

Approved _____

Date

2/14/89

MINUTES OF THE Senate COMMITTEE ON Federal & State Affairs

The meeting was called to order by Senator Edward F. Reilly at
Chairperson

11:10 a.m./pm on February 8, 19 89 in room 313-S of the Capitol.

All members were present ~~except~~.

Committee staff present:

Mary Galligan, Legislative Research Department
Marty Robison, Secretary

Conferees appearing before the committee:

Valerie Joens, Kansans for Life
Tammy, a 17 year old
Cindy Patton, Attorney, Kansans for Life
Dr. Nancy Toth, Physician, Private Practice, Topeka
Kent Vincent, Attorney, Kansans for Life
Bob Runnels, Kansas Catholic Conference
Mechelle Utz, Topeka
Michael Brown, Topeka
Dr. Gordon Risk, ACLU
Belva Ott, Planned Parenthood
Peggy Jarman, Women's Health Care Services

Chairman Reilly called the meeting to order.

A hearing was held for SB 91 which deals with consent for abortions performed on minors.

Proponents:

Valerie Joens appeared in support of SB 91 and said she represented the voice of over 65% of Kansans who are supportive of parental consent for abortions on girls under the age of 18 (Attachment 1).

Tammy, a 17 year old who requested her last name not be used, told of her experience as a pregnant teenager and her decision to have her baby. She said girls need someone, their parents, to help them make the right decision and supports this bill (Attachment 2).

Cindy Patton spoke against the suggestion of lowering the age from 17 to 15 and told the committee that this would gut the effectiveness of the bill. She told members that between 1980 and 1984 in Minnesota, for girls from 15-17 years of age, abortions decreased 40%, births decreased 23%, and pregnancies decreased 32% (Attachment 3). She believes that the age of minority should continue to be 17 and under to be consistent with other statutes.

Dr. Nancy Toth discussed the immaturity of minors in the decision making process and told the committee that the adolescent is not able to bear that burden alone (Attachment 4). She said abortion should be governed by the same principles as any other surgical procedures.

Kent Vincent said that the Attorney General's opinion #8844, dated March 29, 1988, found that parental consent requirements from HB 2950 would pass constitutional muster. He also stated that the cases would not clog the courts since they are not subject to the Kansas Code for Children and would not go to the Juvenile Court.

Bob Runnels told the committee that parental involvement must be paramount

CONTINUATION SHEET

MINUTES OF THE Senate COMMITTEE ON Federal & State Affairs,
 room 313-S, Statehouse, at 11:10 a.m. on February 8, 1989

in a child's life and parental support is especially needed during this trying pregnancy period (Attachment 5).

Mechelle Utz related her experience as an unwed expectant teenager and asked the committee to support this bill. She also requested the committee give serious consideration to making counseling before and after an abortion mandatory (Attachment 6).

Michael Brown, registered nurse, told members that the focus should be on working with parent-centered prevention of pregnancy programs. A public school district in South Carolina, working with parents and local churches, was able to drop their pregnancy rate by 63% in two years (Attachment 7).

Other written testimony in support of SB 91 was distributed from: Dr. Robert Conroy, Menninger Center for Applied Behavioral Sciences (Attachment 8); Sarah Trulove, Religious Coalition for Abortion Rights in Kansas (Attachment 9); Rabbi Lawrence Karol, Temple Beth Sholom, Topeka (Attachment 10); Rev. Larry Keller, Lowman Methodist Church, Topeka (Attachment 11); Darlene Stearns, RCAR, Topeka (Attachment 12); Ann Heberger, League of Women Voters of Kansas (Attachment 13); Brenda Clark, Wichita (Attachment 14); Dr. & Mrs. Fred Dopps, Wichita (Attachment 15); and Marilyn McNeil, LMSW (Attachment 16).

Opponents:

Dr. Gordon Risk testified that Minnesota's 5-year experiment with a parental notification statute in 1986 was a failure. The law was imposed on over 7,000 pregnant teenagers between the ages of 13 and 17, but only approximately 3,500 went to court to seek a confidential abortion. Notification and consent laws create a class system in which only certain teenagers have access to the courts (Attachment 17). He also stated that it will increase the morbidity and mortality rates among pregnant teenagers and increase the number of unwanted children. He indicated there are problems with appearing in court, such as delays, lack of confidentiality, cost, and trauma. He told committee members to be aware that parents would have the right to force an abortion on a minor daughter if they determined it to be in her best interest. Although the bill is concerned with parental rights, he thinks it focuses on the wrong parents.

Belva Ott testified that these laws seriously burden the minor's ability to exercise their constitutional right of choice between abortion and childbirth and significantly increase health risks to minors. She said only 9 states have parental consent laws working, even though it has been passed in 26 states. None of the professionals involved in implementing the Minnesota law saw any positive effect. In fact, of all minors going through the judicial by-pass procedure, only 4 were turned down and unable to obtain an abortion (Attachment 18). Planned Parenthood believes the committee should look more at prevention and education laws - not punishment. They would stress mandating comprehensive sexuality education from K-12 and would want it fully funded.

Peggy Jarman told the committee that the assumption that all minors have kind, compassionate, and caring parents is not accurate. The Department of SRS has almost 25,000 cases of reported child abuse and neglect and in all probability, could not safely obtain parental consent. She also disagreed with the argument that abortion is extraordinarily hazardous and physically complicated. She presented figures on the cost of adolescent pregnancy. Section 6, restricting all second trimester abortions to hospitals, was found unconstitutional by the U.S. Supreme Court in 1983 (Attachment 19). Because of faulty assumptions, an ineffective bypass system, and unconstitutional and unconscionable restrictions, she asked that the committee oppose this bill.

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Written testimony was distributed to members from Rep. Alex Scott, Junction City (Attachment 20); Robert Talkington, Attorney, Iola (Attachment 21); Joan Mahoney, ACLU (Attachment 22); Susan Jacobson, Planned Parenthood (Attachment 23); Patricia Hackney, ACLU (Attachment 24); Adele Hughey, Comprehensive Health for Women (Attachment 25); and key U.S. Supreme Court rulings on abortion (Attachment 26).

Various other pamphlets are on file in the Senate Federal & State Affairs office, including: a pamphlet from American Baptist Churches, U.S.A, "Religious Freedom and the Abortion Controversy", "Parental Notice Laws", and 52 letters of opposition to SB 91.

The meeting was adjourned at 12:00

GUEST LIST

COMMITTEE: Senate Federal & State Affairs

DATE: 2/8/89

NAME (PLEASE PRINT)	ADDRESS	COMPANY/ORGANIZATION
Tim Golba	1480 R.C. RD. OLATHE, KS 66061	OLATHE KANSANS FOR LIFE
DAVID G. BRACE	2002 CAPRI WICHITA, KS, 67207	NEW LIFE FELLOWSHIP
Shawn White	1900 Cypress St. Newton KS 67114	Newton Teens for Life
Michele Kuelke	streets Heston KS	Harvey County Citizens for Life
Robin Markens	501 Heather Lane Newton KS 67114	Harvey Co Citizens for Life
Mindy Sperling	310 Old Main Newton KS 67114	Newton Teens for Life
MIKE A. STIEBEN	623 W. 6th	HCDL
Belva Ott	Wichita	Planned Parenthood of KS.
Darlene Jean Stearns	Topeka	PCAR in Kansas
Melissa Goering	816 S.E. 4th Newton	Newton Teens for Life
Mindy Johnson	4759 N. Seneca, Wichita	Newton Teens for Life
Kristi Reimer	711 W. 17th - Newton	Newton " "
Joel Brake	1516 Lawrence Ct. - Wichita	Teens for Life
BETTY STUART	7508 SW 33rd	Topeka Pro Life
Virginia A. WERTH	5837 S.W. 27 th St. Topeka	Topeka Pro-Life Coalition
Marcia Becker	643 SE Sherman	Topeka Pro-Life
Charles J. Becker	643 SE Sherman	Topeka, KS Pro Life
Rosemary Press	4204 WINDSOR CT.	Topeka ProLife
Timothy Collins	1315 Buchanan	Topeka ProLife
Andrea Collins	1315 Buchanan	Topeka ProLife
Mindy Press	4204 Windsor Ct	Topeka ProLife
Stephen LaBarge	Box 49 BRI	Miltonvale KFL
MarEllen Diederich	RR Greenleaf	KFL-SPCCW
Don Martin	Hannover, KS	KFL Hannover Chapter
Deanna Meyers	Kansas City KS.	Wyan dotte Kansas for Life

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NAME (PLEASE PRINT)	ADDRESS	COMPANY/ORGANIZATION
Natasha Meyers	4225 Ridge, K.C.K.	Kansas for life
Jessica Behm	9220 Liggett ^{KCS} 66109	^{Wyandotte} Kansas for life
Karen Behm	9220 Liggett ^{KCS} 66109	RFL - Wyandotte
Connie Townsend	2633 Lakeshore Blvd.	Parent
JERRY L TOWNSEND	2633 SE LAKESHORE	PARENT
JOHN E CHILTON	2551 N CEDAR CREST DR	PARENT
Sherry McDavitt	8 Ora Ct. ^{WICHITA KS} Valley Center	Parent
Pam Langhovec	R#2, Valley Center, K ⁶⁷¹⁴⁷	Parent
JOE KERSCHEN	2230 W. 60TH N. ^{WICHITA}	PARENT
Leah Anderson	1512 7 th Clay Center, Ks.	Parent
Elva Forslund	1465 -10 Clay Center ^{Ks}	Parent
Aileen D. Witt	717 So Ks Ave.	Right to Life of Ks, Inc.
Dwight Wagner	PO Box 48121 Wich	Right to life - Kcs
Don Rosenow	RT. 2 Box 26 Green, Ks. ⁶⁷⁴¹⁷	Clay Co. for life - Ks for Life
Kristin L Barry	9000 Elk Creek Rd ⁶⁶⁶⁰² Manhattan	Kansas for Life - Parent
Louise Guest	1020 N 10 th Minita, KS ⁶⁶⁶⁵²	" " " "
Cheryl Christine Hickerson	528 N Crestway ^{Wichita 67208}	LIFE, Inc - parent & child
John Crab	4231 S.E. Minnesota Topeka	Family - Parent
Sharon Yeats	4231 S.E. Minnesota Topeka	" "
Jan Crocker	Reg. Interns, Senator Rock 4015	
Mary Hayman	532 W. 7 th Topeka	
Bob Funnels	Leeward, Ks - Ks. Cath - Cont	
Mary Kay Roth	606 S. Yale Wichita	

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NAME (PLEASE PRINT)	ADDRESS	COMPANY/ORGANIZATION
Greg Pect - Erie, KS	RR#1 Box 201	Erie, Kansas For Life
Michele Hopkins, Emporia	1112 West 66801	Emporians Preserving our Christian Heritage
Kent Austin, Emporia	2520 Coronado Ct 66801	E.P.O.C.H.
Janell Bauer Erie KS	210 West 6th	Erie Kansas for Life
Renda Bauer Erie KS	210 West 6th	Erie Kansas for Life
Billy Joem	5726 Delaware ^{Wichita, KS} 67204	K.F.L., Lindsae.
Jammy (with Betty Boon)	same as above	
Jalew Joem		Kansas for Life
Cynthia J. Patton, Topeka	3546 Sunnemoor Ct.	Kansans for life
John S. Hedlund - Topeka	735 Oakley 66606	The Wesleyan Church
Margaret Milenkburg Topeka	4812 Cedar Street 66606	Ref. Camp Chaplain Ministry at large
Lamila L. Baker Wichita	4920 W Monroe 67209	Life, Inc.
DON & BRENDA NICHOLS	2256 McAdams ^{wichita} 67218	Life, Inc.
John Hennessy	2502 E. Douglas ^{Wichita} 67214	
MARK S. GIETZEN	5575 S. Moseley	LIFE INC - RTLK KANSANS for LIFE
Lee Hynch	RR1 Box 106 ^{Burns} KS	Hanover Right to Life Chapter
Brian Inmanow	RR1 Box 90A ^{Hanover} KS	Hanover right to life Chapter
Stephanie Koppes	R. Rt. 1 Box 30 ^{Hanover} KS	Hanover Right to LIFE Chapter
David Diederich	Greenleaf K.S. 66943	HANOVER Right to LIFE
Sandy Boeschling	1804 5th Clay Center, KS	Clay County For Life
Dennis Phillips	Rt #1 Olsburg	Living Water Ranch
Jeannie Johnson	Rt #1 Olsburg	Living Water Ranch Church
Cheryl Curtis	Rt 1, Box 43A, Olsburg 66520	Life Choice Ministries
Willbur & Loretta Gueneman	413 N RAILROAD ST HANOVER, KS 66945	Kans for life Hanover Chapter
Teri Sedlack	Box 45 ^{HANOVER, KS} 66945	HANOVER Right To Life Chapter

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NAME (PLEASE PRINT)	ADDRESS	COMPANY/ORGANIZATION
Ross P. Metham	1279 Mulvane 66604	
Tori Foy	5407 S.W. 12th Terrace	Kansas Teens for Life
Chris and Jan Reister	4207 Marlboro ^{TOPEKA}	KS Ks for Life
Andy Reister	4207 Marlboro	
Jacob Reister	4207 Marlboro	
Matthew Vincent	2222 Penn.	
Kathy Conley	334 Arapaho	KFL
Arlene Oberding	5825 SW 24 Terr	
Orville Davis	407 Fillmore	KFL
Quinn A. Stover	204 Kendall	
Lauri Rose	3325 Alby ^{TOPEKA} 66614	
Sheryl Foy	5407 SW 12th ^{TOPEKA} 66604	GREATERTOP. ASSN OF EVANGEL CITIZENS FOR EXCELLENCE IN EDUC.
Pete Ambrosio	3624 Excelsior ^{TOPEKA} 66614	TOPEKA Pro Life Coalition
Laurence H. Davis	9215 Belview	Wichita Kan 67209
Bernice Trisley	302 SW Harrison	KFL
Robert H. Rauckman	4504 Sioux Circle, ^{TOPEKA}	
Shirley Wheeler	2831 SW 31st Ct #207	^{TOPEKA}
WARDEN KOKER	5032 SHUNGAD ^{TOPEKA}	PASTOR 1st NAZARENE
Linda Hale	2908 W Maple	Pregnancy Crisis Center
Shoda M. Caronough	P.O. Box 415 ^{HARPER} 87058	Christian Yellow Pages
John Rauckman	4504 Sioux Circle	- Mother
Kristy Rauckman	4504 Sioux Circle	10 year old
Cheryl Rauckman	4504 Sioux Cir.	13 years old
Ford R. Hall	832 SW LINCOLN	TOPEKA
Stewart Maxey	1326 Cloverdale	

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NAME (PLEASE PRINT)	ADDRESS	COMPANY/ORGANIZATION
Wicki Peterson	Rt 1, Clay Center	
Nelda Thorsch	59 Prospect, Clay Center	Clay Co. For Life
MAX Martin	Rt 3 Clay Center	Clay Co. For Life
Mrs. Dean Meyers	1235 Ridges K. C. KS	K.F.L
Betty Tighe (Mrs. James J.)	414 N. Emporia El Dorado, Ks	Flinthills for Life
Jini Tighe	" "	" "
Kristi McCoy	PO Box 1008 El Dorado KS.	" "
Kendra Jooshee	910 Sheldon El Dorado Ks.	" "
JoAnn Tighe	414 N Emporia El Dorado Ks	" "
Susan OUPAN	2022 NE FLORENCE Topeka, Ks	Topeka Pro-LIFE
WALLACE FALTER	1927 Grantville Rd Topeka, Ks	Topeka " "
Connie Triana	308 Eunice El Dorado	Flinthills for life
Annmaria J. Widen	502 50 High El Dorado	" "
Arnold D Boyer Boyenger	122 S. Race El Dorado	" "
WALA J. PREWIT	524 Village Rd El Dorado Ks.	" " "
Alene M Anderson	1512 7th Clay Center 67432	Clay Co. for Life
Margie Habluetzel	1130 Dexter Clay Center	" " " "
Lawrence Habluetzel	" " "	" " "
CAROL CAVELL	3024 Clark Ct.	Topeka Pro Life
Nancy Ramsey	Box 2181, Topeka 66601	" "
Susie Thomas	1635 N. Summit	Flinthills for Life
Cherie Christy	1101 S. Summit	" "
Kelli Carmichael	1425 Park	" "
Rory Palmer	1045 Acadia Wichita Ks.	
Scott + Faye Palmer	1045 Acadia Wichita	Society for Moral & Responsible Teens

February 8, 1989
Testimony for Parental Consent
Senate Bill No. 91

Chairman Reilly and members of the Committee:

I am Valerie Joens, and I am a representative of Kansans for Life.

I also represent the voice of over 65% of all Kansans who are supportive of Senate Bill No. 91 - which is the Parental Consent Bill. Presently it is Kansas law that a girl under the age of 18 can abort her baby without her parents' knowledge or consent.

