Approved 2-13-90
Date

MINUTES OF THE Senate COMMITTEE ON Federal and State Affairs.

The meeting was called to order by Senator Edward F. Reilly, Jr. (Chairperson) at

11:05 a.m./p.m. on February 8, 1990 in room 254-E of the Capitol.

All members were present except:

Committee staff present:

Mary Torrence, Revisor of Statutes Office
Mary Galligan, Legislative Research
Deanna Willard, Committee Secretary

Conferees appearing before the committee:

PROPONENTS
Sen. Don Montgomery
Cynthia J. Patton, Kansans for Life
Pat Goodson, Right To Life
Pastor Tony Mattia, Wamego
Marilyn McNeil, Wichita
Bernard Hoffman, Right To Life
Bob Runnels, Kansas Catholic Conference
Dr. Joseph Burke, Atchison

OPPONENTS
Dr. Martin Pernoll, KU Med Center
Gordon Risk, ACLU
Adele Hughey, Comp. Health for Women
Barbara Reinert, League of Women Vtrs
Beth Powers, Ks. Choice Alliance
Belva Ott, Planned Parenthood
Jodie VanMeter, Ks. NOW
Elizabeth Taylor, Ks. Assoc. Health

Senator Don Montgomery said that with all of the emphasis to improve the quality of life for elder citizens, it doesn't seem consistent to terminate life by abortion, especially when used as birth control. He reviewed the meaning of "abortion," as defined in the bill and said that this bill addresses "public funding." He said he has been told by some groups that they do not use public funds; however, it would seem strange that those same groups would then oppose the bill. He said if it is already policy not to use public funds, let's put it into the statutes. Taxpayers are divided on the issue of abortion; those opposed should not have their tax dollars used for abortions.

Staff mentioned that this was a reintroduction of a bill from Senator Yost in 1987; it is based on the Webster case from Missouri, though this one does not allow use of public funds if necessary to save the mother's life.

Cynthia J. Patton, Kansans for Life, gave testimony in support of the bill. (Attachment 1)

Pat Goodson, Right To Life of Kansas, Inc., gave testimony in support of the bill. (Attachment 2) She also provided a sheet entitled, "How Kansas Government supports abortion." (Attachment 3)

Pastor Tony Mattia, Wamego, expressed concern that doctors who promise to protect life could be involved with the taking of it. He discussed how aware he was that his son was alive even before birth and said if there is any doubt but that a fetus is a human life, that is reason enough not to allow abortions.

Marilyn McNeil, LMSW, Wichita, gave testimony about her work with Post-Abortion Syndrome. (Attachment 4) Two charts were distributed to show criteria she used in working with patients. (Attachments 5 and 6) Two pamphlets distributed are on file in the Federal and State Affairs office, entitled "Making an Informed Decision About Your Pregnancy," and "Forgotten Fathers."

Mr. Bernard Hoffman, President, Eastern Kansas Right To Life, spoke

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

CONTINUATION SHEET

MINUTES OF THE Senate COMMITTEE ON Federal and State Affairs,

room 254-E, Statehouse, at 11:05 a.m./p.m. on February 8, 1990.

of the nation becoming out of balance with the loss of 20 to 25 million young lives. He referred to a poll published January 1, 1990, by the LA Times, which showed Americans being pro-life 5 to 4.

Mr. Bob Runnels, Jr., Kansas Catholic Conference, gave testimony in support of the bill. (Attachment 7)

Joseph Burke, M.D., Atchison, gave testimony in support of the bill, stating that (1) he is fundamentally opposed to abortion and to being taxed to support this form of genocide, and (2) the necessity of training for physicians to do abortions is questioned, as various methods are taught for treating pregnancies which fail for natural reasons.

