

Approved 4-25-89 Ginger Barr, Chm
Date

MINUTES OF THE HOUSE COMMITTEE ON FEDERAL AND STATE AFFAIRS

The meeting was called to order by Representative Ginger Barr at
Chairperson

1:42 ~~xxx~~/p.m. on March 27, 1989 in room 526-S of the Capitol.

All members were present except:

Representative Dale Sprague - Excused

Committee staff present:

Mary Torrence, Revisor of Statutes Office
Juel Bennewitz, Secretary to the Committee

Conferees appearing before the committee:

Valerie Joens, Kansans for Life
Michael Brown, Registered Nurse/Children's Advocate
Bob Runnels, Kansas Catholic Conference
Tammy Doe, Teen mother
Nancy Toth, M.D., Kansans for Life
Mike Cavell, Attorney
Dick Kelsey, Kansas Association of Evangelicals
Bob Conroy, Menninger Children's Hospital
Kent Vincent, Kansans for Life
Eric Deeter, Pastor, Silver Lake
John Yeats, Senior Pastor, Shawnee Heights Baptist Church
Pat Baker, Kansas Association of School Boards (KASB)

SB 91

Chairman Barr outlined the procedure to be followed for the hearings:

1. An overview of the issue presented by the revisor.
2. One hour for testimony, divided equally among the conferees.
3. Approximately one-half hour for committee questions.

Mary Torrence reviewed court law on the limited number of parental consent statutes. The Supreme Court has ruled such statutes constitutionally sound if an alternative judicial procedure (commonly called judicial by-pass) allowing a pregnant minor to go to a court rather than her parents to obtain an abortion is included.

The by-pass does the following:

- a. The court determines if the minor is mature enough to make the decision to have an abortion.
- b. If the court finds the minor too immature, it may make the decision based on what seems best for the minor.

Some states have parental notification requirements rather than parental consent. While those requirements are not entirely clear, it is constitutional if judicial by-pass is incorporated in the statute. If the minor is mature, there has been no determination whether a parental notification without the judicial by-pass is constitutional.

Valerie Joens supported the bill without the senate amendments. She cited Planned Parenthood and other agencies with staff available for counseling purposes, making inclusion of SRS unnecessary. She noted various Kansas statutes (attached to her testimony) that are applicable to minors under the age of 18, Attachment No. 1.

Michael Brown advocated parent centered promotion of abstinence and other pregnancy prevention, abortion control. He cited results of a program in a public school in South Carolina. He also emphasized the involvement of teen boys in such a program, Attachment No. 2.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON FEDERAL AND STATE AFFAIRS

room 526-S, Statehouse, at 1:42 ~~am~~/p.m. on March 27, 1989

Bob Runnels emphasized the importance of the privileged relationship of a family, sex education and parental involvement, Attachment No. 3.

Tammy Doe told of her experience as a pregnant teen seeking an abortion, meeting pro-life counselors who urged her to change her mind, and described the change in her relationship with her family, Attachment No. 4.

Dr. Nancy Toth disagreed with the presupposition that teen minors can make an informed decision regarding abortion and cited behavioral characteristics of the 12 - 18 year age group. She included statistics collected from U.S. and foreign hospitals regarding immediate post-abortion complications and late complications, Attachment No. 5.

Dick Kelsey stated his organization views the bill as a parental rights issue. He requested the senate amendments for SRS involvement be removed. His written statement is Attachment No. 6 and included are statements of why Kansas needs parental consent and why the bill should apply to minors under 18 years of age.

Bob Conroy was a proponent of the bill citing the immaturity of teens in making a decision in secret from the family and the long-lasting effects it could have, Attachment No. 7.

Kent Vincent contended that: 1. generally speaking constitutionality is not an issue with parental involvement laws and 2. under the U.S. Supreme Court guidelines (and SB 91), a girl may obtain an abortion unless:

- a. both parents object,
- b. the court finds it is not in the girl's best interest, and
- c. the court determines the girl is not mature enough to decide.

He outlined legal arguments regarding the bill, submitted statistics from Minnesota under the parental involvement law, and a state by state summary of parental involvement statutes, Attachment No. 8.

Eric Deeter maintained the bill does not question a woman's right to her body and referenced laws and medical procedure practices involving minors under 18 years of age, Attachment No. 9.

John Yeats encouraged the committee to ignore what he termed the "peripheral issue of abortion rights" and focus on the issue of "family order and responsibility", Attachment No. 10.

Pat Baker addressed page 4, lines 121 - 128 (SB 91) and multiple concerns regarding obligations of public school nurses or counselors, training, liability to the employee or school district, obligations of the school in assisting the minor to receive counseling and what constitutes the "appropriate" office of SRS, Attachment No. 11.

Attachment No. 12 is the written statement of Mike Cavell who was scheduled to appear as a proponent and had to leave before he was called.

Three letters of support for the bill were submitted:

- Attachment No. 13, Dr. & Mrs. Fred Dopps, Wichita
- Attachment No. 14, Alicia Benoit
- Attachment No. 15, Brenda Clark

Committee Questions and Discussion

1. A member requested the conferees be polled to determine their support of SB 91 in its current form (with the senate amendments). None would support the bill in its current form - Conferee Brown was not present.
2. To Dr. Toth - please address what happens to children having children.

The doctor stated that at one time there was a consensus that teens were at risk much the same as women over age 35. Studies during the last 10 years would indicate teens, with appropriate pre-natal care, do as well as any other age group.

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MINUTES OF THE HOUSE COMMITTEE ON FEDERAL AND STATE AFFAIRS,

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3. To Dr. Toth - please address the psychological aspects of children having children - are there any similar ramifications between keeping or adopting the baby?

The doctor indicated she had not seen studies comparing those who had had abortions to those who had given their babies for adoption and did not know if such studies were available. She acknowledged it would be difficult for the young single teen parent, even with parental support, though keeping the baby does work well for some.

4. To Dr. Conroy - regarding parental consent for other medical procedures: is parental consent required for the treatment of sexually transmitted diseases or is there a public health reason for not doing so?

Dr. Conroy is a psychiatrist. His answer reflected that area of medicine where a 14 - 17 year old can sign himself into a psychiatric hospital but cannot receive any medical procedure without parental consent.

Dr. Toth (family practice) stated a physician is allowed to treat sexually transmitted diseases without parental consent but it is usually done in the public health department. She emphasized such treatment is not a surgical procedure.

5. To Reverend Yeats - how do we, as a responsible legislature, address the issue of dysfunctional families?

Rev. Yeats emphasized the simple judicial by-pass in the original bill.

The member discussed families where the parents are non-existent for whatever reason and how the bill would strengthen family relationships where no family exists. The point was made that the legislature has a responsibility to not "write people out of the law".

Rev. Yeats encouraged raising the standards and then finding the exceptions rather than addressing the exceptions and writing the law to fit that group. He cited the Minnesota study which indicated communication between teens and their families increased under a parental consent law.

6. To Mary Torrence - some of the testimony has indicated that for all other types of surgical procedures or for the administering of aspirin at school, for instance, parental consent is required. Is that in the statute or is that a requirement for the purposes of liability?

The revisor affirmed the administration of aspirin is not covered in the statutes but is a procedure followed to escape civil liability or a criminal penalty for administering medical services to a minor without parental consent. In the case of a medical emergency, the parental consent requirement does not exist with regard to medical care. She referred to page seven, Section 9 of the bill which states an unmarried pregnant minor may consent to hospital, medical and surgical care related to her pregnancy if a parent is unavailable.

7. To Mary Torrence - re: the requirement of the school counselor to provide counseling (page four of the bill). What other types of duties to provide information are mandated of school counselors?

Ms. Torrence will check the statutes for such references.

8. To Rev. Yeats - how do we solve the potential for abuse of the judicial by-pass (e.g. lying to the judge and claiming incest).

Rev. Yeats acknowledged this could become a problem and could not offer a solution.

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9. To Mr. Vincent - you focused on the amendment re: SRS with the child in custody for more than six months and called it inappropriate. This refers to children removed from the home specifically because it was inappropriate. Are you suggesting the foster parent not be allowed to give consent but have the parent declared "unfit" be approached for permission?

Mr. Vincent gave several answers to this question. One response was that he was speaking against the agency being able to make an informed decision. Also, "If you distinguish between girls in custody more than six months rather than less, you have equal protection violations." Finally, that the way the statute is written, those girls with "no one to go back to" would go through the judicial by-pass. "However, because of the problem of SRS custody, those types of situations, we have a judicial by-pass which can be used by anyone."

10. To Mr. Vincent - re: an earlier question of a child alleging sexual misconduct on the part of the parent - the judicial by-pass supported by all of you has only two bases; a. if the judge finds the minor is mature and well informed or b. that the performance of an abortion is in the minor's best interest. Either decision would permit the judge to allow the abortion without notification of the parent.

Mr. Vincent stated the "Supreme Court says it has to be that way" and his group would support the by-pass, as stated, "if it would save lives".

11. To Rev. Yeats - do you and those you represent support other lifesaving issues for children in need such as additional funding for pre-natal care, additional funding for foster care and additional day care. Have you talked with your legislators and been advocates on these issues as well?

Rev. Yeats' response was that the church was an advocate on all children's issues especially education issues. He noted that as a non-profit group, there was no funding for staff to keep abreast of all issues before the body.

12. To Valerie Joens - The more we get into this issue, the more there seems to be a shift from what we call the "parental consent" issue to the issue of abortion. Knowing that you were present during the earlier noted hearings, held by this committee, on children's issues, where do you and your organization stand on the issue of sex education in the schools?

Ms. Joens responded that she was not an officer. Mr. Vincent stated that the organization could take no position on that issue by charter of the national organization.

13. To Bob Runnels - citing the South Carolina project discussed by Conferee Brown, is the Catholic diocese throughout the state addressing the responsibility of sex?

Mr. Runnels responded that there are courses in human sexuality taught in all schools, as mandated by the state and following its guidelines.

14. To Bob Runnels - is the church raising issues about human sexuality and responsibility for sexual behavior to parents regarding taking an active role in communicating with their teenagers?

