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23rd Legislature(2003-2004)

Committee Minutes

HOUSE JUDICIARY

Feb 11, 2004

HB 292-ABORTION: INFORMED CONSENT; INFORMATION

[Contains discussion of SB 30, the companion bill]

Number 0037

CHAIR MCGUIRE announced that the only order of business would be HOUSE BILL NO. 292, "An Act relating to information and services available to pregnant women and other persons; and ensuring informed consent before an abortion may be performed, except in cases of medical emergency." [Before the committee was CSHB 292(HES).]

CHAIR MCGUIRE, citing the emotional and sensitive issue that was before the committee, set these ground rules: she asked that all people participating in the meeting conduct themselves in a professional and civil manner; she limited testimony to three minutes, mentioning that if testifiers had more to say, they could fax or e-mail testimony to her and the testimony would be distributed to every person on the House Judiciary Standing Committee; she suggested that rather than repeating a previous point, the witnesses refer to that point to save time.

Number 0207

REPRESENTATIVE SAMUELS moved to adopt the proposed committee substitute (CS) for HB 292, Version 23-LS0867\S, Mischel, 2/5/04, as a work draft. There being no objection, Version S was before the committee.

CHAIR MCGUIRE said she was going to go over the changes that Version S has that HB 292 doesn't for the benefit of those people who don't support the changes, or do support the changes, or want more changes. Reading from Version S, she stated that the legislative findings are all the same in Version S, except for paragraph (4)[which has been removed in Version S]. She gave the reasoning behind that change, stating that she believed the Department of Health and Social Services should have latitude in producing the information, and she felt that it was appropriate, that from a legislative committee perspective, the committee should give as much discretion as they can to the department; she believes that making the information printed, rather than online, accomplished that.

CHAIR MCGUIRE continued to explain the deletion of paragraphs (4) and (5) in Section 1 [of Version S] because they had an online rather than a printed requirement, which, as she stated before, she felt offered the department more latitude. Moving on to Section 2 in Version S, she explained that nothing has been changed from the former version, but she pointed out that on page 2, line 12 [paragraph (C)], the information there was

dealing with contraception and therefore she'd deleted a section later that she felt was covered in this section.

Number 0464

CHAIR MCGUIRE continued explaining section 2. She said that she deleted [paragraphs] (9) and (10) from the previous version because she believed that they had nothing to do with this particular bill. She stated that she deleted [paragraph] (10) because, in her opinion, the information that was being shared had serious privacy implications.

CHAIR MCGUIRE shared that Section 3, which deals with the requirements that must be met before performing an abortion, is already state law. She went on to explain that she deleted Section 4 from the previous version because she felt it was flawed the way it was and it was unprecedented to have a cause of action simply for failure to provide the informed consent. She shared that she wanted to have a good committee discussion to explore any possible way to get some other ideas on that subject because she knows that the sponsor wants something in the bill that deals with that subject.

Number 0638

CHAIR MCGUIRE stated that the rest of Version S is pretty much the same, but what is different is the deletion of any reference to the State Medical Board. She explained that she has met with members of the State Medical Board and they expressed to her that its main functions are the licensure, regulation of the conduct of physicians, and dealing with malpractice cases. Chair McGuire said that the State Medical Board doesn't have enough time to do all the things that it is presently responsible for, so she feels that it is appropriate that it is deleted from this bill. She added that this deletion leaves a very big question for the House Judiciary Standing Committee to answer, because the bill states that the information must be presented to a woman before an abortion is performed, but this information must first be produced.

Number 0692

CHAIR MCGUIRE noted that the bill dictates that the Department of Health and Social Services would produce this information. She stated that after her meeting with two women from the department, [it was determined that] the question of who will actually put this information together is one that needs to be addressed by the House Judiciary Standing Committee. Chair McGuire noted that the state medical board told her that there isn't an OB/GYN [obstetrician/gynecologist] on the board, so the way the bill was originally worded would have had lay people setting the precedents for informed consent for abortion; in her opinion, that is a problem.

Number 0765

CHAIR MCGUIRE posed the question, should the people making those decisions dealing with abortion be someone in the Department of Health and Social Services? She stated that she didn't know the answer, and the committee would have to discuss that. She then

asked for the opinion of the people who were at the meeting or the people who were on [teleconference]. She then drew attention to the state statutes that deal with abortion, citing that she wasn't that familiar with the State of Alaska's stance on abortion until recently. Chair McGuire read from existing state statutes, emphasizing the number of regulations that already exist in Alaska dealing with abortion, namely, Title 18 and 12 AAC 40.070. She pointed out that all the state statutes that deal with abortion were included in the members' packets. She also noted that the statutes should be important to all, no matter what side they align themselves with on the issue.