Senate Bill No. 91 would make it necessary for an unemancipated girl under the age of 18 to obtain written consent from one parent to have an abortion. In situations where the minor cannot approach her parents, a judicial by-pass provision exists. This provision would provide the minor the ability to petition the district court. In these cases parental consent would be waived if the court finds that the minor is mature and well informed or if the abortion would be in the minor's best interests.

At this time I would like to introduce several representatives of the many groups supporting this bill. I would ask that they stand as I call their name.

Mr. Bob Runnels, Executive Director of the Kansas Catholic Conference.

Mrs. Cindy Patton, spokesperson for Kansans for Life.

Mr. Dick Kelsey and Mr. Jim Spurgeon of the Wichita Alliance of Evangelical Churches.

Miss Tori Foy, representing Kansas Teens for Life.

Finally, concerned parents representing their families.

I would also direct your attention to the letters before you. These letters are from parents across the state in favor of this vital legislation. They are asking that the responsibility for their daughter's welfare be given back to them!

We urge you to support the Parental Consent Bill.

SF & SA
2-8-89

Attachment 1

2/1/89

Federal And State Affairs Committee
State Building
Topeka, Kansas 66612

Dear Senators,

It was the summer before my Senior year, the year I'd been looking forward to; Senior pictures, skip day, the ski trip, and most of all I was looking forward to attending the Senior Prom with my boyfriend Gary. And what made this year even more special was that it would be my third year of being a high school cheerleader and my second year of being on the varsity squad. I was even more anxious about Homecoming because everyone felt I had an excellent chance of being the 1988-89 Homecoming Queen.

After explaining to you how I had been anticipating my final year in high school, maybe you can try to imagine how I must have felt when I realized that I might have been pregnant. At that time I felt like the only one I could share my fears with was Gary, whom I'd been dating for two years and had grown very close to. He told me that hopefully it was too early to be concerned. A few weeks passed when we decided I should go have a pregnancy test done.

It was a hot Friday morning in July when I was driving myself to the clinic. I felt numb as I hesitantly approached the front desk. After signing in under an assumed name and giving them the information they needed for the test, I started home where I would wait an hour for the results. When I called the clinic, I found out that my worst fears had become reality! I was pregnant!

In a state of panic, I then called Gary. He came right over and found me alone and crying. Not knowing what to say or do, we sat for a few minutes in silence with our minds racing. The silence was broken when he finally asked, "What are we going to do?" At that point I felt I had no alternatives. I was living with my dad and stepmom and there was no way I could tell them, especially my dad, who has always had high expectations for me. I know he felt I had a promising future and was looking forward, as I was, to my Senior year and the plans for me to attend college. I felt like abortion was my only answer.

With Gary, being a high school graduate of 1988, he fully understood what I would be missing out on and how difficult it would be for us to tell both of our parents. Therefore, he was supportive of my decision to have my pregnancy terminated, but would go along with any other choice I might make.

SF & SA
2-8-89
Attachment 2

We tried to convince ourselves that abortion was the right choice, even though we felt it was wrong and actually knew none of the facts about it.

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

The next morning Gary and I pulled in two buildings down from the clinic because we were too ashamed and afraid of someone seeing us there. We sat there in silence. Gary then 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 didn't even want Gary to go in with me, but I don't know why. I told him to go to the mall and come back later.

We both got out to get my duffle bag out of the trunk. He gave me a hug and I started in with the \$275.00 cash in hand. That is when a couple approached us and offered us other alternatives. Their names were Betty Born and Rob Cleary and they referred to themselves as pro-life sidewalk counselors. They gave us literature and calmly informed us of the reality of abortion and the possible dangers. Gary and I both stood there in shame listening to them. I couldn't even look up at them at first, I just stood there sobbing.

All they asked of us was to follow them to the Pregnancy Crisis Center to watch a film, talk about our situation, and discuss the other alternatives. At first, I felt hesitant towards them for stopping us. But after giving them a chance, I found out that they were the ones who really cared. They wanted to give, not take. We watched a film, talked, prayed and cried for about four hours.

After gathering enough courage to tell our families, we found out that both of our families were more understanding and supportive than we had expected, with the exception of my dad and stepmother who pressured me about the option of adoption or abortion. Upon my refusal, my dad told me I had better not come home for a few days. I then moved in with my mom, who really shared her love. But after the initial shock wore off, my dad and stepmother realized that our decision of keeping the baby was the best choice.

Before, they were just thinking only of me and not the baby, as most do when they first find out. And now they, like the rest of the family, are anxiously awaiting the arrival of the baby.

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 together and just recently married.

Although I will never be Homecoming Queen, I feel that in turn for what I've lost, I have gained much more. So far, everything seems to be working out. I've managed to graduate at mid-term, and I am still planning on going to college. I realize that as a young married couple with the increased responsibility of our baby due in March, Gary and I will face some very difficult times. But 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 decision to keep the baby, for it takes more courage than abortion. When we both sit with our hands on my stomach feeling the movement of the life inside of me, it reinforces that we have made the right choice.

I have a friend who was recently in the same position I was in several months ago. I tried talking to her after she had made an appointment to have an abortion, to tell her how physically and emotionally dangerous it might be, especially at four months in her pregnancy. When I thought I'd done everything I could do to help her, I called Betty. She said she'd meet me at the abortion clinic before my friends appointment to talk with her and her boyfriend. She is 17 years old also and did not want to disappoint her parents. Therefore, she too was obtaining an abortion without parental consent.

We spent 20 minutes in front of the clinic that morning, discussing the possibility of telling their parents and of the other choices we could help her with. A few days later we met at a doctors office where she had a sonogram to determine the gestation of her pregnancy. During that procedure we not only found out she was actually 23 weeks along, but we stood and watched her unborn child draw his thumb to his mouth and suck it. We were all so excited and our eyes filled with tears. After telling her and his parents, they too were so very supportive.

Both of our babies were almost lost because we were too afraid to confide in our parents. But after giving them a chance, we were both very surprised at their reactions and found them to be very understanding. My friend is thankful that we were there for her, especially now that she found out how excited her family is about the arrival of the baby in May. We both were fortunate enough to have someone there to give us the support we needed to make the decision that was right for us, but there won't always be someone there for all of the scared and confused girls who are faced with pregnancy and feel abortion is their only option.

Girls my age need someone to help them make the right decision, and who is in a better position to help and support her than someone who knows her best and has her best interest in mind...her parents.

Please make a parental consent the law.

Sincerely,



Tammy

**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.

SFA SA
2-8-89

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 went 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 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.

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 in the decision making process.

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. House Bill No. 2950 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.

There are two major characteristics of this age group which have traditionally caused them to be considered immature resulting in legal age limits being legislated in other areas, i.e. marriage, driver's license, voting and access to alcoholic beverages.

Car accidents, suicide, and drug abuse are all very high among teens and young adults, partially due to their inability to think through the consequences of their actions. It is typical for this group to be interested in immediate relief from painful or frustrating situations and to

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exhibit much less concern for the long term consequences. Little thought is given to the serious and sometimes permanent medical complications of abortion (occur in 20 - 30 % of patients):

- | | |
|---------------------------------------|-------------------------|
| 1. Genital tract infections | 6. Bleeding |
| 2. Hemorrhage requiring transfusion | 7. Embolism |
| 3. Perforation of the 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 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. Some of the symptoms are:

- | | |
|----------------------------------|---|
| 1. Depression | 9. Withdrawal |
| 2. Guilt | 10. Nightmares |
| 3. Anxiety | 11. Hallucinations |
| 4. Hostility impairment | 12. Alcohol and drug abuse |
| 5. Deterioration of self-image | 13. Recurrent recollections of the abortion or the unborn child |
| 6. Sleep disturbances difficulty | 14. Deterioration of primary relationships |
| 7. Memory impairment | 15. Suicide |
| 8. Difficulty concentrating | |

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.

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 lack of assuredness 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?

As a parent I am concerned that not requiring parental consent in this very important matter teaches adolescents that society deems it acceptable, and 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, maybe thousands 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 and its consequences alone.

ABORTION COMPLICAITONS

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 uterus½%
- C. Infection, mild to fatal.....25%
- 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
aboritons 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 aboriton
- 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 existance in tort law primarily for patient protection.

TESTIMONY

Senate Bill 91

Senate Federal and State Affairs Committee
Wednesday, February 8, 1989 - 11:00 a.m.

KANSAS CATHOLIC CONFERENCE
BY: Robert Runnels, Jr., Executive Director

Mr. Chairman, members of the Senate 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.

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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.

name is Mechelle Utz. I would like to speak to you about the issue which is before you concerning minors having abortions without parental consent or involvement.

I speak from my heart, because I have seen this matter from the inside.

I can tell you that abortion is not the answer. The pregnancy is a symptom of a more complex program.

Advocating abortion, as an easy fix, is like putting a bandaid on a severed artery. It won't cure the problem and it certainly won't stop the bleeding.

Adolescents are hurting. Our society, including families and churches, have failed to give the young person a sense of belonging. In a society that demands perfection before acceptance, children get lost in the struggle to find out who they are and what to believe in. They are unable to believe in themselves, much less their own value as individuals. They hurt and look for something or someone to make the pain go away - even if only for a short time.

Often drugs, alcohol and/or sex become the avenues in which someone tries to find the sense of belonging or the acceptance they are desperately craving. Sadly unwanted, unplanned or even planned, pregnancies are often the results.

I can tell you these things because I understand. Abused as a child and the product of a bitter destructive divorce, left me a hurting adolescent. Searching for love and that sense of belonging, I became an unwed expectant teenager.

I was fortunate. I was offered love and support instead of abortion.

I was given unconditional acceptance. with the love and support of my friends and my mother, I was shown that there was a God and He could mend my broken heart that was filled with shattered dreams. Through their support and encouragement, I was able to provide a home for my daughter, Melissa.

I keep hearing that young girls should not be forced to "mess up" the rest of their lives by going through with an unwanted pregnancy. I really resent that kind of generalization. With the birth of my daughter, I found hope for the future. Before I had my daughter, I could not find a reason for living. My daughter was the person who helped me to understand just how precious life was and how much I had to live for.

When I became pregnant, there was no way I could really understand all the ramifications that would occur from making the decision to abort my baby. My emotions were already in a frazzled state. I would not have been able to handle the emotional or physical after affects that I have personally seen devastate women who have had an abortion.

I needed someone to help me find a way to deal with the emotional pain I was in. I also needed someone to give me a source of strength when I couldn't find any strength of my own.

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Abortion is not the easy or best answer. Nor is keeping an unplanned baby the right answer either. I can't advocate keeping an unwanted baby - adoption is a wonderful alternative. I do advocate parental involvement or in the very least the involvement of someone who can guide an adolescent through the decision making process.

I am not naive enough to believe we can rid our society of abortion. But we cannot continue the myth that abortion is a quick, easy solution either.

As a mother, I pray my daughters will never know what it is like to feel the desperation that I once did. I work hard at letting my children know they are loved and are special to me. I hope I am giving them a secure foundation upon which they can build a successful life. If they should ever find themselves in the position of choosing between their baby or an abortion, I pray to God that my right as a parent to help my daughters has been protected.

Please give back my right as a parent to offer my daughters the same kind of love and supportive guidance that someone cared enough to give me.

I hope you can understand that it is in the best interest of a lonely scared young girl to have someone that cares by her side.

I would also ask that you seriously give consideration to making counseling before and after an abortion mandatory. Counseling, by a qualified professional, can make a difference in whether the need for an abortion happens again and can prevent the devastation that often comes after an abortion.

Please find the enclosed poem I wrote my daughter. It, too, was written from the heart to my daughter who is now 10-1/2 years old.

Thank you for your consideration.

A handwritten signature in cursive script, appearing to read "Michelle".

Life...You Made It Possible!

Life was not always easy.
Choices were often difficult,
At times it was hard to find
reasons for hoping and believing.
Then you came along.
You became my joy.

Your innocence gave me strength.
No, life was not instantly easier.
With you to love though
every struggle had new meaning.
You were my inspiration,
not to give up.

We made quite a team, you and I.
We grew up together,
from you, I learned unconditional love.
From me, you learned persistence and tender strength.

I wish I would find the words to tell you
how much it has meant having you in my life.
I have felt awe watching you grow.
Memories of watching you crawl,
walk and later write your name,
fill my heart and bring tears to my eyes.

I love you with a love I never thought possible
Thank God, I chose to have you.
Thank God, I chose life.

To my darling daughter, M.J.
For Christmas 1988
From your mother

© 1989
M.J.

Michael D. Brown, RN, BSN; 2424 Sunset Court; Topeka, KS 66604
February 8, 1989

Testimony on Senate Bill No. 91 Regulating Abortions For Minors

Members of the Senate Federal and State Affairs Committee, my name is Michael Brown. I am a Kansas registered nurse and a children's advocate.

Senate Bill No. 91 ignores the most effective social protection against abortions among Kansas girls 17 or younger: parent-centered prevention of pregnancy. Facts on abortions performed on young adolescents suggest the bill needs a "New Section 14" to protect best girls under 18 from abortion.

A public school district in South Carolina works with students' parents and 27 local churches to reduce teen pregnancy. That school system's pregnancy rate dropped by 63 percent in two years. "New Section 14" should focus on working with parents to help their school-age daughters prevent pregnancy.

Minnesota has a law similar to Senate Bill No. 91. During the five years after that 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. Already also, Kansas public health care funds annually are strained to help thousands of minors obtain prenatal care and mothers under 18 provide medical care for their children.

So, Senate Bill No. 91 contains only abortion-control that may increase the birth rate for young adolescents by 51 percent in five years. Would not many Kansans want Senate Bill No. 91 to also apply parent-centered abortion-control that may reduce the pregnancy rate for those same girls by 63 percent in two years? The South Carolina school district cited earlier now has many fewer girls 17 or younger who have pregnancies that could be aborted or end in too-early parenthood (probably families headed by single parents).

The 1987 Kansas data that follow imply minors are overdue for parent-cen-

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tered and effective primary prevention of abortions. Stopping abortions among pregnant girls under 18 is a poor second to family-centered pregnancy prevention. Senate Bill No. 91 should help parents so that their daughters in that age range have, as a group, as few pregnancies as possible.

Kansas school-age girls had 562 abortions during 1987. An 11-year-old had an abortion after she had two prior pregnancies. Seven girls 14-17 years old obtained abortions in the 24th week (sixth month) of their pregnancies.

Among the 1,471 babies born to Kansas young adolescents were 162 second babies, 15 third babies, and 2 fourth babies. The percentage of babies born to single mothers increased for 28 years in a row from 2 percent during 1959 to 17 percent in 1987. Mothers-to-be 17 years old or younger had to cope with the unexpected losses involved in stillbirths and miscarriages.

In addition, over 1,000 Kansas school-age and preschool-age boys and girls were treated for incurable and fatal AIDS, sterility-causing gonorrhea, incurable genital herpes, sterility-causing chlamydia, syphilis, and other sexually transmitted diseases. Nationally, pregnant minors are getting such serious diseases and passing them, including the AIDS virus, to their babies.

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

As the facts on teen abortions cited earlier suggest, Senate Bill No. 91 needs a "New Section 14" to protect girls 17 or younger from abortions as well as the bill should. "New Section 14" should implement an effective program to work with parents in helping their minor daughters avoid pregnancy. The South Carolina project mentioned earlier could serve as a model for such a program.

By the way, many effective actions parents can promote their children to take to avoid pregnancy also can help them prevent AIDS and other sexually transmitted diseases.

Details on the South Carolina school system's proven program 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, South Carolina 29208.

Stop abortion by preventing need

By MICHAEL D. BROWN 11-25-88
Special to The Capital-Journal

Over the last six months, thousands of protestors have been arrested across the country as they attempted to prevent induced abortions by picketing clinics that perform elective abortions.

Similarly, many Kansas religious people are devoting much time, energy, money, material and other resources trying to prevent abortions by persuading pregnant girls and women to carry their pregnancies to term.

Yet, in the South Carolina towns of Olar and Denmark, local churches have helped reduce those combined communities' teen-age pregnancy rate, not just the abortion rate, by almost two-thirds between 1982 and 1986.

In view of these facts, perhaps religious and other people who want to prevent teen abortions should consider spending relatively more of their resources helping reduce the number of problem teen conceptions in the first place, rather than almost solely by persuading pregnant school-age single girls to carry their pregnancies to term.

One Kansas anti-abortion group recently published figures on the apparent impact of a Minnesota law requiring girls under 18 to notify both parents or a judge before obtaining an abortion. That group noted that while the birth rate for girls ages 15-17 had increased just 2 percent during the nine years before the passage of that law, the birth rate for young girls in the same age range grew almost 51 percent

in the five years after that law took effect. The implication was that the abortion rate dropped similarly.

In Topeka, the Florence Crittenton facility for single mothers is actively seeking a new \$3 million complex to expand its capacity from 15 to 40 girls. The average age of Crittenton residents is 15½ now. Would it not be more beneficial overall if efforts focused more attention on helping prevent conceptions so there are fewer pregnancies to end in either abortion or too-early parenthood?

