

ALASKA LEGISLATURE COMMITTEE FILES 1993-1994 8672

7791 HOUSE HEALTH EDUCATION & SOCIAL SERVICES

HB

154

ALASKA

CIVIL LIBERTIES UNION

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

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Messages Only: 907-276-2258

March 15, 1993

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Executive Director

The Honorable Cynthia Toohey
The Honorable Con Bunde
Co-Chairs, Health, Education and
Social Services Committee
The House of Representatives
Alaska State Legislature
State Capitol, Juneau, AK 99801-1182

Dear Representatives Toohey and Bunde:

I am writing to express the very strong opposition of the Alaska Civil Liberties Union (AkCLU), an affiliate of the American Civil Liberties Union, to House Bill 154. We are opposed because we believe bills of this nature, under the guise of establishing a woman's "right to know," in point of fact are mandatory anti-abortion lectures, intended to discourage women from seeking the procedure.

I have, for your information, attached a copy of the the ACLU's briefing paper on the requirement in HB 154 that Alaska-licensed physicians must provide a litany of medical misinformation concerning the safety of the abortion procedure.

As you know, informed consent is already required for any surgical procedure, including abortion, and medical standards in existence in this state ensure that medical doctors provide women with *accurate and unbiased* information regarding their health care options.

Most offensive is the fact that only women seeking to terminate a pregnancy must be subjected to these state-

Page 2 - Representatives Toohy and Bunde

March 15, 1993

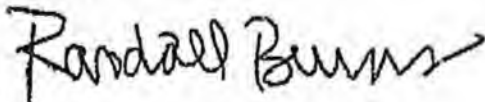
ordered lectures. Women choosing to carry their child to term are not required to hear a similar litany regarding the health risks involved in carrying any child to term.

What HB 154 assumes is that a woman seeking to terminate a pregnancy does so without having spent time considering her decision. It does not surprise us that three men sponsored this bill. The bill condescends to women and imposes on Alaskan women the particular view of some legislators regarding the efficacy of choice. No doubt these same men are generally opposed to government regulation and interference in the lives of Alaskans. It is not surprising, however, when you find attempts to codify morality, that persons ordinarily opposed to heavy-handed government will willingly allow government to intrude into the most private aspects of a person's life to impose a moral perspective moonlighting as law.

Finally, to impose criminal penalties on Alaska's physicians for failure to provide such information represents unlawful interference in the doctor-physician relationship. This requirement invades the privacy of that relationship without establishing any governmental purpose for such intrusion. We ask you both, given your pro-choice positions, to hold this bill in committee. No bill of this nature should be given the benefit of additional hearings.

The AkCLU would be happy to answer any questions you may have regarding this matter. Please do not hesitate to contact our offices should you desire additional information.

Respectfully yours,



Randall P. Burns
Executive Director

Enclosure

cc: All Members, AkCLU Board of Directors
Alaska Medical Association
Anchorage Medical Association



REPRODUCTIVE FREEDOM PROJECT

MANDATORY ANTI-ABORTION LECTURES: BIASED COUNSELING AT ITS WORST

The 1992 Supreme Court decision Planned Parenthood of Southeastern Pennsylvania v. Casey upheld, among other restrictions, a requirement that physicians provide women with state-prepared anti-abortion materials at least 24 hours 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 misleading, and ultimately harmful to her health.

The mandatory lecture requirement upheld in Casey, and the various versions of it that have been enacted by many state legislatures, prescribe what a doctor must say to a woman who has decided that she wants an abortion. The Casey restriction, and most of the other state statutes, requires the doctor to present a lecture that includes the following information: a detailed description of the medical risks posed by an abortion; the gestational age of the "unborn child;" the availability of child support payments; available medical assistance for pregnancy and neonatal care. The doctor must also be ready to provide printed materials on fetal development, as well as detailed information on adoption. This state-imposed litany is clearly designed to dissuade women from choosing abortion and encourages them to carry a pregnancy to term. The arguments against the lectures include:

I. The content of the lectures gives women inaccurate and incomplete medical information.

The Pennsylvania statute, which may be adopted by other state legislatures, does not impart to women accurate or meaningful medical information. Women are not told, for example, that a first trimester abortion performed by a physician has a lower complication rate than any other surgery – in fact, the mortality risks of such an abortion are 25 times less than that of a full term pregnancy. Rather, women are read a list of possible complications from the abortion procedure, which in reality occur very rarely. The rate of complications for abortions before thirteen weeks is 0.15 percent. In addition, some state laws require that women be told that abortions pose risks of post-traumatic stress disorder, severe depression and other psychological injury. In fact, according to a study by the Surgeon General of the United States, as well as the World Health Organization, there is no medical evidence that abortion causes psychological injury to the great majority of women who have them. Furthermore, such state laws do not mention post-partum depression, a frequent and acknowledged psychological after-effect of pregnancy.

II. The doctor-only requirement makes access to quality reproductive care more difficult and expensive.

Casey and many state laws specify that a trained counselor, nurse or other health care practitioner is prohibited from providing the lecture and materials to the patient. This stipulation has a direct effect on women's health. Many clinics experience severe difficulty in finding doctors willing and able to perform abortions, and the few who are available often find themselves barely able to meet the needs of all their patients. There is just one doctor who provides abortions in all of South Dakota, for instance. And in Allentown, Pennsylvania, the Women's Center can offer abortions only one day a week because the closest doctor willing and able to perform them is from New York City, 120 miles away. Requiring that only physicians deliver the mandatory lectures imposes an additional burden on already over-extended doctors who would have no more than a few minutes to spend with each patient. In contrast, it is not unusual for counselors to spend up to an hour with each woman, answering her questions and discussing her particular situation. By prohibiting doctors from delegating these tasks to other trained professionals who have more time and experience with

counseling, it becomes far more difficult to provide women with the quality health care they deserve. Furthermore, since a doctor's time costs 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. This is exemplified by the testimony of a clinic counselor in Philadelphia, PA, recently interviewed by the National Abortion Federation of Washington, DC. According to Dayle Steinberg of Planned Parenthood, the clinic is already struggling to find doctors to cover the need and has sought out retired physicians to fill the gap. The cost of employing physicians as counselors is expected to force expenses up at the clinic. Some, Steinberg says, the clinic will try to absorb; the rest must be passed on to the patients if the clinic is to survive at all. Yet one more financial obstacle will be placed in the way of these women.

III. Informed consent is already required for medical procedures.

A woman must already give her informed consent before undergoing any surgical procedure, including abortion. In many states, informed consent has been legally required for over a century. The standards of the medical profession, as well as state laws, ensure that health care practitioners provide women with accurate and unbiased information regarding their health care options, and obtain their informed consent to the procedure. The Pennsylvania law singles out abortion from all other medical procedures. Women who have chosen to carry to term, for example, are not required to hear about the availability of medical assistance for abortion. Nor are women who want to carry to term required to view images of women in labor or infants with severe defects. Indeed, it would be considered inappropriate to bring up the subject of abortion to a woman who has decided to become a parent. Implicit in this requirement is the assumption that women do not adequately think through their abortion decision and that the state must do their thinking for them. Virtually all women have carefully considered their decision to have an abortion by the time they arrive at the clinic.

IV. The mandatory lecture requirement violates standard medical practice and the doctor/patient relationship.

Under the Pennsylvania law, a doctor must supply every woman in every instance with all of the state-mandated information. The law is contrary to standard medical practice in that it does not allow information to be specifically tailored to the needs of each patient. Furthermore, the law severely compromises the doctor's role by forcing him or her to provide information that attempts to sway the patient's decision regarding her health and future. The state-imposed litany may, in fact, be in conflict with the doctor's ethical obligation to give the best medical advice to the patient, in view of her individual circumstances. It is both arrogant and cruel to "inform" a victim of rape or incest of the option of continuing her pregnancy, or to remind a woman carrying an anencephalic fetus (one that is missing the upper portion of the brain) that her "unborn child" will be twenty weeks old at the time of the abortion. Doctors are also forced to step outside their prescribed roles by being required to provide nonmedical information about which they may not be qualified to speak. A doctor should not be obliged to advise a woman on the availability of child support, which is essentially a legal issue, and is totally irrelevant to the physician's ethical obligation to provide the best medical advice to the patient.

VI. Repercussions of the Casey decision

At the time of the Casey decision, the majority of states already had enacted lecture requirements. That number is sure to increase. Such laws have the effect of intimidating women and discouraging them from seeking medical care and exercising their reproductive rights. Fear of criminal sanctions and the intrusive nature of the prescribed litany may further deter doctors from providing these necessary health services.



Alaskans for Life, Inc.

... Our First Inalienable Right

March 15, 1993

P.O. Box 32186

Juneau, AK 99803-2186

TESTIMONY BEFORE THE HOUSE HESS COMMITTEE REGARDING HOUSE

BILL #154

by Ida Barnack, President

Alaskans for Life supports the concept of informed consent as a means to protect woman's health.

In all other medical procedures a patient is given a complete detailed description of all invasive procedures, risks involved, condition of the infected organ, and alternatives to the procedure.

This policy is even more important in describing an abortion, a procedure which is intended to end someone's life. Since the life to be ended is the life of the woman's child, the woman has the right to know in detail what procedure will be used to end her child's life, the gestational age of her child, and how this procedure will affect her.

Some doctors may currently be giving a woman a detailed description of an abortion and the age of the unborn child. This bill, however, will make it mandatory that every doctor in Alaska who performs abortions complies with society's accepted medical standard of a patient's right to know all of the medical facts related to the patient's condition or the

invasive procedure that the patient will undergo.

As we first stated, this medical practice of giving patients detailed descriptions of invasive procedures, risks involved etc. is the accepted medical practice for all other invasive procedures. Why should abortion which is a violent invasive procedure be handled differently? Is the doctor or other Alaskans afraid that a woman might change her mind if she were given the gestational age of her child, a description of the violent procedure that would be used to end her child's life and a list of risks to her? If giving a woman this information causes a woman to change her mind, is it not better that she do so rather than allow her child to be killed and she become a statistic as one of the many women who suffer the after affects of an abortion?

Generic general consent forms are not sufficient in the case of an abortion procedure. This is an invasive procedure that has the potential of causing a life time of regret, depression and anxiety. Therefore, all precautions should be taken to ensure that a woman fully understands the procedure and its effects. This bill will ensure woman are well informed before making an abortion decision.