CHAIR MCGUIRE then posed the question that the bill addresses, should these regulations that already exist be made into state law? She went on to explain that Representative Dahlstrom was there to discuss, as sponsor, why the [State of Alaska] should determine the type of information that a woman needs to review before an abortion is performed, and in what manner that information should be distributed.

Number 0958

REPRESENTATIVE GRUENBERG cited recent cases dealing with abortion and asked for a list of those cases so that they could be reviewed by the committee.

Number 0997

VANESSA TONDINI, Staff to Representative Lesil McGuire, Alaska State Legislature, speaking as the committee aide, said that she had a list of all the recent state and federal cases dealing with abortion prepared and that she would get them for the committee.

CHAIR MCGUIRE noted that [her office] had been going over many cases in recent months, and she felt that it would be helpful for the committee to see the recent jurisprudence. She then stated that she had just received a letter from the attorney general for the State of Alaska that raises constitutional concerns in various sections of the bill.

REPRESENTATIVE GRUENBERG amended his last request to include any attorney general's opinions that have been promulgated.

CHAIR MCGUIRE opened public testimony and explained that she had no idea as to what side of the issue that the witnesses aligned themselves, so if she called on three pro-choice witnesses in a row, it was unintentional. She went on to explain that she was going to take testimony from one witness from each Legislative Information Office (LIO) and rotate every time so that every region got its fair time to speak.

Number 1063

REPRESENTATIVE GARA inquired if every LIO had the most recent version of the bill so everyone would be reading from the same document.

REPRESENTATIVE MCGUIRE then pointed out what version was the most current, [Version S], and asked if a particular LIO didn't

have that version, that the witness note it when they start testifying.

Number 1145

REPRESENTATIVE NANCY DAHLSTROM, Alaska State Legislature, as sponsor, thanked Representative McGuire and the House Judiciary Standing Committee for hearing HB 292. Representative Dahlstrom explained that HB 292 has a companion bill, SB 30, and the aim of both of those bills is to provide pregnant women a way in which to make informed decisions about their health care options. She explained that HB 292 sets out to raise existing regulations that have been in place since the early 1970s into statute. She addressed specific regulations that require physicians who perform or induce abortions to explain the medical implications, as well as the possible emotional and physical consequences, of having an abortion to the patient before she elects to have the procedure.

REPRESENTATIVE DAHLSTROM added that HB 292 not only raises these regulations into statute, but standardizes the information presented [to] the patients by means of a web site maintained and updated by the Department of Health and Social Services. She pointed out that in the Version S that the references to the web site have been deleted. She then voiced her request that the Internet site be included in the bill because she believes that the infrastructure that has been set up in rural communities would allow people that live in those communities to access the information before they visited a doctor. She continued that the web site and printed material will list accurate, objective, unbiased, and updated scientific information that explains the resources available to a pregnant woman and also assists her in making and implementing her own reproductive decisions.

REPRESENTATIVE DAHLSTROM stated that her intent with HB 292 is to enable women to make healthy, educated choices regarding their own individual and private circumstances. She reiterated her thanks to the House Judiciary Standing Committee and said that she would be present throughout the meeting to answer any questions that may arise.

CHAIR MCGUIRE referred to page 2, [lines 1-2], subsection (a) [Version S], "The department shall produce, in printable form, standard information that". She asked if Representative Dahlstrom thought Internet was not included.

REPRESENTATIVE DAHLSTROM clarified that she preferred the words, "shall maintain, on the Internet and in printable form, standard information ...", to be added after "department".

CHAIR MCGUIRE asked that Representative Dahlstrom and her staff consider changing that language in other parts of the bill, where appropriate.

Number 1312

REPRESENTATIVE DAHLSTROM responded she and her staff would attend to the language by next Wednesday, and stated that her concerns about liabilities had already been addressed by

Representative McGuire.

Number 1357

THEDA PITTMAN discussed public policy implications of the bill.
Her testimony is as follows:

Those who testify in favor and those who testify against such laws do have strong feelings, as I think you've noticed. It seems to me that laws regulating abortion must strike a balance between two things: when is a fetus entitled to legal protection, and when is a pregnant woman entitled to make her own decision about terminating a pregnancy? Finding the appropriate balance for state regulation is a complex matter, and you have to take into account health issues, as well as privacy issues, as well as legal issues such as the liability issues mentioned.