Many effective actions taken by girls and boys to avoid conceptions also prevent incurable and fatal AIDS, sterility-causing gonorrhea, incurable genital herpes, sterility-causing chlamydia, syphilis and other sexually transmitted diseases.

The Kansas Department of Health and Environment reports that during 1987, Kansas girls under 18 obtained 562 abortions. Three 15-year-olds, 14 16-year-olds, and 29 17-year-olds obtained abortions after having prior abortions. One girl only 11 years old had an abortion after having two prior pregnancies.

Also, the percentage of babies born to single Kansas females has grown every single year for the last 28 years to more than 17 percent last year. Of 3,361 such births in 1987, 603 occurred among girls 17 or younger.

Last year, Kansas girls under 18 had 162 second babies, 15 third babies and two fourth babies. Two girls just 14 years old or younger had their second babies. One girl under 18 years old had a baby with a sexual partner who was only 14 years old or younger.

Pregnancies among school-age girls and boys can cause long-term mental and emotional trauma regardless of each pregnancy's outcome. Professionals in welfare agencies are well aware of the commonly negative effects of school-age parenthood on the girl and/or boy, their baby, their families, their community and the state.

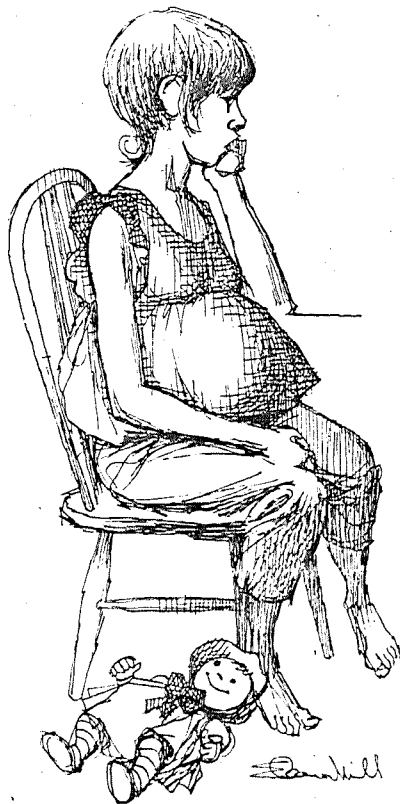
Fortunately, places like the Olar-Denmark, S.C., rural community are having sustained success in helping prevent teen pregnancies. The U.S. Department of Health and Human Services 1988 publication, "Reducing Unintended Adolescent Pregnancy," reports that the community's pregnancy rate dropped from 67.1 per 1,000 girls 14-17 years old in 1982 to 25.1 during 1984, to 25.1 in 1985, and to 22.5 during 1986.

That community achieved those encouraging results through a public school-public health campaign supported by clergy from 27 local churches in an area whose population is only about 5,000. Church laypeople, parents, school-age girl and boy peer counselors, public school teachers, public health professionals, members of the mass media and businessmen still participate in that program, stressing abstinence (and other effective birth control methods) to both girls and boys.

It could be beneficial to Kansas children if state-wide anti-abortion forces would channel more of their resources toward preventing teen abortions (and births to unmarried school-age girls and boys) by helping prevent teen conceptions.

What would happen in Kansas if those anti-abortion forces joined local churches, parent-teacher associations, youth groups, public schools, public health departments, the mass media and the business community to work toward the long-term steady reduction of problem pregnancies among single school-age girls and boys? Why can't the Topeka area generate public-private cooperation similar to what the Olar-Denmark rural community in South Carolina recently did when they made good progress toward that goal?

Michael D. Brown is a registered nurse and lives in Topeka.



In Kansas, it's not how but how you cheer that

The Kansas high school people have decided they will create good conduct at their sports events by means of legislation. That may turn out to be like telling heavy-weight Mike Tyson that from now on he has to act like he just graduated, with honors, from charm school.

It may be like telling professional football players to start minding their manners, and like telling those fun-loving kids on New York City's streets to show some respect for their elders.

In other words, it may work, but don't bet on it.

Sportsmanship, it seems, has gone downhill seriously at state high school events. The charge is that the young people are heckling and taunting opponents, falling considerably short of making them feel right at home and wishing them well in the spirit of "may the better team win."

Nelson Hartman, executive director of the Kansas State High School Activities Association, says sportsmanship has eroded "constantly and consistently in the last 20 years — a little bit more each and every year ..."

STUDENTS ARE WAVING their arms to distract free throw shooters, and pointing accusing fingers and yelling at players who foul. They ridicule shooters who don't come close and applaud when disaster strikes the other team.

They are acting at games, probably, as they act at home. They are rude, ignorant, uncouth airheads, disrespectful and undisciplined.

Not everybody acts this way, but enough do that the entire student body takes the rap. Many of those who raise the most hell at games aren't students at all. They are former students or dropouts, mental midgets who relish the attention given to bad manners and coarse conduct.

They grow up to be the drunks at college and pro games, guys who couldn't play dead or catch cold, guys who never have felt the heat or heard the thunder of competition, but who have the courage to scream from the stands so long as they can remain anonymous.

There is a school of thought, handed down from the Nazis, which says what is going on at sports events, particularly basketball games, is acceptable. They say anything goes as

This morning

DICK
SNIDER



long as it doesn't get you arrested and thrown out of the place.

THESE PEOPLE believe it will be within the bounds of acceptable conduct to wave your arms in debate, to scream a four-letter word at a music contest and to make fun of a guy who falls off a ball beam.

This is not to suggest that school fans should sit primly and restrict themselves to school. Such as:

"Two bits, four bits, six dollar,
"All for Britton, stand up and holler."

You can imagine how that stirs the blood and fired the determination of the athletes of my old town. And if that one didn't do it there was this one:

"One, two, three, four,
"Three, two, one, four,
"Who for, who for,
"Who you gonna yell for?
"Britton! Britton! BRITTON!"

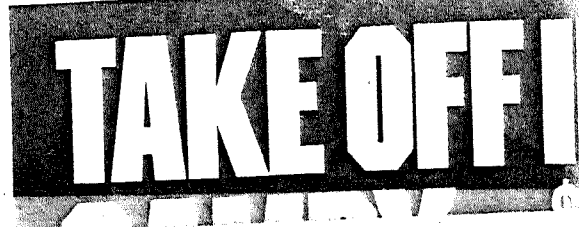
AND, JUST BEFORE the tipoff, the cheering section would get perched going through the entire roster and yell:

"Smith, Smith, he's our man,
"If he can't do it, Jones can,
"Jones, Jones, he's our man,
"If he can't do it, Brown can."

And so on, until they got the last name on the team, and would wind it all up.

"Zickafoose, Zickafoose, he's our man.

"If he can't do it, Nelson can!"



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los Andres Perez with something special.

There were delegations from 17 countries and 22 heads of state in attendance, not counting Manuel Solis of Panama. His status was downgraded because he failed to deliver on his promise to Perez to announce specific guarantees that Panama's presidential elections in May will be free and fair.

They congregated here because of a sense that CAP (as Perez is often called) is going to mean something special for the hemisphere, and because it's an opportunity for an elaborate diplomatic minuet.

"He's a powerhouse," said an American guest. A Latin foreign minister said he was impressed by "how much he's really changed."

When CAP was president before, from 1974 to '79, he was more of a fireball who nationalized industries, energetically advanced Third World rhetoric and berated the U.S.

His inaugural speech this time had harsh but not unexpected news for Venezuela about an austerity program and an earnest lecture on the Latins' need to cooperate with the U.S. and strengthen democracy. There were

tion," "coordination," "integration." He calls for agreed guidelines on essential debt relief, but not on Fidel Castro's theme of organizing a united debtors' front against creditors, rather on principles for working things out to the benefit of both.

Fidel Castro was among the main guests, proving Cuba is no longer so isolated. But he didn't show himself much because neither is Cuba popular.

Even Nicaragua's Daniel Ortega was quoted by several other government heads as telling them in private, "Cuba's not our model anymore, it's Sweden."

Ortega, who wandered into a meeting CAP had with Jimmy Carter, had to listen to sharp talk from both about Nicaragua's failure to democratize.

Intensive efforts are under way to revive the moribund Esquipulas plan for Central America because nobody sees any other way of even starting on an end to Central America's bloody travail. Perez made clear in public and private that he is eager to help organize international pressure to promote it.

President Oscar Arias of Costa Rica, who won a Nobel Prize for launching the plan, sent a message to

Until now, Arias said with some bitterness, Washington has done more than "give lip service" to a Central American plan.

On Panama, there are also signs of new Latin willingness to help push Noriega aside, and Perez is outspoken. There is great concern about what will happen after Jan. 1, 1990, when command of the canal is to be turned over to a Panamanian general.

All Latin leaders will feel bound to oppose if the U.S. breaks the treaty, but they understand the U.S. Senate wouldn't confirm a Noriega appointment.

CAP is an activist. He loves the center stage and the challenge. At a time when Latin America is foundering with ineffective leadership, many governments are looking to him as a kind of hemispheric spokesman and mediator.

For some reason that isn't obvious, maybe just a wish, they are also expecting a more understanding, cooperative Washington under Bush.

That is good news, providing they aren't left to drown in disappointment.

Kansas City Star 2-7-89

Why not help teens prevent pregnancy?

On the other hand . . . is a guest column on a subject chosen by the writer. Michael D. Brown is a registered nurse who lives in Topeka.

The national media have focused much attention on a Missouri law restricting access to induced abortions. The U.S. Supreme Court has agreed to review that law during its current term.

The Kansas Senate Federal and State Affairs Committee recently sponsored a bill that regulates elective abortions for girls 17 or younger.

On the other hand

Every weekend, religious protesters picket Kansas City's East 47th Street Planned Parenthood facility to stop pregnant girls and women from obtaining abortions there. Such people spend much effort and financial resources trying to prevent abortions by attempting to convince those girls and women to see their pregnancies through.

However, in the South Carolina communities of Olar and Denmark, 27 local churches helped reduce those two towns' teen-age pregnancy rate itself, not simply their abortion rate, by a stunning 63 percent in just two years.

In light of such facts, maybe people in Missouri and Kansas who seek to stop abortions should spend more of their resources helping prevent un-

planned teen conceptions, instead of focusing so much on trying to persuade pregnant school-age girls not to get abortions.

Kansans generally do little to actively encourage adolescents to practice abstinence or other effective ways to prevent pregnancies. Public schools struggle with helping pregnant students plus married and unmarried school-age mothers finish high school. A Kansas City religious organization has gone to the tremendous expense of buying a former convent and operating it as a home for unwed mothers. Kansas school-age girls had 1,471 babies in 1987. The percentage of babies born to Kansas single mothers has gone up for 28 years in a row from 2 percent in 1959 to 17 percent during 1987.

In sharp contrast, the Olar-Denmark, South Carolina, community has achieved great long-term success in helping their teens avoid unplanned pregnancies. According to the 1988 federal booklet "Reducing Unintended Adolescent Pregnancy," that local area's pregnancy rate per 1,000 girls 14-17 years old fell from 67.1 during 1982 to just 25.1 in 1984. The rate remained at 25.1 during 1985 and fell to 22.5 in 1986. During each of the years 1984 through 1986, the rate for the rest of the target county and three similar South Carolina counties was usually at least 100 percent higher

than the Olar-Denmark community rate.

Olar and Denmark significantly reduced their rate of teen pregnancy through a public school/public health campaign that promotes abstinence (and other effective prevention of problem pregnancies). The program's leaders first took the time to make sure that local civic officials were adequately aware of the large scope of the teen pregnancy problem. Campaign leaders also gained the public support of many local clergy and church laypeople before implementing the program. The campaign included active participation by students' fathers and mothers, school-age boy and girl peer counselors, public school officials and teachers, health professionals, the local media and the business community.

As the South Carolina example plainly shows, Kansas and Missouri citizens can effectively help their children avoid abortions (and births to single school-age girls) by actively promoting abstinence and other reliable prevention of conception. Many actions that children can take to avoid unintended conception also help prevent AIDS and other sexually transmitted diseases. During 1987, over 1,000 Kansas school-age and pre-school-age children were treated for such diseases.

7-5

February 7, 1989

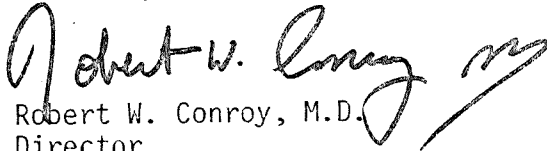
To Whom It May Concern:

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

br

SFOSA
2-8-89

Attachment 8

Religious Coalition for Abortion Rights in Kansas

1248 Buchanan

Topeka, KS 66044

913-354-4823

To: Members of the Federal and State Affairs Committee
Senator Reilly, chair

From: Sarah Chappell Trulove, Chair, RCAR in Kansas

I write to state my opposition to SB 91, the "parental consent bill," a bill which would require consent of one parent or a judge for any female under the age of 18 before she may obtain an abortion. I speak against this bill in my capacity as chair of the policy council for the Religious Coalition for Abortion Rights in Kansas, as a designated member to that policy council from my denominational affiliation, the United Church of Christ, Kansas/Oklahoma Conference, as a woman, mother and grandmother.

The Religious Coalition for Abortion Rights opposes any legislation that would prohibit a woman's right to abortion based on the first amendment right to freedom of religious practice. Member denominations and religious organizations in RCAR believe that there is no biblical proscription against abortion, and that as God has given us the free will to make moral choices, it follows that on the matter of abortion there is also freedom of choice. To deny women this right is to deny them their constitutional right of freedom of religious practice. My denomination, the United Church of Christ, has long affirmed freedom of choice with respect to abortion.

As a woman, mother and grandmother, I view the necessity for abortion a sad-- even tragic one. But to compound the unfortunate, the tragic and even the dangerous, by forcing women, from the very young to the more mature to give birth, is to act without compassion, understanding, and deny one of our most basic rights, that is, the right to privacy in a matter which is of the deepest intimacy-- one in which the state has no right to interfere.

But the issue here is not to restrict abortions for all women, but for a certain group of women, those below the age of 18. (The fact that supporters of the bill have set the age at 18 rather than 16, the legal age for sexual activity, seems to me especially punitive. It reveals not a concern for the families, which is what their rhetoric would have you believe, but an attack on the legal right for all women.) Proportionately, this is the group whose lives would be most tragically altered if they were unable to end an unwanted pregnancy.

Supporters of this bill would have you believe that the result of requiring parental consent would be to "bring families together," a romantic dream which is simply

SFASA
2-8-89

Attachment 9

not borne out in the case studies of young women seeking abortions. Pregnancies, especially in the youngest members of this age group, are frequently the result of a relationship within the family, a father, step-father, uncle, boyfriend, etc. Ignorance also plays a large role in the instances of pregnancy among the very young--ignorance of their bodies and ignorance of preventative measures. Lack of access to birth control methods, which supporters of this bill would deny as well, is also a major factor. Rather than "bringing families together" the announcement of an unwanted pregnancy can frequently have the opposite result.

I have worked in support of abortion rights for more than a decade and my experience confirms over and over that young women who have loving and caring families do seek support when faced with this dilemma and it is given. Indeed, the ideal is that every woman seeking an abortion have the love and support of family and close friends. But when the family is not loving and caring, or in crises, to demand that a pregnant young girl involve them in this decision is to exacerbate an already troubled or difficult situation.

All of us would like to see a diminishment in the need for abortions, but this type of legislation will not diminish that need. What is needed is programs to support troubled families and teenagers, better education for youngsters with regard to their developing bodies, and birth control methods, as well as free and available health care for those who choose to carry through the pregnancy, with follow-up child care. Those who vehemently oppose abortion expend their energies in the wrong direction. Such energy should be directed at reasoned and compassionate support and with a willingness to work together with pro-choice people to create a society in which the necessity for abortion, for whatever reason, will be lessened.



Temple Beth Sholom

LAWRENCE P. KAROL
Rabbi

4200 Munson
Topeka, Kansas 66604

(913) 272-6040

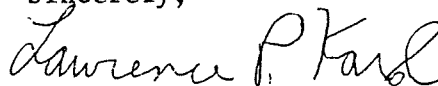
February 7, 1989

Dear State Legislators:

I am writing you to express my views regarding the parental consent bill in abortion cases for girls in their mid-teen years. I have dealt with many family situations in my years as a clergy person. There are, fortunately, many instances in which families are functional in a positive way and where this legislative proposal on consent would merely affirm what already takes place. On the other hand, there are other cases where unhealthy family relationships may prevent a girl from seeking parental support or advice. A law that requires consent in a family with current problems may actually exacerbate the situation. That is where clergy, counselors, teachers, adult relatives or other significant adults can be helpful. As stated, the bill in question does not account for the assistance that qualified professionals or adult relatives or friends can provide in the process of making such a difficult decision. The role of parents is unquestionably important in guiding the decisions of their children. Yet, in this stressful context, mandated parental consent could hopelessly divide a family rather than bring parents and children together in a spirit of understanding and sensitivity.