LTN1100-R01
03/16/93

LEGISLATIVE TELECONFERENCE NETWORK

PAGE 01
11:27:36

TCN: 30376 DATE & TIME: 03/15/93 15:00 TO 16:30 STATUS: 7 STATS. IN

**** ORDER SUMMARY ****

SPONSOR: HRES HOUSE HEALTH, EDUCATION AND SOCIAL SERVICE CHAIRS: TOOHEY
PURPOSE: PUB PUBLIC HEARING BUNDE
CONTACT: LYNN SMITH TEL#: (907)465-6825
CHAIRING SITE: JUNEAU CAPITOL CAP106

SPONSOR REMARKS(PUB): TESTIMONY: Y ALLOWED 5 MINUTE LIMIT
PUBLIC TESTIMONY ON HB 154
HB128 TELECONFERENCED TO ANCHORAGE ONLY, TESTIMONY BY INVITATION
TCN REQUESTED ON 03/15/93 AND HAS 7 UPDATES

**** AGENDA ****

- 1 HB 154 INFORMED CONSENT BEFORE ABORTIONS
- 2 HB 128 EARLY ACKNOWLEDGEMENT OF PATERNITY

**** PARTICIPATING LIOS ****

ANC ANCHORAGE	3111 C STREET	LOCATION STAFF
DJT DELTA JCT.	JARVIS CTR. #210	LOCATION STAFF
FBX FAIRBANKS	119 N CUSHMAN ST	LOCATION STAFF
HOM HOMER LTC	126 W PIONEER #4	LOCATION STAFF
* JNU JUNEAU	CAPITOL CAP106	LOCATION STAFF
KOD KODIAK	112 MILL BAY RD.	LOCATION STAFF
SIT SITKA	210 LAKE STREET	LOCATION STAFF
SOL KEN/SOL	34824 KALIFONSKY	LOCATION STAFF
TOK TOK LIO	MP 1314 AK. HWY	LOCATION STAFF

PARTICIPANTS IN: ANCHORAGE ANC

1	MARTHA CLARK	TSFY. HB 154
	3030 BETTLES BAY LOOP ANCHORAGE	AK 99515 (907)344-1323
2	SANDOR MANYOKY	TSFY. HB 154
	3900 E 112TH AVE ANCHORAGE	AK 99516 (907)344-4108
3	GLENDA STRAUBE	TSFY. HB 154
	1318 N STREET ANCHORAGE HB 128	AK 99501 (907)278-0840
4	ELIZABETH CURREY	TSFY. HB 154
	PO BOX 90909 ANCHORAGE	AK 99509 (907)258-0123
5	RANDALL BURNS	TSFY. HB 154
	PO BOX 201844 ANCHORAGE	AK 99520 (907)258-0044
6	DOUG BECKER	TSFY. HB 154
	3324 DICKSON DR ANCHORAGE	AK 99504 (907)338-2252
7	SUSAN MANYOKY	TSFY. HB 154
	3900 E 112TH AVE ANCHORAGE	AK 99516 (907)344-4108
8	PAMELA BIELFUSS	TSFY. HB 154
		AK (907)000-0000
9	KEN BELISLE	TSFY. HB 154
	3840 YOUNG RD 1 ANCHORAGE	AK 99508 (907)561-1620
10	SUSAN FISCHETTI	TSFY. HB 154
	10336 STEWART DR EAGLE RIVER	AK 99577 (907)694-6944

PARTICIPANTS IN: DELTA JCT. DJT

1 MR.	DANIEL DAVIS	TSFY. HB 154
	BOX 1285 DELTA JCT.	AK 99737 (907)895-4190
2 MR.	MICHAEL RAWALT	TSFY. HB 154
	BOX 823 DELTA JCT.	AK 99737 (907)895-1946
3 MS.	DEBRA JOSLIN	TSFY. HB 154

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			AK	(907)000-0000
22	OBSERVER	12		OBSV. HB 154
			AK	(907)000-0000
23	OBSERVER	13		OBSV. HB 154
			AK	(907)000-0000
24	OBSERVER	14		OBSV. HB 154
			AK	(907)000-0000
25	OBSERVER	15		OBSV. HB 154
			AK	(907)000-0000
26	OBSERVER	16		OBSV. HB 154
			AK	(907)000-0000
27	OBSERVER	17		OBSV. HB 154
			AK	(907)000-0000

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 1 MR. KERMIT REPPOND OBSV. HB 154
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1 MS.	MARY SOLTIS			TSPY. HB 154
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	BOX 6161	SITKA	AK 99835	(907)747-5155
3 MS.	STEPHANIE VIERIA			TSPY. HB 154
	611 BIORKA ST.,	SITKA	AK 99835	(907)747-3698
4 MS.	ALISON LINGO			OBSV. HB 154
	4120 HALIBUT PT. RD.	SITKA	AK 99835	(907)747-1099
5 MS.	LOUISE MATHEWS			OBSV. HB 154
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1	LEANN MC CAUGHEY			TSPY. HB 154
	BOX 8642	NIKISKI	AK 99635	(907)776-5697
2	JOYCE MOLDENHAUER			TSPY. HB 154
	BOX 595	STERLING	AK 99672	(907)262-9319
3	DEBORAH MORRIS			TSPY. HB 154
	BOX 304	KENAI	AK 99611	(907)283-8459
4	BETTIE L. DAVIS			TSPY. HB 154
	PO BOX 395	CLAM GULCH	AK 99568	(907)262-5124

PARTICIPANTS IN:TOK LIO TOK

LTN1100-R01 LEGISLATIVE TELECONFERENCE NETWORK PAGE 04
 03/16/93 11:27:36
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PARTICIPANTS IN:TOK LIO TOK

1 MR.	MEL PUCKETT			TSPY. HB 154
	P.O. BOX 37	TOK	AK 99780	(907)883-2953



Alaska State Legislature
House of Representatives
 COMMITTEE ON HEALTH, EDUCATION
 AND SOCIAL SERVICES

DATE: MARCH 15, 1993

PLACE: Capitol Room 106

SUBJECT OF MEETING:
 *HB 154: INFORMED CONSENT BEFORE ABORTIONS
 (TELECONFERENCED)
 *HB 128: EARLY ACKNOWLEDGEMENT OF PATERNITY
 HB 30: HUMAN SERVICES MATCHING GRANTS

NAME	REPRESENTING	BUSINESS/PERSONAL MAILING ADDRESS	ZIP	(H) PHONE	(W) PHONE	DO YOU WANT TO TESTIFY?		WHAT SUBJECT/ WHICH BILL?
Jill Barnack	AK For Life	8992 Garnett St Juneau	99801	789-9622	465-4634	<input checked="" type="radio"/>	<input type="radio"/>	# 154
Joan Heideveld	Self	PO Box 020658 Juneau	99801	789-9850	—	<input checked="" type="radio"/>	<input type="radio"/>	# 154
Rob Mowbray	ISTED	DEPT OF ENV			+165-2300	<input type="radio"/>	<input checked="" type="radio"/>	ALASKA DEFENSE 465-2300
Sherrie Gow	AK WOMENS Lobby	P.O. Box 22156 JNO	99802		463-6744	<input checked="" type="radio"/>	<input type="radio"/>	HB 154 HB 128
Judy Levenson	Women Coalition for	510 3rd St Juneau	99801	463-3367	536 3447	<input checked="" type="radio"/>	<input type="radio"/>	HB 154
Teresa Martin	Rep Leg	355 Donna Dr #5	99504			<input checked="" type="radio"/>	<input type="radio"/>	HB 154
Sandy Spang	Juneau	915 Seaside Dr Juneau	99801			<input type="radio"/>	<input type="radio"/>	
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2	SANDOR MANYOKY	ANCHORAGE	TSFY. HB 154
	3900 E 112TH AVE	ANCHORAGE	AK 99516 (907)344-4108
3	GLENDA STRAUBE	ANCHORAGE	TSFY. HB 154
	1318 N STREET	ANCHORAGE	AK 99501 (907)278-0840
4	ELIZABETH CURREY	ANCHORAGE	TSFY. HB 154
	PO BOX 90909	ANCHORAGE	AK 99509 (907)258-0123
5	RANDALL BURNS	ANCHORAGE	TSFY. HB 154
	PO BOX 201844	ANCHORAGE	AK 99520 (907)258-0044
6	DOUG BECKER	ANCHORAGE	TSFY. HB 154
	3324 DICKSON DR	ANCHORAGE	AK 99504 (907)338-2252
7	SUSAN MANYOKY	ANCHORAGE	TSFY. HB 154
	3900 E 112TH AVE	ANCHORAGE	AK 99516 (907)344-4108
8	PAMELA BIELFUSS	ANCHORAGE	TSFY. HB 154
		ANCHORAGE	AK (907)000-0000
9	KEN BELISLE	ANCHORAGE	TSFY. HB 154
	3840 YOUNG NO 1	ANCHORAGE	AK 99508 (907)561-1620
10	SUSAN FISCHETTI	EAGLE RIVER	TSFY. HB 154
	10336 STEWART DR	EAGLE RIVER	AK 99577 (907)694-6944

PARTICIPANTS IN: DELTA JCT.

DJT

1 MR.	DANIEL DAVIS	DELTA JCT.	TSFY. HB 154
	BOX 1285	DELTA JCT.	AK 99737 (907)895-4190
2 MR.	MICHAEL RAWALT	DELTA JCT.	TSFY. HB 154
	BOX 823	DELTA JCT.	AK 99737 (907)895-1946
3 MS.	DEBRA JOSLIN		TSFY. HB 154



Alaska State Legislature

Please enter into the record my testimony to the HOUSE/HESS
committee name
 committee on HB 154, dated 3/15/93
bill/subject

I AM supportive of this bill BECAUSE
 I have read and heard too many stories of
 women who have been rushed through
 abortion clinics with little or no counseling.
 Physical and mental TRAUMA associated with therapeutic
 abortion is well established in the scient.f. &
 literature. If we require ~~to~~ safety labels for
 aspirin then surely it should be required
 for abortion.

Signed: Kermit D. Reppond (Kermit D. Reppond)
Testifier

Representing (Optional)
1616 Selief Lane
Address
907-486-1533 (work) 496-6593 (home)



Alaska State Legislature

Please enter into the record my testimony to the House H.E.S.S.
 committee name
 committee on HB #154 on Informed Consent, dated March 15, 1993
 bill/subject

I support HB #154 which mandates informed consent for women going through an abortion. Many women and young girls are coerced into "choosing" to abort their unborn babies for the benefit of someone else, such as the father or the abortionist. The mother feels panicked and helpless, and is often unable to think through her options clearly.

Being informed of the abortion procedure is no different than understanding any other type of surgery that one must consent to. When there are clearly risks involved, both physical and emotional, it is the doctor's humane duty to be sure his or her patient is informed as to what is about to happen to her body and what the potential consequences are.

Signed: Alison Lingo
 Testifier

Representing (Optional)
4120 Halibut Point Road
 Address Sitka, Alaska 99835
(907) 747-1099
 Phone No.



Alaska State Legislature

Please enter into the record my testimony to the H. Hess committee name
 committee on HB 154 ^{information} before abortion dated 3-15-93
 bill/subject

I support HB 154 because I feel it is very important for anyone considering an abortion to have all the facts presented to them. For example the procedure described fully that will be used to kill the baby, the risks and/or side effects, and options to abortion.
 Thank you.

Signed: Joyce McClintock
 Testifier

Representing (Optional)
102 Baranof St - Sitka AK 99835
 Address
547-8861
 Phone No.

Testimony
J

H HESS
3/15/93

15:00/16:00

March 15, 1993

To: The House Health, Education and Social Services Committee

Re: H.B. 154 "An Act establishing a woman's right to know certain medical facts related to the woman's safety before an abortion."

Greetings:

The decision to have an abortion is a serious matter which women do not make lightly. This legislation is obviously not necessary as woman are already making informed choices in the matter. In addition this bill clearly interferes with a physicians practice of medicine. Please decline to pass this bill out of your committee. Thank you for consideration of my views.

Alice Johnstone
213 Shotgun Alley
Sitka, Alaska 99835



Alaska State Legislature

Please enter into the record my testimony to the House HESS Committee
 committee name
 committee on HB 154 Informed Consent 3-4 PM
 dated Monday 1-23-88 3:40 PM
 bill/subject Before abortion

Please support HB 154 establishing a woman's right to know the medical facts related to her safety before an abortion is performed.

Before any surgery is performed, the person is told all the facts about the surgery, and what is to be expected before and after surgery. This should also be done prior to ~~the~~ abortion so that a woman will know the risks she will be taking with ~~her~~ body as well as the body of the unborn. She has a right to know all the facts both physically and psychologically that will have a direct effect on her.

Signed: David M Johnson
 Testifier

Representing (Optional)
PO Box 3 - Sitka AK 99835
 Address
247-8579
 Phone No.



Alaska State Legislature

Please enter into the record my testimony to the HOUSE HESS
 committee name
 committee on HB 154, dated March 15, 1993
 bill/subject

I urge you to pass HB 154 which requires that women be told of the facts related to the women's safety before an abortion is performed. It seems only fair that if people must be told of the possible complications and problems with all other medical procedures that abortions should not be held to a different standard. Many, many women are totally unaware of the difficulties that can arise as the result of an abortion. Destroying the fetus, as severe as that is, is not the only thing that can happen during the procedure. A perforated uterus causing infection and possible sterility are such possible complications. Women have a right to know what is being done to their bodies and no one should have the right to keep that information from them. They must have all the information to make an informed, educated decision regarding abortion and all medical procedures.

Thank you.

Signed: Mary Jo McNally
 Testifier Mary Jo McNally
 Self

 Representing (Optional)
608 Sawmill Creek Road, Sitka, AK 99835
 Address
747-3877
 Phone No.