In the past 5-6 years in Alaska, we have seen what happens when lawmakers import model legislation from elsewhere - legislation which is designed to challenge the federal standard set out by Roe v. Wade. Time, energy, and money is spent in court by the state as well as those who've challenged those laws. Those who championed such restrictions may have spent some funds filing amicus briefs or monitoring the case, but essentially they are free to sit back and watch plaintiffs and the state pay the bills.

The state does have a legitimate interest in pregnancy and the outcome of pregnancy, but the best place to look for guidance regarding abortion, I believe, is Roe v. Wade. This federal decision is condemned by those who might like to see all abortion outlawed. In some cases, those same people would condemn any birth control as destructive of life, and I don't mean my poor drafting to indicate that I think birth control and abortion are synonymous or should be. But [Roe v. Wade] is very clear. Its use would allow the state to properly assert its position with respect to the balance between the developing life of the fetus and the existing person, the pregnant woman.

Under the terms of [Roe v. Wade], a state may outlaw abortion: after fetal viability, and with exception for rape, incest, the health, and the life of the pregnant woman. Such a restriction would adequately cover the myths of women aborting full-term pregnancies moments before birth. After viability, a pregnant woman may not want to have a child, but, if so, should be looking at the question of adoption rather than abortion.

Number 1483

MS. PITTMAN continued:

Using [Roe v. Wade] as your public policy standard for legislation will not satisfy those who want the state

to insist that women be forced to carry every pregnancy to term, regardless of gestation period or the reason for the pregnancy. It will, however, allow the state to assert its interest in developing life without trampling over women. With a proposal such as the one before you, you are put in the position of demanding to be present in the examining room. I can't think of anything more like Big Brother - and Alaskans cherish their autonomy.

So, I ask you to please put a stop to this legislation in its current form. And, I would say, thank you, Representative Dahlstrom for knowing that we all share the desire to allow pregnant women to make healthy, educated choices. As long as we all remember that that's what we're about, that's why we're talking about this legislation, perhaps that will make the decision-making go more smoothly.

Number 1630

KAREN VOSBURGH, Executive Director, Alaska Right to Life, explained there were 60,000 people in her organization who agree that women need to know exactly what [the legislature] is doing with the most important decision of their lives. She reported that 80 percent of women nationwide feel they are not being given this information. She said it was very important that this legislation be created and pointed out that most other states already have similar legislation. She stated that it is important that women know what can happen to them physically and psychologically, and to know about the developing child within them.

Number 1595

MS. VOSBURGH gave information about the breast cancer lawsuit in Pennsylvania where a high school girl was advised by a high school counselor to travel across state lines to have an abortion. Afterwards, the girl did research and found out that breast cancer is a factor after having an abortion, especially before having a live birth. She sued the school system and the abortionist and won. Ms. Vosburgh believed it very important for the state to take a close look at that particular case.

MS. VOSBURGH, reflecting on the previous speaker's statement that pro-abortion groups say that they are pro-women, stated that she believed the following:

There are a lot of women suffering out there, from abortions. After they have abortions, over 90 percent of women have psychological damage, and we're not even talking about the physical damages of infertility and other problems.

MS. VOSBURGH emphasized that women need to know that "pro-abortion people do not want this information to be given to women. They're actually censoring" She repeated that women can make decisions, but they need to know what can happen to them and their developing child. She stated that this bill was important, thanked the committee, and urged it to pass the

bill.

Number 1675

COLLEEN MURPHY, M.D., Obstetrician/Gynecologist (OB/GYN), testified in opposition to HB 292 and answered questions. She told the committee she has been practicing in Anchorage since 1987, is board-certified by the American College of Obstetricians and Gynecologists (ACOG), and is an abortion provider. She registered disagreement and non-support of HB 292 because she said it represents an anti-privacy bill. She emphasized that the issue is neither pro-choice nor pro-life, but rather, pro-privacy. Every medical encounter is a personalized, individualized decision between the patient and the provider, she said, and HB 292 interferes with this privacy decision.

Number 1743

DR. MURPHY continued to say:

There's really a lot of discrepancy as to why this particular procedure would warrant such invasive informed consent when, in fact, termination of pregnancy is safer than many of the common OB/GYN procedures as well as many other procedures in other specialties.