Martin Pernoll, M.D., Executive Dean, KU Medical Center, gave testimony which said that the bill would adversely affect programs at the med center. (Attachment 8)

Gordon Risk, ACLU, gave testimony against the bill. (Attachment 9)

Adele Hughey, Comprehensive Health for Women, gave testimony in opposition to the bill. (Attachment 10)

The Chairman requested that additional statements be submitted in writing, as both sides had been given equal time. Statements were given to the Committee members from the League of Women Voters of Kansas, (Attachment 11) Kansas Choice Alliance, (Attachment 12) Planned Parenthood of Kansas, Inc., (Attachment 13) Kansas NOW, (Attachment 14) and Kansas Association of Local Health Departments. (Attachment 15) Also, included from the latter was a paper entitled, "Guidelines to Local Health Department Services Analysis," (Attachment 16) and a booklet, "Guidelines for Local Health Department Services," which is on file in the Federal and State Affairs office.

The meeting was adjourned at 12:00 noon.

GUEST LIST

COMMITTEE: Senate Federal & State Affairs DATE: 2-8-90

NAME (PLEASE PRINT)	ADDRESS	COMPANY/ORGANIZATION
Tony Mattia	1301 10TH ST WAMEGO KS 66547	
Joseph Burke [illegible]	1400 N. 2nd Atchison 66002	
Sherry A. Lange	822 N 3 Atchison KS	
Cleta M. Renyer	R2, Box 94 Sabetha	Right to Life of Ks
Twila Mattia	1301 10th Wamego Ks 66547	
Jolene Patton	605 Warren Cir Wamego, KS 66547	
Dorothy Dvoracheck	1201 N. Kentucky	intern
N. J. Stayton	13810 W. 81st Terrace Lenexa 66215	Right to Life of Ks.
Bob Runnels	6301 Antioch, Merriam	Ks. Cath. Conf.
Lisa Zagar	Topeka	intern
Jane Bailey	Topeka	Right to Life of Ks
Darlene Huerter	Seneca, KS	Citizens for Life
Jon Williams	5606 SW Mission Topeka, Ks	Self Employed
Ernie Waitzmann	Olathe Ks	Olathe Right to Life
Judith Waitzmann	13595 Spoon Creek Rd Olathe, Ks 66061	Olathe Right To Life
Luvonne Morse	923 N. Iowa, Olathe	Olathe Right to Life
Pat Goodson		Right To Life of Ks
Mary Kay Niedfeldt	617 Lincoln Wamego, Ks. 66547	Right to life of Ks.
Sandy Wekner	Sabetha	Right to Life of Ks
Bernard A. Hoffman	2328 No. 81st Ct. K.C. Ks.	Right to Life of Ks.
M. Hagan	Topeka	Cap-Journal
Page couldn't get to other side of room.		

I am Cynthia J. Patton, speaking on behalf of Kansans for Life, the only state affiliate to the National Right to Life Committee. We have over 50 chapters in the State of Kansas.

We support SB 577, a bill which would prohibit state funding of abortion and would take the state out of the business of promoting abortion.

It is not a legitimate function of government to fund or promote the dismemberment of our unborn children. While we may be constitutionally required to refrain from an outright prohibition of abortion, it is clear under the Webster decision that we as a state can constitutionally refrain from promoting abortion with state funds or state facilities.

As a taxpayer who finds abortion morally reprehensible, I would submit that there are plenty of activities with which the state should be occupied and promoting abortion is not one of them. Kansans for Life, therefore, fully support SB 577.

SENATE FEDERAL AND STATE AFFAIRS COMMITTEE February 8, 1990

TESTIMONY IN SUPPORT OF SB 557

Mr. Chairman, members of the committee. We appear in support of Senate bill 557. This is a PRO-CHOICE bill. This bill would restore to Kansas taxpayers the right of choice, the right to choose NOT to be involved in abortion. It would take the state of Kansas out of the abortion business. The advocacy role played by Kansas government agencies and institutions is detailed in an attachment to my testimony. (There are references to Dr. Schlesser and Dr. Harder since this was written while they were still with their respective agencies, but it is otherwise relevant.)