Parental authority is a crucial part of family life. It can be used to engender the respect of all members of the family circle, or it can, if abused, foster feelings of resentment and mistrust in dealings with people. The parental consent legislation assumes that parents are the only adults who can help a teen take responsibility for a decision. For the situations where the most trusted adult is someone other than a parent, I ask that you oppose the parental-consent-for-abortion bill.

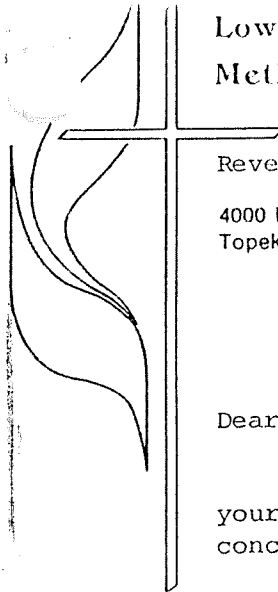
Sincerely,



Rabbi Lawrence P. Karol

SFASA
2-8-89

Attachment 10



Lowman United
Methodist Church

Reverend Larry Keller

4000 Drury Lane
Topeka, Kansas 66604

February 4, 1989

Dear Federal and State Affairs Committee:

I am writing to you concerning the Parental Consent Bill that is before your committee. The following is the official United Methodist position concerning abortion:

G) Abortion.—The beginning of life and the ending of life are the God-given boundaries of human existence. While individuals have always had some degree of control over when they would die, they now have the awesome power to determine when and even whether new individuals will be born. Our belief in the sanctity of unborn human life makes us reluctant to approve abortion. But we are equally bound to respect the sacredness of the life and well-being of the mother, for whom devastating damage may result from an unacceptable pregnancy. In continuity with past Christian teaching, we recognize tragic conflicts of life with life that may justify abortion, and in such cases support the legal option of abortion under proper medical procedures. We cannot affirm abortion as an acceptable means of birth control, and we unconditionally reject it as a means of gender selection. We call all Christians to a searching and prayerful inquiry into the sorts of conditions that may warrant abortion. Governmental laws and regulations do not provide all the guidance required by the informed Christian conscience. Therefore, a decision concerning abortion should be made only after thoughtful and prayerful consideration by the parties involved, with medical, pastoral, and other appropriate counsel.

As you can see, as United Methodists we support the right of a woman to choose an abortion after thoughtful and prayerful consideration by the parties involved with medical, pastoral, and other appropriate counsel. I therefore do not ask you to reject the "Parental Consent Bill" without much professional thought and deliberation. I too am concerned about parental rights and guidance. However, I am also concerned about the youth who are victims of sexual abuse, physical abuse, incest, and rape. The state while meaning to side with the good parent could actually unintentionally collude with the abusive parent. Instead of reiterating the statistics I am enclosing a one page statistical page that is reflective of my concerns.

I feel compelled to say that my concern is also reflective of my pastoral experience. I am presently working with a 13 year old pregnant girl and her mother. Though this girl has an average communication with her mother she did not share about her pregnancy until she was 23-24 weeks pregnant. They decided to have an abortion, but after a good consultation with Dr. Tillar decided to go the adoption route. In my brief experience with Dr. Tillar I have found him to be a sensitive, professional, and highly ethical person. If the "Parental Consent Bill" would pass I am afraid that an abused girl would wait until an abortion would no longer be a difficult and painful option in a tragic situation.

Respectfully,

Reverend Larry Keller
Reverend Larry Keller

SF & SA

2-8-89

Attachment 11

nce upon a time' is how most bedtime stories begin.

lead children through a fairy tale world and ends "happily ever after." Unfortunately, reality prevents thousands of children from this world of make believe.

INCEST

Despite a recent increase in awareness, child abuse, and especially incest, is still "the crime" whose effects remain misunderstood and often unknown.

ALMOST 100,000 CHILDREN WERE REPORTED VICTIMS OF CHILD SEXUAL ABUSE AND INCEST IN 1982. The National Center on Child Abuse and Neglect (NCCAN) of the Department of Health and Human Services states that in 1982, 65,000 cases of child sexual abuse were officially reported to child protection service agencies throughout the country. These cases involved as many as 98,000 children.

INCEST IS A GROSSLY UNDERREPORTED CRIME. The victims themselves often do not report the crime "because of ignorance, fear of reprisals by the perpetrator, (and) fear that their parents will blame them."² In the case of incestuous relationships, other family members may be aware of the abuse, but do not bring it to the attention of the authorities "for fear of social stigma, public scrutiny, and removal of the breadwinner."³ For these reasons, the reported cases of child sexual abuse and incest represent only "the tip of an unfathomable iceberg."

NOWHERE FROM 9% TO 52% OF MEN AND 3% TO 9% OF MEN WERE SEXUALLY VICTIMIZED AS CHILDREN. Although studies differ in the percentages they report, they all reveal that child sexual abuse is a widespread and prevalent social problem.

A MAJORITY OF VICTIMS ARE ABUSED BY FAMILY MEMBERS AND FRIENDS, NOT STRANGERS. A study conducted by David Finkelhor of the Family Violence Research Program of the University of New Hampshire found that 75% of the experiences reported were by older persons known to the child. Forty-seven percent were with family members, including uncles, grandfathers, brothers-in-law, and brothers. Twenty-two percent were within the nuclear family, and 6 percent were with fathers and stepfathers.⁴

Since the perpetrator is usually a nonstranger, victims often have frequent access to the child, which means that the abuse can occur repeatedly over a long period of time.

For some children the bedtime story is just the beginning of a nightmare.

CHILDREN FROM LOWER INCOME FAMILIES ARE MORE OFTEN VICTIMS OF SEXUAL ABUSE. In Finkelhor's study, girls from families with incomes of less than \$10,000 were two thirds more likely to be victimized than the average girl.

PREGNANCY CAN AND DOES OCCUR FROM INCEST AND OTHER FORMS OF CHILD SEXUAL ABUSE. An act of unprotected intercourse results in pregnancy about 4% of the time. But incestuous relationships involve repeated abuse and often repeated acts of intercourse. This frequency of abuse makes pregnancy much more likely. In a study of 237 female victims of sexual abuse, 12% became pregnant.⁵ 19% of the child victims in a 1963 sample became pregnant.⁶

Religious Coalition for Abortion Rights

Educational Fund, Inc.
100 Maryland Avenue, S.E. Washington, D.C. 20002
(202) 543-7032

RAPE

THE NUMBER OF RAPES REPORTED IN THE UNITED STATES IN 1982 REACHED 77,763. According to the FBI, approximately 65 out of every 100,000 women in the country were reported rape victims in 1982.⁷

THESE STATISTICS DO NOT EVEN BEGIN TO REFLECT HOW PREVALENT RAPE IS. Whether through fear of reprisals, shame or isolation, many rape victims do not report the crime to the authorities. Victims may also dread the possibility that their trauma might be compounded by the unwanted intrusion and sensationalism of a rape trial.

According to Dr. Menachem Amir's study, between 50% and 95% of rapes go unreported.⁸ A study of rape in San Francisco found that only one in 23 rapes in that city were reported to the police.⁹ It has been estimated that rape is so common that one in three women is likely to be raped during her lifetime.

AN ESTIMATED 32.2% OF RAPE VICTIMS ARE UNDER 20 YEARS OF AGE.⁹ Victims under 20 are also less likely to report the crime to the police.¹⁰

POOR WOMEN ARE MUCH MORE LIKELY TO BE VICTIMS OF RAPE THAN MORE AFFLUENT WOMEN. A 26-city survey conducted by the Department of Justice estimates that women with a family income of less than \$10,000 are 11 times more likely to be raped than women with a family income of \$25,000 or more.¹¹

MANY RAPE VICTIMS FACE UNWANTED PREGNANCIES. An act of unprotected intercourse results in pregnancy about 4% of the time. Rape is not an exception to this rule.

Pregnancy is less likely when the victim is administered a post coital contraceptive. But the same feelings of fear, shame and isolation which prevent a woman or girl from reporting rape to the police may prevent her from seeking proper medical care. This greatly increases the risk of pregnancy. The claim that psychological trauma somehow prevents pregnancy is unfounded.

NOTES

1. "Profile of Child Sexual Abuse," NCCAN.
2. "Everything You Always Wanted to Know About Child Abuse and Neglect," NCCAN, p. 9.
3. David Finkelhor, "Risk Factors in the Sexual Victimization of Children," in *Child Abuse and Neglect* Vol. 1, p. 266.
4. Vincent DelFrancis, *Protecting the Child Victim of Sex Crimes Committed by Adults*, Final Report, (Denver: The American Humane Association, Children's Division, 1969), p. 164.
5. L. C. N. Gibbens and J. Prince, *Child Victims of Sex Offenses*, (London: The Institute for the Study and Treatment of Delinquency, October, 1963), p. 16.
6. Uniform Crime Reports, Federal Bureau of Investigation.
7. Menachem Amir, *Patterns in Lovable Rape* (Chicago: University of Chicago Press, 1974).
8. Diana F. H. Russell, Ph.D., *Rape: Child Sexual Abuse, Sexual Harassment in the Workplace: An Analysis of the Prevalence, Causes, and Recommended Solutions*, March 1982, p. 16. (Report provided by the National Center for the Prevention and Control of Rape, U.S. Department of Health and Human Services.)
9. M. Joan McDermott, *Rape Victimization in 26 Cities*, U.S. Department of Justice, Law Enforcement Assistance Administration, National Criminal Justice Information and Statistics Service, 1979, p. 5.
10. *Rape Victimization in 26 Cities*, p. 16.
11. *Rape Victimization in 26 Cities*, p. 10.

Religious Coalition for Abortion Rights in Kansas

1248 Buchanan

Topeka, KS 66044

913-354-4823

SENATE FEDERAL AND STATE AFFAIRS COMMITTEE
STATEMENT ON SENATE BILL 91

8 February 1989

The Religious Coalition for Abortion Rights and our member groups are deeply sensitive to the problems of American families. The religious groups we represent have historically advocated public policies which promote the health and well-being of families and children. The clergy and laity we work with minister daily to people in crisis, people in pain, trying to meet human needs as part of their faith commitments.

They certainly share the goal, and the frustrations, of those who see the stress and struggles of families and want to respond positively. Fostering healthy communication between parents and children, and strengthening the family in its ability to help young people in crisis is a high priority for ministry.

But developing public policy in the area of teen pregnancy is fraught with pitfalls. Teen pregnancy and child-bearing raises public anxieties, fears and anger in a unique way, because it touches the most sensitive areas of sexuality, religious belief and the relationship between parent and child.

Once a teenager becomes pregnant, the legal options available to her are the same as for any woman, keeping the child, putting the child up for adoption or terminating the pregnancy by abortion. While RCAR's member groups may differ on when abortion may be a moral alternative, they agree that it must be a legal option for all women, including teenagers.

Any legislature confronted with a bill mandating parental consent or notification before a minor can obtain an abortion must address a series of questions honestly and thoroughly before acting. What are the goals of this provision, and are these goals in fact wise and appropriate? Whose rights and needs is the law designed to serve? The teenagers? The parents? Or is this really about the alleged rights of the fetus and the morality of abortion? What other values and rights may be compromised by mandatory consent or notification? What would be the actual effect of the law? Would it further family communication and coping, or would it in fact do something else altogether? Are there alternatives which would be more effective in accomplishing the same purpose, without the serious negative consequences of legal mandates?

All of RCAR's member groups would oppose a law which would ban abortion for teenagers, either through actual intent or through its effect when implemented. Some of our member groups are unequivocally opposed to legislation by which the government would override a young woman's decision about abortion or about whether to involve her parents in her choice about abortion. Other member groups and individuals have no specific position of parental consent requirements. However, RCAR cannot support any such law, unless it would have a positive effect on the physical, mental and emotional health of the teenager, as well as protect her confidentiality and access to legal abortion services, rather than have the negative impact that has been documented for many of the parental consent laws enacted by legislatures to date.

Darlene Greet Stearns SF2SA
Darlene Greet Stearns 2-8-89
State Co-Ordinator Attachment 12

LWVK LEAGUE OF WOMEN VOTERS OF KANSAS

919½ South Kansas Avenue, Topeka, Kansas 66612 234-5152

STATEMENT TO THE SENATE COMMITTEE ON FEDERAL AND STATE AFFAIRS IN OPPOSITION TO SB 91

by Ann Hebberger
President, League of Women Voters of Kansas
February 8th, 1989

"The League of Women Voters believes that public policy in a pluralistic society must affirm the constitutional right of privacy of the individual to make reproductive choices." We therefore do not support SB 91, further stating that, in our opinion, this bill goes much further than previous anti-choice/anti-privacy bills.

Once again there is an attempt being made to erode a law that says such decisions are medical and not moral.

The protection of minors is already established in the philosophy of the Kansas Code for Care of Children, and in the Juvenile Code, saying that "Each child should receive, preferably in his/her own home, the care, custody, guidance, control and discipline which is to her/his own advantage, as well as to the advantage of the state." We are certain that this wording is adequate in describing what parents are supposed to do. WE do not understand why the bill proposes changing jurisdiction from the juvenile division to the civil division.

We want to believe that all families are loving and caring, and that a child receives all of the above in his or her home. Looking at abuse, incest and runaway statistics, or the number of children in foster care and Kansas state institutions, we question the wisdom of giving further power by proposing, "to protect the rights of parents to rear children who are members of their household." We are not even certain as to the meaning of that statement. Does this mean that parents rights override a child's right to equal protection under the law?

This bill states that "the Legislature has a valid and compelling state interest to protect the infant and unborn child, to assure the integrity of marital and familial relations, and the rights and interests of persons who participate in such relations." "The Legislature finds as fact that these rights and interests are not secure in the economic and social context in which abortions are presently performed in Kansas". We can agree with the last statement by reminding you that it is easier to get an abortion if the person can afford it. However, we would ask why the sudden interest in the private lives of the people of Kansas?

SF-SA
2-8-89

Attachment 13

The Legislature's compelling interest should be to determine who is going to take care of many of these children who are born, and end up in foster care or state institutions.

SB 91 says that the Legislature finds as fact (on page 1, line 29-31) that, "the medical, emotional and psychological consequences of abortion are serious and can be lasting, particularly when the patient is immature". According to a report from Surgeon General C. Everett Koop, released January 9, 1989, "No conclusive evidence exists one way or the other on how abortions affect a woman's mental or physical health.... (and) no scientific basis exists to draw any conclusions". He further states, "at this time, the available scientific evidence simply cannot support either the preconceived beliefs of those pro-life or of those pro-choice". Koop's report continues, saying, "the health effects of abortion on women are not easily separated from the hotly debated social issues that surround the practice of abortion".

Almost 250 studies are or have been conducted on the psychological effects of abortion, but the Surgeon General says, "all of the studies have flaws in the methodology, and anecdotal reports abound on both sides". Koop was reported to have told President Reagan that an effective study would cost at least \$10 million a year for the next five years.

The continual chipping away at Roe vs Wade does not fool anyone. Rather than continue the argument, which in our opinion is political, wouldn't it be better to wait and see what the U.S. Supreme Court says about abortion. Whether we will agree or not is another matter, but at least there will be a legal opinion to base this kind of public policy on.

We strongly urge that you not pass SB 91 out of Committee as it is extremely oppressive. The League of Women Voters cannot believe that legislators in Kansas would actually go along with this kind of thinking.

Thank you.

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~~n~~ 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

SF & SA

2-8-89

Attachment 14



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

SFA SA
2-8-89

Attachment 15

February 7, 1989

Federal State and Affairs Committee
Capital Building
Topeka, Kansas

Dear Senators:

In considering legislation to require parental consent for minors obtaining abortions, legislators need to look at the possible outcomes of minors being able freely to choose abortion on demand. Often overlooked are the psychological after-effects for the aborted woman.

There is a growing body of literature confirming the existence of Post Abortion Syndrome, a form of Post-Traumatic Stress Disorder. The traumatic physical and/or emotional experiences associated with abortion, the unresolved grief over loss, and the existence of conflict in abortion decision-making are the main components believed to set the stage for Post-Abortion Syndrome, according to researcher and treator, Dr. Anne Speckhard. **The syndrome may continue its adverse effects for years subsequent to the abortion.**

An initial reaction of relief is common to many just following the abortion. Longer-term studies show that the woman often develops a "numbness" and denial to cope with the emotional pain aroused by the abortion. Other symptoms may include:

Anxiety	Preoccupation with the aborted baby
Guilt/remorse	Feelings of detachment, isolation
Anger/irritability/rage	Withdrawal in relationships, "coldness"
Sleep problems	Flashback
Depression/grief	Anniversary reactions
Low self-worth	Repeat pregnancies
Broken relationships	Secondary substance abuse
Sexual problems/dysfunction	Self-destructive impulses/behaviors
Eating Disorders	

Vincent Rue, Ph.D. and psychologist, stated, "Abortion has a painful aftermath, regardless of the woman's religious beliefs, or how positive she may have felt beforehand about her decision to abort." Too often, the women counseled for abortion is not advised of these psychological risks or offered help when symptoms arise. Those women obtaining late-term abortion may be even more susceptible to the syndrome because of the traumatic nature of these procedures, the perception of injury/harm to herself and her offspring.

