

State debates proposed House bill

BY TY JOHNSON The Brownsville Herald | Posted: Tuesday, July 9, 2013 10:15 pm

An abortion bill that captivated the nation after a 13-hour filibuster last month was again debated heavily Tuesday in the Texas House of Representatives, where amendments to the bill were considered.

Some who oppose the bill say it could lead to the closure of both abortion clinics in the Rio Grande Valley, leaving the closest abortion services provider for Valley women in San Antonio.

House Bill 2 endured a gauntlet of suggested amendments Tuesday during debate on the proposed legislation, with author Rep. Jodie Laubenberg, R-Parker, moving to table most of them. Her tabling makes it likely that when the bill arrives in the Senate, it will be fairly identical to the first special session's bill.

If that's the case, Sen. Eddie Lucio, D-Brownsville, said he would support it, adding that since the House version of the bill was already on the floor, the upper house was awaiting its passage before beginning debate on its version. Lucio said Tuesday that he anticipates the bill could arrive in the Senate as early as this week.

The bill prohibits abortions of fetuses more than 20 weeks post-fertilization, a change from the current 24-week restriction, requires physicians at abortion centers to have admitting privileges at a hospital within 30 miles of the center, and mandates that those centers be held to the same standards of ambulatory surgical centers.

The surgical standards requirement is the facet of the bill that Whole Woman's Health spokeswoman Fatimah Gifford said poses the most threat to women's health, as she said, without amendments, the bill would lead to the cessation of abortion services at her company's clinic in McAllen.

Dr. Lester Minto, the physician at Reproductive Services of Harlingen, said the bill would likewise lead to the stoppage of abortions at his clinic.

"The way the bill reads, it will shut us down," Minto said.

Lucio pointed out that the language of the bill does not shut down the clinics, but requires them to meet higher standards if they intend to continue to perform abortions.

"The clinics can continue to provide all of the other services that they're there to provide," Lucio said, noting that the clinics provide family planning, birth control, cancer screening and other women's health assistance. "If they don't mirror the services that hospitals provide, they would not be able to perform abortions."

Lucio said that as an anti-abortion legislator it is his goal to limit abortions.

"If we limit those abortion services, then hopefully we will see more babies being born, and I think they

have the right to be born,” he said.

Lucio said that abortions rights advocates made similar claims about massive abortion clinic closures statewide in 2003 when a bill sought to restrict abortions.

That bill required abortions performed after 16 weeks to be performed in a hospital or ambulatory surgical center, that women seeking abortion be required to wait 24 hours after receiving information about adoption agencies and lowered the number of abortions that could be performed by an unlicensed abortion provider.

“It is true that some will close down if they don’t want to provide women’s health services,” he said, referring again to the law enacted a decade ago. “The services for women’s health will not stop.

“The bottom line is this will assure that abortions remain safe, legal and rare, we hope.”

If it led to the end of abortions in Harlingen and McAllen, the closest abortion option for women in the Valley would be more than 250 miles from Brownsville, in San Antonio.

Gifford and Minto said another law that went into effect in 2012 that requires a 24-hour delay after a state-mandated ultrasound already makes an abortion a multi-day process, adding that the additional costs of lodging and travel to faraway clinics would make abortions even more expensive.

Mara Posada, spokeswoman for Planned Parenthood of South Texas, said the bills, combined, are an effort to snuff out abortions despite the U.S. Supreme Court’s landmark decision in *Roe v. Wade* in 1973 granting abortion as a constitutional right.

“We do believe these laws are mainly being passed to restrict access,” she said. “If they cannot make abortion illegal, they will make it impossible for women to get them.”

Lucio said that’s not the case.

“We are not limiting the amount of services, we are only raising the level of care,” he said.

The ambulatory surgical center requirements call for wider hallways, enhanced ventilation systems, men’s and women’s locker rooms and other building requirements while requiring more nurses on staff and increased logging of patient information.

“The way it’s written, most facilities would not be able to retrofit,” Gifford said, adding that most centers would be forced to build anew to meet the physical requirements.

She was also criticized the personnel requirements, noting that a physician and nurse are already required while the new requirements call for more than three.

Minto said this will lead to longer and more expensive procedures, especially since an anesthesiologist is required on the premises while an abortion is performed.

“What you’re doing is changing an office-based procedure into a surgical procedure,” he said, characterizing the procedure as somewhere between pulling a tooth and piercing an ear. “If you saw how

simple the procedure is and how few tools I actually need — it's a 60-second procedure. Many of the girls get up and go back to work.”

But Gifford said there is a “huge fear” that the new restrictions would push women to go across the Rio Grande for abortions in Mexico, where the procedure is illegal and the industry is unregulated.

Minto said when he was working in McAllen that he performed an emergency operation on a woman who eventually died from a botched abortion performed in Mexico.

“This is what the state wants us to go to,” he said.

But Lucio said he hopes women would explore other options.

“We would hope that women understand that there are other alternatives,” he said, noting that there are adoption options and centers that take in pregnant women who have issues with their families after revealing their pregnancy. “There are a lot of care-giving types of facilities that would gladly help young women who obviously did not want to get pregnant but are pregnant.”

But Minto, who has performed abortions for more than 30 years, was adamant that he would find a way to serve the women of the Valley, even if it meant going underground.

Minto said the way some gun owners feel about their guns, often claiming the government would have to take them from their “cold, dead hands,” was how he felt about his vaginal speculum, the instrument used for abortions.

“If I have to help women in a pasture under a mesquite tree, that's where I'll help them,” he said. “I'm fighting for women's rights. I'm not going to stop. I owe those girls in the Valley something. If I have to do it across the river, I'll do it across the river.”

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