In 1969 this legislature became the first in the nation to legalize abortion on demand. Why? For ten years prior to 1969 the Kansas Department of Health and Environment took an official position favoring the legalization of abortion, and after it was legalized, called it a proud accomplishment. They were joined by doctors from the University of Kansas Medical Center. Thus the climate was set for the abortion industry to thrive and to earn us a reputation as an abortion mecca. Women come from all over the nation to Wichita, and to Overland Park to abortionists who specialize in late term abortions that abortionists in most other states will not perform. Why is it that these women are able to obtain abortions in Kansas that are not available in their own states? It is not because there are differences in the law. It is because laws are not enforced against abortionists in Kansas. It is because we have created a climate in which abortion clinics thrive without even the regulation to which others in the health professions must adhere. Abortionists such as George Tiller, for instance, are allowed to flagrantly violate laws such as stillbirth reporting laws, and clinic licensing laws and the Department of Health and Environment simply turns its back and refuses to enforce these laws.

Senate Bill 557 would prevent abortions in public facilities and would thus prevent abortions from being performed the Med Center. The role of the University of Kansas in the advocacy of abortion cannot be underestimated. They have claimed that only 125 abortions were done there last year. We have reliable private sources that tell us that that many abortions are done there in a month. Nevertheless it is the University's role in the training of future abortionists that makes it so important to the abortion industry. We can understand the significance of this role when we understand that there is becoming a nationwide scarcity of doctors willing to be involved in this grisly business. Incredibly, it has even been insinuated that the university's acedemic accreditations would be at risk if abortion training was no longer available there. We have checked with the accrediting agencies and have been able to find any policy which would require such training.

Beyond the killing of unborn babies and the training of doctors to do the killing the University has been involved at least since the early seventies in a program of experimentation, using the bodies of the innocent victims of abortion.

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Senate bill 557 contains essentially the same language and provisions as the Missouri statute that was upheld this past year in the Webster decision. It would prevent any public money from being used to pay for abortion. It would prohibit abortion in any public facility, and it would prohibit any public employee - within the scope of their employment from encouraging a woman to have an abortion. It is a reasonable and proper bill. It prevents noone from having an abortion. It protects those of us who strongly object to being involved in the killing of innocent little babies. The Webster court upheld the right of the state to refuse to be a party to abortion and to refuse to involve its citizens in abortion.

With regard to the direct funding of abortion. After abortion was legalized, the Department of Social and Rehabilitation Services began a massive program of abortion funding. All abortions were paid and it became common practice we are told for women to obtain a medical card - even from out of state - no questions asked - for the sole purpose of obtaining an abortion. After passage of the Hyde amendment, and after some considerable prodding which included Right To Life having to obtain a federal audit of abortion payments, SRS discontinued paying for abortion. That is today the policy of SRS. We do not pay directly for the performance of abortion except for what is claimed to be neccesary for the life of the mother. I believe that only one abortion has been paid for in the last three or four years. The problem with this policy is that it is only an administrative policy. It is not even a reg. It can be changed and it can also be circumvented in various ways - as long as it is not statutory law. SB 557 would make it statutory law.

Secondly, this bill prohibits abortion in public facilities. It would stop abortion at the med center. It is maintained that abortions are performed by doctors at the med center on a "private" basis. That is that the doctors have a contractual agreement that amounts to them renting the facilities and therefore the abortions done at the University are done on a private basis rather than a public basis. Such a position is not tenable. It does not change the fact that they are being done at a public facility which belongs to the people of this state and whose policies and practices should adhere to the wishes of the people. To maintain that the abortions done there are being done privately is ludicrous. It is nothing other than semantics or bookkeeping footwork. If these doctors wish to kill babies on a private basis. The supreme court has granted them the ability and a so-called right to do so. But let them go rent a building accross the street to do so. They have no right to the use of our poublic buildings to perform abortion and then experiment on the babies they have murdered or to train other doctors to do the same in opposition to the wishes of the people of this state to whom the university belongs.