Psychological sequelae for those involved in a abortion seem to be intensified when the decision involves conflict with the moral values taught in the home, and when secrecy surrounds the act. It would seem that requiring parental consent would open communications between adolescent and parents so that such sequelae might be avoided.

I urge the legislators to weigh carefully the risks to women inherent in continuing the present abortion-on-demand by adolescents. This decision to abort has life long implications for the mental health of the participant.

Yours truly,
Marilyn McNeil LMSW
Marilyn McNeil, LMSW

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S.B. #91

I'm Gordon Risk, president of the American Civil Liberties Union of Kansas. I am also a physician and psychiatrist. I am here to testify against S.B. #91.

The aims of the bill are noble and mostly unobjectionable: protecting minors from their immaturity, fostering family structure, and protecting the rights of parents to rear children in their households, although I think the last objective may take insufficient account of the adolescent's task of establishing an identity of his or her own, separate from that of the parents. There is, unfortunately, no evidence that this bill will further these objectives, as a U.S. district court noted in striking down a Minnesota parental notification statute in 1986.¹ The trial of this case involved years of research and study, culminating in testimony by single parents, minors, abortion clinic nurses and counselors, nationally renowned physicians, psychologists, psychiatrists, reproductive epidemiologists, and state court judges, guardians and public defenders involved in the implementation of the judicial bypass procedure. Though some well-meaning Minnesota legislators may have originally believed that this law would help minors, the evidence at trial overwhelmingly proved that Minnesota's 5-year experiment with minors' lives was a dismal and unmitigated failure. The federal district court in its opinion striking the statute concluded that "five weeks of trial have produced no factual basis upon which this court can find that Minn. Stat. 144.343 (2)-(7) on the whole furthers in any meaningful way the state's interest in protecting pregnant minors or assuring family integrity."² While that statute differed in some significant respects from the bill you are considering (the statute required only parental notification and not parental consent, but did require that the minor attempt to notify both parents), it did contain a judicial bypass procedure not unlike the one in this bill. From 1981 through 1985, the Minnesota mandatory parental notification law was imposed on over 7,000 pregnant teenagers between the ages of 13 and 17. Of these teens, approximately 3,500 went to state court to seek a confidential abortion, all at considerable personal cost. Many others never made it to court at all, although their entitlement and need for confidential abortion was as strong or stronger than the teenagers who did. That is because notification and consent laws create a class system in which only certain teenagers have access to the courts. In Minnesota, as is true nationally, only those minors who were old enough and wealthy or resourceful enough were actually able to use the court bypass option. The state will thus be inadequately protecting the weakest of its citizens.

If this bill won't further the integrity of the family or protect the interests of the minor, what will it do? The only fact that can be stated with certainty is that it will increase the morbidity and mortality rates among pregnant teenagers and increase the number of unwanted children. Teenagers, particularly young teenagers, have a two-and-a-half times greater risk of death from continued pregnancy or childbirth than adult women. The

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same is true for rates of morbidity related to childbirth when compared to abortion. For those who choose to abort, the law will produce delay, while the pregnant teenager decides whether to tell her parents and seek their consent or whether to attempt a judicial bypass. As the court noted in the Minnesota case, scheduling practices in Minnesota courts "typically require minors to wait two or three days between their first contact with the court and the hearing on their petitions. This delay may combine with other factors to result in a delay of a week or more. A delay of this magnitude increases the medical risk associated with the abortion procedure to a statistically significant degree. Even a shorter delay may push the minor into the second trimester, when the abortion procedure entails significantly greater costs, inconvenience and medical risks." ³ Statistics indicate that the parental notification law in Minnesota increased the percentage of minors who got second trimester abortions by 26.5%. While the parent notification law was in effect, approximately 25% of minors underwent second trimester abortions, a fact that an official from the Minnesota State Health Department agreed was a public health problem. The increase in second trimester for minors in Minnesota was contrary to the national pattern. Nationally, the stage of gestation at which teenage women obtain abortion has been stable in recent years.

For any teenager the experience of having to go to court to testify before a judge about an unwanted pregnancy is a traumatic experience. The federal district court in Minnesota found that "some minors are so upset by the bypass procedure that they consider it more difficult than the medical procedure itself. Indeed, the anxiety resulting from the bypass proceeding may linger until the time of the medical procedure and thus render the latter more difficult than necessary." ⁴ In Minnesota, it was not unusual for as many as 23 strangers to learn of a teenagers' pregnancy as she wound her way through the court process. None of the judges, health professions, public defenders, court-appointed guardians, mothers or minors who were involved in implementing the law in Minnesota saw any positive effect whatsoever, and most questioned the logic of burdening so many for the benefit of none. In fact, the court in Minnesota found that "some mature minors and some minors in whose best interest it is to proceed without notifying their parents are so daunted by the judicial proceedings that they forego the bypass option and either notify their parents or carry to term." ⁵ Minnesota's parental notification law raised the teenage birthrate in Minneapolis, created more teenage mothers with stunted and dependent lives, added a new generation of unwanted children with their attendant problems, and increased the number of more dangerous second trimester abortions for minors. The law compromised sound medical care by creating a process that forced counselors to focus on reducing the terror and anxiety of going to court rather than on the genuine medical and emotional needs of their teenage patients. The trial court's findings on the effects of the law confirm these facts and are a stunning indictment of a state-imposed system that hurts teenagers to the benefit of none.

A 1987 study by the National Research Council of the National Academy of Sciences summarizes what we know about parental notification statutes: "Although abortion for very young teenagers remains a special issue, there is no empirical evidence concerning the cognitive capacity of adolescents to make such decisions or the psychological consequences of abortion that would either support or refute such restrictions. On the basis of existing research, therefore, the contention that adolescents are unlikely or unable to make well-reasoned decisions or that they are especially vulnerable to serious psychological harm as a result of an abortion is not supported. On the contrary, research has shown that for most abortion patients, including adolescents, relief is a frequent reaction. Nor has research documented that legally required parental involvement helps teenage girls cope better with their choice to terminate the pregnancy. There is no evidence that it reduces the probability of subsequent unwanted pregnancies or serves any other purpose than to ensure that the parents are aware of what their adolescent daughters are doing. There is, however, growing evidence that parental statutes caused teenagers to delay their abortions, if for no other reason that they must undergo the de facto waiting period associated with finding a lawyer and gaining access to the courts. These delays may increase the health risks involved if they result in postponements until the second trimester of pregnancy. In addition, no research has been conducted to determine whether "maturity" (legal standard for granting a judicial bypass to a minor adolescent seeking an abortion without parental consent) can be reliably and validly assessed. In the absence of clear legal standards for maturity, such assessments run the risk of being inconsistently interpreted and applied, as well as being inaccurate. Along with other legal scholars and professional psychologists who have considered this issue, the panel questions whether a "mature minor" standard can be effectively implemented.⁶

Since this bill deplores the current conditions under which women obtain abortions in the state, perhaps it would be well to examine them. In the absence of parental involvement laws, nearly all clinics inquire as to parental support and knowledge of the abortion decision and encourage minors to notify their parents. In addition, standard medical ethics require notification of the parents of minor patients in emergencies or life-threatening situations. It is standard medical practice for clinics to explain the abortion procedure and its attendant medical risks when taking a patient's medical history and physicians already have a legal responsibility to ensure not only that the patient has given knowledgeable and informed consent to any medical procedure, but also that the patient is capable of giving such consent. These standard medical practices exist nation-wide and predate the current campaign for parental consent statutes.

The bill may create problems where there are now none; e.g., would parents have the right to force an abortion on a minor-daughter that they determine to be in her best interest, a development the ACLU would certainly oppose; how can a woman be too immature to make a decision to have an abortion, but be

mature enough to parent a child. How this bill will further the stated goals of protecting the woman's health and the integrity of her decision with regard to the pregnancy is difficult to fathom, since abortions are safer than childbirth and since the bill specifically states that the minor's decision is not to be trusted.

The right to decide whether or not to become a parent must rest with each individual woman. A pregnant woman, 17 or 37, is entitled to make the personal choice for which she ultimately bears the responsibility. Although this bill is concerned with parental rights, I think it focuses on the wrong parents.

1. Hodgson v State of Minnesota, 648 F.Supp. 756 (1986), at 775.
2. Id at 7
3. Id. at 763
4. Id. at 764
5. Id. at 763
6. Risking the Future: Adolescent Sexuality, Pregnancy, and Childbearing, (C.Hayes, Ed., 1987) (A publication of the National Academy of Sciences) at 277.

In preparing this testimony, I have relied extensively on "Parental Notice Laws: Their Catastrophic Impact on Teenagers' Right to Abortion," prepared by the Reproductive Freedom Project of the ACLU, a scholarly paper, which I have not thought it necessary to quote.

mf/9

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Planned Parenthood[®]
Of Kansas, Inc.

TO: SENATE FEDERAL & STATE AFFAIRS COMMITTEE MEMBERS
FROM: Belva Ott, Director of Governmental Affairs and Community Relations - Planned Parenthood of Kansas, Inc.
RE: SB91
DATE: February 8, 1989

PARENTAL NOTICE LAWS - THEIR CATASTROPHIC IMPACT ON A MINORS' RIGHT TO ABORTION.

Under the guise of promoting family communication and of protecting pregnant minors, many states have passed some form of legislation mandating parental involvement in the minor's abortion decision. In other states where laws have been implemented, these laws seriously burden minors' ability to exercise their constitutional right of choice between abortion and childbirth. In practice, parental consent/ notification laws significantly increase health risks to minors causing necessary medical care to be delayed and by impairing the ability of health providers to give quality care. These laws punish young women for becoming pregnant, they do *not* promote family integrity, improve parent-child communication, help with the minor's decision-making process or involve the minor father in any manner.

A. How Parental Consent/Notification Laws Are Both Irrational and Damaging to Minors and Their Families.

1. THE REAL GOAL OF PARENTAL CONSENT/NOTIFICATION LAWS AREN'T MOTIVATED BY A DESIRE TO HELP MINORS BUT TO DISCOURAGE ABORTION OR PREVENT IT ALTOGETHER. THESE LAWS ARE TYPICALLY NOT INTRODUCED BY MEDICAL GROUPS, YOUTH ADVOCATES, DEFENSE FUNDS, YOUNG WOMEN'S ASSOCIATIONS, GROUPS FIGHTING THE ABUSE OF CHILDREN OR OTHER ORGANIZATIONS TRADITIONALLY CONCERNED WITH HELPING MINORS' AND THEIR FAMILIES. ALL SUCH LAWS PASSED IN THE LAST 13 YEARS HAVE BEEN DRAFTED BY ANTI-CHOICE GROUPS WHICH HAVE AS THEIR PRIMARY GOAL ENDING ALL ABORTIONS.

Some anti-abortion groups have been very explicit in that enhanced parental involvement isn't their primary goal in advocating for these laws.

Wichita — 2226 East Central, Wichita, Kansas 67214-4494 316 263-7575
Hays — 122 East 12th, Hays, Kansas 67601 913 628-2434
Cowley County — P.O. Box 176, Strother Field, Winfield, Kansas 67156
Winfield: 316 221-1326 Arkansas City: 316 442-0050

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For example, where parents encourage minors to have an abortion, one so-called right-to-life group recommends "waiting it out." In other words, counseling young women *not* to tell their parents that they are pregnant until it is too late to get an abortion. **CONSENT LAWS WOULD ALLOW PARENTS TO FORCE A MINOR CHILD TO GET AN ABORTION THE MINOR MAY NOT WANT!**

The constitutionality of these laws is still uncertain. The U.S. Supreme Court has said that a state requirement of parental consent or notification before a minor can obtain an abortion might be constitutional *if* the state provides an administrative or judicial bypass mechanism so that both mature minors and minors whose best interest would be served by confidential abortions may terminate a pregnancy without parental notification. (Planned Parenthood of Central Missouri v. Danforth, 428 U.S. 52 1976; Bellotti v. Baird, 428 U.S. 132 1976; Bellotti v. Baird, 443 U.S. 622 1979; City of Akron v. Akron Center for Reproductive Health 462 U.S. 416, 1983; Planned Parenthood Association of Kansas City, Inc., v. Ashcroft, 462 U.S. 476, 1983). **ONLY 9 STATES HAVE PARENTAL CONSENT LAWS WORKING!**

This means a minor can only get an abortion if she first successfully navigates a complicated legal obstacle course. (ATTACHED IS AN OUTLINE OF WHAT HAS TO BE DONE WITH THE POTENTIAL WEEKS OF PREGNANCY.)

The Supreme Court has never reviewed the constitutionality of these judicial bypass laws in actual operation and until recently there was no documentation of their impact on young women and their families. In February and March, 1986, a trial on the constitutionality of Minnesota's parental notification statutes was conducted. This challenge provided the first comprehensive factual record of the actual effects and operation of mandatory parental involvement legislation.

The trial involved years of research and study, culminating in testimony by single parents, minors, abortion clinic nurses and counselors, nationally renowned physicians, psychologists, psychiatrists, reproductive epidemiologists, and state court judges, guardians and public defenders involved in the implementation of the judicial bypass procedure. (Findings based on the expert testimony of witnesses at the trial *Hodgson v. Minnesota*.)

Although many well-meaning legislators believed the law would help minors, THE EVIDENCE AT TRIAL OVERWHELMINGLY PROVED THAT MINNESOTA'S

FIVE-YEAR EXPERIMENT WITH MINOR'S LIVES WAS A DISMAL AND UNMITIGATED FAILURE.

MINNESOTA'S PARENTAL NOTIFICATION LAW RAISED THE TEENAGE BIRTHRATE IN MINNEAPOLIS. CREATED MORE TEENAGE MOTHERS WITH STUNTED AND DEPENDENT LIVES, ADDED A NEW GENERATION OF UNWANTED CHILDREN WITH THEIR ATTENDANT PROBLEMS, INCREASED THE NUMBER OF MORE DANGEROUS SECOND TRIMESTER ABORTIONS FOR MINORS, AND REDUCED THE NUMBER OF INDIVIDUAL DOCTORS WILLING TO DO ABORTIONS ON MINORS. THE LAW COMPROMISED SOUND MEDICAL CARE BY CREATING A PROCESS THAT FORCED COUNSELORS TO FOCUS ON REDUCING THE TERROR AND ANXIETY OF GOING TO COURT RATHER THAN ON THE GENUINE MEDICAL AND EMOTIONAL NEEDS OF THEIR MINOR PATIENTS. THE TRIAL COURT'S FINDINGS ON THE EFFECTS OF THE LAW CONFIRM THESE FACTS AND ARE A STUNNING INDICTMENT OF A STATE-IMPOSED SYSTEM THAT HURTS MINORS TO THE BENEFIT OF NONE. (Hodgson at 7-30) If this is what the Kansas Legislature wants to do to our state's minors, then a parental consent bill should be passed. However, the majority of American citizens support a right to choice, regardless of the woman's age.

***Hodgson* showed there are no benefits which can be balanced against the traumatic impact of these laws on minors. FROM 1981 THROUGH 1985, THE MINNESOTA MANDATORY PARENTAL NOTIFICATION LAW WAS IMPOSED ON OVER 7,000 PREGNANT MINORS BETWEEN THE AGES OF 13 AND 17. OF THESE MINORS, APPROXIMATELY 3,500 WENT TO STATE COURT TO SEEK A CONFIDENTIAL ABORTION, ALL AT CONSIDERABLE PERSONAL COST. Many others didn't go to court although their need and entitlement for confidential abortions was just as strong or stronger. PARENTAL CONSENT LAWS CREATE A CLASS SYSTEM IN WHICH ONLY MINORS HAVING ACCESS TO COURTS CAN PARTICIPATE. Only those minors, in Minnesota, who were old enough, wealthy enough or resourceful enough were actually able to use the court bypass option. (See *Hodgson*)**

In Minnesota, it was not unusual for as many as 23 strangers to learn of a minor's pregnancy as she wound her way through the court process.

NONE OF THE JUDGES, HEALTH PROFESSIONALS, PUBLIC DEFENDERS, COURT-APPOINTED GUARDIANS, MOTHERS OR MINORS WHO WERE INVOLVED IN IMPLEMENTING THE MINNESOTA LAW SAW ANY POSITIVE EFFECT WHATSOEVER, AND MOST QUESTIONED THE LOGIC, IF NOT THE SANITY OF THE DECISION OF THE LEGISLATURE TO BURDEN SO MANY FOR THE BENEFIT OF NONE. (*HODGSON* AT 14) IN FACT, OF ALL THOSE MINORS GOING THROUGH THE JUDICIAL BY-PASS PROCEDURE, ONLY 4 WERE TURNED DOWN AND UNABLE TO OBTAIN AN ABORTION.