Alaska State Legislature

Please enter into the record my testimony to the House HESS
womens right to know factual
 committee on HR 154/ info before dated 3/15/93
 bill/subject abortion

I support HB154.
 A woman considering abortion deserves to be informed of all factual information pertaining to abortion. Just as any person undergoing any medical procedure deserves to be informed of the risks and consequences of the procedure. If all moral judgements are set aside, abortion should be treated as is any other medical procedure. This is the basis of pro-"choice"; a choice based on the informed consent of the patient.

Signed: Lorraine Thompson Lorraine Thompson
 Testifier

Sitka Write-4-Life
 Representing (Optional)

601 Sawmill Creek Rd Sitka AK 99835
 Address

747-3279
 Phone No.



Alaska State Legislature

Please enter into the record my testimony to the House H.E.S.S.
committee name

(please include in packets) date: 3-15-93

Hearing re HB 154

3/15 3pm

I am strongly in favor of the passage of this bill. Before all other medical procedures patients must be told exactly what will happen, including risks and possible complications. Abortion seekers need the same information before making their decision. Having gone through an abortion I wish someone had told me what I was really doing and that it would affect me for the rest of my life.

Kathy Newman
613 Oja St.
Sitka, 747-6412



Alaska State Legislature

Please enter into the record my testimony to the House HESS Committee
 committee name
 committee on HB-154 Women's right to facts on abortion, dated March 15, 1993 3:00 PM
 bill/subject

I support any amendment/bill regarding a woman's right to know factual information before an abortion because it is one of, if not the only, surgical procedure that is not presented fully to the patient beforehand. In a state that won't even give out tylenol to students without their parents consent and knowledge, it amazes me that they can get an abortion without parental consent or all the facts and ramifications involved. This is the same for adult victims of abortion as well.

Every other surgical procedure gives you the "worst case scenario" beforehand and many insist on a second opinion as well. An abortion seems to be so no-regulated that the only ones benefitting from them are the people who perform them.

Please support Representative Kott's HB 154 and help to educate and give women a true, factual representations of the procedure being done to them.

Signed: Beverly J. Kokeke
 Testifier

Representing (Optional)
631 DeGross

Address
966-2570

Phone No.

6/25

M. M. LaBare

Message:
I support HB 154.
The move factual information
a person has before making a
decision the better chance they
have of making a sound decision.

Public Testimony
To: House WESS Committee - All Members
Date: Monday March 15 (meeting 3:00 PM)
From: Michael LaBare
P.O. Box 6369
S. Ft. AK.
(907) 747-4880

M.M. Hansen

Message: I urge you Not to support SB 53 or any version thereof!

Sitka AK
(907) 747-4880

From: Michael LaBrie
P.O. Box 6369

Date: March 15, 1993

To: Rep. Bill Hudson & All House Members
Public Testimony

House H.E.S.S. 3/15/93 15:00/16:00

Please enter my written testimony
into the record for support of
House Bill 154

I support House Bill 154 to let
women know all the factual infor-
mation made available before an
abortion. Relatives of ours were
not given that opportunity of in-
formation and it has left scars
emotional in nature. Sufficient
time should also be mandated
from time of information and making
a choice. I support life and
many people want babies to adopt.
No one helps me pay my medical
bills why should my tax dollars pay
for murder of an innocent life.

Margaret Swanson
P.O. Box 2922
Sitka, AK. 99835
747-8699



Alaska State Legislature

Please enter into the record my testimony to the H. H.E.S.S.
committee name

committee on HB 154, dated 3-15-93
bill/subject

I support House Bill HB 154.
It is imperative that women
have full information on a
scheduled abortion, the alternative and the
~~risks~~ ^{Risks} of abortion, to the women. This
could mean her death, and her baby's too,
for sure.
I would ^{like} all persons to view the video
"Hard Truth" on abortion.

most sincerely

Signed: Louise E. Matthews
Testifier

Representing (Optional)
3208 Halibut Pt. Rd. Sp. 15, Sitka, Alaska 99835
Address
(907) 747-6996
Phone No.

March 15, 1993

To: House HESS Committee

OPPOSING HB 154

From: Natasha Calvin
Box 2966
Sitka, Alaska 99835

I oppose HB 154. Under the guise of defending a woman's "right to know" it interferes with the practice of medicine, the doctor-patient relationship, and the patient's right to privacy. It attempts to limit further a woman's access to abortion.

Present regulations adequately protect patients' rights to know about the treatment they receive, including any dangers of surgery and alternatives.

Thank you for considering my testimony.

Natasha J. Calvin

WRITTEN TESTIMONY

Please enter into the record my testimony to the House HES³ committee on H.B. 154 regarding a women's right to know factual information before an abortion, dated March 15, 1993 at 3p.m.

I had an abortion. All I was told before the abortion was performed was that when I woke up it would all be over with. Not true! I woke up to excruciating pain which grew progressively worse as the anesthetic wore off. My whole body was in a convulsion of pain. The pain was caused by my uterus trying to shrink back to the size it was before the rape of the abortion with out the help of the change in hormones that comes with a normal delivery. I became very nervous and shaky because my whole system was thrown into a state of shock by the abortion.

My body was fine tuned to reproduce a healthy normal baby. The abortion was a violent end to the pregnancy and it took a awhile for my uterus, hormonal system and nerves to become normal for a women that was not pregnant. Then depression set in and I did not know why, now I do.

A women needs to have the factual information that abortion at any stage of gestation is like slamming a car into reverse while traveling forward at top speed down the highway to her body, mind and emotions.

Please pass H.B. 154 as soon as possible. Thank You.



National Right to Life Spokesman for American Indians and Alaska Natives.

Virginia C. Phillips
404 Lake St., 2-D
Sitka, Alaska 99835

Phone: 907-747-8024



Alaska State Legislature

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

committee on HB 154, dated March 15, 1993
bill/subject

I am writing to express my strong support of HB 154 regarding a woman's right to know - factual information before an abortion. Abortion affects the physical, emotional + psychological well-being of a woman. I believe if many women contemplating an abortion could view the T-Video HARD TRUTH which pictures the bloody murder of unborn babies, they probably would never consider murdering their unborn babies.

I know of many women who were not informed about abortion who went ahead ignorantly and had abortions. To this day, they suffer physical, emotional + psychological scarring for life! They were deceived!

Education is very important because when you know the truth it makes you reconsider!

Please pass HB 154. Please listen to the votes!

Signed: Stephanie A Vieira
Testifier

Self
Representing (Optional)

611 Birch St
Address

7473698
Phone No.



Alaska State Legislature

Please enter into the record my testimony to the HESS
 committee name
 committee on HB 154, dated 2-15-93
 bill/subject

I support HB 154 regarding a woman's right to have factual information before an abortion. Abortion is currently the only surgical procedure where factual information does not have to be given. I have worked in Sitka's Pregnancy Aid Office for two years and many women say they didn't know and were not told of possible emotional or physical complications or that they were carrying anything more than a mass of tissue. We are always hearing about women's rights. Abortion information is one of her rights.

Signed: Alie Young
 Testifier
Respect for Human Life
 Representing (Optional)
Box 6161
 Address
747-5155
 Phone No.



Alaska State Legislature

Please enter into the record my testimony to the House H.E.S.S.
 committee name
 committee on HB 154, dated 3-15-93
 bill/subject

*See Attached
 testimony*

Signed: Mary Soltis
 Testifier

Representing (Optional)
Leis DeGroot Sitka AK 99835
 Address
747-5624
 Phone No.

WRITTEN TESTIMONY OF MARY SOLTIS,
615 DeGroff, Sitka, Alaska 99835
TO HESS COMMITTEE re: HB 154
teleconference of 3/15/93 at 3 P.M.

Speaking as a psychiatric nurse, I support Pete Kott's HB 154. The more information presented on the facts of abortion, the better. Without education, a consent can not truthfully be "informed." There are many victims of abortion. It's not only the child that is killed, a part of the mother dies too.

She survived a mechanical rape which resulted in the death of her child. She may suffer excruciating emotional pain when she relives memories of that trauma.

She is a victim of false consciousness. It wasn't "exactly" the fast, safe, and easy way to remove a "blob of tissue."

Her legislators and "care-givers" go free, and she goes to an emotional 'hell'.

She has a profound need to be loved and forgiven; and then she must forgive herself and learn to love herself again. Only after this whole process of healing is she able to love others.

What can we do to prevent the sobbing, hysterical cry "I didn't know.... no one told me...." ?

We can present the facts. We can offer support to women in crisis pregnancies.

We can pass HB 154. Thank-you for listening.

Mary Soltis
747-5624



Alaska State Legislature

Please enter into the record my testimony to the Health, Education, & Social Services
 committee name
 committee on HB154, dated 3-15-93
 bill/subject

I ask for your support of HB154. I believe that women should have the right to know the abortion procedures before an abortion takes place and that she should be informed of the health risks involved from an abortion. This information should be presented to her orally by the doctor performing the abortion. Please support HB154 for the sake of women's safety.

Signed: Mark N. Moldenhauer MARK N. MOLDENHAUER
 Testifier

Representing (Optional)
Po Box 595 Sterling, Ak. 99672
 Address
262-9319
 Phone No.



Alaska State Legislature

Please enter into the record my testimony to the House-Health Education committee name Social Service
 committee on House Bill 154 , dated 3-15-93
 bill/subject

I sincerely believe that House Bill 154 should pass. A woman should have a consultation prior to the scheduled abortion. During that time facts about procedures, anesthetic and what they will do to her. Determine the age of the fetus. Consider her age. Will she be able to carry a baby until delivery later in her life. When she wants one. She should then be allowed to go home and think about these facts. Then make her decision. To know the possible physical & mental side effects. I have in the past worked in Crisis Pregnancy Center and in women counseling. Seeing first hand what happens to ^{women} as early as a few wks. until 18 years later

Signed: Bette L. Navin
 Testifier

Representing (Optional)
P.O. Box 395 Pt Barrow Alaska AK 99568
 Address

2142-5124
 Phone No.



Alaska State Legislature

Please enter into the record my testimony to the Hess
committee name
 committee on House bill 154 / Informed consent dated 3/15/93
bill/subject

I just have to say this is an excellent piece of legislation. It gives a woman all the tools needed to make an informed decision. A physician by informing his/her patient of all the alternatives and risks is fulfilling his/her responsibility as a physician.

The changes I would like to see is for a patient to be informed orally as well as writing, and also for a 24 hr waiting period.

I would also like to say that other medical procedures that invade the body are explained as well as risks, complications, side effect or future problems. ~~Abortion should be any different~~ the complications, risks, side effects, and future complications should be explained to a patient. In closing I would like to give my support to House Bill 154 and encourage its passage.

Signed: John McCaughey
Testifier

None

Representing (Optional)
Box 8642 NIKISKI, AK, 99635

Address
1776 - 56817

Phone No.



Alaska State Legislature

I am in support of HB154

①

Please enter into the record my testimony to the HESS committee name
committee on HB154 , dated 3/15/93
bill/subject

The alarming increase in breast cancer (now estimated to strike one in eight American women) may be attributable to legal abortion, according to Dr. Joel Brind, a Baruch College endocrinology professor + breast cancer researcher.

Dr. Brind states, "there is a clear relationship documented in medical journals showing that women aborting their first pregnancy are at much higher risk of developing breast cancer than women who carry their pregnancy to term."

Yet women are routinely told that legal abortion carries less risk to them than childbirth.

Dr. Brind says "Delaying or avoiding childbirth by abortion has long-term lethal effects. It is a national scandal that women aren't told this before they consider having an abortion. Who will be paying this enormous medical bill in the future?"

Brind's position is supported by a number of unbiased studies including:

Signed: Joyce M. Moldenhauer
Testifier

Representing (Optional)
POB 595 Sterling, AK 99672
Address

262-9319
Phone No.