Lastly, with regard to abortion counseling. If someone wishes to encourage another to have an abortion and do so on their own time and privately, they have the ability to do so. They should not have the ability to do so at the expense of Kansas taxpayers. This is a reasonable provision. Senate bill 557 is a reasonable bill and I would urge its adoption.

Respectfully submited

Pat Goodson, Right To Life of Kansas, Inc.

How Kansas Government supports abortion

HEALTH AND WELFARE AGENCIES BIASED FOR ABORTION

- The Kansas State Department of Health division of Maternal and Child Health, under the direction of Dr. Patricia Schloesser, who is still director, officially campaigned for, and proposed, the legalization of abortion.
- The head of the Kansas State Department of Social and Rehabilitation Services which administers "welfare" and medical assistance programs, favors abortion funding and arbitrarily funded all abortions for a period of several years from funds appropriated for medical care of the poor.
- Local county health and welfare workers are taught the marketing of "family planning" services to the poor, and especially to minors. Right To Life of Kansas has documented that abortion is an integral part of Kansas family planning programs.
- Training sessions sponsored and funded by the health department are conducted by Planned Parenthood personnel.

FAMILY PLANNING PROGRAMS

- State funded family planning clinics, in virtually every county health department, dispense abortifacient drugs and devices, provide contraceptives to minors without parental consent (a practice proven to increase abortion among teens) and counsel and refer patients for abortion.

BABY KILLING AT A PUBLIC INSTITUTION

- The University of Kansas Medical Center and ObGyn Department, under the guidance of Kermit Krantz, is one of the oldest abortion providers in this country. They were killing babies there three years before Roe v. Wade. Krantz, himself, has been called the father of abortion in Kansas. He worked on the cutting edge of the drive to legalize abortion in our nation, and when abortion on demand was legalized in Kansas, it paved the way for states, such as New York, to follow. Pioneering work in fetal experimentation was done at the KU Medical Center - a public institution funded by our tax dollars.

FAILURE TO ENFORCE LAWS AGAINST ABORTION

- Clinic licensing laws: Abortion clinics such as the Women's Health Clinic in Wichita, are blatantly operating without a license and the State Health Department refuses to require them to obtain a license. Another clinic, Fox Hill in Overland Park, operated for years, while the Health Department used a sham excuse for not requiring them to obtain a license. Finally, they were allowed to take over the license of another clinic and were never required to go through the regular hearing process, etc.
- Open records: The Health Department refuses to release public records of the licensing procedure for Fox Hill, as required by law.
- The DSRS (welfare department) refuse to follow a directive from the attorney general to release records of tax payments to doctors for performing abortions and even used taxpayers money to go to court to attempt to evade releasing these records. Even after being ordered by the Kansas Supreme Court to release the records, they concealed the fact that the information was available without thousands of dollars worth of computer programming.

STILLBIRTH REPORTING

- Kansas law requires the issuance of a stillbirth certificate listing cause of death, etc., for children born dead, that weigh more than 12½ ounces. This law of course, poses an obvious problem for the abortionist, who, of course, deliberately killed the baby. Hundreds of abortions are done past this stage which, for an average baby, would be somewhere around 20 or 21 weeks. Yet, fewer than a dozen stillbirth certificates are filed each year where the cause of death is abortion, and the Health Department does nothing to force abortionists to obey this law. The Health Department tried to repeal the stillbirth reporting law a few years ago, but RTLK successfully convinced the legislature to retain it. Nevertheless, the Health Department ignores the law, unless the baby's death is accidental. If it is intentionally killed, and the abortionist happens to file a stillbirth certificate, the Health Department arbitrarily excludes it from stillbirth statistics.