Minnesota's experience isn't unique. Similarly devastating effects have been documented in Massachusetts and other states with mandatory

parental involvement laws. (Donovan, *Judging Teenagers: how Minors Fare When They Seek Court Authorized Abortions*, 15 Fam. Plan. Persp. 259, 1983; *Plan. Parenthood League of Mass. v. Flanagan*, No. 81-124, Mass. Commonwealth Sup. Jud. Ct. filed 4-17-81; Cartoof & Klerman, *Parental Consent for Abortion: Impact of the Massachusetts Law*, 76 Am. J. Pub. Health 397 (1986).

THESE LAWS ARE DOOMED TO FAILURE: LOVE AND COMMUNICATION BETWEEN FAMILY MEMBERS CANNOT BE CREATED BY CRIMINAL STATUTES FORCING CONFIDENTIAL MATTERS TO BE DIVULGED.

PARENTAL CONSENT LAWS ARE UNCONSTITUTIONAL IN EFFECT BECAUSE THEY SACRIFICE THE PRIVACY RIGHTS OF MINORS AND ACHIEVE NO POSITIVE OR LAWFUL GOAL. THE RESULTING TRAGEDY IS THAT THE REAL NEEDS OF MINORS ARE NEVER ADDRESSED.

The vast majority of teen pregnancies are unplanned and unwanted, the results of unprotected sexual activity. Although the rate of sexual activity among teens is approximately the same in the U.S., England, Sweden, the Netherlands, France and Canada, THE U.S. HAS THE HIGHEST ABORTION AND BIRTH RATES FOR TEENS. (JONES, FORREST, GOLDMAN, HENSHAW, LINCOLN, ROSOFF, WESTOFF & WULF, *TEENAGE PREGNANCY IN DEVELOPED COUNTRIES: DETERMINANTS AND POLICY IMPLICATIONS*, 17 Fam. Plan. Persp. 55, 1985)

Of the 6 developed countries mentioned above, those with the LOWEST ADOLESCENT PREGNANCY AND BIRTH RATES HAVE COMPREHENSIVE, LOW COST (OFTEN FREE), CONFIDENTIAL BIRTH CONTROL AND ABORTION SERVICES EASILY ACCESSIBLE TO TEENS THROUGHOUT THE COUNTRY. (1981, ALAN GUTTMACHER INSTITUTE, *Tables & References.*)

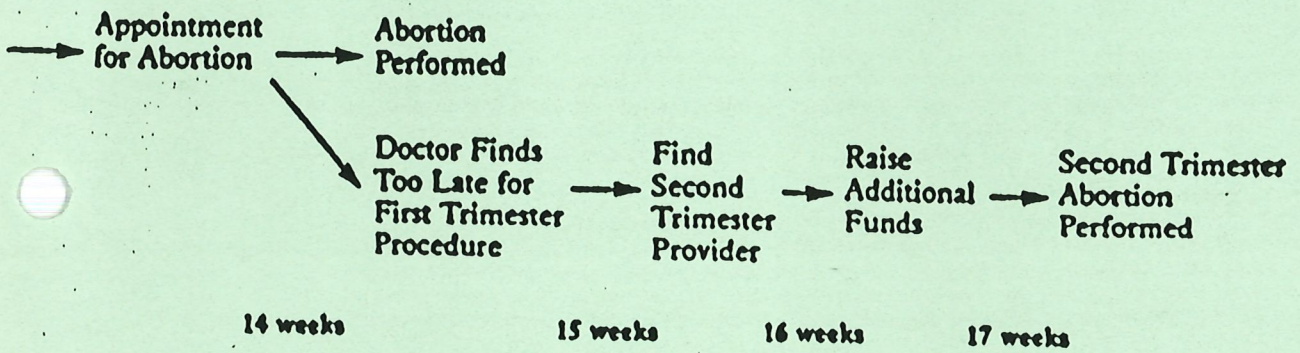
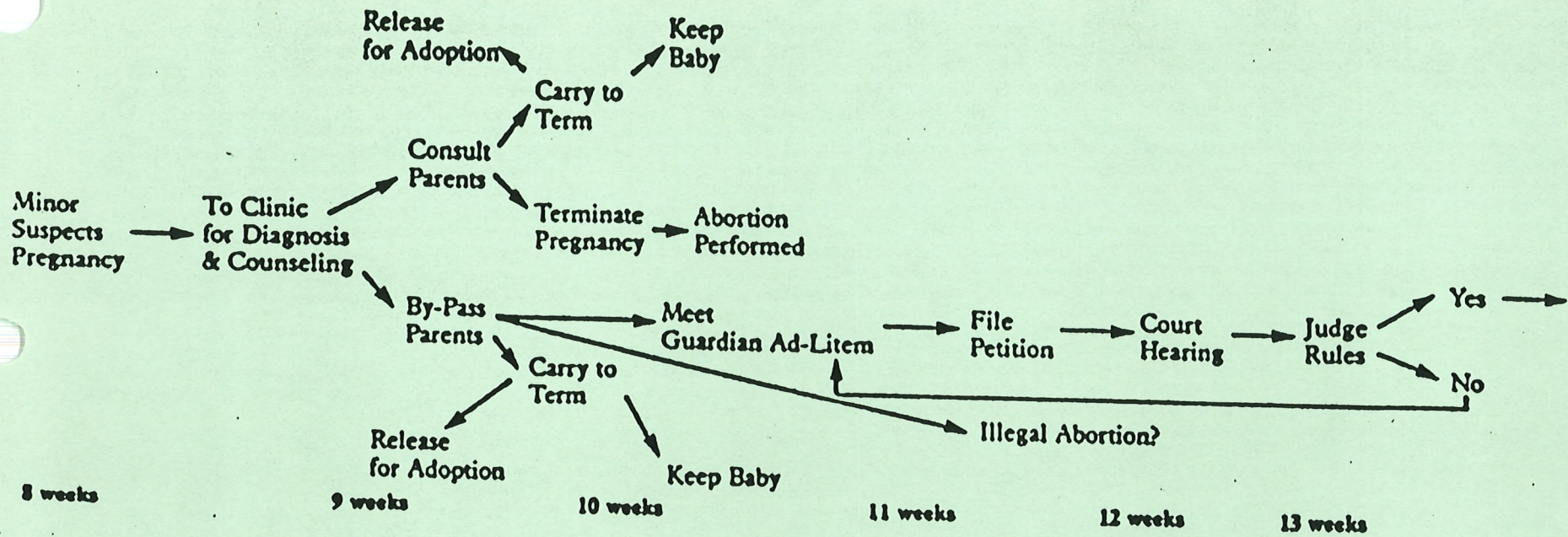
Unfortunately, in the U.S. these comprehensive, confidential services are less available and the trend is increasingly toward a reduction of governmental funding for birth control and abortion services. More ominously, legal restrictions on the minor's ability to obtain birth control and make intelligent life choices once pregnancy occurs, offer little help. **THOSE OPPOSING ABORTION SHOULD BE LEADING THE SUPPORT FOR EDUCATION ON BIRTH CONTROL AND SEXUALITY/AIDS EDUCATION FOR MINORS, FUNDING FOR FAMILY PLANNING AND EASIER ACCESS TO BIRTH CONTROL, ETC.....IT WOULD CUT DOWN ON ABORTIONS. WHY AREN'T THEY SUPPORTIVE OF PROGRAMS TO CUT THE RATE OF ABORTIONS?**

PLANNED PARENTHOOD OF KANSAS WOULD LIKE TO SUGGEST THAT THIS COMMITTEE LOOK MORE AT PREVENTION AND EDUCATION LAWS...NOT PUNISHMENT. PUT YOUR EFFORTS INTO ASSURING SEXUALITY EDUCATION, AIDS, AND EASIER ACCESS AND EDUCATION FOR BIRTH CONTROL. MANDATE COMPREHENSIVE SEXUALITY EDUCATION FROM K-12 AND FULLY FUND IT.

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The Impact of Mandatory Parental or Judicial Involvement

18-5





Sides agree: No abortion study needed

TOPEKA CAP-JOURNAL

WASHINGTON (AP) — Pro-choice and anti-abortion groups, unlikely allies, agreed Tuesday that the government does not need to spend tens of millions of dollars to determine whether abortion damages a woman's physical or emotional health.

Surgeon General C. Everett Koop proposed such a study, he said in an interview with the Associated Press, because "the data simply do not support the premise that abortion does or does not cause a specific, post-abortion psychiatric syndrome."

Koop had been asked by President Reagan to prepare a comprehensive report on the issue, but said he told the president he could not because there is no scientific evidence to support the anti-abortion belief that abortion harms women or the pro-choice stance that abortion is beneficial.

Koop, who said he remains firmly opposed to abortion, told Reagan that a comprehensive study costing from \$10 million to \$100 million would take five years to complete.

Groups on both sides of the issue said a study was not needed.

Nancy Broff of the National Abortion Rights Action League praised Koop for doing a "fair study" and said the tens of millions he proposes spending on another study could be better used for contraception research.

Nellie Gray of March for Life said Koop is "highly misguided," adding: "We don't need any more studies; what we need is for Koop to retire."

However, one anti-abortion group, National Right to Life, said a study

such as the one Koop is proposing is "long overdue." Psychological harm from abortion often surfaces five to 10 years after the abortion, and existing research generally is based on studies of women in their first year after abortion, said Olivia Gans, an official of the group.

The decision on whether such a study should be conducted probably will fall to President-elect Bush, who upset anti-abortion forces with his nomination of Dr. Louis Sullivan to head the Department of Health and Human Services.

Sullivan drew an outcry from anti-abortion forces when he said in a newspaper interview that he supported a woman's right to seek an abortion but opposed federal aid to

pay for it. He later said he opposed abortion except in cases of rape, incest and where the life of the mother is threatened, which mirrors Bush's view on abortion.

Sheila Tate, a spokeswoman for the Bush transition team, said she did not know whether the incoming administration would pursue Koop's recommended abortion study.

Reagan administration officials had nothing to say about Koop's decision not to issue a report, a decision he detailed in a letter delivered to the White House on Monday. Presidential spokesman Marlin Fitzwater said Reagan "doesn't have any characterization one way or the other" of the letter.



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WHY DO WOMEN HAVE ABORTIONS?

Women who choose abortion do so for reasons that are as individual as the women themselves. In most cases, they had not intended to become pregnant. On finding that they are pregnant, they deeply feel that continuing the pregnancy and becoming a parent at this particular time is wrong for them, physically or emotionally. Among the most commonly reported reasons are:

- The woman is unmarried or in an unstable relationship.
- She is too young.
- She is too old.
- She is not emotionally prepared for parenthood.
- She would be unable to finish her education.
- She has medical problems that would make pregnancy and childbirth dangerous.
- The fetus is known to be deformed.
- Her pregnancy resulted from rape or incest.
- Her pregnancy resulted from contraceptive failure.

HOW DO WOMEN FEEL AFTER HAVING ABORTIONS?

Some women feel *sad* for a few days or weeks after an abortion, but *sadness* is not the same as *regret*. Most women report relief that the pregnancy is over and are satisfied that they made the right decision. Here are conclusions from some of the more than fifty studies of the emotional effects of abortion that have been done worldwide:

- Up to 98% of women who have had abortions have no regrets and would make the same choice again in similar circumstances.
- Up to 20% of women who have had abortions experience mild, quickly passing depression immediately following the procedure. Similar depression occurs in up to 70% of women following childbirth.
- The women most likely to have severe, lasting psychiatric disturbances after an abortion are women with histories of psychiatric problems or of abnormal pregnancies or births and women who were ambivalent about their decision to have an abortion.
- The mental health of women faced with unwanted pregnancy is at greater risk when they are compelled to go to term than when allowed to choose abortion.
- A woman is more likely to suffer remorse after an abortion if there is a conflict between her religious beliefs and her desire not to have a child at this particular time.
- More than 77% of women who have had abortions express a desire for children in the future.
- Virtually no women who choose to have abortions see it as a preferred or desirable form of birth control.

Sources: Belsey, Elizabeth, M.Sc., "Psychological Consequences of Abortion," *Family Planning Association Newsletter*, April, 1976, 60, p.5/ Osofsky, Joy D. Ph.D., and Osofsky, Howard J., Ph.D., "The Psychological Reactions of Patients to Legalized Abortion," *American Journal of Orthopsychiatry*, January 1972, 42, pp. 48-60/ Hamilton, James Alexander, quoted in "Rip Van Winkle Period Ends for Puerperal Psychiatric Problems," *Journal of the American Medical Association*, April 27, 1984, 251, 16, pp. 2061-2067/ Ashton, J.R., "The Psychological Outcome of Induced Abortion," *British Journal of Obstetrics and Gynaecology*, December 1980, 87, pp. 275-282/ Greenglass, Esther, Ph.D., "Therapeutic Abortion, Fertility Plans and Psychological Sequelae," *American Journal of Orthopsychiatry*, January 1977, 47, pp. 119-126/ Bracken, Michael B., M.P.H., et al., "The Decision to Abort and Psychological Sequelae," *The Journal of Nervous and Mental Disease*, February 1974, 158, pp. 154-162.

18-7

ADOLESCENT PREGNANCY IN KANSAS: THE PUBLIC COST

Executive Summary

Marjory K. Waterman, RN, BSN

and

Virginia Lynn Scott, RN, BSN
Graduate Students
Maternal-Child Nursing
The Wichita State University
Wichita, Kansas 67208

Francine H. Nichols, RNC, PhD
Associate Professor
Maternal-Child Nursing
The Wichita State University
Wichita, Kansas 67208

October 1987

18-8

Abstract

The purpose of this study was to calculate the costs of adolescent pregnancy to the state of Kansas for the year 1985. Data were collected using the Burt and Haffner tool and analyzed using Lotus 1-2-3. The average single birth cost (public cost for a single family begun by an adolescent birth for twenty years following that birth) was \$13,600. The single year cost (public cost in a single year to support all families begun by a birth to an adolescent in that year) was \$143.92 million. The single cohort cost (public cost for all families begun by a teen birth in a single year for the twenty years that the family may require public assistance) was \$47.86 million over the next twenty years. Kansas could have saved \$19.14 million if these births had been delayed until the mother was twenty years of age or older. Strategies that focus on the prevention of adolescent pregnancy are needed and could avert negative social, educational, and economic consequences to the mother and her child as well as high expenditures in public funds to support adolescent families.

Acknowledgements

The following individuals who provided assistance during this project are acknowledged:

Peggy Jarman, Director of Planned Parenthood, Wichita, Kansas

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Dr. Patricia Schloesser, Medical Director, Division of Health, Kansas Department of Health and Environment

James L. Staehli, Kansas Office of Information Systems and Computing

Aileen Whitfield, Kansas Department of Social and Rehabilitative Services

Adolescent Pregnancy in Kansas: The Public Cost

Executive Summary

Adolescent pregnancy and parenthood have increased steadily in the last twenty years, particularly among unwed and younger adolescents. Each year more than one million adolescents become pregnant. Kansas ranks nineteenth in the nation in rate of white adolescent pregnancy and seventh in black adolescent pregnancy (Singh, 1986). If present statistical trends continue, more than one third of the girls who are now fourteen years old will become pregnant at least once before they reach the age of twenty. Adolescent mothers are currently rearing 1.3 million children with an additional 1.6 million children less than five years of age living with women who were adolescents at childbirth (Alan Guttmacher Institute, 1981).

Pregnancy affects not only the individual adolescent and her infant but society as a whole. The adolescent mother is more likely to discontinue her education and is likely to have more children than her peers who delay childbearing until at least twenty years of age. Furthermore, adolescent pregnancy and parenthood are linked to increased marital instability, decreased participation in the labor force, decreased earnings potential, increased dependence on public assistance and increased poverty (Chilman, 1980; Dryfoos, 1982; Furstenberg, 1981; Kansas Action for Children, 1985; National Research Council, Panel on Adolescent Pregnancy and Childbearing, 1987).

In 1985 there were 39,418 live births in Kansas and 4,492 of these births were to adolescents. Of these adolescent births, 3,519 were first births (Kansas Department of Health and Environment, 1986). According to a state-wide survey of Kansas AFDC clients, 52 percent of families receiving AFDC were headed by women who had their first child while an adolescent. (Kansas Department of Social and Rehabilitative Services, 1985). The purpose of this study was to determine the cost of adolescent pregnancy to the state of Kansas for the year 1985.

Literature Review

Several previous studies have been done to estimate the public costs of adolescent childbearing. While these studies have used different methodology, the majority have considered public costs arising from Aid to Families with Dependent Children (AFDC), Medicaid, food stamps, and social services in determining the cost of adolescent pregnancy. The focus of these studies has varied from an exploration of costs at a national level (SRI International, 1979; Wertheimer & Moore, 1982; Burt, 1986) to a narrower focus on a single state, county, or community (Block & Dubin, 1981; Walentik, 1983).

The SRI International study (1979), with its clearly defined assumptions and methodology, has to date served as a model for later studies. Estimates were made of single birth costs and single cohort costs for adolescent pregnancy in 1979 and expressed as full costs. Later studies (Walentik, 1983 and Burt & Haffner, 1986) expressed their findings using marginal costs;

that is, the savings possible assuming that a certain percentage of adolescents would need public assistance as adults, regardless of when they delivered a child.