DR. MURPHY added that, at this point, when she does a hysterectomy, where [the patient] has a 1/1,000 chance of dying, she does not force the woman to see pictures of the blood vessels, or the uterus, or some of the changes and damages that can occur. The patient does not have to wait a full 24 hours before proceeding. She emphasized that the chance of dying is less than 1/1,000 for a safe, legal termination of pregnancy. She stated if the legislature wanted to be consistent, then equal protection to all informed-consent medicine should be provided, in addition to a 24-hour wait, so that this is not seen as an unequal protection procedure. She also stated that the 24-hour wait period has no medical justification; rather, it is obstructionist, and makes for higher costs and longer delays.

Number 1803

DR. MURPHY added that she has had private conversations with medical board members. Based on what was told to her during those conversations, she stated, the board is not supportive of the role that it is being asked to take in HB 292. She went on that there wasn't a OB/GYN in the state that would be willing to participate in the program, citing that because of the standards set by the ACOG a registered OB/GYN might get censured if he/she participated in creating the information that was required in HB 292.

Number 1867

CHAIR MCGUIRE thanked Dr. Murphy for her testimony and explained to her that the proposed CS before the committee addressed some of her concerns regarding the medical board. Chair McGuire added that the testimony brought to light some other concerns

dealing with OB/GYNs and the medical board. She asked Dr. Murphy if she would be willing to explain to the committee the typical steps that occur when performing an abortion.

DR. MURPHY explained that some of the larger abortion practices use a telephone message service where the patients dial in and receive information about informed consent while they make their appointment. She cited two clinics that use the message service Alaska Women's Health Services, and her own, and provided the phone number that the patients are directed to: (907) 743-0325. Dr. Murphy continued that a lot of women are looking on the Internet before making decisions on their health care, she shared that abortion has been a well-researched decision by the time the women come into her office. Dr. Murphy added that there are printed materials that are available for women to read as well, and she would be happy to fax those materials to the committee.

CHAIR MCGUIRE clarified that Dr. Murphy's main concern with HB 292 was that it was an invasion of the privacy that exists between a doctor and a patient, not the fact that it was providing information on potential side effects associated with abortion or the alternatives that are available.

Number 1986

DR. MURPHY agreed absolutely that HB 292 was an invasion of privacy, and added that many patients in Alaska do not receive same-day or next-day appointments, and particularly for termination services there is generally a one-week to three-week waiting period to contemplate their decision and to research their options. Dr. Murphy gave her opinion that adding more time to the process only makes the women further along in their pregnancy when they get an abortion. Dr. Murphy reiterated her pro-privacy stance and said that HB 292 takes away from individualized health care.

CHAIR MCGUIRE inquired about medical malpractice lawsuits and how they are related to the informed consent, and if there were any other medical procedures that have legal ramifications simply because the doctor did not give informed consent.

DR. MURPHY answered that she is held to many different guidelines and standards as a medical provider in Alaska, and pointed out that she has to uphold state statutes and regulations, as well as guidelines set out by the board of certified OB/GYNs. She opined that passing this legislation was redundant because many of the guidelines that it sets up are already established by the state as well as the board of OB/GYNs. Dr. Murphy explained that she can be sued on a national level because she is held to national guidelines, and offered to fax the guidelines to the committee. She continued that the guidelines that are set in place already are very well designed within the practice of medicine. She added that in malpractice lawsuits there needs to be a link between damages to the patient and a cause of action by the doctor and there needs to be proof of negligence. She stated that even the most meticulously written informed-consent contract can be micro-examined during litigation, and she feels that requiring this documentation does nothing to protect the doctors from

malpractice lawsuits.

CHAIR MCGUIRE asked for the copies of the informed-consent forms that Dr. Murphy has, and for a copy of the state and national guidelines that she has to adhere to.

DR. MURPHY agreed to fax or send that information to the committee.

Number 2169

REPRESENTATIVE GARA asked for Dr. Murphy to validate some of the information that he had regarding abortion, dealing with the lack of availability of abortion services for women in Southeast Alaska as well as other parts of the state and how that affected their use of those services.

DR. MURPHY agreed that because the signs of pregnancy are so variable, many women do not receive prenatal care or abortion care until around six weeks after conception. She added that the abortion pill that is widely used in France would help those women in terminating their pregnancy if it were used on a wider scale in Alaska.

REPRESENTATIVE GARA asked for a timeframe when a woman would be able to ascertain that she is pregnant and then start to make any decisions regarding her pregnancy.