Mr. Runnels responded that diocesan directions to the schools are that parents must be involved in human sexuality education as the primary source for that information. He offered to provide a copy of the guidelines for the information of the committee as well as copies of the Minnesota and Massachusetts studies on pregnancy reduction following parental consent legislation.

To Eric Deeter - the same question.

Rev. Deeter explained his church is a small congregation with no official program for sex education. The American Baptist churches in Kansas have their own independent program and each church may do things differently.

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To Rev. Yeats - the same question.

He responded that his church had recently had a seminar dealing with human sexuality, sexually transmitted diseases and chemical abuse. Also a regional conference was scheduled for the next day for churches to communicate positive values regarding sexuality, abortion and other life and death issues.

15. To Rev. Yeats - earlier you mentioned "pro-death". What is pro-death?

Rev. Yeats responded there are many involved. "Anytime you make a choice over someone's life that ends in someone's death, that would be a pro-death side. Pro-life would mean that we foster life."

What are you saying? Is Planned Parenthood pro-death in your eyes?

"They have an agenda for abortion. That would be a pro-death organization."

In response to a question about adoption, Rev. Yeats stated that adoption, as a whole, would be considered pro-life. Further, in response to the suggestion that Planned Parenthood offered alternatives, the reverend stated he had copies of Planned Parenthood and that it has a different agenda than just offering alternatives.

16. To Valerie Joens - the need for additional funding for pre-natal and maternal and infant care (based on the committee's hearings in February) was cited. The desire by Kansans for Life to have SRS removed from the bill and the earlier statement suggesting that Planned Parenthood was available for counseling was noted. "Do you want them to counsel or not?"

Ms. Joens' response was that they have the right to counsel. She stated that in other states the organization has "exhaustive" plans to get girls through the judicial by-pass procedure including helping them fill out forms and coaching them on what to say to the judge.

17. To Valerie Joens - as testimony has been presented, there seem to be mixed signals with the impression being counseling is not really desirable.

Ms. Joens cited testimony given at the earlier referenced hearings on children's issues, specifically dysfunctional families, would put the girl into the same situation. She advocated the judge, court counselor and her attorney being able to make the decision "as provided in the original bill".

18. To Valerie Joens - SB 91 deals with minors under the age of 18 years. Does your organization support the Supreme Court decision that women have a right to make a decision about abortion? Are you only concerned with women under the age of 18 years.

Ms. Joens replied that her organization believes that abortion is wrong. She cited Kansas as the only state with no restriction of any kind on abortion.

19. To Valerie Joens - Would you support an amendment placing financial responsibility on both the parents of the girl and the boy if the families chose not to support an abortion?

Ms. Joens replied affirmatively. She answered there had been no attempt in the senate to offer such an amendment.

The meeting adjourned at 3:18 p.m. The next meeting of the committee is scheduled for March 28, 1989, in Room 526-S at 1:30 p.m.

GUEST LIST

FEDERAL & STATE AFFAIRS COMMITTEE

DATE March 27, 1989

(PLEASE PRINT)

NAME	ADDRESS	WHO YOU REPRESENT
Rachel Grimes	1117 N. Curtis	Olathe Kansas For Life
Tabitha Davis	1920 Mohawk Drive	Olathe Kansas for life
Gary Grimes	1117 N. Curtis	Olathe, Kansas For Life
Meg Jones	1191 Maevron	Topeka - Kansas for life
Peggy Farman	5107 E. Kellogg Wichita	WHCS
Belva Ott	2226 E. Central Wichita	PPK
Arthur Jean Stearns	1248 Buchanan Topeka	Religious Coalition Abortion Rts
Clara M Penyer	R 2, Box 94	Sabetha, Ks 66534
Andrew Feldkamp	P.O. Box 1 - BAILEYVILLE	RIGHT TO LIFE OF KANSAS, INC.
TIM GOLBA	1480 K.C. RD. OLATHE, KS	KANSANS FOR LIFE
Lisea Bill	12031 Nemlock O.P.	Kansans for Life
HAROLD E. SEGRAVES	8318 OUTLOOK LAKE O.P.	KANSANS FOR LIFE
Jeanette Segraves	8318 Outlook Lane O.P.	KANSANS for Life
Calvey Wiedmer	RR# 1 Box 545	Pro-life Kansas for life
Vonda Wiedmer	RR# 1 Box 545	CONSERVED citizen
Alan Hansen	11200 W 191, Spring Hill	National Right to Life
Jamie Rieth	128 N. Wolff - Hanover, Ks.	Pro Kansans for Life
Ricade Schlabach	P.O. Box 212 Hanover Ks.	Kansans for Life
Mary Ellen Wiedmer	RR Greenleaf Ks 66943	FFL & SPCCW
Janna Martin	347 N. Hollenberg Hanover Ks	KANSANS for life
Sackie Overbeck	Box Hanover Ks, 66945	Kansas for life
Stacy Palmer	1045 Acadia Wichita, KS 67212	Society for Moral & Responsible Teens
Carol Caswell	3024 Clark Ct	Kansans for life
Dr. Gailyn Baeschling	804 5 th	Clay Center, Ks. Clay County for Life
Betty Born	5726 Delaware	Wichita, Ks. K.F.L.
Valerie Jones	Topeka Ks	Kansans for Life

TESTIMONY FOR SENATE BILL 91

I am Valerie Joens, a lobbyist representing Kansans for Life.

The Parental Consent Bill, SB #91, a bill requiring an un-eman-
cipated minor child 17 or under to have the consent of one parent
before obtaining an abortion should be passed by this legislature.

There has been alot of misinformation and confusion regarding
SB #91, and today we have several persons to speak on the merits
of this bill.

Kansans for Life are asking that the Senate amendments to the
bill be struck, particularly the school nurse and counselor and
the SRS involvement. We are asking tha SB#91 be brought back
to its original state.

In other states with similar legislation it has not been found
necessary to spend state funds to assist the minor if she chooses
to seek a judicial by-pass. The abortion clinics, crisis preg-
nancy centers and Planned Parenthood all have the staff and coun-
selors willing to help the minor. Kansas does not need to spend
funds to hire additional SRS social workers to meet the need
required in this amendment. Attached to my written testimony
is a fact sheet concerning the practical operation of the judicial
bypass procedure.

SRS cannot take a position for or against SB #91, but tomorrow
Tim Owens, legal counsel for SRS, will also ask that the amend-
ment involving SRS be removed.

We are pleased that the Senate recognized the importance of
keeping the age--17 and under. It only makes sense that since
the parent is responsible for the care and basic needs of a child
including medical procedures until the age of 18 that this too
should follow suit. Attached you will find a list of Kansas
Statutes and ages applied concerning crimes with reference to
children.

We would ask that you search your hearts and minds and find that
Kansas needs important legislation as this that would give par-
ents a right to be involved in this serious medical prodedure.

Please forward SB #91, amended as we have requested, to the floor
of the House.

Parental Consent Bill Fact Sheet

Subject: The practical operation of the judicial bypass procedure

Method:

A nonexhaustive but representative survey was made of the practical operation of the judicial bypass procedure to determine how the minor was able to obtain access to the system.

Minnesota:

The Minnesota law has a judicial bypass procedure like our proposed legislation. As a practical matter the minor will go to the abortion clinics, who already have paid counselors, and these counselors walk the minors through the system.

Missouri:

All the clinics in this state are aware of the law and know the option is available and give assistance.

Rhode Island:

Planned Parenthood has prepared extensive techniques complete with forms to coach the minor. Instruction includes not only how to get into the judicial bypass procedure but instructions on how to respond to the Judges questions. When the minor makes the appointment for the abortion the clinics get the minor into the system and the procedure takes place very quickly.

Massachusetts::

Planned Parenthood has prepared an extensive handbook on how to access the system, and with the assistance of the clinics have no problem getting into the system.

Conclusion: It would appear that the involvement of SRS social workers would not be necessary and should be eliminated from the bill as too costly.

KANSAS STATUTES ANNOTATED
CHAPTER 21.- Crimes and Punishments

Crimes with reference to age of child:

STATUTORY REFERENCE

APPLICABLE TO CHILD UNDER AGE:

Article 35.- Sex Offences

21-3503 & 21-3504 Indecent Liberties and Aggravated Indecent Liberties with a Child	16
21-3506 Aggravated Criminal Sodomy	16
21-3516 Sexual Exploitation of a Child	16
21-3519 Promoting Sexual Performance by a Minor	18

Article 36.- Crimes Affecting Family Relationships and Children

21-3603 Aggravated Incest	18
21-3604 Abandonment of a Child	16
21-3605 Nonsupport of a Child	18
21-3608 Endangering a Child	18
21-3609 Abuse of a Child	18
21-3610 Furnishing Intoxicants to a Minor	21
21-3610a Furnishing Cereal Malt Beverage to a Minor	21
21-3610b Furnishing Alcoholic Beverages to a Minor for Illicit Purposes	18
21-3612 Contributing to a Child's Misconduct	18

Article 43.- Crimes Against the Public Morals

21-4301a Promoting Obscenity to Minors	18
21-4301c Promoting Expressions Harmful to Minors	18

Michael D. Brown, RN, BSN; 2424 Sunset Court; Topeka, KS 66604
March 27, 1989

Testimony on Senate Bill No. 91 Regulating Induced Abortions For Minors

Members of the House Federal and State Affairs Committee, my name is Michael Brown. I am a Kansas registered nurse and a children's advocate. I will discuss one major flaw in Senate Bill No. 91 that, if amended, would help reduce the need for induced abortions among Kansas female and male youths.

Senate Bill No. 91 ignores the most effective social protection against elective abortions among Kansas girls 17 or younger: parent-centered pregnancy prevention. Facts on voluntary abortions performed on young adolescents suggest the bill needs an added section to best protect girls under 18 from abortion.

Kansas law 21-3519 says it is a felony to promote visual sexual stimulation of a child who is 17 or younger. Yet, males went much further and participated in conceptions leading to abortions for 562 Kansas girls under 18 during 1987.