Alaska State Legislature

2

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

cont. committee on HB154, dated 3/15/93
bill/subject

- A 1981 Los Angeles study found a 2.4-fold higher incidence of breast cancer among women under 33 years of age who had had an abortion before a live birth. (read this far on teleconference)
- A New York study of all 1451 upstate and Long Island women who developed breast cancer between 1976 and 1980 before age 40 showed a 90% increase among women who aborted their first pregnancy versus those who delivered their baby. Even more alarming, Dr. Holly Howe's study showed that all ten women in the study who had had two consecutive abortions between live births got breast cancer!
- A Russian 1978 study published in 1990 by ~~Dr.~~ Larissa Lemennick showed that women with one or two abortions doubled their risk of breast cancer, and those with 3 or more abortions tripled their risk. Lemennick also summarized medical studies from Israel, Canada, France, Denmark, Japan and the US and found that "abortions, either multiple or occurring before the first full term pregnancy, have been shown to be significantly associated with increased breast cancer risk."

Signed: Joyce M. Moldenhauer

Testifier

Representing (Optional)

Address

262-9319

Phone No.



Alaska State Legislature

3

Please enter into the record my testimony to the HESS
 committee name
 committee on HB154, dated 3/15/93
 bill/subject

Cont.

Brind asks, "I wonder if the politicians who support unrestricted abortion know or care how much trouble they are getting us into as thousands of American women every year will be getting breast cancer because of legal abortion."

Released from Baruch College
 in New York
 by Dr. Joel Brind PhD
 Dept. of Natural Sciences
 212-387-1230

Thank you!
 Joyce Moldenhauer
 PO B 595
 Sterling, AK 99672

Entitled "Women Not Told About Abortion - Breast Cancer Link"

Signed: Joyce M.
 Testifier
POB 595
 Representing (Optional)
Sterling, AK 99672
 Address
262-9319
 Phone No.



Alaska State Legislature

Please enter into the record my testimony to the (H) HESS
 committee name
 committee on HB154, dated 3-15-93
 bill/subject

I strongly support HB154. This law will protect women while making a decision that will have a serious physical and emotional impact on them. Since women do have a choice, we need to be sure they make the right one. HB154 will enable important information to be given to patients as well as protect their physicians from repercussions. This is a basic law that should have been in place long ago. Please show your concern and pass this bill expeditiously.

Signed: _____

Susan Frisetti
 Testifier

Representing (Optional)

10330 Stewart Dr Eagle River AK

Address

694-7444

Phone No.

voluntarily Police the
industry I believe a bill
such as this is a necessity.

Pam Beilfuss
11241 Dave Lane
99515

I would like to encourage you to support HB154. ~~As~~ As a woman I was appalled to learn that such basic information as that outlined in ~~the~~ HB154 was not routinely supplied to ~~these~~ women seeking abortions. ~~because~~ without ~~this~~ full knowledge of her own condition, the condition of her baby and ^a full understanding of the procedure to be performed a woman can hardly be considered to have made an informed choice. I ~~feel~~ feel that HB154 covers most of this necessary information ~~provided~~ as long as the Abortion industry itself has chosen NOT to



Alaska State Legislature

Please enter into the record my testimony to the House Education + Social Services
 committee name
 committee on HB 154, dated March 15, 1993
 bill/subject

I vote ~~no~~ "yes" for HB 154 and I would like to ask the committee including Representative Olberg, Foster, Hudson, Menard, MacLean and Therriault, "What does God think about abortion?" God hates abortion because it is murder and that is "final."

An un-born child has tremendous potential regardless of what anyone in this world thinks.

Signed: Paul B. Arnegard
 Testifier

Representing (Optional)
P.O. Box 138 Delta Jet., AK 99737
 Address
907 895-1930
 Phone No.

March 13, 1993

I am Ruth Ewig, 2325-30th Avenue, Fairbanks, Alaska 99701, phone number 452-5538. I am submitting testimony for HB 154 for a dear friend who wishes to remain anonymous at this time. She and I emphatically support HB154.

Sincerely,

Ruth E. Ewig
Ruth E. Ewig

"I am the mother of an aborted baby. I aborted my baby in a hospital in 1973. I made an appointment and saw a doctor using a false name. I told him I wanted an abortion and he checked me and scheduled it for a few days later on an outpatient basis. I prepared for the operation by not eating food that morning. I drove myself to the hospital and was assigned a little cubby hole for my clothing and put on a hospital gown. I waited to be called in and was put on a stretcher and pushed to an area that had a curtain around each portion and I was given a shot to make me sleepy. It seemed I lay on that stretcher in that dim place for an hour. Nurses came by or checked on me and I had terrible thoughts about how it was a mess I had gotten myself into and whatever I had to suffer was my fault.

After a time I was pushed on into the operating room where the anesthesiologist proceeded to start intravenous feedings, two needles first in my right hand and then another in my left. As I was stuck with each needle I reminded myself of how I deserved it. After that I remembered nothing until I woke up in a post-op room crying and tangling up the tubes hooked in my hands. Someone came over and undid my tubes and then held my hand while I continued to cry. I was then wheeled back out to the cubicle where my clothes were and got off the stretcher and got dressed. I noticed that I had a yellow tint painted down both of the insides of my legs. At no time did I or was I to see the doctor again that I had seen during my first visit when I asked him to do my abortion. I was disappointed he was not there after my abortion and I took it to signify the rejection that I already felt myself.

I sat down in the waiting room as if someone was going to pick me up and proceeded to crouch in my drowsy condition. After a time the receptionist asked me if someone was coming to get me and I lied and said "yes". She suggested that I call them and she walked me to a phone. I said I needed to go to the bathroom and went in to stall for time. She went back to the waiting room and I took a different exit out to my car. There I fell asleep from the anesthetic again. I do not know how long I slept but when I woke up I drove back to my parents' house. I did not say anything nor did they suspect anything.

I thought that I had solved my problems without a trace not understanding the deep injury I had done to my spirit. It took a long time to come out of denial over this and I became seriously suicidal in 1985. I went into counseling and remained in it until 1992. During my time of counseling I went to three different people and at one point it was recommended that I should start taking an anti depressant due to my depressions. I am still taking a daily

anti-depressant and when I stop I sink into a sadness that is difficult to shake. I have had other children and the same husband for many years.

Now I know that I, like 91% of American women who are mothers of aborted babies, suffer from post-partum depression. I did not know what I was doing at the time I had my baby aborted. I did not know that I was asking for my baby to be killed. If I had any idea of what I was really doing I would have chosen to adopt my baby out. I did not think of alternatives on my own during my crisis pregnancy and none were presented to me. My only thought was to get out of my dilemma without any idea of the damage it would do to my heart.

I will always be guilty of what I did to my baby and will work as openly as necessary with full commitment to reverse the damage so others do not do what I did due to a lack of knowledge.

I now know I have a Father in heaven who forgives all things and He has forgiven me before I can even forgive myself. I love and pray especially for those who suffer internally like I do. I hope you will treat this testimony with reverence and with a seriousness that will cause you to pass HR154. I have shared this information personally with five people and am not to the point of being more public about it in the context of who I am.

Yours Very Truly,

One of Many Anonymous Mothers who has aborted her baby."



Alaska State Legislature

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

committee on HB 154 Women's Right to Know dated 3/15/93
bill/subject

Please pass HB 154. In no other operation is the patient "protected" from factual information about that operation. To the contrary, "consent" is not valid unless it is informed; rather like a man eliciting the consent for sex from a woman who is mentally incapacitated or drunk.

It is not in the patient's best interests to hide such important factual information from her. The only "protection" her ignorance affords is to the bank account of the abortionist.

Please pass HB 154 for the sake of Alaska's women.

Signed: C. Nancy M. Odom
Testifier

Representing (Optional)

1070 Flat Rabbit Rd. Fairbanks, AK 99712

Address

457-2111

Phone No.



Alaska State Legislature

Please enter into the record my testimony to the House Hess
 committee name
 committee on H B 154 informed consent, dated Mar. 15 1993
 bill/subject

I was the victim (and my baby the dead victim) of an uninformed abortion in 1978. No one, and I mean no one, told me anything. I had my abortion at Humana Hospital, referred from Kenai's public health dept. There were about 10 of us lined up for our abortion that morning and I'm sure none of us ever knew or saw the abortionist until each was wheeled in for the procedure. The recovery room was a sad scene of crying grieving women. I was one of the nightmares of my life and I'm sure many of us were in pain, both physical & emotional, that we did not anticipate. With 1 in 500 women dying or being permanently maimed from their abortion (as abortionists who have quit are claiming) - women need to know. It is unthinkable that this situation has gone on so long already. Post abortion syndrome

Signed: Rebecca Perry
 Testifier

Kenai-Soldotna Right to Life
 Representing (Optional)

HC 2 Box 561, Kaslof 99610
 Address

262-9004
 Phone No.

affects 9 in 10 women, forever. There is no complete recovery. Please vote for this bill. It is the least you can do!



Testimony Opposing HB 154

Sent to the House Committee on Health, Education and Social Services

March 15, 1993

from Donna Hurdle MSW, Executive Director

Planned Parenthood of Alaska strongly urges the HESS Committee not to pass HB 154, which requires that doctors provide women with state-mandated information about abortions. We are firm believers in the right of patients to have complete, unbiased information about any surgical procedure which they are contemplating. However, it is unconscionable to single out one medical procedure -- abortion -- for special consent procedures, particularly for reasons which are clearly political.

Abortion is safer than childbirth and hundreds of other surgical procedures. Therefore the reason for state-mandated information is clearly not medically related. If it were, this bill would be specifying exactly what information must be given by doctors to their patients prior to heart surgery, removal of tumors and numerous other operations.

This bill is not even balanced about consent requirements for all types of reproductive health care surgery. If it were, the state would specify the information to be given by doctors to men considering vasectomies and to women considering tubal ligations or carrying their pregnancies to term. Only one reproductive health care procedure, abortion, is singled out. And it is not even the most dangerous one. The risk of dying from childbirth is 11 times greater than the risk of dying from an abortion.

HB 154 is obviously intended to discourage women from having abortions. It does nothing to foster the goal of truly informed consent which is already embodied in the basic standards of the medical profession. Just as the recently-overturned federal "gag rule" interfered with the doctor-patient relationship by forbidding information about one of a woman's choices (abortion), this bill interferes by imposing special information requirements on only one procedure.

Good medical practice already includes informed consent and it is likely that most providers get written consent from their patients for all surgical procedures. There is no valid justification for this politically-motivated attack on a woman's constitutional right to abortion.



A United Way Agency

406 W. Fireweed Lane, Suite 103 • Anchorage, Alaska 99503 • (907) 277-4822

LETTER- PLANNED PARENTHOOD OF ALASKA

Survey Results

The survey discussed in Chapter One was distributed through WEBA chapters to 252 women in 42 states. It consisted of two sections: background information and the actual survey questions. The instructions read as follows:

ABORTION EXPERIENCE QUESTIONNAIRE

This survey is being conducted to review the decision-making processes of women who have had abortions, and their subsequent satisfaction or dissatisfaction with their decisions. Please answer the questions as honestly as possible. If you wish to elaborate, please feel free to write further explanations or comments on separate sheets of paper. (If possible, please number your explanations according to the number of the question which prompted your comment.) Your written comments may be used in published results of this study. Names and addresses will not be used and will remain confidential unless written permission for use is requested and granted. If you know of anyone else who has had an abortion and may be willing to answer this survey, please make a photocopy of this form for them, or write to the survey address for an additional copy.