DR. MURPHY said that it varies, depending on how a woman follows her body signs, stating that a lot of women can tell that they are pregnant even before they miss their period. She went on to add that she just delivered a baby for a woman that was 36 weeks pregnant and never missed her period. She added that in most cases a woman will become suspicious after her first missed period and then get a home pregnancy test, but reiterated that these cases are very dependent on socioeconomic status, age, and other factors. She reverted back to talk about her pro-privacy stance and referred to other legislation that interfered with care by delaying care and creating barriers to obtaining help. She stated that the bottom line is that people will still get abortions, but this legislation will result in higher fees and more time missed from work, all the while not providing any more service to the patient.

Number 2368

REPRESENTATIVE OGG, referring to paragraphs (6), (7), and (8) of [Version S], asked for clarification on the way that informed consent is handled at this time, and if the doctors provided a consultation like the one described in the bill before proceeding with an abortion.

TAPE 04-13, SIDE B

Number 2390

DR. MURPHY said that in the information that she was going to fax the committee it described the processes that occur before a woman can terminate a pregnancy. She emphasized that having a safe, legally performed termination of pregnancy during the first trimester - which she pointed out is 14 weeks according to

ACOG, whether it be by medical or surgical [means], is 12 times safer than carrying a pregnancy full-term, when dealing with the mother's risk of dying. She explained further that when obtaining informed consent, she performs an ultrasound, shows that ultrasound to the patient, explains to the patient how far along the pregnancy is, explains the likelihood of miscarriage, emphasizes that the organs in the fetus are formed and will only be getting larger, and asks the patient at that time if she wants to proceed with the termination of her pregnancy. She added that after the procedure, the woman receives a picture of the ultrasound to take with her.

REPRESENTATIVE OGG stated that his impression of the consultation requirements, although they are not required at this time under the Alaska Administrative Code, is that every practitioner undergoes a similar process.

Number 2285

DR. MURPHY explained that each doctor's implementation is different, but that they are all very thorough and provide safe medical services in Alaska.

Number 2269

DEBBIE JOSLIN, President, Eagle Forum Alaska, told the committee that when she was pregnant in 1999 the doctors found some fetal anomalies and she was told by those doctors to have an abortion. She said that she did not receive any information regarding her alternatives or the inherent risks that would happen if she had an abortion. She added that she doesn't feel that all doctors are providing the consultation to women in Alaska that is needed and commended Representative Dahlstrom for presenting HB 292. She expressed concern about the removal of the civil liability sections as well as removing the requirement of maintaining an online resource that the bill originally had. She stated that removing the online information creates a disadvantage for women in rural Alaska who might have to travel long distances to have an abortion. She referred to a United States Supreme Court case that upheld state statutes relating to the disclosure of information prior to terminating a pregnancy.

CHAIR MCGUIRE stated that it wasn't her intention to remove the online resource, but to only require patients to receive a printed version before having an abortion. She said that she supports the online resource and would put the wording back into the bill so it is required.

Number 2138

MS. JOSLIN remarked that if the wording for the online resource isn't in the bill, the site would end up being something that isn't required and therefore never is set up. She commented that this is the computer age, and therefore the information should be required to be made accessible via the computer to better inform any woman that may undergo this procedure.

CHAIR MCGUIRE asked Ms. Joslin if she had any ideas as to who would organize the information and make it available to the public.

MS. JOSLIN said that she believes that it should be the Department of Health and Social Services that arranges the information. She said that she didn't know specifically who within the department should be responsible, but cited that in every other state where legislation similar to HB 292 exists, the department of health and social services handles the information.

Number 2087

REGINA MANTEUFEL, Owner, Regina's Rooming House, Anchorage, stated that she was against HB 292. She emphasized the number of cases relating to substance abuse, alcohol abuse, incest, and rape that occur to women, especially in the Bush, stating that they should be kept between the patient and the doctor. She used her own personal experience working with low-income women that have children to comment on the lack of assistance from the state to help handle unwanted pregnancies.

MS. MANTEUFEL commented on the inability of young women to raise babies, and said the lack of assistance from the state forces many of these young women with their children out onto the street. To illustrate this point, Ms. Manteufel stated that in Anchorage, the least expensive place for a young woman to stay is in a hotel room at \$600 a month. She added that as soon as summer comes, prices go up, and those women will be forced to pay summer rates or be back out on the street. She commented on the lack of follow through that the right-to-life coalition has, stating that when a woman is pregnant the right-to-life people promise help and support, but after the baby is delivered that woman has two options: adoption or raising the baby on her own. She used an example of a young woman, Betty, who was offered a new car to keep her baby [until birth] and give it up for adoption.