According to Kansas laws 21-3509, 21-3516, and 21-3503 together, it is a felony to either sexually entice, exploit, or take indecent liberties with a child who is 15 or younger. However, males helped start pregnancies leading to induced abortions for 112 Kansas girls under 16 years old during 1987.

Kansas law 21-3511 says it is a felony to sexually solicit a child who is under 12. Still, in 1987, a male participated in a conception leading to an elective abortion for an 11-year-old Kansas girl who had two prior pregnancies.

Other 1987 Kansas data imply girls and boys need better parent-centered pregnancy prevention abortion-control. Stopping abortions among pregnant girls under 18 is a poor second to family-centered pregnancy prevention. Among the 1,471 babies born to young adolescents were 162 second babies, 15 third babies, and 2 fourth babies. The percentage of babies born to single mothers rose for 28 years in a row to 17 percent during 1987. Some mothers-to-be 17 or younger have to cope with the unexpected losses involved in stillbirths or miscarriages.

Regardless of the outcome of any teen/preteen pregnancy, each such

pregnancy's commonly negative effects can last lifelong for the girl, her sex partner, their baby(ies), plus the couple's immediate and extended families.

A public school district in South Carolina works with students' parents, elected public officials, 27 local churches, the media, and other concerned local citizens to reduce teen pregnancy. That school system's pregnancy rate dropped by a striking 63 percent in only two years. The section I suggest be added to Senate Bill No. 91 should focus on working with parents to help their school-age daughters and sons effectively prevent pregnancy.

Minnesota has a law similar to Senate Bill No. 91. A Kansas anti-abortion group has stated that, during the five years after that Minnesota law took effect, the birth rate for girls 15-17 years old grew almost 51 percent. Even without a 51 percent rise in the Kansas teen birth rate, the state spends yearly many tax funds and other resources helping thousands of pregnant students and school-age mothers finish high school and otherwise adapt to too-early parenthood. For instance, in 1985, Kansas spent nearly \$144 million in public funds on just three programs (Aid to Families with Dependent Children, food stamps, and Medicaid) for families started when the mother was 19 or younger.

So, Senate Bill No. 91 contains only second-best abortion-control that may increase the birth rate for young adolescents by 51 percent in five years. Would not many Kansans want that bill also to apply parent-centered promotion of abstinence and other pregnancy prevention abortion-control that may lower the pregnancy rate for those same girls by a stunning 63 percent in just two years? The South Carolina school district cited earlier has many fewer girls who now have pregnancies that could either be aborted or end in too-early parenthood.

As facts on teen/preteen abortions cited earlier suggest, Senate Bill No. 91 needs a new section to much better protect girls 17 or younger from voluntary abortion. That section should implement an effective program to work with parents in helping their minor daughters and sons avoid pregnancy. The South

Carolina project mentioned above could serve as a good model for such a program.

Also, many actions parents can promote their children to take to avoid pregnancy help them prevent AIDS and other sexually transmitted diseases.

During 1987, over 1,000 Kansas school-age and preschool-age girls and boys were treated for incurable and fatal AIDS, gonorrhea (that can cause sterility), incurable genital herpes, chlamydia (which can cause sterility), syphilis (that can cause much harm to the nervous system, heart, and/or major blood vessels), plus other sexually transmitted diseases. Especially in light of the five Kansas laws cited earlier on legal standards for age-appropriate sexual conduct, please do not overlook the fact that some of the Kansas boys and girls reported to have sexually transmitted diseases were preschool-age. In a study, 11 of 60 midwestern girls and boys from just one month to 18 years old who were allegedly sexually abused were found to have chlamydia at three different sites at once.

Nationally, pregnant minors are getting such serious diseases and passing some of them, including the AIDS virus, to their babies. In a Baltimore-area study, five of 115 pregnant girls 15-17 years of age were found to have three different sexually transmitted diseases at the same time.

Details on the South Carolina school system's proven program mentioned above and its history are the subject of the 1988 U.S. Department of Health and Human Services booklet "Reducing Unintended Adolescent Pregnancy." The 40-page publication can be ordered for \$3.50 from Murray Vincent, Ed.D.; Professor; School of Public Health, University of South Carolina; Columbia, SC 29208.

With much concern for all Kansas youths,

Michael D. Brown

Michael D. Brown, RN, BSN
Children's Advocate

TESTIMONY

Senate Bill 91

House Federal and State Affairs Committee
Monday, March 27, 1989 - 1:30 p.m.

KANSAS CATHOLIC CONFERENCE

By: Robert Runnels, Jr., Executive Director

Mr. Chairman, members of the House Federal and State Affairs Committee, my name is Bob Runnels, I am Executive Director of the Kansas Catholic Conference and speak under the authority of the Roman Catholic Bishops of Kansas.

It is a pleasure for me to be with you today and give testimony in support of S.B. 91.

Communication within a family is a privileged relationship. And one of the highest priorities is education in sexuality.

Parents and home comprise the first and most important matrix for forming attitudes and imparting information.

Others also play roles in the process by which children and young people come to understand sexuality and their value of it. Among influences for good or ill are peers, schools, and media.

The principle of parental involvement must be paramount in a child's life. A child with a pregnancy problem needs the strong support of parents during perhaps the most frightening challenge a child would have to face in her young life.

It is inconsistent with reality not to have parental support during this trying pregnancy period.

Testimony - S.B. 91 Continued
March 27, 1989

Finally, can we deal out the parents who have given so much of their lives to raise a child ... but rather have this troubled child turn to strangers for advise and consent who quite often are involved in financial gain from the abortion trade?

Speaking for the Kansas Catholic Conference I urge you to favorably recommend for passage Senate Bill 91.

3/25/89

Parental Rights Bill:

Tammy's Story,

My name is Tammy and I'm from the Wichita area. This month I celebrated my 18th birthday and I delivered my first baby! This was to be my Senior year of high school, looking forward to cheerleading, prom, and even a chance at being Homecoming Queen. In the July before my Senior year I had just returned from cheerleader camp when I went to an abortion clinic for a free pregnancy test. My worst fears became reality. You can imagine how I felt anticipating my final year of high school and learning that I was pregnant. Words cannot actually describe how I felt. I was confused, shocked and panicky. At the time I felt the only one I could share my fears with was Gary, whom I'd been dating for two years. He came right over and found me in tears. Not knowing what to say or do, we sat for a few minutes in silence. The silence was broken when he finally asked "What are we going to do?"

I was living with my father and stepmother at the time. There was no way I could tell them, especially my dad. He always had such high expectations for me, and my relationship with my stepmom just wasn't as close as I would of liked. Without actually knowing any of the facts about abortion, Gary and I tried to convince ourselves that abortion was the easiest choice and our only answer. Since I still had another year in high school and Gary was only making \$4.20 an hour in a grocery store, we had nothing to go on.

Without giving it any further thought, I called the abortion clinic once again to make an appointment under an assumed name. The woman I spoke to sounded very caring, and I felt relieved after talking to her. She assured me that there would be no pain or danger involved in aborting my pregnancy of seven weeks.

The next morning Gary and I drove to the clinic. We sat in the car in silence. Gary asked me if I was ready, all I could do was cry. I didn't really want to do it, I was scared. I just needed someone to tell me that it would be O.K. and that we could work through having this baby with a little help and support. But I didn't know that at the time. I was so confused. I started in the clinic with \$275.00 cash in hand, when a couple of pro-life sidewalk counselors approached us. They gave us literature and calmly informed us of other alternatives. They offered us that support we needed not to go through with the abortion and convinced us that we should consider telling our

parents. I was relieved to have changed my decision.

After gathering enough courage to tell our parents we found them much more understanding and supportive than we had expected, with the exception of my dad and stepmom, who pressured me to consider adoption or abortion. Upon my refusal, my dad told me I better not come home for a few days. I then moved in with my mom. But after the shock wore off, my dad and stepmom realized that our decision of keeping the baby was the best decision. Before, they were just thinking of me and not the baby, as most do when they first find out.

Gary and I had always planned on getting married someday, but since the time of our decision to keep the baby, we have grown closer and just recently married. Although I will never be Homecoming Queen, I feel that in turn for what I've lost, I have gained so much more. So far, everything seems to be working out. I managed to graduate at mid-term, I'm still planning on going to college and Gary got a better job at a aircraft company whose insurance will cover the delivery.

I realize that as a young married couple with the increased responsibility of our baby, Gary and I will face some very difficult times. I feel confident that we will work through them, because we've already dealt with some of the most difficult decisions we will ever have to face.

We are both very proud of our choice to keep the baby, for it takes more courage than abortion. When we use to sit with our hands on my stomach and feel the movement of life inside me, it reinforced us that we had made the right choice. Now we have a beautiful son!

We were fortunate enough to have someone outside the clinic to give us the support we needed to make the right choice. All girls my age need support to help them make the right decision, but that support shouldn't come from the abortion clinic staff. It should come from someone who knows which option will be in our best interest. And who's in a better position to provide that support than those who know her best...her parents. Without parental consent, it is too easy for us to make the wrong decision. At first, I didn't want to tell my parents, but I was relieved after I did and felt alot better. Though at first they were iffy, we've all grown closer as family through this situation. My husband and I and our families are all excited about the birth of Aaron.

Please make parental consent the law.

Sincerely,

Tammy

Tammy

Presenter: Dr. Nancy L. Toth, Family Physician
Graduate of Kansas University Medical School
Family Practice Residency at Scott Air Force Base
Board Certified in Family Practice 1979

Purpose: To discuss the immaturity of minors

Informed consent is a concern of every practicing physician in the state of Kansas. This is true not only because of the malpractice climate, but also because it is important that the patient understand the procedure, its risks vs. benefits and alternative forms of treatment in order for the patient to help determine what is best for her. As the law stands now, it is assumed in this one area of abortion that a teenage minor can make an informed, mature medical decision that is in her best interest. Senate Bill No. 91 and I disagree with this presupposition.