ABORTED WOMEN

Tabulation of the background information yielded the following results:

AGE DISTRIBUTIONS						
Age at time of abortion:	<u><15 yrs</u>	15-19	20-24	25-29	<u>>30</u>	
	3%	42%	33%	14%	8%	
Average age at time of abortion: 21.2 yrs						
Low age at time of abortion: 12 yrs						
High age at time of abortion: 40 yrs						
Age at time of survey:	<u><20</u>	20-24	25-29	30-34	<u>>34</u>	
	1%	11%	33%	35%	20%	
Average age at time of survey: 31.2 yrs						
Low age at time of survey: 16 yrs						
High age at time of survey: 64 yrs						
Average time since abortion: 10.0 yrs						
(Survey age—abortion age)						
Greatest time since abortion: 36 yrs						
Least time since abortion: 7 months						
RACE OR ETHNIC ORIGIN						
White—87%						
Other—13%						
LEGAL AND ILLEGAL ABORTIONS						
Legal—92%						
Illegal—8%						
EDUCATION LEVEL						
		<i>Degree Equivalent</i>				
No Answer	Under 12 yrs	High School (12 yrs)	Associate or Trade (13-14)	Bachelors (15-16)	Masters (17-18)	Ph.D. (>18)
5%	6%	39%	26%	19%	4%	1%

WEEKS PREGNANT AT TIME OF ABORTION

<5 wks	5-6	7-8	9-10	11-12	13-24	>24
2%	13%	23%	18%	24%	19%	0%

Average gestation at time of abortion: 10.2 wks
 Low gestation at time of abortion: 4 wks
 High gestation at time of abortion: 23 wks

MARITAL STATUS

Single:	65%	Married:	17%
Engaged:	8%	Separated:	11%

NUMBER OF CHILDREN

Number of children:	<u>0</u>	1	2	3	<u>>3</u>
	73%	14%	9%	4%	1%

INCOME LEVEL

Under \$5,000 per year:	33%
\$5,000 to \$10,000:	25%
\$10,000 to \$15,000:	14%
\$15,000 to \$20,000:	7%
Over \$20,000:	21%

Though the above figures tend to show that the women surveyed generally had low incomes at the time of their abortions, these numbers should be interpreted with caution. These figures are not necessarily indicative of the general incomes or social classes of these aborters. At the time of their abortions, most of these women were in their early twenties or late teens; many were college students. While some respondents elsewhere indicated that they were from middle- or upper-class families, they considered themselves independent at the time of their abortions (whether working or attending college) and so reported only their personal incomes. Thus, the income *potential* of many of these aborters may have been significantly higher than the above figures indicate. Moreover, these income levels are not adjusted for inflation.

ABORTED WOMEN

SUBSIDY OF ABORTION

This question was meant to identify government subsidized abortions (i.e. through federal or state Medicare programs). Another frequent response, however, was that insurance (usually the insurance policy of the woman's parents or college insurance) covered the costs of the abortion. Responses such as "paid for by boyfriend," or "parents" were tallied as being abortions that were *not* subsidized.

Subsidized:	23%	Government subsidy:	64%
Unsubsidized:	77%	Insurance subsidy:	36%

Following the background questions was a list of 58 questions which were to be answered on a scale of 0 to 5. According to the directions for this final section:

Instructions: Unless otherwise indicated, most questions require answers on a scale where 1 = Not At All, ranging up to 5 = Very Much. Unsure is always indicated by circling 0.

In practice, most of the women did not answer any question which they felt was not applicable to their circumstances. If, for example, they had not consulted with their parents before their abortions, they simply did not circle a response to the question as to whether or not their parents influenced their decisions. Since computer tabulation of the results would have been overly complicated by unanswered questions, all unanswered questions were recorded as a "0" response. Therefore, all "0" responses include those respondents who were unsure of their response to a particular question, as well as those who were sure that the question was "Not Applicable" (N/A) to their particular circumstances.

In general, most answers clustered at the extremes of the 1 to 5 scale. Therefore, in the description of these survey results found in Chapter One, 1-2 responses were generally combined into a single percentage, as were 4-5 responses, and the middle response, 3, stood alone. The few exceptions to this rule were noted in the text.

The following is a complete listing of the questions asked, with answers recorded according to the *percentage* of respondents falling in each category.

	N/A or Unsure	Not at all	1	2	3	4	Very Much
	0	1	2	3	4	5	
1. Were you satisfied with the abortion services you received?	10%	44%	8%	18%	10%	8%	
2. Were you satisfied with your choice at the time?	8%	42%	14%	13%	10%	14%	
3. Are you satisfied with your choice today?	3%	95%	0%	1%	0%	1%	
4. Was the decision made for reasons of:							
mental health?	40%	34%	4%	6%	6%	11%	
physical health?	41%	48%	2%	3%	1%	6%	
financial limits?	32%	27%	5%	9%	5%	23%	
social acceptance?	20%	12%	3%	7%	10%	47%	
family size?	42%	48%	1%	2%	1%	6%	
career goals?	41%	30%	4%	7%	5%	13%	
long-term needs?	43%	22%	4%	7%	6%	18%	
short-term needs?	41%	14%	2%	5%	9%	28%	
other:—(see Chapter One)	54%	2%	0%	3%	2%	39%	
5. Do you feel you were "forced" by outside circumstances to have an abortion?	4%	12%	10%	10%	10%	54%	
6. Were you encouraged to have an abortion by:							
parents?	34%	35%	2%	6%	2%	21%	
other family members?	41%	39%	3%	3%	2%	12%	
husband?	54%	33%	1%	1%	2%	9%	
boyfriend?	27%	27%	2%	4%	7%	33%	
social worker?	52%	32%	2%	0%	4%	10%	
abortion counselor?	39%	20%	2%	4%	8%	27%	
doctor?	41%	27%	3%	6%	5%	18%	
friends?	38%	26%	2%	7%	6%	18%	
other:—(see Chapter One)	77%	5%	0%	2%	3%	13%	
7. Would your choice have been different if any or all of the above had encouraged you differently?	8%	4%	2%	3%	7%	76%	
8. Do you feel you were "forced" by others to have an abortion?	4%	23%	10%	10%	14%	39%	
9. If abortion had not been legally available, would you have sought an illegal abortion?	16%	72%	3%	4%	2%	4%	
10. Would you have attempted a self-induced abortion?	4%	87%	2%	2%	2%	3%	
11. Did you feel rushed to have an abortion?	3%	8%	3%	5%	12%	69%	

ABORTED WOMEN

	NIA or Not at Unsure All		Very Much			
12. How long did you take to decide? <input type="checkbox"/> 1-4 days, <input type="checkbox"/> 1wk., <input type="checkbox"/> 2-3 wks., <input type="checkbox"/> 4-6 wks., <input type="checkbox"/> longer 51% 24% 12% 6% 6%						
13. Do you feel your decision was well thought out?	1%	74%	8%	9%	2%	6%
14. Do you feel you had all of the necessary information to make the decision?	2%	88%	5%	3%	1%	2%
15. Have you had more than one abortion? How many?	24% Yes	76% No	No	No		
	1	2	3	>3		
	76%	20%	3%	2%		
16. Would you ever have another abortion?	4%	95%	1%	0%	0%	0%
17. Were there any physical complications following the procedure?	47% Yes	44% No	5%	Unsure		
18. If so, were they severe or minor? (minor-1; severe-5) Please list, if any: —(see Chapter One)	47%	15%	6%	14%	4%	15%
19. Was there any permanent damage? Please list, if any: —(see Chapter One)	18% Yes	47% No	35%	Unsure		
20. Have any subsequent pregnancies resulted in miscarriage or premature birth? If so, does your doctor attribute it to your previous abortion?	23% Yes	67% No	10%	Unsure		
	5% Yes	5% No	88%	Unsure		
21. Were there any negative psychological effects you attribute to your abortion?	94% Yes	2% No	4%	Unsure		
22. If so, were they minor or severe? (minor-1; severe-5)	6%	4%	3%	14%	19%	54%
23. Did they persist: <input type="checkbox"/> 1-6 mos., <input type="checkbox"/> 1-2 yrs, <input type="checkbox"/> over 3 years 8% 10% 82%						
24. Do they still persist?	7%	25%	23%	19%	8%	18%
25. Was post-abortion counseling available through the clinic or referral agency?	16%	76%	4%	1%	1%	2%
26. Did you require professional counseling and/or treatment? What other forms of counseling did you receive? —(see Chapter One)	8%	45%	4%	6%	6%	31%

APPENDIX: SURVEY RESULTS

	NIA or Not at Unsure All		Very Much			
27. Were you using a form of birth control when you conceived? If so, what type? —(see Chapter One)	23% Yes	74% No	3%	Unsure		
28. Were you familiar with the available forms of birth control?	1%	7%	8%	15%	7%	63%
29. Knowing where your life is today, would you still have chosen abortion?	4%	94%	1%	0%	0%	1%
30. Did you discuss your decision with others?	1%	25%	28%	19%	10%	18%
31. When you went to the clinic or counselor, was your decision already firm?	5%	30%	9%	16%	10%	31%
32. Were you still looking for options?	9%	29%	9%	7%	8%	36%
33. Did the clinic, doctor, or counselor help you to explore your decision?	2%	84%	7%	3%	1%	3%
34. Do you feel their opinions were biased? If so: <input type="checkbox"/> for abortion, or <input type="checkbox"/> against abortion 79% 1% 20% n/a	23%	6%	3%	3%	7%	59%
35. Were you adequately informed about the procedure?	4%	59%	17%	15%	10%	6%
36. Were you given information about the biological nature of the fetus?	4%	90%	3%	2%	0%	2%
37. Were you well informed about the procedure and fetus through other sources before seeking an abortion?	1%	83%	7%	5%	0%	4%
38. Was your decision made in consultation with your doctor?	2%	70%	4%	5%	6%	14%
39. Were you encouraged to ask questions?	6%	64%	16%	8%	3%	2%
40. Were your questions thoroughly answered to your satisfaction?	19%	52%	12%	8%	4%	4%
41. Do you believe there was information you were not given, or were misinformed about? If so, what? —(see Chapter One)	8%	10%	1%	4%	4%	73%
42. Were risks and dangers discussed?	7%	65%	16%	5%	4%	4%
43. What was your opinion about the nature of the fetus? 4% no answer 26% human 30% non-human 40% other						
What is your opinion about the nature of the fetus? 3% no answer 97% human 0% non-human 0% other						

ABORTED WOMEN

	N/A or Not at Unsure All					Very Much
44. If counseling a friend who was in a situation such as yours, would you encourage her to choose an abortion?	1%	98%	0%	0%	0%	1%
45. Was your self-image improved or worsened by your decision? (worsened-1; improved-5)	2%	89%	4%	3%	1%	1%
46. Is your life today better or worse because of your decision? (worse-1; improved-5)	21%	60%	6%	8%	1%	4%
47. Was the period of your pregnancy before the abortion emotionally traumatic?	4%	11%	6%	10%	11%	60%
48. Did you feel in control of your life when making your decision?	3%	65%	8%	9%	6%	10%
49. Did you feel your life was controlled by others?	4%	16%	8%	12%	14%	47%
50. Did the knowledge that abortion was legal influence your opinion about the morality of choosing abortion?	11%	12%	1%	6%	12%	58%
51. Did you consider carrying the pregnancy to term?	5%	19%	12%	15%	12%	38%
52. Did you consider keeping the baby?	6%	23%	10%	13%	10%	49%
53. Did you consider adoption?	4%	62%	13%	7%	6%	8%
54. Under better circumstances, would you have kept the baby?	10%	1%	2%	3%	3%	81%
55. After your abortion, did you hope to have children at a later time?	6%	6%	1%	2%	1%	84%
56. Were there periods when you felt good or excited about your pregnancy?	9%	23%	8%	6%	10%	43%
57. What were your feelings about abortion prior to becoming pregnant? (negative-1; positive-5)	21%	33%	8%	20%	6%	12%
57. What are your feelings about abortion today? (negative-1; positive-5)	1%	98%	1%	0%	0%	0%

Planned Parenthood Group

After the overall analysis, survey respondents who received counseling and/or their abortions at Planned Parenthood clinics were sorted out and tabulated separately, as discussed in Chapter One. A total of 53 respondents (21% of all respondents) fell into this subgroup. Their answers to the following questions were selected to provide a comparison of Planned Parenthood services to those of abortion providers as a whole.