FUNDING THE ABORTION ESTABLISHMENT

- Funding is provided by the Kansas Legislature to Planned Parenthood and three private "Planned Parenthood type" agencies, as well as county family planning programs. Funding is from state general fund money, Federal Maternal and Child Health funds and Federal Title X or Family Planning funds.
- It should be noted that Title X provides administrative funds for family planning services and is a major source of funding for the abortion industry, especially Planned Parenthood. It is not intended to pay for services directly, i.e. supplies and doctors fees. Women who are eligible for medical assistance would have contraceptive services available, just as any other medical care, even if every penny of Title X were discontinued tomorrow.
- Insurance Programs - Just as for any other medical "service", insurance benefits provide a major source of funding for abortion "services". We have discovered that most insurance plans in Kansas cover abortion automatically, unless a specific rider is attached to exclude it. In Kansas City, Shawnee, Johnson and Wyandotte county we recently learned that employee health insurance plans covered abortion. We suspect that the same is true in many, if not most, other local and state governments and agencies.

JUDICIAL BIAS

- We are sure some Kansas judges are not biased in favor of abortion, but many are. The Kansas Judicial Council, for instance, is composed of many prominent judges and lawyers and was responsible for the drafting and promotion of the bill that legalized abortion in Kansas in 1969.
- Three Kansas Federal judges, in 1972, issued a ruling that declared parts of the 1969 Kansas law unconstitutional. Months before Roe v. Wade, much of the rhetoric in this decision (Poe vs. Menghini) echoes that later ruling. In 1977, another Federal judge ordered the city of Overland Park to change its zoning ordinances to allow an abortion clinic to open where it pleased.

EDUCATIONAL BIAS

- Planned Parenthood and abortion clinics are allowed into schools to present their propaganda to our children. Right To Life is seldom allowed in.
- Sex education, values clarification and other humanistic programs, such as death education and population control curriculum, instill anti-life attitudes in children in our schools.

2/8/90

TO: Senate Federal and State Affairs Committee

FROM: Marilyn McNeil, LMSW, Wichita, Kansas

I am Marilyn McNeil of Wichita. I speak as a Licensed Master Social Worker, and also as a woman, wife, mother, and grandmother. I am addressing the Committee regarding Senate Bill #557. I urge you to vote in favor of this bill. My point is that the State of Kansas should have no part in providing or counseling toward abortions.

In my degree work at the University of Kansas, it was my opportunity to complete research and a presentation on post-abortion syndrome and its treatment, under the guidance of Jan Larson, LSCSW and researcher at Menninger's. Through contacting researchers throughout the United States, and by studying a great deal of professional literature it was possible to look in depth at the emotional, psychological and social problems suffered by those who pass through the abortion experience.

In the past year and a half, I have counseled over thirty men and women experiencing the aftermath of abortion. Researcher, David Reardon, conservatively tells us that 65% of those women having induced abortions will experience significant psychological damage. In addition the woman carries serious physical risks.

The research will continue, but already recognized is a pattern of symptoms which has been named Post-Abortion Syndrome. This syndrome is a form of Post-Traumatic Stress Disorder--the same disorder suffered by Viet Nam veterans and other victims of trauma. Three factors lay the basis for developing the Post-Abortion Syndrome.

Out of the trauma of threatened bodily integrity and of death to one's offspring, of the grief that may be repressed, not resolved, and of the conflict of the abortion decision, many parents of aborted babies react with stress responses. The long-term ways used to keep coping in life while carrying repressed emotions and conflict are manifested in such common symptoms as:

- Denial
- Anxiety
- Guilt/shame
- Sadness/sorrow
- Feelings of loss
- Repeat abortions
- Desire for secrecy
- Nightmares, sleep problems
- Anger/rage
- Suicidal impulses
- Substance abuse
- Inability to sustain an intimate relationship
- Sexual inhibitions

The secrecy which many feel compelled to keep surrounding the abortions intensifies the complications, preventing resolution of issues.