Number 1952

MS. MANTEUFEL challenged the sponsor of HB 292 to work in her rooming house, deal with so many young mothers, and really see what types of problems arise from unwanted pregnancies. She then commented on the poor nutrition, lack of vitamins and minerals, and babies with birth defects that she has seen. She related that to the lack of social services support from the State of Alaska.

Number 1892

ANNE HARRISON, as a retired RN and nurse practitioner, stated that she was tired of rehashing the same issues every legislative session. She commented that HB 292 was not necessary and that she was a firm advocate for reproductive choice. She stated she was pro-choice, not pro-abortion, and her beliefs stemmed from years of professional experience working in the women's health field. She said that if HB 292 is passed, it would negate the work that professionals have been doing since 1974.

MS. HARRISON stated that there are implications in this bill that make it seem that health care professionals have denied

women facts and have encouraged abortion, when, in fact, they have been an unbiased, science-based, source of information with great sensitivity to the needs of a woman. She explained that the information is presented in a non-judgmental manner and that patients are exposed to all the different resources available regarding their pregnancy. She added that more health care providers would testify regarding HB 292, but they are all working and taking care of patients. She feels that HB 292 is another attempt to make a difficult time in a woman's life more difficult. She stated that HB 292 would deny both the health care provider's and the patient's privacy, and commented that the basis of the bill didn't come from health care professionals; it came from individuals that believe their religious values supersede an individual's right to privacy. She reminded the committee to separate church and state, and to vote against HB 292.

Number 1780

EILEEN BECKER, Director, Pregnancy Care Center of Homer, testified in support of HB 292. She commented that the consultation that Dr. Murphy provides her patients when they have an abortion is not typical for all health care providers. She explained that as director of the Pregnancy Care Center she deals with the regret and sadness that women endure after having an abortion. She said that in her opinion, 100 percent of the women that she's worked with who have had an abortion didn't receive adequate information.

MS. BECKER stated that HB 292 would do nothing but good things for women who become pregnant. She said that it is important that a woman receive accurate information while she is deciding how to deal with her pregnancy. She cited that when a woman is pregnant her body, emotions, and hormones are going "helter-skelter" and it is important that she receives the information in a timely manner so she can make the best decision for herself. Ms. Becker suggested forming a task force to oversee the information that is provided and make sure it is accurate, up to date, and accessible. She also suggested an educational promotion that would expose a lot of people to this information and maybe help prevent some unwanted pregnancies.

MS. BECKER spoke in support of the 24-hour waiting period that the bill addresses, stating that for a life-changing decision, like having an abortion, it is important to have the mandatory waiting period. She explained with regard to requiring women to read this information that, in a sense, she feels it is speaking for the unborn child. She agreed that there are problems with unwanted pregnancies, but she believes that there are people that will adopt any unwanted child.

Number 1633

CAROLYN V. BROWN, M.D., Master of Public Health (M.P.H.), Obstetrician/Gynecologist, had her testimony read by Robin Smith as follows [original punctuation provided]:

Having read through HB 292 and considered its contents for legislation that might address the issues of women's reproductive health, pregnancy, abortion, and

contraception, I have attached questions and comments for your consideration as you deliberate these concerns for women.

Please let me know if I can answer questions or provide additional information or evidence-based support for your discussions. There is ample evidence-based support for discussion with you all.

Thank you for these considerations.

The bill speaks of pregnant women, abortion, full term pregnancy, and informed consent. What is the bill actually addressing? Please clarify for the public in Alaska.

The bill appears to be discriminatory in that the informed consent mandated for women who elect abortions is not also mandated for all pregnant women. It has been my professional experience as an obstetrician-gynecologist of some 40 years in practice that there are women who anticipate carrying a pregnancy to term and elect a different plan when they understand the risks/benefits of that decision. There are women who anticipate an abortion but elect a different plan when they understand the risks/benefits. Please be clear on equality for all pregnant women or change the language of the legislation. Women deserve this.

The state indicates an interest in protecting the life and health of pregnant women. Does health include both physical and mental health in Alaska? Please clarify.

In as much as the information about obstetrics is extremely dynamic (not static), a one-time web site will not suffice or be accurate. How will the intervals of update be established? Who will pay for this? Who will the ongoing experts be to provide protection of the public's health?