1. Were you satisfied with the abortion services you received?	11%	45%	11%	13%	8%	11%
6f. Were you encouraged to have an abortion by (your) abortion counselor?	26%	10%	2%	2%	12%	48%
28. Would your choice have been different if any or all of the above had encouraged you differently?	8%	0%	0%	0%	13%	80%
31. When you went to the clinic or counselor, was your decision to abort already firm?	2%	36%	11%	23%	4%	25%
32. Were you still looking for options?	11%	19%	6%	9%	9%	45%
33. Did the clinic, doctor, or counselor help you to explore your decision?	2%	85%	13%	0%	0%	0%
34. Do you feel their opinions were biased? If so, <input type="checkbox"/> for or <input type="checkbox"/> against abortion? 89% for 0% against 12% no answer	19%	4%	2%	4%	6%	66%
35. Were you adequately informed about the procedure?	2%	43%	15%	23%	11%	6%
36. Were you given information about the biological nature of the fetus?	2%	85%	8%	4%	0%	2%
37. Were you well informed about the procedure and fetus through other sources before seeking an abortion?	2%	81%	4%	6%	0%	8%
38. Was your decision made in consultation with your doctor?	2%	89%	2%	2%	0%	6%
39. Were you encouraged to ask questions?	4%	60%	19%	11%	4%	2%
40. Were your questions thoroughly answered to your satisfaction?	17%	53%	11%	13%	2%	4%
41. Do you believe there was information you were not given or were misinformed about?	4%	13%	0%	4%	6%	74%
42. Were risks and dangers discussed?	6%	62%	19%	8%	4%	2%

AMERICANS UNITED FOR LIFE

TO: Representative Pete Kott

FROM: Denise Mackura-Tromski, Senior Legislative Counsel,
Americans United for Life

DATE: January 28, 1993

SUBJECT: Constitutionality of Women's Right to Know Laws

This memo will discuss the effect of the Supreme Court decision in the Planned Parenthood v Casey case on constitutional objections to women's right to know laws. Some of the sections will not apply to the bill you are proposing, notably the first paragraph of section I, sections 3 & 4. However, I left them in the memo to demonstrate how strongly the Supreme Court supports this type of legislation.

I. WOMEN'S RIGHT TO KNOW LAWS FULFILL A STATE'S RESPONSIBILITY TO PROVIDE FOR CONSUMER PROTECTION

In Planned Parenthood v Casey (112 S.Ct. 2791, 1992), the Supreme Court of the United States endorsed the efforts of states to make certain that a woman's right to know is respected and protected: "Though the woman has a right to choose to terminate or continue her pregnancy before viability, it does not at all follow that the state is prohibited from taking steps to ensure that this choice is thoughtful and informed. Even in the earliest stages of pregnancy, the state may enact rules and regulations designed to encourage her to know that there are philosophic and social arguments of great weight that can be brought to bear in favor of continuing the pregnancy to full term and that there are procedures and institutions to allow adoption of unwanted children as well as a certain degree of state assistance if the mother chooses to raise the child herself." (Planned Parenthood v Casey, 112 S.Ct. at 2818)

The Supreme Court also reaffirmed that a state has an interest in making certain that a woman receives information on the health risks involved in medical care. "Those decisions (City of Akron v Akron Center for Reproductive Health and Thornburgh v. American College of Obstetricians and Gynecologists) along with Danforth, recognize a substantial government interest justifying a requirement that woman be apprised of the health risks of abortion and childbirth." (Planned Parenthood v Casey 112 S.Ct. 2823)

Background Information

V. WOMEN'S RIGHT TO KNOW LAWS WILL NOT PLACE AN UNDUE BURDEN ON A CONSTITUTIONAL RIGHT OR LIBERTY INTEREST OF WOMEN

The Supreme Court has clearly stated that even Roe v Wade never said that the constitution provides for an absolute right to abortion; it only provides for protection from unwarranted state interference with a woman's decision. "Even the broadest reading of Roe, however, has not suggested that there is a constitutional right to abortion on demand." (Planned Parenthood v Casey, 112 S.Ct. 2826) The Supreme Court went on to declare that informed consent requirements are not automatically unconstitutional. "The fact that a law which serves a valid purpose, one not designed to strike at the right itself, has the incidental effect of making it more difficult or more expensive to procure an abortion cannot be enough to invalidate it." (Planned Parenthood v Casey, 112 S.Ct. 2819) Finally, the Supreme Court concluded that the state was achieving a legitimate purpose in enacting women's right to know requirements and that these requirements do not place an unconstitutional undue burden on a woman's decision-making ability. "Because the informed consent requirement facilitates the wise exercise of that right it cannot be classified as an interference with the right Roe protects. The informed consent requirement is not an undue burden on that right." (Planned Parenthood v Casey, 112 S. Ct. 2826)

Please let me know if you have any further questions!

CORRECTION

**THIS DOCUMENT
HAS BEEN REPHOTOGRAPHED
TO ASSURE LEGIBILITY**

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Background Information

II. REQUIRING THAT A DOCTOR PROVIDE SOME OF THE INFORMATION TO A WOMAN ENHANCES THE DOCTOR-PATIENT RELATIONSHIP

The Supreme Court recognized that Women's Right to Know laws ensure the existence of a doctor-patient relationship and do not impair the ability of the doctor to exercise her/his medical judgment. These laws increase the likelihood that this relationship will develop, and further the state's interest in protecting maternal health. "We see no constitutional infirmity in the requirement that the physician provide the information mandated by the State here." (Planned Parenthood v Casey, 112 S.Ct. 2824)

III. PROVIDING INFORMATION TO THE WOMAN CONCERNING FETAL DEVELOPMENT FULFILLS A LEGITIMATE STATE GOAL

"In attempting to ensure that a woman apprehend the full consequences of her decision, the State furthers the legitimate purpose of reducing the risk that a woman may elect an abortion, only to discover later, with devastating psychological consequences, that her decision was not fully informed. We see no reason why the State may not require doctors to inform a woman seeking an abortion of the availability of material relating to the consequences to the fetus, even when those consequences have no direct relation to her health." (Planned Parenthood v Casey, 112 S.Ct. 2823) The Supreme Court has recognized that helping a woman to understand the impact of the abortion on the unborn child is an important part of protecting her health.

IV. PROVIDING FOR A REFLECTION PERIOD IS PART OF PROTECTING A WOMAN'S RIGHT TO KNOW

The Supreme Court has recognized that requiring a brief reflection period after the information is provided is only a part of the state's attempt to make certain that the woman have the opportunity to review the state-provided materials and to contact other agencies in a nonpressured setting before making a final decision. The Supreme Court specifically overruled a previous decision - City of Akron v Akron Center for Reproductive Health, 1983 - in finding that a 24-hour waiting period is constitutional. "The idea that important decisions will be more informed and deliberate if they follow some period of reflection does not strike us as unreasonable, particularly where the statute directs that important information become part of the background of the decision." (Planned Parenthood v Casey, 112 S.Ct. 2825)

V. WOMEN'S RIGHT TO KNOW LAWS WILL NOT PLACE AN UNDUE BURDEN ON A CONSTITUTIONAL RIGHT OR LIBERTY INTEREST OF WOMEN

The Supreme Court has clearly stated that even Roe v Wade never said that the constitution provides for an absolute right to abortion; it only provides for protection from unwarranted state interference with a woman's decision. "Even the broadest reading of Roe, however, has not suggested that there is a constitutional right to abortion on demand." (Planned Parenthood v Casey, 112 S.Ct. 2826) The Supreme Court went on to declare that informed consent requirements are not automatically unconstitutional. "The fact that a law which serves a valid purpose, one not designed to strike at the right itself, has the incidental effect of making it more difficult or more expensive to procure an abortion cannot be enough to invalidate it." (Planned Parenthood v Casey, 112 S.Ct. 2819) Finally, the Supreme Court concluded that the state was achieving a legitimate purpose in enacting women's right to know requirements and that these requirements do not place an unconstitutional undue burden on a woman's decision-making ability. "Because the informed consent requirement facilitates the wise exercise of that right it cannot be classified as an interference with the right Roe protects. The informed consent requirement is not an undue burden on that right." (Planned Parenthood v Casey, 112 S. Ct. 2826)

Please let me know if you have any further questions!

March 12, 1993

To: Representatives Kott, Green, Martin, Sanders

Re: House Bill #154

A woman's right to be informed is of the utmost concern to me, therefore, I am pleased with the "pro-woman" stand you have taken.

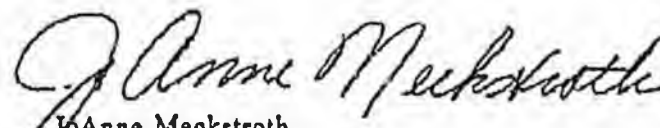
Answering the question, "How safe is abortion?" is crucial to any public policy on abortion, but it is even more crucial to the women facing the abortion decision.

For every statistic on the emotional and physical "safety" of abortion, there are another set of statistics to refute them. Whether you and I agree on the accuracy of the reported data is immaterial. More importantly, the woman who has any potential of suffering the loss of her life or any possibility of physical or emotional damage to her future, must have the right to know those risks. Whether statistically the risk are 1% or 75%, it becomes 100% when it affects that individual. Let us as intelligent women be the ones to make the decision whether or not to accept that risk. Any thing less than full disclosure from the medical profession is a victimization of women.

We are deceived if we as men and women think the women's movement has moved us forward in society. Until full disclosure becomes mandatory, women are still laws in the hands of others.

The "pro-woman" stand of House Bill #154 will break the "zone of privacy" established by the federal government and give the Alaskan woman true freedom .

Thank you again for your "pro woman" stand. I support this bill.


JoAnne Meckstroth
A resident of Anchorage for 14 years

Letter of Support

FISCAL NOTE

STATE OF ALASKA
1993 LEGISLATIVE SESSION

BILL NO. HB 154

Revision Date: March 8, 1993
Title: "An Act establishing a woman's right to know certain medical facts relating to a woman's safety before an abortion is performed."
Sponsor: Representative Kott
Requestor: Representative Kott

Department Affected: Department of Law
BRU: Legal Services
Component: Operations
COMPONENT SERIAL NO. 0093

EXPENDITURES/REVENUES:

OPERATING	FY 94	FY 95	FY 96	FY 97	FY 98	FY 99
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-

CAPITAL						
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REVENUE FUND SOURCE:						
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FUNDING:

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1006 GF/MHTIA						
OTHER						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

FULL-TIME	-0-	-0-	-0-	-0-	-0-	-0-
PART-TIME						
TEMPORARY						

Estimate of current year (FY93) impact: -0-

ANALYSIS: (Attach a separate page if necessary.)

Please see the attached analysis.

Prepared by: Richard I. Peques, Director
Division: Administrative Services Division
Approved by Commissioner: Charles E. Cole, Attorney General
Agency: Department of Law

Phone: 465-3672
Date: March 8, 1993

Date: March 8, 1993

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FISCAL NOTE

STATE OF ALASKA
1993 LEGISLATIVE SESSION

BILL NO. HB 154

ANALYSIS (Continued):

HB 154 adds a new section to the health and safety statutes of Alaska to require that an attending physician provide certain information to a woman before an abortion is performed in the state. An exception is provided if the abortion is necessary because of a medical emergency. The physician must receive written certification from the woman that the statutorily required information was provided before beginning the abortion.

This bill involves issues of first impression for the Alaska courts. In other states, the requirement of providing certain information by a physician has often resulted in lengthy litigation on whether constitutional rights are implicated.

The bill would primarily affect non-state facilities and health providers. Because we cannot predict the form that possible litigation might take, we cannot predict the fiscal impact for the Department of Law if this bill was enacted into law. We would, though, anticipate a court test on its constitutionality under a variety of circumstances, for instance, if a doctor were charged and prosecuted under the criminal penalties section of the bill or if disciplinary proceedings were begun to revoke a medical license because of an alleged violation of the bill's requirements.

Alaska State Legislature

House of Representatives



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Representative Pete Kott

SPONSOR STATEMENT

HB 154-A WOMAN'S RIGHT TO KNOW

HB 154 is intended to reflect the state's legitimate interest in regulating the safety aspects of health care. Abortion is a legal surgical procedure in Alaska, but it is not a procedure without risks. We are frequently told that abortions should be kept legal and safe. This bill addresses the latter issue.

We believe that HB 154 reflects wise medical and social policy. As the United States Supreme Court has written with respect to a similar law in another state, "Though the woman has the right to choose to terminate or continue her pregnancy before viability, it does not at all follow that the state is prohibited from taking steps to ensure that this choice is thoughtful and informed." Since the state has a legitimate interest in the health of its citizens, it may appropriately take measures to increase the safety of surgical procedures.

Another purpose of this bill is to further the physician-to-patient relationship which may sometimes be lacking with this particular procedure. The bill provides that the attending physician must orally explain the procedure and risks to the patient. The few extra minutes this requires may seem a burden to the doctor, but they can be worth a great deal to the patient, and we believe the patient's interests must remain paramount.