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A person experiencing Post-Abortion Syndrome needs to complete the natural grieving process and work through the unresolved conflicts brought up by the abortion. If not dealt with, the submerged feelings and conflicts will affect life adjustment and family relationships for years. I have personally, worked with women who aborted as long ago as 18, 20, 23 years, who were still suffering and whose closest relationships were damaged.

I believe that abortion's risks to those who survive it are so significant as to make it most inadvisable for this committee, the Senate or the House to be party to any funding of or counseling or encouragement by the State of Kansas for abortion. Senate Bill #557 will provide protection, not only for our State's future unborn, but for their parents.

Attached:

Diagnostic Criteria (used for professional evaluation of Post-Abortion Syndrome)
"Making An Informed Decision" (outlining fetal development and risks of abortion, with references)

POST-ABORTION SYNDROME

Diagnostic Criteria for Post-Traumatic Stress Disorder with Reported Symptoms of Post-Abortion Syndrome

A. Experiencing an event outside the range of usual human experience--markedly distressing, presenting serious threat to one's life, physical integrity; serious threat or harm to one's children; seeing another person seriously injured or killed as the result of an accident or physical violence.

Abortion perceived as outside the range of usual human experience and/or involving the destruction of one's offspring or injury to one's body

B. Persistent reexperiencing of the traumatic event by (1) recurrent and intrusive distressing recollections, (2) recurrent distressing dreams, (3) sudden acting or feeling as if the traumatic event were recurring, (4) intense psychological distress at exposure to events that symbolize or resemble an aspect of the traumatic event, including anniversaries (at least one),

Recollections of emotional or sensory experiences during or surrounding abortion
Nightmares, sometimes about babies or the aborted baby ("phantom child" or "baby ghost")
Distressing, recurring flashbacks even upon awakening or when intoxicated
Anniversary syndrome; disturbance at pregnancy or with children, medical personnel, sound of vacuum sweeper, odors, gynecological exam; panic attacks

C. Persistent avoidance of stimuli associated with the trauma or numbing of general responsiveness (not present before the trauma), as indicated by at least three of the following: Efforts to avoid thoughts or feelings associated with the trauma; efforts to avoid activities or situations that arouse recollections of trauma; inability to recall an important aspect of the trauma; markedly diminished interest in significant activities; feeling of detachment or estrangement from others; restricted range of affect; sense of foreshortened future. (at least three)

Denial and repression of thoughts and emotions related to abortion; alcohol or chemical abuse
Avoidance of triggers of repressed or denied emotional response (including such triggers as babies, pregnancy, baby showers, doctors, men)
Inability to recall specifics of abortion experience, numbers of abortions
Reduction of sexual activity, lack of enthusiasm for all activities
Social isolation, withdrawal, low self-worth, intimacy, marital difficulties
Psychological "numbing" to guard against emotional pain; effort exerted to keep emotions flat which in turn interferes with interpersonal relationships
Thoughts of suicide ("better off dead"); preoccupation with death; anxiety about infertility, future child-bearing; worry about the future

D. Persistent symptoms of increased arousal (not present before trauma) such as: Difficulty falling or staying asleep; irritability or outbursts of anger; difficulty concentrating, hypervigilance; exaggerated startle response; physiologic reactivity upon exposure to events symbolizing or resembling an aspect of the traumatic event (at least two)

Sleep disorders (insomnia, nightmares), oversleeping
Irritability, inability to relax, anger, child abuse
Difficulty concentrating; preoccupation with pregnancy and/or aborted child contributing to anniversary reactic conception of another ill-timed pregnancy; subsequent abortions
Excessive watchfulness of aborted child's siblings; hyperalertness
Psychosomatic symptoms: Abdominal cramping in response to memories of abortion; cervical pain especially in sexual intercourse; sexual performance problems; overeating and other eating disorders to gain control or make one's self unattractive sexually; hives or skin irritations

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TABLE II

Other behaviors reportedly associated with Post Abortion Syndrome, which do not fall under the Diagnostic Criteria for 309.89 Post-traumatic Stress Disorder of the DSM-III-R

- Self-punishing and self-degrading behaviors

  Promiscuity
  Entering abusive relationships
  Desire to hurt oneself
  Becoming accident prone

- Survival guilt

- Depression

  Grief/regret/remorse
  Sad mood
  Uncontrollable crying episodes
  Reduced motivation
  Deteriorating self-concept
  Self-destructive thoughts

- Surprise at emotional reaction to abortion

- Brief reactive psychosis

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These charts were developed by Marilyn McNeil, LMSW, at the time of her literature search in 1987.