Any language that proposes information must include the risks/benefits and potential consequences of a full term pregnancy. How will this be assured? We know that a full term pregnancy carries a far greater risk to death and morbidity to women than does abortion. If you need more information on this, please let me know.

Please clarify for Alaskans just what is "judicial economy and resources".

Please clarify for Alaskans just what has been the "costly and undue litigation". Where has the money gone? Data is invaluable in decision-making.

If information is to be provided, virtually every practice, site, agency, service, clinic, individual, and facility would be required to be listed on the web

site. Who will keep up with this "dynamic" (and it will be dynamic) so that Alaskan women have the information intended in the legislation?

If all agencies, services, clinics, and facilities that provide contraceptive options (and how did that get here?), that would - of course include all pharmacies and outlets where condoms and spermicides are provided. Is the web site prepared to deal with this in a responsible way for appropriate patient care? Who will do this work? Who will pay for this?

It would seem appropriate and prudent to use correct terminology when dealing with health and medical issues. Philosophical and personal definitions have no place in legislation. There are enormous differences among definitions for embryo, blastocyst, propositus, fetus, and child. Using correct terminology in the development of parlance is appropriate for Alaska legislation.

Would suggest that the language of the "sperm donor" for the pregnancy be changed to "the male involved with the pregnancy" or "sperm donor". Please call it what it is. We do "anonymize" the woman involved with "pregnant women (female)", don't we?

How long will it take to view this information on the Internet? There is a limit to just how much the average person can take in addresses, names, pictures, disclaimers, printed forms, and a detailed presentation of risks/benefits in the midst of a pregnancy that may be wanted or unwanted. Please - come let us be fair...

At what reading level will this information be? Who will provide the oversight? At what cost to the state of Alaska?

Would this law mandate that all physicians' offices where pregnancy termination is done be registered? What are the criteria? What are the medical and surgical mandates? Who will oversee this?

What is the reason for the 30-day waiting period? It is clear that there are more risks as the pregnancy continues - both for abortion and for pregnancy to term. What is the reason for this mandate? This makes no practical sense to physicians who provide care for women.

Who will pay for this paper work, forms to be printed, record keeping, transmission and update of the web site?

All pregnant women need informed consent - whether they elect abortion or carry a pregnancy to term. To do otherwise is to discriminate. Women must have informed, accurate, scientific and appropriate information.

Number 1397

VICKI HALCRO, Director of Public Affairs and Marketing, Planned Parenthood of Alaska, asked the committee not to support HB 292. She said that if HB 292 passed it would create an imbalance within the legal system that would be based on the decision whether or not to have an abortion. She pointed out that a woman has a constitutional right to choose to have an abortion. She conveyed that HB 292 creates this imbalance by imposing obstacles on any woman seeking to terminate her pregnancy in Alaska. She cited the 24-hour waiting period as one of the obstacles, adding that it is the only medical procedure for which a waiting period like this [is required]. She stated that there are many faults with the bill and said that she wasn't going to make the same points that other testifiers had made. She closed her testimony by saying that HB 292 is a clear attempt to restrict a woman's reproductive rights, and she urged the committee to vote against it.

Number 1343

REPRESENTATIVE GARA inquired about what services are available to women who want to get an abortion, where they are located, and how the 24-hour waiting period might make it harder for a woman to receive these services.

MS. HALCRO said that she would get that information to the committee.

Number 1269

REPRESENTATIVE ANDERSON asked Ms. Halcro if she agrees with Dr. Brown's statement that the state should get informed consent from a woman who wants to carry a baby to full term.

MS. HALCRO stated that it is more dangerous to carry a baby to full term than it is to get an abortion, so on that level it would make sense to obtain informed consent.

Number 1194

PAULINE UTTER, Anchorage, asked the committee to kill HB 292. She stated that 385 pieces of legislation have been passed in the United States since 1995 that have put barriers in the way of women who want to have an abortion. She cited that there are no barriers for many other medical procedures, like prostate cancer, and she doesn't feel that the state should make it its concern what medical procedures individuals undergo. She reiterated that she wants HB 292 killed by the committee.

REPRESENTATIVE ANDERSON pointed out that prostate cancer is a disease.

MS. UTTER stated, "Was there any difference."