In my experience as a physician, I have found it particularly difficult to communicate with the adolescent age group (12 to 18). In the medical setting this group is generally quiet, reserved, embarrassed, and self-conscious, offering only minimal information when questioned. Many times they are unable to cite their own past medical history with any accuracy, or even give much history as to why they are present in the office, usually depending on the parent to explain the problem. They are generally not aware of drug sensitivities, allergies or past immunization status, information that parents ordinarily possess. It is hard to assess how much of what has occurred in the office they understand. They tend to have difficulty in articulating what was just explained to them, let alone transmit this information later to a parent. This results in follow-up phone calls from parents wanting to know what transpired in the office. Of course, the older the patient is, the less of a problem this is. Nevertheless, this medical information is important to the physician as he or she makes decisions regarding the adolescent patient's care.

The preponderance of psychological literature and the operating premise of most counselors support the fact that adolescents are immature in their perception of

life and their decision-making process. There are two major characteristics of this age group which have traditionally caused them to be considered immature resulting in a legal age limit of 18 or over being legislated in other areas, i.e. marriage, voting, access to alcoholic beverages and cigarettes.

The first is an inability to think through the consequences of their actions. Car accidents, drug abuse and suicide are all very high among teens and young adults, partially due to this trait. It is typical for this group to be interested in immediate gratification of their desires and immediate relief from painful or frustrating situations and to exhibit much less concern for long term ramifications. Little thought is given to the serious and sometimes permanent medical complications of abortion which occur in 20 to 30% of patients:

- | | |
|-------------------------------------|-------------------------|
| 1. Genital tract infections | 6. Bleeding |
| 2. Hemorrhage requiring transfusion | 7. Embolism |
| 3. Perforation of uterus or bowel | 8. Ectopic pregnancy |
| 4. Varying degrees of infertility | 9. Uterine rupture |
| 5. Premature and low weight births | 10. Future miscarriages |

Many of these medical complications we have been aware of for several years. In addition, there is growing evidence to support the existence of the emotional and psychological sequelae of abortion termed the post abortion syndrome (PAS). We are finding it very similar to the post traumatic distress disorder suffered by many Viet Nam War veterans, in which a traumatic event is not followed by a proper grief process. I might add, it took the American Psychiatric Association 10 years to officially recognize this syndrome. Some of the symptoms are:

- | | |
|---------------|----------------------------|
| 1. Depression | 9. Withdrawal |
| 2. Guilt | 10. Nightmares |
| 3. Anxiety | 11. Hallucinations |
| 4. Hostility | 12. Alcohol and drug abuse |

5. Deterioration of self-image
6. Memory impairment
7. Sleep disturbances
8. Difficulty concentrating
13. Recurrent recollections of the abortion or the unborn child
14. Deterioration of primary relationships
15. Suicide

Several studies of post-aborted women show that the majority of the women studied are affected by some degree of PAS which may surface immediately or as much as 5 - 10 years later. One University of Minnesota study on teen suicide found that teens who have had abortions are four times more likely to be depressed and suicidal than teens who have not had abortions. Suiciders Anonymous in Ohio reports that 45% of their female callers had had abortions. Of those, 78% were between 15 and 24 years old.

Ambivalence is another common characteristic of the adolescent age group. The teenager may vacillate between wanting total independence and wanting to be taken care of; they desire adult privileges yet reject adult responsibilities; one moment there is love and respect for parents, the next resentment and hostility. This instability enters into their decision-making process causing difficulty in coming to a final decision; then being assailed by self-doubt after it is made.

Consequently, with these characteristics of looking for the most expedient solution and being strongly ambivalent about any decision, it is readily apparent that the adolescent needs wise counsel and strong support from those who love her, i.e. her parents, in making such serious decisions. Yet, in this very important decision, she is encouraged to turn to strangers in an abortion clinic for help --- people who do not know or understand her personality or her personal history: people who have a vested interest in her obtaining an abortion.

What about post-abortion complications? Will the adolescent who has secretly obtained an abortion receive medical care for complications that might arise as

expeditiously if the parents are uninformed? Or won't the tendency be for her to delay seeking medical care and thus jeopardize her health? This concerns me as a physician. If the parents have no knowledge or have given no consent for this procedure that then results in a medical complication which necessitates treatment, who is then responsible for the medical bills incurred? Legally, the parents are responsible to pay the bills, yet the Government has taken away their rightful authority in this area.

As a parent I am concerned that not requiring parental consent in this very important matter teaches adolescents that society deems it acceptable, perhaps even preferable, to lie, to be deceitful, and avoid facing the authorities in their lives. This same behavior in response to other societal authorities could result in punitive consequences.

Abortion is not the trivial procedure that it is popularly portrayed. It is a surgical procedure having long-lasting consequences, and should be governed by the same principles as any other surgical procedure. These principles are informed consent, parental consent for minors, statistical reporting and case reviews; all of which are in existence primarily for patient protection. As the law stands now, we give hundreds of teens over to suffering the aftermath of abortion in ignorance with no real informed or parental consent for the sake of a few who have uncaring, unsupportive parents.

In summary, I believe SB 91 is necessary because adolescence is a time of learning the skills necessary to make important decisions, especially those that will affect them the rest of their lives. They need the more mature counsel from parents and loved ones who generally have their best interests at heart. Teenagers should not bear the burden of this decision of whether or not to abort and its consequences alone.

ABORTION COMPLICATIONS

These statistics come from studies of abortions done in hospitals in the U.S. or other countries that have had legalized abortion with statistical reporting present for many years longer than we have. It is important to note that hospitals generally have a higher standard of care than free standing abortion clinics which do most of the abortions in this country. Abortion clinics have no reporting requirements making it very difficult to monitor their complication rate or quality of care.

PHYSICAL/MEDICAL (20 -30% of suction and D&C abortions done in hospitals)

I. Immediate post-abortion complications

- A. Hemorrhage, bad enough to need transfusion 2%
- B. Perforation of the uterus 1/2%
- C. Infection , mild to fatal 25%
(Pelvic Inflammatory Disease PID)
- D. Disseminated Intravascular Clotting
occurs in late D&E's, saline and prostaglandin abortions
- E. Amniotic Fluid Embolus 12% of abortion deaths
occurs in saline and prostaglandin abortions and hysterotomies

II. Late complications of future fertility and reproduction (arise from steps in the procedure, i.e. from cervical damage or endometrial damage; OR from post-op infection)

- A. Infertility 5-10% after one abortion
- B. Future miscarriages 2-3 fold increase
- C. Premature labor & delivery 2-3 fold increase
related to mental retardation and birth defects
- D. Low birth weight full term 1.5 fold increase
- E. Tubal pregnancies 3 fold increase
- F. Labor complications 3 fold increase
- G. Rh factor sensitization
- H. Rupture of uterus 6% of post hysterotomy patients

Abortion is not as trivial as it is popularly portrayed. It is a surgical procedure in which an essentially closed body cavity is entered and does have long lasting consequences. As such, it should be governed by the same principles as any other surgical procedure. These principles being informed consent, parental consent for minors, statistical reporting, case and peer reviews are all in existence in tort law primarily for patient protection.

Kansas Association of Evangelicals

301 North Main • Suite 860 • Wichita, KS 67202 • (316) 291-8357

February 22, 1989

Representative Ginger Barr
State Capitol Building, Room 115 S
Topeka, KS 66612

Dear Representative Barr,

As Senate Bill 91 moves through the Senate it has been suggested that when it passes the Senate it might be assigned to the House Federal and State Affairs committee. Since you are a member of that committee, I hope you will secure a copy of the bill if you haven't already. I have enclosed a basic information sheet that shows why Kansas needs a parental consent law. There is also a sheet that explains why it should apply to those below 18.

I hope you will take the time to read through this information. I want you to know that I am available to discuss this legislation with you if you have any questions. Since, as President of the Kansas Association of Evangelicals, I will be contacting a number of churches in your district about this bill, I would appreciate hearing from you as to your stand on the bill. I try to be very careful not to misrepresent anyone's position on legislation.

Again, thank you for your taking time to examine this important issue. I come to Topeka frequently and would be glad to visit with you if you wish.

Sincerely,



Dick Kelsey,
President KAE

HOUSE FEDERAL & STATE AFFAIRS
Attachment No. 6
3/27/89

Why Kansas Needs Parental Consent

Should a minor teenage girl be involved in a medical operation without the knowledge or consent of her parents? The natural response to this question is no! In fact many people believe that it is not possible to operate on a minor without a parent signing a release or some kind of permission form. Many of us with children have signed such forms many times.

In Kansas there is an operation that can be performed on a minor without their parents knowing anything about it. That is the medical procedure of an abortion. Unfortunately this is not only a medical procedure that can affect a girl's physical body for life, but it is an operation that can affect her emotional well being for her entire life. No minor should make this decision without the involvement of her parents - even if she does not get along with her parents.

Some form of parental consent has been passed in 26 states thus far. It has been upheld by the Federal Courts. Kansas should have such a law on its books for the following reasons.

A. Parents have the right to know if their daughter is involved in such a serious matter as an abortion. Our government should not contribute to the breakdown of family relationships by allowing teens to ignore their parents. It is not easy for a teen to confront a parent with such a problem but that does not make it any less important or necessary. If complications develop from an abortion the parents are still responsible for the medical bills incurred.

B. The bill being proposed makes provision for the "exception situations" that arise such as one parent not being available, neither parent being available, judicial by-pass required by the courts, etc. Some people do not like these provisions but to be practical, legislation needs to be passed that will hold up in court.

C. Teenagers need to be taught to be responsible in their sexual activity. To be totally responsible would mean to wait until marriage and engage in sexual activity only with their spouse. By requiring parental consent for an abortion, young people will "think twice" before becoming too loose with their sexual activity.

Most people who have a pro-life perspective believe that abortion should be outlawed completely. This is certainly the ideal but we must deal with reality. Right now that is not possible in the United States. The parental consent bill is a first step in establishing the states compelling interest to protect innocent human life, to foster the family structure, and protect the rights of parents in exercising their best judgment while rearing their children.

Why the Parental Consent Bill should apply to minors below 18 years of age.