I urge my fellow legislators to consider the value in this measure. The decision to terminate a pregnancy is a permanent and monumental choice. This bill helps make sure a woman has the means to make a clear choice so that in the future she may be free from the burdensome self-recriminations that could result if she were to feel that her decision was not fully informed.



Sponsor Statement

SECTIONAL ANALYSIS

HB 154

"An Act establishing a woman's right to know certain medical facts related to the woman's safety before an abortion is performed."

SECTION 1.

Adds a new section to AS 18.16 as follows:

AS 18.16.020

(a) requires that the attending physician, before performing an abortion except in the case of a medical emergency, provide to the patient medical information relating to the abortion procedure including a description of the procedure and the risks attendant to the procedure. Further requires the physician to obtain written certification from the patient that the physician has provided the information.

(b) provides that failure to comply with the requirements of subsection (a) is a class A misdemeanor and may also subject the physician to professional sanctions as provided by law.

(c) defines the term medical emergency as used in subsection (a).

HB 154
Sponsor Comments on
Informed Consent in Alaska Regulations

The Alaska Administrative Code currently requires informed consent under at least three circumstances. 12 AAC 40.070 specifically applies to abortion procedures; 7 AAC 12.880(c)(4) applies to outpatient surgery which could conceivably relate to abortion; and 7 AAC 43.135 requires informed consent for sterilization. The latter specifies a minimum waiting period of 30 days.

While the regulations do address informed consent before abortion, it is our contention that the provision is unsatisfactory for at least two reasons.

First, the regulations lack sufficient "teeth." Enforcement is left to the state Medical Board which may apply professional sanctions under AS 8.64.326(7). We believe that the health and safety issue presented by abortion is such that it deserves the attention of state law. Putting the requirement into statute and making failure to comply a criminal action, is intended to provide the necessary incentive for family planning clinics in Alaska to comply with informed consent provisions.

Secondly, the provision in 12 AAC 40.070 is insufficiently specific. Particularly, we are concerned that the regulations do not require that the attending physician be the one to explain the risks and potential complications to the patient. Since the doctor-patient relationship is an important component of medical care, HB 154 requires that the attending physician orally present the information to the patient.

Attached are copies of:

AS 18.16.010
AS 08.64.105
12 AAC 40.070
07 AAC 12.880
07 AAC 43.135

Sponsor Comments on Informed Consent in Alaska Regulations

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) consent has been received from the parent or guardian of an unmarried woman less than 18 years of age; 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) In this section, "abortion" means an operation or procedure to terminate the pregnancy of a nonviable fetus. (§ 65-4-6 ACLA 1949; am § 1 ch 103 SLA 1970; am § 22 ch 166 SLA 1978)

Revisor's notes. — Formerly AS 11.15.060. Renumbered in 1978.

In 1986, the section was reorganized to conform to the style of the Alaska Statutes. Subsection (b) was formerly the last sentence of (a); subsection (c) was formerly (b); and subsection (d) was formerly the second sentence of (a).

Cross references. — For power of the State Medical Board to regulate abortion procedures, see AS 08.64.105.

Legislative history reports. — For report on ch. 103, SLA 1970 (CSSB 527 (HWE)), see 1970 Senate Journal Supplement No. 10; 1970 Journal Supplements Nos. 12 and 13. Also refer to the following relevant reports on abortion bills: 1970 Senate Journal Supplements Nos. 1 and 4 (re SB 411); 1970 House Journal Supplement No. 11 (re CSHB 776).

Opinions of attorney general. — Separation of responsibilities in AS 18.16.010

is clear: the approval of facilities is granted to the Department of Health and Social Services; the ethical and professional responsibilities of medical doctors are committed to the supervision of the State Medical Board. No language in AS 08.64.105 vitiates any of the responsibilities granted in paragraph (a)(2) to the Department of Health and Social Services. October 7, 1974 Op. Att'y Gen.

Under the language of subsection (a) only paragraph (1) is clearly constitutional; paragraph (2) could be validated by limiting its effect to abortions performed after the end of the first trimester of pregnancy; paragraph (3) is clearly unconstitutional as written; and paragraph (4) is subject to constitutional challenge, as neither the Alaskan or U.S. Supreme Court has dealt with durational residency requirements in the context of abortion. October 21, 1976 Op. Att'y Gen.

NOTES TO DECISIONS

Quoted in *Cleveland v. Municipality of Anchorage*, 631 P.2d 1073 (Alaska 1981).

Cited in *Bird v. Municipality of An-*

chorage, 737 P.2d 119 (Alaska Ct. App. 1990).

Sec. 08.64.070. Officers. The board shall elect a president and secretary from among its members. The president and secretary may administer oaths. (§ 35-3-83 ACLA 1949; am § 2 ch 77 SLA 1969)

Sec. 08.64.080. Meetings of board. (Repealed, § 3 ch 59 SLA 1966.)

Sec. 08.64.085. Meetings of the board. The board shall meet at least four times a year. (§ 6 ch 48 SLA 1983)

Sec. 08.64.090. Quorum. Four members of the board constitute a quorum for the transaction of all business properly before the board. (§ 35-3-83 ACLA 1949; am § 3 ch 148 SLA 1970; am § 13 ch 102 SLA 1976)

NOTES TO DECISIONS

For constitutionality of ch. 102, SLA 1976, see *Glumley v. George E. Hale, M.D., Inc.*, 594 P.2d 497 (Alaska 1979).

Sec. 08.64.100. Power of board to adopt regulations. The board may adopt regulations necessary to carry into effect the provisions of this chapter. (§ 35-3-95 ACLA 1949)

Sec. 08.64.101. Duties. The board shall

- (1) examine and issue licenses to applicants;
- (2) develop written guidelines to ensure that licensing requirements are not unreasonably burdensome and the issuance of licenses is not unreasonably withheld or delayed;
- (3) submit an annual report of its proceedings to the governor, including a statement of money received and disbursed;
- (4) after a hearing, impose disciplinary sanctions on persons who violate this chapter or the regulations or orders of the board;
- (5) adopt regulations ensuring that renewal of licenses is contingent upon proof of continued competency on the part of the licensee; and
- (6) under regulations adopted by the board, contract with private professional organizations to establish an impaired medical professionals program to identify, confront, evaluate, and treat persons licensed under this chapter who abuse addictive substances. (§ 7 ch 48 SLA 1983; am § 3 ch 87 SLA 1987; am § 3 ch 126 SLA 1990)

Effect of amendments. — The 1987 amendment added paragraph (6).

The 1990 amendment, effective June 15, 1990, made minor stylistic changes in paragraphs (2) and (5) and, in paragraph

(6), added "under regulations adopted by the board" at the beginning, substituted "contract" for "coordinate", and inserted "Identify, confront, evaluate, and."

Sec. 08.64.103. Investigator; executive secretary. After consulting with the board, the department shall employ two persons who are not members of the board; one shall be assigned as the investigator for the board; the other shall be assigned as the executive secretary for the board. The investigator shall

- (1) conduct investigations into alleged violations of this chapter, and into alleged violations of regulations and orders of the board;
- (2) at the request of the board, conduct investigations based on complaints filed with the department or with the board; and
- (3) be directly responsible and accountable to the board, except that only the department has authority to terminate the investigator's employment and the department shall provide day to day and administrative supervision of the investigator. (§ 4 ch 87 SLA 1987)

Sec. 08.64.105. Regulation of abortion procedures. The State Medical 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. (§ 2 ch 103 SLA 1970)

Opinions of attorney general. — Separation of responsibilities in AS 18.16.010 is clear; the approval of facilities is granted to the Department of Health and Social Services; the ethical and professional responsibilities of medical doctors

are committed to the supervision of the State Medical Board. No language in this section vitiates any of the responsibilities granted in AS 18.16.010(a)(2) to the Department of Health and Social Services. October 7, 1974 Op. Att'y Gen.

Sec. 08.64.107. Regulation of physician assistants and intensive care paramedics. The board shall adopt regulations regarding the registration of physician assistants and physician-trained mobile intensive care paramedics, and the medical services that each may perform, including but not limited to

- (1) the educational and other qualifications,
- (2) the application and registration procedures,
- (3) the scope of activities authorized, and
- (4) the responsibilities of the supervising or training physician. (§ 2 ch 101 SLA 1974)

Sec. 08.64.110. Per diem and expenses. The members of the board are entitled to per diem and expenses authorized by law. (§ 35-3-95 ACLA 1949)

Cross references. — For per diem and travel expenses, see AS 39.20.180.

(b) If the interviewing board member determines that the interview is not adequate to allow license or permit approval without consultation with the board, an in-person interview before a quorum of the board is required. (Eff. 4/10/88, Register 106)

Authority: AS 08.64.100
AS 08.64.255

Article 2. Abortions

Section	Section
60. Termination of pregnancy	110. Abortion procedures
70. Informed consent	120. Standards for hospitals and facilities
80. Medical procedures	130. Records
90. Evaluation	140. Limitation
100. Consultation requirements	

12 AAC 40.060. TERMINATION OF PREGNANCY. 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. (Eff. 12/20/70, Register 36; am 8/29/73, Register 47)

Authority: AS 11.15.060(a)
AS 08.64.105

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

Authority: AS 08.64.105

12 AAC 40.080. MEDICAL PROCEDURES. The patient shall be examined by a physician licensed in Alaska, and a written record of the patient's physical and emotional health shall be prepared before performing an abortion procedure as set out in 12 AAC 40.110. (Eff. 12/20/70, Register 36; am 8/29/73, Register 47)

Authority: AS 08.64.105

12 AAC 40.090. EVALUATION. The attending physician shall make an evaluation of the patient and an estimation of the duration of

gestation based upon the patient's history, examination and test results. This information shall be recorded on the patient's chart. (Eff. 12/20/70, Register 36)

Authority: AS 08.64.105

12 AAC 40.100. CONSULTATION REQUIREMENTS. Abortions interrupting a pregnancy up to and including the twelfth week of gestation may be performed without consultation. Abortions performed after the twelfth week of gestation shall be preceded by consultation with another physician. The consultation shall include an opinion as to the preferred method of termination of pregnancy. (Eff. 12/20/70, Register 36; am 8/29/73, Register 47)

Authority: AS 08.64.105

12 AAC 40.110. ABORTION PROCEDURES. During the second or third trimester of a pregnancy, acceptable procedures include dilatation and curettage, suction aspiration of the uterus, injection of pharmacological agents, hysterectomy and hysterotomy. The exact procedure to be used will depend upon the patient's total health, age, associated disease and pathology, and anomalies such as skeletal defects and other medical indications. (Eff. 12/20/70, Register 36; am 8/29/73, Register 47)

Authority: AS 08.64.105

12 AAC 40.120. STANDARDS FOR HOSPITALS AND FACILITIES. (a) During the second or third trimester of a pregnancy, abortions shall be performed under sterile conditions. A bed and a registered nurse shall be available for a minimum recovery period of one-half hour. A registered nurse shall be present during the procedure.

(b) During the second or third trimester of a pregnancy, blood, blood derivatives, blood substitutes or plasma expanders shall be immediately available when an abortion is performed, and an operating room appropriately staffed and equipped for major surgery in accordance with regulations adopted under AS 18.20.060 shall be immediately available. (Eff. 12/20/70, Register 36; am 8/29/73, Register 47)

Authority: AS 08.64.105

12 AAC 40.130. RECORDS. During the second or third trimester of a pregnancy, the attending physician shall record a medical history, findings of the physical examination, operative report of the abortion procedure and pathology report as part of the clinical record to be maintained by the hospital or facility. The physician and hospital or

BI-32-07-3253-AE ADM FILET 12

(b) Guidelines for care of persons with mental or emotional problems must be present and readily accessible in the emergency room.

(c) Guidelines or protocol for the treatment of and referral for substance abuse must be present and readily accessible in the emergency room.

(d) A roster of names and telephone numbers of physicians, specialty consultants, poison control centers, and referral resources must be maintained in the emergency room.