Number 1070

CASSANDRA JOHNSON, Executive Director, Alaska Pro-Choice Alliance, gave testimony against HB 292. She addressed some issues that had arisen during previous testimony. She first

addressed the point that Ms. Vosburgh made in her earlier testimony that [the Alaska Pro-Choice Alliance] does not want doctors to provide accurate, scientific-based information to their patients, and stated that it wasn't true. She said that [the Alaska Pro-Choice Alliance] fully supports the proposal, but wants the doctors to provide women with accurate scientific-based information about all their reproductive options. She feels that Dr. Brown was going for that point when she commented about women having informed consent when they decide to carry a pregnancy to full term. She believes that the issue of abortion is a private matter that a woman should only have to discuss with her medical provider, pointing out that the medical provider has the medical training and is the best person to give the advice to a woman. She commented that if the sponsors of HB 292 truly felt it was the state's role to provide this type of information, perhaps they would be willing to fund comprehensive and accurate sexuality and reproductive health education curricula in Alaska's public schools. She stated that HB 292 does not address this concern; rather, it targets those people who are seeking abortion services.

MS. JOHNSON went on to give her opinion of the mandatory 24-hour waiting period, saying it was unnecessary and discriminatory. She cited a similar law enacted in Mississippi in 1992, noting that after it was enacted, second-trimester abortions went up 18 percent in that state. She said that having second-trimester abortions increases both the risk and cost of the abortion for the woman.

MS. JOHNSON moved on to discuss the link that Ms. Vosburgh made between having an abortion and developing breast cancer, citing that a scientific panel appointed by the National Cancer Institute unanimously concluded in 2003, after reviewing four studies, that there was no evidence that having an abortion increases the risk of developing breast cancer. She noted a lawsuit filed in North Dakota, where a woman sued a clinic for not getting information regarding breast cancer when she had an abortion, and said the clinic was victorious.

Number 0935

REPRESENTATIVE GRUENBERG asked Ms. Johnson for copies of the legal cases that she referred to in her testimony.

MS. JOHNSON said that she would get those cases for the committee.

REPRESENTATIVE GRUENBURG stated that he was focusing on one provision that doesn't appear in Version S, dealing with potential litigation, and the controversy that would arise if that provision were put back in the bill. He asked for any information that Ms. Johnson could provide, because he is concerned about how passing this bill would affect doctors' malpractice rates. He cited his doctor's comments that it was increasingly hard for doctors to obtain insurance in Alaska because of tremendous rate increases. He stated that he doesn't want to decrease the availability of health care in Alaska, and asked again for any documentation that would show him the relationship between lawsuits filed because of similar laws and doctors' insurance rates.

Number 0795

RUTH ABBOTT, Delta Junction, read from pages 20 and 21 of the January 10, 2004, issue of World magazine where there are state-by-state rankings based on their abortion-related levels of safety for women. The article was a project of the Americans United for Life, a nonprofit, bio-ethics law firm based in Chicago. She said that according to the report, Alaska came in 46th place out of the 50 states. She said that for this reason [the legislature] needs to pass HB 292.

Number 0613

CHAIR McGUIRE asked if someone from the Department of Law would be able to come to the next House Judiciary Standing Committee meeting and discuss the letter from the attorney general.

[David Marquez, Chief Assistant Attorney General, Legislation & Regulations Section, Office of the Attorney General, Department of Law, nodded in assent.]

Number 0592

CHAIR McGUIRE closed public testimony and reminded the people present that the committee would discuss the bill again at the next committee meeting and that she would accept any faxes or e-mails pertaining to this bill.

Number 0546

REPRESENTATIVE DAHLSTROM thanked the committee for listening to HB 292, and she thanked the people participating in the discussion. Representative Dahlstrom read from the Planned Parenthood web site, quoting from its mission statement:

In order to enable the individual to make and implement a responsible decision, there should be access to information and services related to sexuality, reproduction, methods of contraception, fertility control, and parenthood.

REPRESENTATIVE DAHLSTROM quoted more from the mission statement, regarding abortion:

Abortion services must include information on the nature, consequences, and risks of the procedure, and counseling on the alternatives available to the woman, so as to assure an informed and responsible decision concerning the continuation or termination of pregnancy.

REPRESENTATIVE DAHLSTROM commented that those two statements back up what she is attempting to initiate with HB 292. She reiterated that her intent with HB 292 is to provide accurate, updated information to the women of Alaska so they will make informed decisions regarding their pregnancies.

CHAIR McGUIRE commented on the open-mindedness of

Representative Dahlstrom and the hard work that she and her staff have put into HB 292.

[HB 292 was held over.]