Around the country each time a parental consent bill has begun to show signs of possible passage, those who oppose the bill try to gut the legislation by proposing that it apply to only those below 16 years of age. They know most teenage abortions take place with young girls who are 16 or 17 years of age. The number of 15, 14, & 13 year olds getting abortions is very small. Following are some basic principles of law that demonstrate why parental consent for an abortion should apply to those below 18 years of age.

1. The state has determined that a minor is not responsible enough to buy and consume alcohol until they are 21 years of age.
2. A minor can not buy cigarettes until they are 18 years of age.
3. A parent is responsible for the care and basic needs of a child until they reach the age of 18.
4. A parent is held responsible for any vandalism that a minor does until age 18.
5. A parent is held responsible for medical bills for a child until 18.
6. If a minor runs away from home, they can be made a ward of the court and put into a foster home until age 18.
7. In order to get married before 18 a minor must get the written consent of a parent.

Question: Would those who suggest lowering the age of parental consent for abortions also vote to lower the age to below 16 on the items above?

February 7, 1989

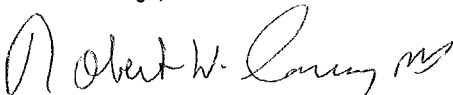
To Whom It May Concern:

I am Robert W. Conroy, M.D., Director for the Center of Applied Behavioral Sciences of Menninger. However, I am speaking on behalf of myself, and this is not an official statement of The Menninger Clinic.

I have tried in my professional career as a physician and psychiatrist to strengthen the family in any way I can. I have also been a champion for appropriate parental guidance which I feel is most supportive to our young people. I am very concerned that young women under the age of 18, without parental or guardian consent, can have an abortion. This, in effect, separates the young woman from appropriate support and guidance that could be offered from the parents or guardian. Young people also, because of their immaturity may feel under tremendous pressure to make a decision which could have an impact on them for life. In addition, a young person making such a difficult and unilateral decision may for years have to live with a very unsettling secret which could be detrimental to their peace and tranquility. Although it is certainly difficult for a young woman to talk with her mother and father about a pregnancy, I feel in the long run it will be beneficial for both to have it out in the open. It is apparent that the law supports such a stand in every other area except abortion.

I, therefore, support the bill that unemancipated minor must have written consent of both parents or legal guardian prior to the performance of an abortion. I think this law supports our family system and helps parents to be in an appropriate position to offer guidance, support, and help to their young person.

Sincerely,



Robert W. Conroy, M.D.
Director
Will Menninger Center for
Applied Behavioral Sciences

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Testimony of AUSTIN KENT VINCENT in SUPPORT OF SB 91 generally
and in OPPOSITION TO certain Senate amendments
before the House Federal and State Affairs Committee on March 27, 1989.

I. LEGAL BASIS OF PARENTAL CONSENT

A. In Bellotti v. Baird and Planned Parenthood of Central Missouri v. Ashcroft, the U.S. Supreme Court held that a state may require that minors receive consent from both parents prior to abortion. However, the minor must have an alternative (judicial bypass) if parents refuse or she chooses not to seek their consent.

B. KANSAS ATTORNEY GENERAL OPINION No. 88-44 confirms that SB 91, as originally introduced, meets the above requirements and is a constitutional regulation.

C. SUMMARY- Under present Supreme Court guidelines, reflected in SB 91, a minor may obtain an abortion UNLESS:

1. Both parents object; AND,
2. A Court finds she is too immature to make her own decision; AND,
3. The Court finds that the abortion would not be in her best interests.

II. PUBLIC POLICY FOR PARENTAL INVOLVEMENT

A. PARENTAL OBLIGATION until majority goes hand-in-hand with PARENTAL RIGHT.

B. IMMATURITY OF MINORS is evident by all laws which protect or limit the freedom of those under age.

C. MINOR'S HEALTH considerations are often unknown to minor. Original SB 91 provides for access of person most likely to have medical information necessary for any surgery.

D. FAMILY UNITY may not be universal, but the deterioration of some should not deter the legislature from encouraging this principle, given its importance to society.

E. REDUCTION IN PREGNANCY- States with effective parental involvement laws have experienced a drop in number and rates of minor births, abortions and pregnancies. Minnesota's numbers dropped after law became effective as follows: births-18.6%; abortions-40.1%; pregnancies-30.1%.

NOTE: Minnesota's law has been upheld as constitutional. Hodgson v. Minnesota, 853 F.2d 1452 (8th. Cir. Aug. 8, 1988)

III. SENATE AMENDMENTS

A. GRANDPARENT CONSENT will pit one generation against another. Who is responsible for medical expenses? Who is liable if injury or death results? (Line 73)

B. SRS CONSENT raises similar liability questions. (Lines 75-81 and 104-111)

1. Policy of original SB 91 was to involve those who are most familiar with the minor and her physical and psychological health history. A governmental agency is not likely to consider such factors.
2. Distinction between minors based upon length of time in SRS custody is likely an unconstitutional denial of equal protection.

III. SENATE AMENDMENTS- CONTINUED.

C. MANDATING ASSISTANCE by school employees and SRS to assist minor in avoiding parental involmnet. (Lines 121-134)

1. Pits the school and agency against parents.
2. Is completely biased towards obtaining an abortion, without any consideration of alternatives or health factors.
3. If speed is a consideration, this will only slow down the process.
4. This process operates in other states without state involmnet or expense.
5. This would require action contrary to the conscience of many counsellors and contrary to the religious tenents of many schools, thereby violating First Amendment rights.
6. Liability?

D. MINOR APPEARANCE BEFORE JUDGE NOT REQUIRED (Lines 142-147)

1. How can a judge determine maturity and best interests of the child without personal contact?
2. In today's harried judicial system, this would encourage "rubber stamp" decisions in a very important matter.

E. JUDICIAL "CONSENT" DEEMED GRANTED (Lines 194-196)

1. Mechanical decision-making will likely lead to trajedy.
2. This provision is unique.
3. It is the duty of the court, court clerk and the minor's attorney to see that deadlines are met.

CONCLUSION

For these reasons and others, I humbly ask this committee to remove the above amendments and pass SB 91 to the floor in order to encourage the responsibility and authority of parents and to add a measure of accountability to the lives of our youth.

MINNESOTA DEPARTMENT OF HEALTH STATISTICS

Americans United for Life
Legal Defense Fund
343 South Dearborn Street
Suite 1804
Chicago, Illinois 60604
(312) 786-9494

January 1989

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**STATISTICS DEMONSTRATING DECLINE IN PREGNANCY AND
ABORTION RATES FOR MINNESOTA MINORS UNDER PARENTAL NOTICE LAW**

It has been claimed that the Minnesota Parental Notice Law caused the teen birthrate to increase and that the law was of benefit to none. This statement is without merit.

Between 1980 (the last full year prior to enforcement of the parental notice law) and 1984 (the last year for which statistics are available from the Minnesota Department of Health), the number of abortions for teens under the age of 18 dropped by 40.1% and the decline in the abortion rate for this age group was 32.2%. For the same time period and age group, the number of births dropped 18.6% and the birthrate dropped 7.9%. Also during this time period, the number of pregnancies (abortions + births) for Minnesota teens under age 18 dropped 30.1% and the pregnancy rate decreased 20.9%

Table shows the number of abortions, births and pregnancies (abortions + births) to Minnesota residents under age 18. (Figures obtained from the Minnesota Department of Health, published yearly "Reported Induced Abortions")

<u>Year</u>	<u>Reported Induced Abortions</u>	<u>Births</u>	<u>Pregnancies</u>
1975	1,648	2,494	4,142
1976	1,060	2,369	4,429
1977	2,274	2,338	4,612
1978	2,186	2,122	4,308
1979	2,308	2,093	4,401
*1980	2,327	2,033	4,360
<hr/>			
1981	1,820	1,929	3,749
1982	1,564	1,778	3,342
1983	1,432	1,574	3,006
1984	1,395	1,654	3,049

Trends in numbers of abortions, births and pregnancies for Minnesota teens under age 18:

Between
1975-1980 Abortions increased from 1,648 to 2,327
 Births decreased from 2,494 to 2,033
 Pregnancies increased from 4,142 to 4,360

Between
1980-1984 Abortions decreased from 2,327 to 1,395
 Births decreased from 2,033 to 1,654
 Pregnancies decreased from 4,360 to 3,049

*/ The Minnesota Parental Notice Law became effective during 1981. Thus, 1980 was the last full year in which parental notice was not required.

The above charts show that while the number of abortions and the total number of pregnancies for teens under 18 (those covered by the parental notice law) increased during the four years prior to the time that the parental notice law came into effect, both abortions and total pregnancies decreased substantially during the four years subsequent to the law. During both periods the number of births and pregnancies decline during the four years after the parental notice law was enforced, the rates of each of these also declined.

Between 1980 and 1984, the number of abortions for teens under age 18 dropped by 40.1% and the decline in the abortion rate for this age group was 32.2%. For the same time period and age group, the number of births dropped 18.6% and the birth rate dropped 7.9%. Also during this time period, the number of pregnancies (abortions + births) for Minnesota teens under age 18 dropped 30.1% and the pregnancy rate decreased 20.9%. These rates factor in the overall drop in teen population during the years in question. The following table shows the raw values used to compute these percentages:

1980	<u>Abortions</u>	<u>Births</u>	<u>All females <18</u>
	2,327	2,033	212,264
1984	<u>Abortions</u>	<u>Births</u>	<u>All females <18</u>
	1,395	1,654	187,647

Thus, it is clear that enforcement of the Minnesota parental notice law did not in any way cause an increase in births within the under age 18 group.

