some programs require a local committee review for appropriateness for the target community or group.

A review of HB 292 does not reveal any violation of an individual's right to privacy or confidentiality of their own health care information or violation of HIPPA regulations. The HIPAA privacy regulation (CFR 45), 45 CFR 164.506 permits, but does not require, a covered entity to obtain consent of an individual to carry out health care treatment, payment, or operations. It states however, that if other state or federal regulation is more stringent concerning consent, then the federal HIPAA regulation is superceded by that law—if state law requires consent, then state law would prevail.

Please contact me if you have any additional questions.

Sincerely,



Doug Bruce
Director

printed on recycled paper

Cc: Joel Gilbertson, Commissioner
Bob Labbe, Deputy Commissioner
Bob Buttcane, Legislative Liaison
Janet Clarke, DAS Administrative Director
Laura Baker, Budget Chief
Carl Gatto, Vice Chair, House HESS
John Coghill, House HESS
Paul Seaton, House HESS
Kelly Wolf, House HESS
Sharon Cissna, House HESS
Mary Kapsner, House HESS

Log 87

SITE: JUNEAU LIO
Offnet

COMMITTEE:
DATE:

SUBJECT OF MEETING:
HB292

UPDATE #:

PLEASE SIGN IN

PLEASE PRINT:

NAME	ADDRESS (MAILING & ZIP)	REPRESENTING	DO YOU WANT TO TESTIFY? Y or N
Dr. Colleen Murphy			

Nnn

COMMITTEE: House Health, Education and Social Services Standing Committee

SUBJECT: HB 292-ABORTION: INFORMED CONSENT; INFORMATION

DATE: May 8, 2003

PLEASE SIGN IN

PLEASE PRINT: NAME & TITLE	ADDRESS	PHONE	REPRESENTING (No acronyms unless for a state agency, please)	DO YOU WANT TO TESTIFY ?
Chip Wagner	3294 Pioneer Ave Juneau AK	586-1867	Alaska Catholic Conference	Yes
E-mail address:				
Fr Tom Moffatt	415 Capitol	465-4931	self	Yes?
E-mail address:				
Myrna Gardner	Box 33391 Juneau	790-5470	Self	yes
E-mail address:				
Karen			AK Right to Life	
E-mail address:				
E-mail address:				

SITE: ANCHORAGE LIO

COMMITTEE: HHES

DATE: 5-8-03

SUBJECT OF MEETING:

HB 292/SB 157

UPDATE #: 2

PLEASE SIGN IN

PRINT YOUR NAME	ADDRESS (MAILING & ZIP)	REPRESENTING	DO YOU WANT TO TESTIFY? Y or N
Cassandra Johnson		AK Pro Choice	Y-HB 292
Email address:			
Jennifer Esterl		AK CLU	Y-HB 292
Email address:			
Vicki Halcro		PPA-Anna Franks	Y-HB 292
Email address:			
Pauline Utter			Y-HB 292
Email address:			
~~Robin Smith~~			Y-HB 292
Email address:			
Email address:			
Email address:			

SITE: **MATSU LIO** *SUBJECT OF MEETING:*

COMMITTEE: HHES *UPDATE #: HB 292*

DATE: 0508/03

PLEASE SIGN IN

P R I N T YOUR NAME	ADDRESS (MAILING & ZIP)	REPRESENTING	DO YOU WANT TO TESTIFY? Y or N
Karen Vosburgh		Ak right to life	HB292 Y
Email address:			
Email address:			
Email address:			
Email address:			
Email address:			
Email address:			

SITE: Kodiak LIO

COMMITTEE: House HESS

DATE: 05-08-03

SUBJECT OF MEETING:

HB 292 - Abortion: Informed Consent; Information

UPDATE: #2

PLEASE SIGN IN

PRINT YOUR NAME	ADDRESS (MAILING & ZIP)	REPRESENTING	DO YOU WANT TO TESTIFY? Y or N
Dr. Bob Johnson	700 abortions Kodiak 99615	women	Y (HB 292)
Email address:			
Geneneiva Pearson	Kodiak, 99615	Self	Y (HB 292)
Email address:			
Email address:			
Email address:			
Email address:			
Email address:			

SITE: DELTA JCT LIO **COMMITTEE:** House HESS **DATE:** May 8, 2003	**SUBJECT OF MEETING:** HB 292 Abortion Informed Consent **UPDATE #:**

PLEASE SIGN IN

PRINT YOUR NAME	ADDRESS (MAILING & ZIP)	REPRESENTING	DO YOU WANT TO TESTIFY? Y or N
Ruth Abbott			Y HB 292
Email address:			
Email address:			
Email address:			
Email address:			
Email address:			
Email address:			
Email address:			

SITE: **Kodiak LIO**	*SUBJECT OF MEETING:*
COMMITTEE: *House HESS*	*HB 292 - Abortion: Informed Consent; Information*
DATE: *05-08-03*	***UPDATE:*** **#1**

P L E A S E   S I G N   I N

P R I N T ***YOUR NAME***	***ADDRESS (MAILING & ZIP)***	***REPRESENTING***	***DO YOU WANT TO TESTIFY? Y or N***
Dr. Bob Johnson	Kodiak 99615	women	Y (HB 292)
Email address:			
Email address:			
Email address:			
Email address:			
Email address:			
Email address:			