(e) The emergency care service must maintain a control register which contains, for each person served,

- (1) the person's name, or adequate identification;
- (2) the date and time of arrival;
- (3) an emergency record number for the person;
- (4) the nature of the person's complaint;
- (5) disposition; and
- (6) time of and condition on departure.

(f) The emergency medical record must contain for each patient

- (1) adequate identification of the patient;
- (2) the time of and means by which the patient arrived, including by whom transported;
- (3) pertinent history of the patient's current condition;
- (4) diagnosis and treatment given;
- (5) condition of the patient on discharge or transfer; and
- (6) final disposition, including instructions given to the patient or the patient's family regarding necessary followup care.

(g) The emergency care service must have a written plan, developed in cooperation with members of the community served, which specifies how it will deal with an extreme emergency in the community. The plan must include a triage process which describes the methods for the

- (1) marshalling of resources to deal with the emergency;
- (2) determination of the level of urgency of each case; and
- (3) determination of appropriate services to be performed.

(h) The emergency care service must have available a communication system to maintain contact with the police department, rescue squads, and other emergency services of the community. (Eff. 11/19/83, Register 88)

Authority: AS 18.05.040
AS 18.20.010
AS 18.20.060

7 AAC 12.880. OUTPATIENT SERVICE. (a) If a facility provides outpatient service, the responsibility of the outpatient service to the medical staff and the administration of the facility must be defined in writing.

(b) The outpatient service must develop a written plan describing its treatment philosophy, objectives, and organization.

(c) If the facility is one that performs outpatient surgery, the written policies and procedures must make provision for at least the following:

- (1) types of operative procedures that may be performed;
- (2) types of anesthesia that may be used;
- (3) pre-operative evaluation of the patient which meets the same standards as apply to inpatient surgery;
- (4) informed consent by a patient before treatment;
- (5) the delivery to a pathologist designated by the facility of all anatomical parts, tissues, or foreign objects that are removed from a patient, except those designated by the medical staff as not requiring a pathologist's report, and the filing of the pathologist's findings in the patient's medical record;
- (6) written instructions to a patient before surgery, which include
 - (A) applicable restrictions on food and drugs that may be taken before surgery;
 - (B) any special preparations to be made by the patient;
 - (C) any post-operative requirements;
 - (D) clear explanation that admission to the hospital may be required in the event of an unforeseen circumstance; and
 - (7) examination of each patient by a physician before discharge.

(d) A medical record must be maintained for each patient who receives care in the outpatient service.

(e) If outpatient psychiatric followup treatment is provided, the outpatient service must comply with 7 AAC 12.215(d)(3).

(f) If outpatient substance abuse followup treatment is provided, the outpatient service must comply with 7 AAC 12.220(c)(5) and 7 AAC 33.005 — 7 AAC 33.165. (Eff. 11/19/83, Register 88)

Authority: AS 18.05.040
AS 18.20.010
AS 18.20.060

7 AAC 12.890. PATIENTS' RIGHTS. (a) Patients have rights which include the following:

- (1) to associate and communicate privately with persons of the patient's choice;
- (2) to have reasonable access to a telephone to make and receive confidential calls;
- (3) to mail and receive unopened correspondence;
- (4) to be informed of the facility's grievance procedure for handling complaints relating to patient care;
- (5) to be free from physical or chemical restraints except as authorized in writing by a physician for a specified and limited period of time or as authorized by law;

Authority: AS 47.05.010
AS 47.07.030
AS 47.07.050

7 AAC 43.135. STERILIZATION. (a) For medicaid coverage of sterilization for family planning purposes, informed consent by the recipient is required before the sterilization is performed. Physicians must use the division's Informed Consent for Sterilization forms available from regional offices or the central office of the division. Other forms will not be accepted.

(b) The waiting period between consent and sterilization must be at least 30 days and not more than 180 days. A waiver of the 30-day waiting period may be granted in cases of premature delivery and emergency abdominal surgery.

(c) Consent may not be obtained from anyone in labor of childbirth, under the influence of alcohol or other drugs, or seeking or obtaining an abortion.

(d) Interpreters must be provided where there are language barriers, and special arrangements must be made for handicapped individuals.

(e) Hysterectomies performed for sterilization purposes are not covered under medicaid. Hysterectomies are covered, however, when performed for medical reasons. Recipients must be advised orally and in writing that sterility will result in order for the operation to be covered under medicaid.

(f) Sterilization for individuals institutionalized in correctional facilities or inpatient psychiatric facilities will not be covered under medicaid.

(g) As a condition of receiving payment for sterilization for family planning purposes, a signed, division-approved informed consent form must be attached to the invoice of the provider seeking reimbursement. Failure to submit this form will result in the sterilization not being covered by the division.

(h) Recipients who have been determined by a court to be incompetent or who are under age 21 may not receive medicaid coverage for sterilization. (Eff. 8/18/79, Register 71)

Authority: AS 47.05.010
AS 47.07.030
AS 47.07.050

7 AAC 43.140. ABORTIONS. (a) Payment for abortions may be covered under medicaid when the physician services invoice is accompanied by certification that one of the following conditions exists:

(1) the life of the mother would be endangered if the pregnancy were carried to term;

- (2) severe and long-lasting physical health damage to the mother would result if the pregnancy were carried to term; or
- (3) pregnancy is the result of rape or incest.

(b) Procedures which are not covered under this section will be covered under General Relief Medical, 7 AAC 47. (Eff. 8/18/79, Register 71)

Authority: AS 47.05.010
 AS 47.07.030
 AS 47.07.050

7 AAC 43.145. REPORTS. The division may request, at its discretion, a copy of the full operative report, interpretation of any film, or a pathologist's report on tissue removed. When a procedure requires an operative report or particular explanation prior to payment, payment to the physician and the hospital will be subject to receipt by the division of the physician's operative report or explanation. (Eff. 8/18/79, Register 71)

Authority: AS 47.05.010
 AS 47.07.050

7 AAC 43.150. OUT-OF-STATE SERVICES. Payment for services provided to Alaska medicaid recipients outside the State of Alaska will be limited to the lesser of

- (1) The rate established by the medicaid agency in the state where the service was provided; or
 - (2) the physician's usual and customary charge.
- (Eff. 8/18/79, Register 71)

Authority: AS 47.05.010
 AS 47.07.050

Article 3. Long-Term Care — Intermediate Care Facilities and Skilled Nursing Facilities

Section	Section
170. Conditions for payment	230. Transfer to avoid penalty
180. Skilled level of care	235. Other payments
185. Intermediate level of care	240. Rates
190. Determination of level of care	250. Personal incidental funds
200. Structured rehabilitation services	255. All-inclusive rate
210. Placement and level-of-care planning	260. Absence from facility
215. Facility payments	265. Transfer of recipients
220. Days chargeable	270. Discharge of recipients
225. Payment during impending decertification	275. Medicare coinsurance
	280. Definitions

ABORTION LAWS

By Jeanne Mejeur

Three major court cases tested the right to abortion since *Roe vs. Wade*.

A woman's right to abortion was established through the landmark Supreme Court case of *Roe vs. Wade* in 1973. That right was challenged in 1989 by *Webster vs. Reproductive Health Services*. While the Supreme Court did not overturn *Roe*, it permitted to stand Missouri's prohibitions on the use of public facilities and employees for abortion, requirements of viability testing for abortions after 19 weeks, and prohibitions on the use of public funds for abortion counseling.

Abortion rights were tested again in 1991, in *Rust vs. Sullivan*, in which the Supreme Court upheld the Title X "gag rule" that totally prohibited abortion counseling at federally funded health facilities. Implementation of the counseling ban began October 1, 1992, but was delayed by the U.S. Court of Appeals in November.

In June 1992, while still not overturning *Roe*, the Supreme Court again narrowed the right to abortion through its ruling in *Planned Parenthood of Southeastern Pennsylvania vs. Casey*, in which limitations on abortion were deemed acceptable, unless the limitation is unduly burdensome. The limitations upheld in *Casey* include "informed consent," waiting periods before an abortion, parental consent for a minor's abortion, and reporting requirements for abortion facilities. Only a requirement that the husband be notified was ruled unconstitutional.

Three states tried unsuccessfully to ban all abortions.

Only Louisiana, Utah and the territory of Guam have passed laws to ban all abortions, but their statutes have faced court challenges. Guam's 1990 law banning all abortions was ruled unconstitutional by the Ninth Circuit Court of Appeals in 1991. In 1992, the Supreme Court refused to hear Guam's appeal, citing its opinion in *Casey* that the basic right to abortion established by *Roe* was still the law. Louisiana's ban on all abortions was struck down in September 1992 by the Fifth Circuit Court of Appeals, which also cited *Casey* in ruling that the Louisiana law was unconstitutional. U.S. District Court has ruled Utah's ban on all abortions unconstitutional, citing the *Casey* decision, though it did permit to stand a ban on post-viability abortions.

Many states limit access to abortion.

State legislative activity has paralleled that of the court cases: Although most states have not totally prohibited abortion, many have curtailed access by prohibiting the use of public funds for abortion, requiring waiting periods and informed consent for abortions, and requiring parental consent for abortions on minors.

Limits on the use of public funding is the major restriction on abortion: Only 12 states pay for abortions for low-income women in all or most circumstances, 15 fund abortion when a fetal defect exists, and only 20 permit the use of public funds for abortion services in cases of rape or incest. All 50 states and the District of Columbia publicly fund abortion when the mother's life is threatened.

Twenty-five states have adopted informed consent provisions, which require that women be given written information about abortion and sometimes alternatives to abortion, before the procedure. Informed consent requirements are often accompanied by a waiting period of 24 to 48 hours.

Twenty-one states require parental consent and 14 require parental notice before a minor can obtain an abortion. Most states that require notice or consent also provide for judicial by-pass, which allows a minor to petition the court if her parents will not consent or, in some cases, if the minor refuses to obtain parental consent.

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NCSL Legisbrief

Public funds are available for abortion in cases of:

	Rape or <u>Incest</u>	Fetal <u>Defect</u>	All/Most <u>Cases</u>
Alaska	X	X	X
California	X	X	X
Connecticut	X	X	X
Hawaii	X	X	X
Idaho	X		
Iowa	X	X	
Maryland	X	X	
Massachusetts	X	X	X
Minnesota	X		
New Jersey	X	X	X
New York	X	X	X
North Carolina	X	X	X
Oregon	X	X	X
Pennsylvania	X		
Vermont	X	X	X
Virginia	X	X	
Washington	X	X	X
West Virginia	X	X	X
Total states	20	15	12

Source: A State-By-State Review of Abortion Rights, 1992, NARAL Foundation

Abortion continues to be a major issue for state legislatures. Over 300 bills were introduced each year in the last three years. While only a handful pass, legislation reflects the controversy of this divisive issue and advocacy groups on both sides have pledged to continue their fight.

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Quotes Relevant to HB 154
from the Supreme Court of the United States
Planned Parenthood v. Casey, (1992)

"A woman's interest in having an abortion is a form of liberty protected by the Due Process Clause, but States may regulate abortion procedures in ways rationally related to a legitimate state interest."

The Court recognized "a substantial government interest justifying a requirement that a woman be apprised of the health risks of abortion and childbirth."

"The requirement that a physician disclose certain information about the abortion procedure and its risks and alternatives is not a large burden and is clearly related to maternal health and the State's interest in informed consent."

The state has "legitimate interest in maternal health and in unborn life."

". . . the state has legitimate interest from the outset of the pregnancy in protecting the health of the woman and the life of the fetus . . ."

"Though the woman has a right to choose to terminate or continue her pregnancy before viability, it does not at all follow that the State is prohibited from taking steps to ensure that this choice is thoughtful and informed."

"In attempting to ensure that a woman apprehend the full consequences of her decision, the State furthers the legitimate purpose of reducing the risk that a woman may elect an abortion, only to discover later, with devastating psychological consequences, that her decision was not fully informed."

"Roe did not declare an unqualified 'constitutional right to an abortion' Rather, the right protects the woman from unduly burdensome interference with her freedom to decide whether to terminate her pregnancy."

"Only where state regulation imposes an undue burden on a woman's ability to make this decision does the power of the State reach into the heart of the liberty protected by the Due Process Clause."

Quotes from the Supreme Court