DEFINITIONS:

Abortion

$$\% \text{ Change Abortions} = \frac{(1980 \text{ abortions} - 1984 \text{ abortions})}{1980 \text{ abortions}}$$

$$\text{Abortion rate} = \frac{\text{Abortions}}{\text{All females <18}}$$

$$\% \text{ change abortion rate} = \frac{(1980 \text{ abortion rate} - 1984 \text{ abortion rate})}{1980 \text{ abortion rate}}$$

Births

$$\% \text{ change births} = \frac{(1980 \text{ births} - 1984 \text{ births})}{1980 \text{ births}}$$

$$\text{birth rate} = \frac{\text{births}}{\text{All females <18}}$$

$$\% \text{ change birth rate} = \frac{(1980 \text{ birth rate} - 1984 \text{ birth rate})}{1980 \text{ birth rate}}$$

Pregnancy

$$\% \text{ change pregnancies} = \frac{[(1980 \text{ abortions} + 1980 \text{ births}) - (1984 \text{ abortions} + 1984 \text{ births})]}{(1980 \text{ abortions} + 1980 \text{ births})}$$

$$\text{pregnancy rate} = \frac{(\text{abortions} + \text{births})}{\text{all females <18}}$$

$$\% \text{ change in pregnancy rate} = \frac{(1980 \text{ pregnancy rate} - 1984 \text{ pregnancy rate})}{1980 \text{ pregnancy rate}}$$

**STATISTICS REPRESENTING TOTAL NUMBER OF FIRST-TRIMESTER
ABORTIONS AND NUMBER OF POST-FIRST TRIMESTER ABORTIONS
FOR MINORS IN MINNESOTA 1980-1984**

It has been claimed that the Minnesota parental notice law caused more teens to obtain abortions after the first trimester of pregnancy. The following statistics show this to be false.

Table showing number of first trimester abortions and number of post-first-trimester abortions for all teens (including 18 and 19 year olds) for years 1980, 1981, and 1982. Figures from Minnesota Department of Health ("Reported Induced Abortions").

<u>Year</u>	<u><13 weeks</u>	<u>>13 weeks</u>	<u>Total Abortions</u>
1980	4,561	1,042	5,603
1981	4,000	801	4,801
1982	3,556	725	4,281
1983	3,226	753	3,979
1984	3,132	849	3,981

In 1980, the last full year prior to the parental notice law's effect, 1,042 teens obtained abortions after the first trimester. That number represented 18.6% of the total number of abortions on teens.

In 1981, the first full year during which the law was in effect, the number of teens obtaining abortions after the first trimester dropped to 801. This number represented 16.7% of the total number of abortions on teens.

In 1982, the number of teens obtaining abortions dropped to 725. This number represented 16.9% of the total number of abortions on teens.

In 1983, a year and one half after the law had been in effect, (and after the period of transition in ensuring expedited bypass procedures) the number of abortions obtained by teens after the first trimester increased to 753. This number represented 18.9 % of the total number of abortions on teens.

In 1984, the number of teens obtaining abortions after the first trimester rose to 849. This number represented 21.3% of the total number of abortions on teens.

<u>Year</u>	<u>Percent of all Teens Obtaining Abortions After First Trimester</u>
1980	18.6%
1981	16.7%
1982	16.9%
1983	18.9%
1984	21.3%

If a delay were caused by the bypass procedure which pushed teens into the second trimester, it should have been most apparent in the first years of operation of the statute. Clearly, the percent of abortions obtained by teens declined during 1981 (1.9%) and 1982 (1.7%). Although there is a very slight increase during 1983 (0.3%) and a somewhat larger increase during 1984 (2.7%), it would appear unlikely that this increase correlates to the parental notice law, since it does not occur until two years after passage of the law.

Indeed, as the charts below demonstrate, for the years 1983 and 1984 (those years for which the numbers are broken down by age -- under 18 and 18-19) there was a much greater increase in abortions after the first trimester for teens aged 18-19 than for teens covered by the law.

**Number of Abortions Obtained After First
Trimester Broken down by Age**

<u>Year</u>	<u><18 yrs.</u>	<u>18-19 yrs.</u>	<u>Total abortions</u>
1983	334	419	3,979
1984	360	489	3,981

**Percentage of Teens Obtaining Abortions After
First Trimester by Age**

<u>Year</u>	<u><18 yrs.</u>	<u>18-19 yrs.</u>
1983	8.4%	10.5%
1984	9.0%	12.3%

These figures show that while those covered by the parental notice law showed a .6% increase in abortions obtained after the first trimester between 1983 and 1984, a much larger increase of 1.8% was seen for those 18 and 19 who were not covered by the law.

These statistics demonstrate:

1. The number of teens obtaining abortions after the first trimester decreased by about 23% between 1980 and 1981, (1,042 in 1980 to 801 in 1981). In 1984 there were still about 18.5% fewer abortions performed on Minnesota teens after the first trimester than there were performed in 1980.

2. For the years 1981 and 1982, the percentage of teens obtaining abortions after the first trimester, in relation to the total number of teens having abortions, decreased from what it had been in 1980. [1980 (18.6%), 1981 (16.7%), 1982 (16.9%)]

3. The percentage of teens obtaining abortions after the first trimester, in relation to the total number of teens having

abortions, was about the same in 1983 as it was in 1980. [1980 (18.6%), 18-19 (1.8%)]

4. Although the percentage of teens obtaining abortions after the first trimester, in relation to the total number of teens having abortions increased slightly in 1984, the increase was far greater (three times as great) for teens aged 18-19 (teens not covered by the law) than for those under 18 who were covered by the law. [<18 (.6%), 18-19 (1.8%)]

In summary, there is no support for the claim that the Minnesota parental notice law has caused an increase in the number of abortions performed on Minnesota teens after the first trimester of pregnancy.

STATE BY STATE
SUMMARY
OF
PARENTAL INVOLVEMENT STATUTES

#-statute currently being
challenged
*-statute presently operative

STATE	STATUTE	TYPE	WAITING PERIOD - WAIVER/BYPASS CONDITIONS	c-confidential e-expedited a-appeal	CASE/HOLDING
*Alabama	Ala. Code Sec. 26-21-1 <u>et seq.</u> (1987 Supp.)	Consent	None - Judicial Waiver c,e,a, required		<u>Ex Parte: State of Alabama</u> , No. 87-1067 and <u>Ex parte: Anonymous</u> , No. 87-1088, slip op. (Ala. S.Ct., June 21, 1988). Upheld, as applied challenge.
Alaska	Alaska Stat. Sec. 18.16.010 (1987)	Consent	None - None		Opinion of Attorney General that subsection is "clearly unconstitutional." Oct. 21, 1976, Op. Atty. Gen.
Arizona	Ariz. Rev. Stat. Ann. Sec. 36- 2151 <u>et seq.</u> (1987 Supp.)	Consent	None - Sec. 36-2153, Judicial Waiver c,e,a required		<u>Poe v. Collins</u> , No. CIV 85-2118 (C.D. Ariz. Aug 14, 1987). Enjoined.
Arkansas	Ark. Stat. Ann. Sec. 41-2555 (1985 Supp.)	Consent	None - None		<u>Smith v. Bentley</u> , 493 F.Supp. 916 (E.D. Ark. 1980) Enjoined.
#California	1987 Cal. Stat. ch. 1237, Sec. 25958 ("A.B. 2274")	Consent	None - Judicial Waiver c,e,a required		<u>American Academy of Pediatrics v. Van de Kamp</u> , No. 884574, (San Francisco Co. Cal., Super. Ct. Dec. 28, 1987) (preliminarily enjoined), <u>appeal docketed</u> , No. AD 40911 (1st App. Dist. Cal. Dec. 29, 1987)
Colorado		None			
Connecticut		None			
*Delaware	Del. Code Ann. Tit. 13 Sec. 708 (1981)	Notice to par- ent at time of diag- nosis (but see Case/ Hdg.)	None - None		<u>In re Diane</u> , 318 A.2d 629 (1974). Minor over 12 may give binding consent.
District of Columbia		None			

*=Florida	Fla. Stat. Ann. Sec. 390.001 (West 1987)	Consent	None - Sec. 390.001 (4)(a); Judicial Waiver; c,e,a	<u>Jacksonville Clergy Consultation Serv. v. Martinez</u> , No. 88-809-CIV-J-16 (M.D. Fla. filed Sept. 29, 1988). Preliminary injunction granted Oct. 6, 1988. Injunction dissolved Feb. 13, 1989; appeal filed Feb. 15, 1989, stay of order dissolving injunction pending appeal to 11th Cir. denied. (Statute currently in force.)
≠Georgia	Ga. Code Ann. Sec. 24A-4401 (1988)	Notice	None - Judicial Waiver; c,e,a	<u>Planned Parenthood v. Harris</u> , 691 F.Supp. 1419 (N.D. Ga. 1988). Enjoined prior law <u>Planned Parenthood v. Harris</u> , No. 88-CV-1159 (N.D.Ga. 1988), <u>appeal filed</u> , No. 88-8533 (11th Cir. _____ 1988), current law preliminarily enjoined.
Hawaii		None		
*Idaho	Idaho Code Sec. 18-609(6) (1985)	Notice	24 Hr. - None	No known challenge; opinion letter from Attorney General that statute is constitutional under <u>H.L. v. Matheson</u> .
≠Illinois	Ill. Rev. Stat. ch. 38, para. 81- 65 (1988)	Notice	24 Hr. - Judicial Waiver c,e,a required	<u>Zbaraz v. Hartigan</u> , 763 F.2d 1532 (7th Cir. 1985), <u>aff'd. by an equally divided court</u> , <u>Hartigan v. Zbaraz</u> , 108 S. Ct. 479 (1987). Enjoined; 24 hr. waiting period held unconstitutional. May become effective pending Ill. S.Ct. rules.
*Indiana	Ind. Code Ann. Sec. 35-1-58.5- 2.5 (Burns 1988 Supp.)	Consent	None - Sec. 35-1-58.5-2.5 (b-h); Judicial Waiver c,e,a required	Provision operative. <u>See In re T.P.</u> , 475 N.E. 2d 312 (1985) (denial of waiver of consent affirmed).
Iowa		None		
Kansas		None		
≠Kentucky	Ky. Rev. Stat. Ann. Sec. 311.732 (Baldwin 1983)	Consent	None - Sec. 311-732 (3- 6); Judicial Waiver c,e,a required	<u>Eubanks v. Brown</u> , 604 F.Supp. 141 (W.D. Ky. 1984) Enjoined. Consent provision is constitutional on its face but court refused to sever it and uphold it (Supreme Ct. Rules promulgated Oct. 1986 case reopened. Dis. Ct. upheld <u>Eubanks v. Wilkins</u> F.Supp. _____ (W.D. Ky. Aug. 23 1988), <u>notice of appeal filed</u> , No. 88-6065 (6th Cir. _____, 1988)
*Louisiana	La. Rev. Stat. Ann. Sec. 40:1299.35.5 (West 1988 Supp.)	Consent	None - Sec. 40:1299.35.5(B); Judicial Waiver c,e,a required	<u>Margaret S. v. Treen</u> , 597 F.Supp. 636 (E.D. La. 1984) Upheld.
Maine	Me. Rev. Stat. Ann. Tit. 22 Sec. 1595 (1980 and _____)	Notice	24 Hr. - None	<u>Women's Community Health Center v. Cohen</u> , 477 F.Supp. 542 (D. Me. 1979) Enjoined; not appealed.