Walentik's (1983) study of the economic cost of adolescent pregnancy to St. Louis, Missouri was very similar to the SRI International study. Exceptions were the use of an 18 year projection for single cohort costs, the calculation of costs based on total births to adolescents rather than first births only, and the calculation of marginal rather than full cost savings possible with the prevention of adolescent pregnancy. In 1986, Burt and Haffner developed an instrument to estimate the cost of adolescent pregnancy in the United States or a locality within the United States. Previous studies were used as a basis for determining the assumptions of the study as well as the costs used to arrive at estimates of the public cost of adolescent pregnancy (Burt & Haffner, 1986). Applying this formula to national 1985 data yielded an average single birth cost of \$13,902, a single year cost of \$16.65 billion and a single cohort cost of \$5.2 billion. It was estimated that if all adolescent births in the United States in 1985 had been delayed, there would be a savings of \$2.1 billion.

Methodology

The Burt and Haffner (1986) instrument was used to calculate the public cost of adolescent pregnancy to Kansas in 1985. This instrument is based on certain assumptions. These are: greater fertility among women with an early first birth, the potential

for dependence upon public assistance during the women's childbearing career, and that typically the largest public assistance programs reaching the largest number of families are AFDC, Medicaid, and Food Stamps (Burt & Haffner, 1986).

Calculations to determine the cost of adolescent pregnancy were done using the Lotus 1-2-3 computer program. Calculated costs are defined as follows: (1) single birth cost - the public cost for a single family begun by an adolescent birth for twenty years following that birth; (2) single year cost - the public cost in a single year to support all families begun by a birth to an adolescent in that year; and (3) single cohort cost - the public cost for all families begun by a teen birth in a single year for the twenty years that the family may require public assistance. Calculations were also made of the potential cost savings realized if all adolescent births were delayed. This figure was based on research by Wertheimer and Moore (1982) who noted that even if all adolescent births were delayed, many low income families would still be dependent on public assistance.

The tool includes only first births, making numerical adjustments for the documented likelihood of greater fertility among women with an early first birth. Twenty year projections for public assistance are based on research indicating that fifty percent of adolescents will have a second birth within two years of the first. Thus, there is an increased probability that the family will remain on public assistance beyond the eighteenth birthday of the first child (Burt, 1986).

Estimates of Public Costs in Kansas: 1985

Single birth costs. The average single birth cost of \$13,600 for the state of Kansas was slightly lower than the national average of \$13,902 (Burt, 1986). The average single birth costs for specific age groups were as follows: for mothers under fourteen it cost Kansas taxpayers \$17,670 as compared to a national average of \$17,724 (Burt, 1986); for mothers ages fifteen to seventeen the cost was \$17,636 as compared to a national average of \$17,689 (Burt, 1986); and for mothers between eighteen and nineteen year old the cost was \$11,174 as compared to a national average of \$11,214 (Burt, 1986). If these adolescents had not given birth to an infant until they were at least twenty years old the state of Kansas would have saved an average of \$5,440 for each birth as compared to \$5,560 nationally (Burt, 1986).

Single year costs. In 1985, the state of Kansas spent \$143.92 million on families that were started when the mother was an adolescent. This figure includes actual payments as well as administrative costs associated with AFDC, Medicaid, and food stamps. This estimate reflects only the minimal public outlays for adolescent pregnancy in that it does not include frequently used public services such as housing, special education, child protection services, foster care, day care, and other social services. These are average costs for families begun by an adolescent birth. Two out of three adolescent mothers do not receive public assistance, thus the actual public cost of a

single birth to an adolescent who does receive public assistance is considerably higher than the estimated average cost.

Single cohort costs. All Kansas families begun by a first birth to an adolescent in 1985 will cost taxpayers \$47.86 million over the next twenty years. If all adolescent births in Kansas were delayed until the mother was twenty years or older, the potential savings to the state of Kansas would be \$19.14 million for the entire cohort of adolescents who would otherwise have had a first birth in 1985. This potential savings represents forty percent of the full estimated cohort cost of adolescent childbearing in Kansas.

Implications

Adolescent childbearing results not only in negative social, educational, and economic consequences to the mother and her child, but also in high expenditures in public funds to support adolescent families. Efforts should be targeted toward reducing the incidence of adolescent pregnancy and ensuring adequate support programs and services for pregnant and parenting adolescents. Services and support programs include: comprehensive human sexuality and family life education including encouragement to delay sexual activity, school-based health clinics, the provision of adequate prenatal and pediatric health care for adolescent families, parenting education and family planning clinics. Secondly, public health policy is needed that provides for the development and funding of adolescent pregnancy prevention programs. Finally, the execution of rigorously

designed, theory based research to evaluate the effectiveness of current programs, develop a definitive knowledge base and generate new ideas for the prevention of adolescent pregnancy is essential. The investment now in strategies related to the prevention of adolescent pregnancy as well as support programs for adolescent families could avert social, educational and economic consequences to the adolescent mother and her child as well as high expenditures in public funds to support adolescent families.

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George R. Tiller M.D. DABFP Medical Director
Cathy Reavls R.N., N.P. Director of Nursing
Elana Fritchman Administrative Director
Peggy Jarman Public Relations



5107 East Kellogg • Wichita, Kansas 67218 • (316) 684-5108

To: Senate Federal and State Affairs Committee
From: Peggy J. Jarman, Women's Health Care Services
Regarding: S.B. 91 (Parental consent for abortion service for a minor).

Section 1

Section 1 deals primarily with assumptions to support the regulation of abortions for women under the age of 18. The proposed legislation makes the assumptions that all minors have kind, compassionate, and caring parents and that all these parents have the best interest of their children at heart. Unfortunately, this close relationship does not always exist and minor children often know far better than the state legislature the nature and the quality of their relationships with their parents. The legislature has dealt with these unfortunate facts in the past and allows a minor to consent to health care regarding sexually transmitted disease and pregnancy. This permission acknowledges that some young people would be at substantial risk for sexual, physical, emotional, and economic abuse should they inform their parents of this activity. Right now in the state of Kansas, the Department of SRS has almost 25,000 cases of reported child abuse and neglect; 25,000 families in which parental consent could, in all probably, not be safely obtained.

Section 1 also suggests that abortion is an extraordinarily hazardous and physically complicated procedure. These allegations are simply not confirmed by the current medical literature. (See attached documents).

Nor does Section 1 indicate the tremendous cost of adolescent pregnancy for Kansas. In 1985, the state of Kansas spent \$143.92 million on families that were started when the mother was an adolescent. It also ignores the emotional, medical, and psychological consequences of motherhood and offers no support to teens who may find themselves mothers against their better judgement (if you support this bill) in terms of child care, education, job training, parenting skills, family planning, prenatal and pediatric medical care.

W.H.C.S.
Team Care

SF & SA
2-8-89
Attachment 19

Judicial Bypass

Parental consent laws that contain a judicial bypass have been held to be constitutional. To date, it is the only way to have a constitutional parental consent law. The Supreme Court is expected to review this aspect of parental consent legislation in the near future. Evaluations of this process are very negative. None of the judges, guardians, lawyers, health professional, or counselors who are responsible for implementing the court bypass procedure in Minnesota identified any positive effect of the law. In addition, it caused delay, forcing minors to obtain riskier, more costly abortions, deprives some minors of their right to anonymity, and are discriminating. (See attached documents).

Restrictions

Section 6 restricts all second trimester abortions to hospitals. The United States Supreme Court ruled this unconstitutional in 1983. Cases are City of Akron vs. Akron Center for Reproductive Health and Planned Parenthood of Kansas City, Missouri vs. Ashcroft.

Section 11 indicates that pregnant minors are mentally competent to give consent for health care relating to pregnancy and then suggests that the same minors immediately become mentally, emotionally, and physically incompetent the moment they consider an abortion. I suggest this is illogical, prejudicial, and condescending.

I ask that you oppose Senate Bill 91 because of faulty assumptions, an ineffective bypass system, and unconstitutional and unconscionable restrictions.

UNICEF urges use of simple but life-saving treatments

Nearly half of the 14 million children younger than five who die in the Third World each year could be saved through greater use of simple inexpensive treatments, the United Nations Children's Fund said last month in its annual report on the state of the world's children.

UNICEF called for a grand alliance of teachers, religious leaders, governments, voluntary organizations, the business community, and the press to encourage use of such treatments throughout the Third World and to reduce what it calls the "quiet carnage" of children.

"Low-cost techniques could cut child mortality in half by about the end of this century if we mobilize everyone with influence in developing countries," said UNICEF deputy executive director Richard Jolly, PhD.

Developing countries should now be able to meet the United Nations target of immunizing all their children against measles, whooping cough, and tetanus by 1990, saving some 3.3 million lives annually, the organization says.

Some of the world's poorest countries have managed to double the number of children immunized against the diseases in the last two years. Among the success stories listed is Senegal, which has lifted its immunization rate from a very low level to approximately 70% in one year's time. In Syria, 70% of all children are now being immunized, compared with only 25% in 1985. Egypt has raised its immunizations from 50% to 70% during the last year.

UNICEF CALCULATES that the total

Sexual abuse of children 'staggering,' judge says

Nearly one-fourth of the young girls in this country are sexually abused, but many courts still do not treat child abuse with the seriousness such cases deserve, according to a Louisiana judge.

"The numbers are absolutely staggering in domestic violence against children," said Judge Sol Gothard, on the 5th Circuit Court of Appeal, Louisiana. "In the area of sexual abuse alone, it is generally accepted that approximately 10% of boys and 23% of girls are sexually abused," he said.

Gothard made his remarks in a recent speech before the American

Academy of Pediatrics. He described the average sexual abuser as a person who is "gainfully employed, has a better than average income, and is church-going."

Gothard said there was no evidence that child abuse was leveling off, and might even worsen because of increasing teenage pregnancies and drug abuse.

"Society needs to get involved to break this vicious cycle as early as possible," he urged. "We need responsible laws that protect children while balancing the rights of the family by protecting them from false reporting."

Lack of insurance hinders prenatal care, report notes

Nearly 15 million American women of reproductive age have no private or public maternity insurance coverage, and almost one-sixth of the 3.7 million women who give birth each year have no coverage at the time of their delivery.

As a result, many American women may not receive the medical attention they need during their pregnancy, according to a new report on maternity care financing released by the Alan Guttmacher Institute, a research and policy analysis corporation.

More than one-third of the women having babies — approximately 1.3 million women each

for women having babies. This is largely due to the fact that these women tend to fall into those age and income categories most likely to be without coverage. They tend to be young — half are younger than 25 — and employed in entry-level, low-paying jobs with few benefits or in part-time positions with none. Women employed in the service sector, for instance, are even less likely than the unemployed to have coverage because the unemployed often are eligible for Medicaid.

As a result, twice as many women who do not receive adequate prenatal care have premature births and low-birth-weight babies. The

'There is abundant evidence that late, discontinuous medical

Nursing home care, inspection targeted in Wis.

Reform of nursing home care and inspection in Wisconsin is targeted in a package of measures signed into law by Gov. Tommy Thompson.

Thompson also signed into law legislation that makes seat belt use mandatory.

The nursing home legislative package was prompted by earlier revelations of nursing home abuses reported by *The Milwaukee Journal*.

Provisions in the nursing home package include:

- Daily minimum staffing ratios to replace the current weekly averages that allowed short staffing on weekends and holidays.

- Mandatory unannounced visits by state inspectors.

- Triple forfeitures for repeat violations of nursing home regulations, a provision that was a direct response to a *Milwaukee Journal* article that four large nursing home companies had been responsible for 70% of the serious violations cited in Milwaukee County since 1985.

- Access for state inspectors to the records of patients who are paying their bills. Wisconsin was the only state in the nation to deny access to such records.

- Establishment of a system for training and certifying nursing assistants. The system is to be set up by the Dept. of Health and Social Services.

- Nursing homes must provide residents and prospective residents information on such things as staff ratios, staff turnover, and past violations.

In addition, the legislation calls for studies of nursing home standards and reviews of the the Medicaid reimbursement formula.

THE SEAT BELT regulation, backed by

19-3

AMA News 11/18/88

State's child protection services unraveling, workers say

By **Betsy Rubiner**
Staff Writer

Ann Mar-Mason has seen some horrible sights. A child's badly bruised body. A baby hooked on cocaine. A toddler wandering in a busy Wichita street.

During her 9½ years as a social worker at the Department of Social and Rehabilitation Services, Mar-Mason also has had some fitful nights.

"I dream about some kids getting hurt and not being able to do anything about it," she says.

Her fears and frustrations are shared by people working at all levels of the intricate system designed to protect children from abuse and neglect — by other social workers, by volunteers and lawyers who work with children, by judges and foster parents.

They worry that, because the state does not have enough resources, the huge safety net that should help some of Kansas' most desperately needy and defenseless children is full of holes.

"We think that maybe children are be-

ing left in some pretty dangerous situations," says Jim McHenry, executive director of the Kansas Child Abuse Prevention Council.

McHenry's group is part of the Kansas Children's Coalition, which will release an opinion survey in Topeka today, identifying problems cited by people who work with abused and neglected children.

No one is sure how to prove that some Kansas children are being ill-served, but several recent trends have triggered this fear. While the number of reports of child

abuse and neglect has risen:

- The number of social workers has dropped.

- A smaller percentage of reports is being confirmed.

In 1980, there were 17,522 reports of child abuse or neglect in Kansas. The SRS had about 490 social workers working on child abuse or neglect cases. In 1988, there were 24,371 reports of child abuse or neglect across the state. But the SRS could afford only 460 social workers for those cases — with nearly 30 of those

positions vacant.

In addition, the department is having trouble filling its current positions. The SRS expects a 30 percent turnover statewide among its social workers this year.

In Wichita, the youth services division is short 7 of its 48.5 positions. These social workers investigate child abuse and neglect reports. They oversee troubled families. They monitor foster-care families.

● CASELOADS Vol. 1

Suffer the children

Since 1980, the number of state social workers who investigate child-abuse cases has dropped about 6 percent — from 490 to 460. But reports of child abuse and neglect have swelled. Critics say a reduced confirmation rate shows that the state hasn't enough resources to investigate the extra cases.

Child abuse, neglect

Year	Cases reported	Confirmed	Percent confirmed	Deaths
1988	24,371	2,896	11.8%	7
1987	27,814	5,156	20.8%	12
1986	22,292	5,192	23.3%	12
1985	24,551	7,724	31.5%	9
1984	22,450	7,647	34.1%	5
1983	19,498	6,439	33.0%	8
1982	18,661	6,272	33.6%	10
1981	19,783	6,698	33.9%	10
1980	17,522	5,230	29.8%	13

Source: State Department of Social and Rehabilitation Services

Editorials

Tuesday, January 31, 1989

Parental consent

Don't force kids to have kids

TEEENAGE pregnancy is still a big problem in the United States and the solution is as elusive now as it has ever been. If parents were discussing issues of sexuality with their teenagers, such high pregnancy rates wouldn't occur. Yet many parents have difficulty discussing sexuality with their teenagers. Now, the Kansas Senate's Federal and State Affairs Committee has approved a bill that would require the written consent of a parent or a district judge if a pregnant teen wishes to have an abortion.

In a perfect world, teen abortions wouldn't be necessary because teens would be responsible and have the maturity necessary to handle their sexuality. Those teenagers who were sexually active would be able to talk openly with their parents about their activities and would be using contraceptives, with their parents' knowledge.

But ours is far from a perfect world. A teenager who can't tell her parents that she is sexually active will hardly be able to tell them that she's pregnant. Such a communication breakdown often reflects a deeply troubled relationship between parent and child — a relationship that

could mean physical and emotional abuse for the pregnant teenager.

The Senate committee's bill would even mandate parental or judicial consent to an abortion if the teenager were an abused child herself or a ward of the state. And what of those children whose parents deny their consent to the procedure? Requiring judicial consent means facing a legal system that may be more sensitive to the political controversy over abortion than to the teenager's unfortunate plight.

Pregnant teenagers often don't understand the realities of parenthood. Unless they are willing to give up a child for adoption — which the majority do not — teenage mothers often abandon education or job training opportunities. That can lead to either welfare or a minimum-wage job — possibilities that make too many young women with low self-esteem lifetime members of America's permanent underclass. That's a life sentence no teen should be forced to accept, simply because Kansas enacted a parental consent bill in 1989. Here's hoping the Kansas Legislature returns to the wisdom of past sessions and drops this bill.

19-4

Pregnancy following induced abortion: maternal morbidity, congenital abnormalities and neonatal death

ROYAL COLLEGE OF GENERAL PRACTITIONERS/ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS JOINT STUDY

P. I. FRANK, C. R. KAY, L. M. SCOTT, P. C. HANNAFORD, D. HARAN

Summary. In a prospective cohort study of the long-term sequelae of induced abortion, a comparison is made between a group of 6418 women who had an induced abortion (cases) and a control group of 8059 women recruited with an unplanned pregnancy which was not terminated with an induced abortion (controls). The present paper reports on 729 cases and 1754 controls who had a post-recruitment pregnancy. In general, prior induced abortion had no material effect on the rate of pregnancy-related morbidity, nor on the rate of congenital abnormalities and neonatal death in the offspring. There was, however, a significant difference in two specific conditions. In the post-index pregnancy in the cases there was an increased relative risk (RR 2.26) of the occurrence of urinary tract infection and a decreased risk (RR 0.25) of pregnancy-related anaemia.