POST ABORTION SYNDROME: Diagnostic Criteria*

A. *Stressor:* The abortion experience, i.e., the intentional destruction of one's unborn child, is sufficiently traumatic and beyond the range of usual human experience so as to cause significant symptoms of reexperience, avoidance, and impacted grieving.

B. *Reexperience:* The abortion trauma is reexperienced in one of the following ways:
1. recurrent and intrusive distressing recollections of the abortion experience
2. recurrent distressing dreams of the abortion or of the unborn child (e.g., baby dreams or fetal fantasies)
3. sudden acting or feeling as if the abortion were recurring (including reliving the experience, illusions, hallucinations, and dissociative (flashback) episodes including upon awakening or when intoxicated)
4. intense psychological distress at exposure to events that symbolize or resemble the abortion experience (e.g., clinics, pregnant mothers, subsequent pregnancies)
5. anniversary reactions of intense grieving and/or depression on subsequent anniversary dates of the abortion or on the projected due date of the aborted child

C. *Avoidance:* Persistent avoidance of stimuli associated with the abortion trauma or numbing of general responsiveness (not present before the abortion), as indicated by at least three of the following:
1. efforts to avoid or deny thoughts or feelings associated with the abortion
2. efforts to avoid activities, situations, or information that might arouse recollections of the abortion
3. inability to recall the abortion experience or an important aspect of the abortion (psychogenic amnesia)
4. markedly diminished interest in significant activities
5. feeling of detachment or estrangement from others
6. withdrawal in relationships and/or reduced communication
7. restricted range of affect, e.g., unable to have loving or tender feelings
8. sense of foreshortened future, e.g., does not expect to have a career, marriage, or children, or a long life

D. *Associated Features:* Persistent symptoms (not present before the abortion), as indicated by at least two of the following:
1. difficulty falling or staying asleep
2. irritability or outbursts of anger
3. difficulty concentrating
4. hypervigilence
5. exaggerated startle response to intrusive recollections or reexperiencing of the abortion trauma
6. physiologic reactivity upon exposure to events or situations that symbolize or resemble an aspect of the abortion (e.g., breaking out in a profuse sweat upon a pelvic examination, or hearing vacuum pump sounds)
7. depression and suicidal ideation
8. guilt about surviving when one's unborn child did not
9. self devaluation and/or an inability to forgive one's self
10. secondary substance abuse

E. *Course:* Duration of the disturbance (symptons in B, C, and D) of more than one month's duration, or onset may be delayed (greater than six months after the abortion).

*Developed by Vincent M. Rue, Ph.D., from diagnostic criteria for "post traumatic stress disorder." American Psychiatric Association, **Diagnostic and Statistical Manual of Mental Disorders - Revised**, (DSM III-R: 309.89), Washington, D.C., American Psychiatric Press, 1987, page 250.

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TESTIMONY - S.B. 557

SENATE FEDERAL AND STATE AFFAIRS COMMITTEE
11:00 a.m. Thursday, February 8, 1990
KANSAS CATHOLIC CONFERENCE
BY: Robert Runnels, Jr., Executive Director

Mr. Chairman and Members of the Senate Federal and State Affairs Committee. Thank you for the chance to testify today. The Kansas Catholic Conference congratulates and supports those senators who are sponsoring Senate Bill 557.