Maryland	Md. Health-Gen. Code Ann. Sec. 20-103 (1982)	Notice	None - No judicial bypass but waiver of notice is authorized by physician if he believes notice "may lead to physical or emotional abuse of the minor."	Opinion of attorney general that it is unconstitutional. 70 Op. Atty. Gen. (Dec. 31, 1985).
*Massachusetts	Mass. Gen. Laws. Ann. ch. 112 Sec. 12 (West 1983)	Consent	None - Judicial bypass provided; c, e, a required	<u>Planned Parenthood v. Bellotti</u> , 641 F.2d 1006 (1st Cir. 1981). Upheld.
Michigan		None		
#Minnesota	Minn. Stat. Ann. Sec. 144.343 (West 1988 Supp.)	Notice	48 Hr. - Sec. 144.343-(c); Judicial Waiver c,e,a required	<u>Hodason v. Minnesota</u> , 853 F.2d 1452 (8th Cir. 1988) (<u>en banc</u>) <u>petition for cert. filed</u> , No. 86-1125 (U.S. Jan. 4, 1989) Upheld; law had been operative for 5 years.
#Mississippi	Miss. Code Ann. Sec. 41-41-51 <u>et seq.</u> (1986)	Consent	Judicial Waiver c,e,a required	<u>Barnes v. Mississippi</u> , No. J86-0458(w) (S.D. Miss. 5/13/87). Stayed pending <u>Hartigan v. Zbaraz</u> and <u>Ohio v. Akron Center</u> .
*Missouri	Mo. Ann. Stat. Sec. 188.028 (Vernon 1988 Supp.)	Consent	None - Sec. 188.028(2) Judicial Waiver c,e,a required	<u>Planned Parenthood v. Ashcroft</u> , 462 U.S. 476 (1983). Upheld. <u>T.L.J. v. Webster</u> , 792 F.2d 734 (8th Cir. 1986) Upheld.
Montana	Mont. Code Ann. Sec. 50-20-105 (1987)	Notice	None - None	Not presently operative (pre- <u>Danforth</u> statute). See <u>Doe v. Deschamps</u> , 461 F.Supp. 682 (D.C. Mont. 1976) (enjoining spousal consent provision)
Nebraska	Nev. Rev. Stat. Sec. 28-347 (1985)	Notice	24 Hr. - Sec. 28-347(2); Judicial Waiver c,e,a required	<u>Orr v. Knowles</u> , No. CV 81-0-301 (D. Neb. Sept. 19, 1983). Enjoined; not appealed.
Nevada	Nev. Rev. Stat. Sec. 442.255 (1988)	Notice	None - 1) Informal judicial waiver available within 24 hrs.; or 2) formal petition to court.	<u>Glick v. McKay</u> , 616 F.Supp. 322 (D.Nev. 1985). Enjoined pending promulgation of rules by Nevada Supreme Court.
New Hampshire		None		
New Jersey		None		
New Mexico		None		
New York		None		
North Carolina		None		
*North Dakota	N.D. Cent. Code Sec. 14-02.1-03.1 (1987)	Consent	None - Sec. 14-02.1-03.1(2-11); Judicial Waiver c,e,a required	No known challenge; presently operative.

#Ohio	Ohio Rev. Code Ann. Secs. 2151.85, 2919.12 and 2505.73 (1987)	Notice	24 Hour - Judicial Waiver; c,e,a required	<u>Akron Center for Reprod. Health v. Slaby</u> , 854 F.2d 852 (6th Cir. 1988), <u>notice of appeal filed</u> , <u>Ohio v. Akron Center for Reprod. Health</u> , No. 88-805 (U.S. Oct. 24, 1988). (Twenty-four hour notice upheld and not appealed; but not severable from statute and is currently enjoined.)
Oklahoma	Okla. Stat. Ann. Tit. 63 Sec. 1- 738 (West 1984)	None		<u>Note</u> : Sec. 1.738 merely requires physician to report who signed consent form
Oregon		None		
#Pennsylvania	18 Pa. Cons. Stat. Ann. Sec. 3206 (Purdon 1988)	Consent	None - Judicial Waiver c,e,a required	<u>Planned Parenthood of Southeastern Pa. v. Casey</u> , 686 F. Supp. 1089 (E.d. Pa. 1988), Presently enjoined under temporary restraining order.
*Rhode Island	R.I. Gen. Laws Sec. 23-4.7-6 (1985 Supp.)	Consent	None - Sec. 23-4.7-6; Judicial Waiver c,e required	No known challenge; presently operative.
South Carolina	S.C. Code Ann. Sec. 44-41-30 (Law. Co-op. 1985)	Consent	None - None	<u>Floyd v. Anders</u> , 440 F.Supp. 535 (D.S.C. 1977) Enjoined.
South Dakota	S.D. Codified Laws Ann. Sec. 34-23A-7 (1986)	Consent	None - None	Not presently operative (pre- <u>Danforth</u> statute).
Tennessee	Tenn. Code Ann. Sec. 37-10-301 <u>et</u> <u>seq.</u> (1988)	Consent	48 Hr. - Judicial Waiver; c,e,a required	Effective July 1, 1989. No known challenge.
Texas		None		
*Utah	Utah Code Ann. Sec. 76-7-304 (1978)	Notice	None - None	<u>H.L. v. Matheson</u> , 450 U.S. 398 (1981) constitutional as applied to unemancipated, dependent, immature minors; operative after challenge. <u>See also L.R. v. Hansen</u> No. C-80-0078J (D.Utah Feb. 8, 1980) unconstitutional as applied to mature emancipated minor. <u>H.B. v. Wilkinson</u> , 639 F.Supp. 952 (D.Utah 1986) upheld as applied to plaintiff, an immature minor.
Vermont		None		
Virginia		None		
Washington	Washington Rev. Code Ann. Sec. 9.02.070 (1988)	Consent	None - None	<u>State v. Koome</u> , 84 Wash.2d 901, 530 P.2d 260 (1975). Enjoined.
*West Virginia	W. Va. Code Sec. 16-2F-3 (1985)	Notice	24 Hr. - 1) Judicial Waiver; or 2) inde- pendent physician's determination of maturity/best interests	Presently operative.

STATE	STATUTE	TYPE	WAITING PERIOD - WAIVER/BYPASS CONDITIONS	c-confidential e-expedited a-appeal	CASE/HOLDING
Wisconsin	Wis. Stat. Ann. Secs. 146.78(5) and 46.24 (West 1988)	None			<u>Note:</u> Clinic to encourage minor to consult her parents; no notice to parents without minor's consent.
Wyoming		None			

Summary:

"consent" states - 19
"notice" states - 13

States with operative laws:

consent - 7
notice - 4

States in litigation:

consent - 5
notice - 4

Rev. 03/22/89
Chart prepared by
Americans United for Life Legal Defense Fund

c 1988, Americans United for Life

IN FAVOR OF
PARENTAL CONSENT

G. Eric Deeter
Box 265
Silver Lake, KS 66539

(1) The Parental Consent Bill does not deal with the question of a woman's right to her body. It does not prohibit abortion. I believe that the basic philosophy behind this bill is that there are some decisions that minors should not make by themselves.

(2) Our state has other laws which agree with this philosophy. We won't let someone under age eighteen be married without their parent's permission; nor can they vote. According to the law, no one under eighteen is supposed to buy cigarettes, and the drinking age is twenty-one. These laws restrict a minor's freedom to choose. The fact that we have these laws, and accept them as good, shows that we agree with the philosophy that there are some decisions a minor should not make for himself or herself.

(3) The medical community shows by their actions that they also agree with this philosophy. Doctors won't perform surgery on a minor without having permission from the parents. Dentists won't pull a tooth without the parent's consent. School nurses won't even give a child an aspirin without the parent's permission. These practices suggest that we believe the parent to be more qualified than the child to determine what is best for that child.

(4) If we believe that there are some decisions minors should not make for themselves--voting, marriage, drinking--and if we believe that parents should determine what medical care is best for their child, then abortion should not be an exception. I urge this committee to move this bill on to the floor of the House, and to support its passage into law.

HOUSE OF REPRESENTATIVES - FEDERAL AND STATE COMMITTEE

CONFEREES - JOHN YEATS

- Legislative Liaison - Committee on Public Affairs, Kansas/Nebraska Convention of Southern Baptists
- Pastor Shawnee Heights Baptist Church, Topeka, Kansas

Part of the dilemma of Senate Bill 91 (SB 91) is that the debate is focused in the peripheral issues of abortion rights. You will hear emotionally charged testimony from both "pro-life" and "pro death" groups.

The testimony is true that SB 91 will save the lives of many yet-to-be born children and if passed, abortuary operators do face a substantial economic loss. Both groups will testify that their position is the "most caring position."

However, the primary issue of SB 91 is the State's position on the promotion of positive family life. Our State's heritage has historically supported the ideals of positive family living. You as legislators have the awesome responsibility of adopting or rejecting bills that foster family life. The kind of family living that cultivates generations of solid, upstanding citizens of excellent character.