Reports of the complications of childbirth following induced abortion have shown conflicting results (Hogue *et al.* 1982). Most studies have been retrospective and suffered the disadvantage of selective recall by patients of previous induced abortion. Some have failed to adjust for important predisposing conditions or have been without appropriate controls.

The present long-term, prospective cohort study aims to compare the subsequent health of a group of women referred by their general practitioner and having an induced abortion (cases) with that of a group presenting to the same doc-

tors with an unplanned pregnancy and not having an induced abortion (controls).

Analyses of the early sequelae of induced abortion and the outcome of pregnancy (including shortened gestation and low birthweight) following the operation have been described previously (Frank *et al.* 1985; Frank 1985; Joint Study of the Royal College of General Practitioners and the Royal College of Obstetricians and Gynaecologists 1985). The present communication concerns occurrence of morbidity in the mother and congenital abnormalities and neonatal death in the baby associated with the first post-recruitment pregnancy. Only pregnancies continuing beyond 28 weeks gestation are considered in this paper.

Subjects and methods

Detailed accounts of the methods and the characteristics of recruited women have been published elsewhere (Kay & Frank 1981). In summary, between 1976 and 1979, 1509 general

RCGP Manchester Research Unit, 8 Barlow Moor Road, Manchester M20 0TR

P. I. FRANK

C. R. KAY

L. M. SCOTT

P. C. HANNAFORD

D. HARAN

Correspondence: Dr Peter Frank

Estimates of Public Costs in Kansas: 1985

Single birth costs. The average single birth cost of \$13,600 for the state of Kansas was slightly lower than the national average of \$13,902 (Burt, 1986). The average single birth costs for specific age groups were as follows: for mothers under fourteen it cost Kansas taxpayers \$17,670 as compared to a national average of \$17,724 (Burt, 1986); for mothers ages fifteen to seventeen the cost was \$17,636 as compared to a national average of \$17,689 (Burt, 1986); and for mothers between eighteen and nineteen year old the cost was \$11,174 as compared to a national average of \$11,214 (Burt, 1986). If these adolescents had not given birth to an infant until they were at least twenty years old the state of Kansas would have saved an average of \$5,440 for each birth as compared to \$5,560 nationally (Burt, 1986).

Single year costs. In 1985, the state of Kansas spent \$143.92 million on families that were started when the mother was an adolescent. This figure includes actual payments as well as administrative costs associated with AFDC, Medicaid, and food stamps. This estimate reflects only the minimal public outlays for adolescent pregnancy in that it does not include frequently used public services such as housing, special education, child protection services, foster care, day care, and other social services. These are average costs for families begun by an adolescent birth. Two out of three adolescent mothers do not receive public assistance, thus the actual public cost of a

THANK YOU, MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE.

I AM REPRESENTATIVE ALEX SCOTT OF THE 65TH KANSAS DISTRICT AND ALSO A RETIRED PHYSICIAN WHO WAS IN ACTIVE PRACTICE UNTIL MAY 1988. IN ADDITION I AM THE FATHER OF THREE DAUGHTERS. I WISH TO MAKE A FEW STATEMENTS IN REGARD TO PARENTAL CONSENT FOR THE PERFORMANCE OF AN ABORTION.

SEVERAL POINTS ARE WORTH STATING:

- (1) A TEENAGE PREGNANCY, PARTICULARLY OF AN UNMARRIED FEMALE UNDER 18 YEARS OF AGE IS A SOCIALLY TRAGIC EVENT.
- (2) THIS TYPE PREGNANCY REPRESENTS A BREAKDOWN IN FAMILIAL COMMUNICATION AND PARENTAL GUIDANCE WHICH DEVELOPED YEARS BEFORE THE PREGNANCY OCCURRED.
- (3) JUST AS CHILD ABUSE IS RECURRENT FROM GENERATION TO GENERATION; THE PREGNANT TEENAGE MOTHER, AND POSSIBLY THE GRANDMOTHER ALSO WAS PREGNANT OR HAD A CHILD BEFORE HER FIRST MARRIAGE.
- (4) ONE OR BOTH PARENTS, PARTICULARLY IF DIVORCED, MAY TAKE A PUNITIVE STANCE UTILIZING THE CHILD AS A DEVICE FOR RETALIATION AGAINST THE MOTHER, WHO USUALLY HAS CUSTODY.
- (5) FROM A MEDICAL STANDPOINT, IF A SURGICAL PROCEDURE IS TO BE DONE, THE PATIENT BEING IN STABLE CONDITION, THE MORE PROMPTLY ACCOMPLISHED THE BETTER FOR THE PATIENT. SECURING ONE OR MORE CONSENTS, IN ADDITION TO THE PATIENTS APPROVAL, CAN ONLY INCREASE THE DELAY WHERE DELAY BECOMES SYNONYMOUS WITH DANGER.

IN SUMMARY, I WOULD STATE THAT IN A WORLD WHERE THE DESIRE FOR SEXUAL SATISFACTION IS USED AS A MERCHANDISING DEVICE AND EXPLICIT SEXUAL SCENES HAVE BECOME COMMONPLACE IN THE VISUAL ENTERTAINMENT MEDIA, AND THE TEACHING OF MORAL VALUES APPEAR TO BE PROSCRIBED IN OUR SOCIETY AND ARE LACKING IN MANY HOMES, THE PROBLEM OF TEENAGE PREGNANCIES APPEARS A PERMANENT PART OF OUR SOCIAL LANDSCAPE.

MARRIAGE AND THE FAMILY COURSES ARE NOW TAUGHT AT COLLEGE LEVEL TO THOSE WHO PROBABLY DON'T NEED THE COURSE OR AFTER IT IS TOO LATE. THESE COURSES, LIKE EDUCATION IN DRUGS AND ALCOHOL MUST BE TAUGHT BEFORE CHILDREN REACH PUBERTY AND MUST EMPHASIZE THE RESPONSIBILITIES, AND, YES, THE AGONIES AS WELL AS THE PLEASURES AND REWARDS OF BEING AN ADULT HUMAN BEING.

SF & SA
2-8-89

Attachment 20

Talkington and Chase

ATTORNEYS & COUNSELORS AT LAW

P.O. Box 725 — 20 N. Washington

Topeka, Kansas 66749-0725

Robert V. Talkington
 Tim J. Larson
 Robert F. Chase

Telephone
 (316) 365-5125

February 7, 1989

J.D. Conderman (1915-1978)

Senator Edward F. Reilly, Jr., Chairman
 Senate Committee on Federal and State Affairs
 Room 255 E
 State Capitol
 Topeka, Kansas 66612

Re: Senate Bill 91

Dear Mr. Chairman:

I represent Women's Health Care Services, PA, Wichita, Kansas. It is my understanding that hearings on Senate Bill 91 will be held on Wednesday, February 8, 1989, at 11:00 a.m. Since I will be unable to be in attendance at that hearing, I would like to advise you of our feeling concerning Senate Bill 91.

We are opposed to Senate Bill 91 for the reason that we do not feel it is needed at this time. We see no reason to have a change in the law which has been working very well.

We further feel that in view of the decision of the United States Supreme Court to review the case from Missouri, which will give the court the opportunity to review Roe vs. Wade, (1973), the committee should delay any further action on Senate Bill 91. It is my understanding the court plans to hear the case soon and give its decision as early as possible, perhaps in June.

We feel the bill should not be considered favorably. In the event that is not the case, then we feel that the Committee should delay any action on Senate Bill 91 until the 1990 Session when the decision of the United States Supreme Court concerning its review of Roe vs. Wade will be available to the Committee and the entire Legislature for its bill.

In the event this bill is to be considered during this session, then I would hope you would consider amendments to be suggested and offered to the bill. While I am not aware of all amendments to be offered, those that I am aware of certainly would make the bill a better bill. Among the

S F & SA

2-8-89

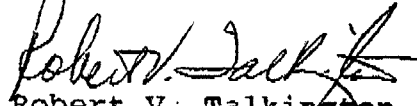
Attachment 21

Senator Edward F. Reilly, Jr.
Page 2
February 7, 1989

amendments we feel you should consider would be reducing the age from eighteen to sixteen and to make exceptions in the cases of rape and incest which resulted in the pregnancy of a young girl under the age of sixteen.

Thank you very much for taking the time to read this letter. I would like to take this opportunity to wish to you and the members of the Committee a good 1989 Session.

Very truly yours,


Robert V. Talkington
of TALKINGTON & CHASE

RVT/jcf

AMERICAN CIVIL LIBERTIES UNION
of Kansas and Western Missouri

Edward F. Reilly, Chairperson
Senate Committee on Federal and State Affairs
Topeka, Kansas

Office Address
106 East 31st Terrace
Kansas City, Missouri 64111
(816) 531-7121

February 3, 1989

Dick Kurtenbach
EXECUTIVE DIRECTOR

Carla Mahany
ASSISTANT DIRECTOR

Dear Senator Reilly:

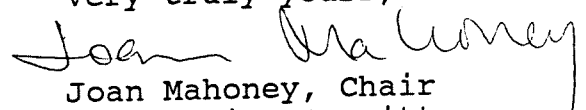
I am writing on behalf of the Legislative Committee of the American Civil Liberties Union of Western Missouri and Kansas City, to express our concern regarding Senate Bill 91, requiring that minors obtain parental consent before they may have an abortion.

In the ideal circumstances, all young girls would discuss their situation with their parents before seeking an abortion. The circumstances of many pregnant teenagers, however, is far from ideal. The young woman may be the victim of incest or physical abuse. She may be frightened of her parents or of the effect her admission that she is pregnant would have on them and their relationship with her. The channels of communication may not be open, and while we would all wish that they could be, the period surrounding an abortion decision may not be the ideal time to seek to establish forms of communication that have not been available until then.

For various reasons, teenagers are less likely to know that they are pregnant early in the first trimester and more likely to postpone medical treatment and a decision on dealing with the pregnancy. If, having made the decision, a young woman is required to seek her parents approval or follow a difficult and time-consuming judicial bypass procedure, it is likely that she will be unable to obtain an abortion before the second trimester, at which time it will be more difficult and expensive. By making it harder for a young woman to obtain help outside the family, we do not necessarily encourage closeness in the family but may only lead to making a difficult situation appear insurmountable.

Because the American Civil Liberties Union believes that the abortion decision can only be made by a woman and her doctor, regardless of her age, despite our hopes that she would consult those people who are close to her, we urge you to reject Senate Bill 91 in committee.

Very truly yours,


Joan Mahoney, Chair
Legislative Committee

SFA&SA

2-8-89

Attachment 22



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February 6, 1989

The Honorable Edward F. Reilly, Jr., Chair
Committee on Federal and State Affairs
Kansas Senate
State Capitol Building
Topeka, Kansas 66612

Dear Senator Reilly and Members of the Committee:

We were distressed to learn that the Committee is sponsoring Senate Bill No. 91 which would require parental or judicial consent for minors seeking abortions.

Because we are a not-for-profit agency which provides reproductive health services and education to residents of both Kansas and Missouri, we have had experience with the parental consent law in Missouri. We know that most young women have already involved their parents in their decision to terminate their pregnancy and others decide to do so after being so encouraged by our counselors. The younger the adolescent, the more apt her parents are to be involved.

However, approximately twenty-five percent of teenagers seeking abortions have important reasons not to tell their parents about their pregnancy or their decision to terminate it. Laws such as SB91 force these women either to bear a child, to inform parents with usually devastating consequences, to suffer through a traumatic and futile judicial proceeding or to seek to terminate the pregnancy in another state--or by illegal or unsafe methods. Considering these punitive choices, it is not surprising that laws similar to SB91 are not being enforced or are enjoined in 24 states because they are believed to violate the constitutional right to choose an abortion.

Minnesota's five-year experience with its parental notification law was examined in Hodgson v. State of Minnesota, 648 F.Supp. 756 (D.Minn. 1986). In that case (which is currently being appealed to the U.S. Supreme Court), the district court concluded that,

five weeks of trial have produced no factual basis upon which this court can find that the Minnesota statute on the whole furthers in any meaningful way the state's interest in protecting pregnant minors or assuring family integrity.

For these reasons, these laws are opposed by the American Medical Association, the American Psychiatric Association, the American Psychological Association and the National Association of Social Workers.

Please protect the young women of Kansas from the dangers of this legislation. Please vote against Senate Bill No. 91.

Sincerely yours,

Susan R. Jacobson

Susan R. Jacobson, President

1001 East 47th Street, Kansas City, Missouri 64110-1699 (816) 756-2277 Attachment 23

SF & SA
2-8-89

TO: Senate Federal and State Affairs Committee

FROM: Patricia Hackney
Chair of Legislative Committee
American Civil Liberties Union of Kansas

DH

RE: SB 91 (Parental notification bill)

DATE: February 1989

This is in regard to SB 91, the parental notification bill presently before this committee. I am writing on behalf of the Legislative Committee of the American Civil Liberties Union of Kansas. We are adamantly opposed to this legislation.

Parental notification bills are thinly disguised anti-choice bills which try to make this issue a parents' rights issue. It is not. If a young woman becomes pregnant, it is hoped that she has a good enough relationship to talk to her parents; to discuss the situation with them. But for those who cannot or will not go to their parents, this bill closes off options that can change the course of this woman's life.

Having a complex and unwieldy judicial bypass is not the answer. Most young pregnant women will not have the education or trust to go through the court system alone. As an attorney, I see adults every day that fear and do not understand the judicial system.

What this bill will do is make young women who desire to have all options open to them feel like criminals. And what of the drastic situation of incest? Who does the daughter go to in that situation?

Even though I am speaking for the ACLU Legislative Committee, I must add a personal note. I am the mother of a 14 year old young woman. Of course I would want to know if my child was pregnant. But that does not give me the right to force her to tell me at the expense of her options. That doesn't mean I don't love my child--it means I love her enough to want her to have choices that will effect the rest of her life.

I hope you will vote against SB 91. Thank you.

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Comprehensive Health for Women

February 3, 1989

Federal & State Affairs Committee
Kansas Senate

Dear Senator:

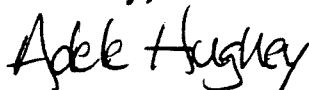
As Executive Director of Comprehensive Health for Women, I am strongly opposed to Senate Bill No. 91.

We have been providing quality abortion services and counseling in Kansas for 15 years and are in the position to make several observations. Most teenagers voluntarily tell one or both parents about a pregnancy or proposed abortion, minors are competent to give informed consent for abortion services, and minors who choose not to involve one or both parents have good reasons.

Abortion opponents assume that fewer abortions would be performed if parental consent was required. We observe the opposite at our facility. Many parents try to force their daughter to have an abortion. Obviously, we believe that each woman has the right to choose and should not be forced to have either an abortion or unwanted pregnancy.

Parental consent laws are not motivated to help teenagers. I urge you to vote against Senate Bill No. 91.

Sincerely,



Adele B. Hughey
Executive Director

Before you vote on a parental consent bill, look at what the court has ruled in other states:

KEY UNITED STATES SUPREME COURT RULINGS ON
ABORTION

1973

The Court ruled that the implied constitutional right of privacy protects a woman's decision to terminate a pregnancy. It allowed state regulation of abortion after a fetus has matured.
Roe vs. Wade

1976

The Court ruled that a husband's consent is not required for a first trimester abortion. Planned Parenthood of Missouri vs. Danforth

1976

The Court ruled that states may not give parents of unmarried minors a blanket veto of abortions sought by daughters.
Belotti vs. Baird

1977

The right of states to refuse to spend public funds for abortions for low-income women unless necessary to save the woman's life was upheld by the Court. Beal vs. Doe & Maher vs. Roe

1979

The Court ruled that a state may not require parental consent to a minor's abortion unless the young woman is allowed the opportunity to show the court that she is mature enough to make her own decision or that an abortion is in her best interests.
Bellotti vs. Baird

1980

The Court found that the federal government could limit medicaid funding of abortion to only those cases necessary to save the woman's life. Harris vs. McRae

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1983

The Court struck down state "informed consent" provisions requiring physicians to tell patients that the fetus is a human being from the moment of conception and to list possible physical and emotional consequences of abortion. City of Akron vs. Akron Center for Reproductive Health

1986

The Court struck down a state requirement that a physician use the same care in aborting a fetus as he would in delivering, as well as a method providing the best chance for a fetus to be born alive. Thornburgh vs. American College of Obstetricians and Gynecologists

1987

The Court upheld an appellate court ruling striking down a state law requiring some minor women to wait 24 hours after telling their parents or a judge of the decision to have an abortion. Hartigan vs. Zbaraz