SB 91 addresses the issue of family order and responsibility. Current Kansas Statutes support the role of parental responsibility for unemancipated minors. Currently every other medical procedure must have the consent of a parent or guardian prior to initiation.

If our statutes are to support family living then they must be consistent. Your citizenry asks for prudence. No double standards!

SB 91 was severely amended in the Senate. In its original version SB 91 had a simple "judicial bypass". The Senate expanded the "judicial bypass" to give incredible liberties to non--family, state consultants, (School counselors, and SRS social workers). This places tremendous liabilities on already over-worked school counselors and it creates additional burdens for social workers who claim they are over worked and underpaid.

The concern of the Senate was to assist unemancipated minors whose family structures are in a degenerated state with counsel through an often threatening judicial process.

But doesn't this continue to promote a breakdown of parental responsibility. The line must be drawn somewhere. If the encroachment of the State doesn't stop, soon the State will have all the responsibility for rearing children (18 years and younger). The philosophy that made our Nation and State great is the ideal that the State give maximum responsibility to parents for the rearing of their

children. You as our Representatives need to take the leadership role in reaffirming and re-establish responsibility in this very intimate, and very family area.

I would urge you to reconsider the originally submitted pre-amended format of SB 91. I know you sense the tension between pro-life and pro-death special interest groups. But the appropriate position is PRO-FAMILY. Your electorate constituency will always be supportive of their representatives who uphold a standard supportive of family life.

John Yeats
(913) 266-5600



TESTIMONY ON S.B. 91
before the
HOUSE FEDERAL AND STATE AFFAIRS COMMITTEE
given by
Patricia E. Baker
Associate Executive Director/General Counsel
Kansas Association of School Boards

March 27, 1989

Madam Chairman, members of the Committee, I appear before you on behalf of our 301 member school districts. KASB is neither a proponent nor an opponent of the intent of S.B. 91. I appear to express our grave concern about one section of the bill.

On page 4, lines 121 through 128, a burden is placed on school employees with regard to implementing certain legal rights for unemancipated minors. The language of the section is especially problematic in that it does not limit the obligation to public school nurses or counselors, does not provide training for any of those affected in advising teenagers on legal rights and does not indicate what is the "appropriate" office of SRS.

Many questions arise from the section noted. Does failure to provide the information result in liability to the employee or the district? If the "appropriate" office of SRS is not located in the school district, what obligation does the school have in assisting the

minor in receiving the counsel? What constitutes "counseling"? Would mere knowledge of pregnancy obligate the employee to act?

Because of the vagueness of this provision and the potential far-reaching effects, we request this Committee delete the section noted. Thank you for your attention.

CONSTITUTIONAL OVERVIEW

1. The State of Kansas can legislate abortion and even prohibit it under certain circumstances:
 - the trimester tests Roe v. Wade 93 Sct 705 (1973)
 - there is no absolute right to an abortion on demand Roe v. Wade
2. The State of Kansas has particular legislative ability concerning abortions on minor children:
 - because minors lack experience, perspective and judgment to avoid choices that could be detrimental to them Bellotti v. Baird 99 Sct 3035 (1979)
 - states may therefor validly limit a minor's right to choose for herself in making an abortion decision even when it might not do so for adults Bellotti v. Baird; Zbaraz v. Hartigan 763 F2d 1532 (1985)
3. Immaturity and Parental Involvement:
 - This is a legitimate basis for state regulation of a minor's abortion decision which US Supreme Court has already recognised as valid state's interest Bellotti v. Baird and Planned Parenthood v. Danforth 428 US 52
4. Parents have first rights to exercise care, custody and control of minors; this includes the abortion decision:
 - SB 91 merely preserves that first right. Bellotti v. Baird and Planned Parenthood v. Danforth.
5. Parental Consent:
 - This requirement is the same consent requirement already recognized as constitutional and tested in a number of Supreme Court cases. Bellotti v. Baird; Planned Parenthood v. Danforth; Planned Parenthood v. Ashcroft 103 Sct 2517; H.L. v. Mathison 450 US 398. See also Thornburgh v. Am. Coll. of Obst. 106 Sct. 2169 (1981).
6. Parental Notification:
 - a permissible state interest in requiring notice H.L. v. Mathison; Bellotti v. Baird.
7. Judicial Alternative:
 - a necessary procedure. If a child chooses not to obtain parental consent or notice or a parent refuses consent, a judicial alternative must be provided. SB 91 is essentially a procedure already approved and tested by a number of Supreme Court cases. Planned Parenthood v. Ashcroft.
 - the District Court can waive the parental consent or notice requirement if (a) it finds the minor is a mature person and can decide on her own or, if not (b) it finds that nevertheless, the abortion would be in her best interest Planned Parenthood v. Ashcroft.
8. The Emergency Override:
 - recognises certain state interests in the health of the minor.

9. The Minnesota Case:

Hodgson v. State of Minn. 853 F2d 1452 (1988).
District Court originally held that certain parts of the Minnesota parental "notice" statute was unconstitutional. On appeal the decision was reversed. The Appeals court concluded that the significant state's interest in minors and fostering parental involvement is a issue the state legislature can decide. It is not a question for judicial "second" guessing. Parents play a "guiding role" in the upbringing of children - history indicates that most parents will be supportive and primarily interested in the welfare of their children.

10. Kansas Attorney General Opinions:

Parental consent statutes found to be constitutional. AG. Opin. 88-44. See also AG Opin. 87-66.



DR. FRED P. DOPPS

2243 S. Meridian, Suite 100
Wichita, Kansas 67213
Telephone: (316) 945-2525
February 3, 1989

Senate Federal and
State Affairs Committee
Room 255-E
State Capitol Building
Topeka, KS 66612

Attention: Chairman Senator Edward Reilly, Jr.

We beseech you and the Senate Federal and State Affairs Committee to pass the Parental Rights Bill and to leave the age at 18 years of age for the following reasons:

- 1.) ALL OTHER CARE of a minor, such as administering any medical treatment, medication, and providing basic necessities is the responsibility of an adult, be it a parent or a court-appointed guardian.
- 2.) It seems incongruent that this one "medical procedure" should be an exception when it's potential risk of physical complications and lasting emotional trauma is so high in comparison with other medical procedures, which the law does NOT allow a minor to decide.
- 3.) The parent(s) or guardian(s) should not, in our opinion, be held responsible for their minor's future health care and psychological counseling which might be needed as a result of the minor choosing to have an abortion, UNLESS the parent(s) or guardian(s) are given a legal right to knowing about and having the choice of consent.
- 4.) We believe that the majority of parents genuinely care about their minors and deserve to know when their minors face traumas. There are so many cases when emotion and panic cloud a situation. A minor simply hasn't had the experience of weathering life's storms yet. That's when an adult, preferably a parent or a guardian, need to be in on a life-long decision that a minor is facing. That parent or guardian almost always KNOWS their minor better than an abortion counselor or even a school counselor. That parent is the one who will BE THERE for the minor after a child has been born or after an abortion -- who can better advise that minor about what the future might hold for them than the ones who will be there with them afterward!?

Thank you for allowing us to offer our heartfelt beliefs and reason with you over this important bill.

Respectfully,

Fred P. Dopps *Nancy Dopps*

Dr. and Mrs. Fred P. Dopps

"The doctor of the future will give no medicine but will interest his patients in the care of the human frame, in diet, and in the cause and prevention of disease."
THOMAS A. EDISON

March 26, 1989

Ladies and Gentlemen of the House of Representatives,

This letter is being written to serve as a voice for all of those prospective adoptive couples out there who haven't had the opportunity to experience the joy of holding their own baby in their empty arms. I, being one of those individuals can tell you first hand of the anguish experienced when I read or hear of an unborn child that has been aborted. The dashed hopes, unrealized dreams and countless tears ~~from~~ of women such as I, who hope in their heart that one of these women who decide to abort their baby will at the last moment change their mind. I feel more stringent guidelines must be set for abortion. Teenage girls are not psychologically or emotionally capable of making a decision of this nature without proper guidance and parental consent. There are many loving aunts out there to adopt these unwanted and unfortunate little ones, and I'm one of them. Sincerely, Alicia Benoit

2/2/89

Federal and State Affairs Committee:
State Capital Building
Topeka, Kansas 66612

Dear Senators:

My seventeen year old daughter came very close to obtaining a~~w~~ abortion without my consent or knowledge. Fortunately, she went to her aunt for advice before her abortion. Her aunt took her to Planned Parenthood for counseling as to her options, hoping that she would hear about choices other than abortion. Out of a thirty minute session at Planned Parenthood, twenty minutes were devoted to discussing abortion, five minutes to adoption and five minutes to keeping the baby. To make matters worse, Planned Parenthood offered her what I call a "coupon" and they called a "referral" which would give her a considerable discount on her abortion. My daughter decided to come to us for support. Angie's reason for not coming to us sooner was that both she and her boyfriend did not want to disappoint their parents.

The abortion clinic would not even allow me, as her mother to cancel my daughter's abortion. I then asked the lady on the telephone if she could tell me at what age a girl had to be to obtain an abortion without parental consent. She said, "The children, I mean girls, can be any age. They can even be ten years old!" It is appalling to know that the clinics can do an abortion without parental consent, but if there are complications that they cannot get my child to an hospital for help without my consent. What a sad paradox! I can imagine the shock I would have felt if there had been complications and I had gotten a call. Or worse, what if I had not been at home, totally unaware that my daughter was having a surgical procedure. By the way, she was told at the abortion clinic that the procedure was safe and painless.

Needless to say, Angie's stepfather and I are extremely glad that she came to us for our help and support. She has decided against abortion. I shudder to think how many children probably have abortions or consider them without parental knowledge. As parents, we are responsible for our children's physical as well as mental health. It is impossible to fulfill this responsibility without parental consent on abortions.

Sincerely,

Brenda L. Clark

Brenda L. Clark

Wichita Area

HOUSE FEDERAL & STATE AFFAIRS
Attachment No. 15
3/27/89