The Laws of Society require that we protect the innocent ... that these laws be at a high level of morality, so that they may safeguard the public order.

If this bill becomes law in Kansas it will help protect a precious gift from God in our public hospitals which is the innocent lives of living children, but yet unborn.

The value in this bill is that it supports a consistent ethic of guarding life which is always present in our best Judeo-Christian tradition.

Kansas needs to join other states across the country as they awake to the <u>tragedy of the murder of innocent lives</u> ... can a society long survive that supports and financially encourages the killing of its innocent unborn children!

Testimony Before the Senate Federal and State Affairs Committee
February 8, 1990
Martin L. Pernoll, M.D., Executive Dean
The University of Kansas Medical Center

Thank you, for the opportunity to meet with you to discuss SB 557. As you know I currently am the Executive Dean of the University of Kansas School of Medicine. You might not know that I am also an academic obstetrician with maternal-fetal subspecialty board certification. Until a year ago I was actively involved in care of high-risk pregnancies and continue a consultative practice. During the course of my practice I have intellectually, morally and practically grappled, on nearly a daily basis, with the issue of abortion for over 25 years. Thus, I deeply share your concern about the issue of abortion.

Your deliberations concerning Senate Bill No. 557 are of extraordinary importance to the future of the Kansas University Medical Center. As you know this bill proposes to exclude public funds, public employees and public facilities from performing, assisting in, encouraging or counseling a woman to have an abortion. On the surface that seems a simple matter. Indeed, I think all can understand the argument that even allowing counseling and referral is government encouragement of abortion.

However, this is a much more complex matter than whether or not government is encouraging abortion. For, if implemented this legislation would make the Kansas University Medical Center (KUMC) significantly different from the remainder of the medical community. To be different from the local, regional and national medical communities carries adverse education and patient care impacts far beyond the simple intent of this bill.

Detailing our concerns to you will require answering three questions.

First, does KUMC currently encourage abortion?
Second, what is the impact of this proposal on the individual public health care provider?
Third, what would be the impact of this proposal on the state's premier health care facility?

1. Does KUMC currently encourage abortion?

The University of Kansas Hospital policy on termination of pregnancy is as follows.

"The University of Kansas Hospital abides by all applicable

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Federal and State of Kansas laws and regulations on termination of pregnancy. Under these laws and regulations, no person (physician, hospital staff or student) is required to participate in medical procedures which result in the termination of pregnancy, and refusal to participate in such procedure is not grounds for dismissal or harassment."
"By Federal law, a patient has the right for termination of pregnancy, which can be performed either on an outpatient or inpatient basis at the physician's discretion."

"After twenty-two (22) weeks, pregnancy will not be terminated unless appropriate consultation by physicians concur there is a severe risk to the mother due to intercurrent disease, incest, rape or felonious intercourse, and/or significant evidence that the fetus is compromised by genetic defect, infectious disease or significant developmental anomaly. Appropriate means to determine gestational age will be employed. Third trimester terminations will be performed on an inpatient basis."

"Terminations of pregnancy are conducted under the supervision of medical staff of the department of Gynecology and Obstetrics."

As reported to the State of Kansas, the University of Kansas Hospital in calendar 1988, performed abortions on seven hospitalized patients and 125 patients on a same day surgery basis. During calendar 1989, the University of Kansas Hospital reported performing nine abortions on hospitalized patients and 114 same day admissions, a 6% decrease.

Since coming to KUMC it has been my personal policy to review each of the inpatient abortions so that I could assure myself of the nature of our practice and how our policy was implemented. Without breaking patient confidentiality let me share with you some general information about the 1989 hospitalized cases. They well exemplify problems beyond just whether or not government is encouraging abortion.

The average age of the patient was 24 years and this was a third pregnancy. The average stage of gestation at termination was 13.5 weeks. Only one case was beyond 20 weeks and that was barely past that point. Four of the nine patients were patients cared for in continuity either entirely by KUMC physicians or by a combination of local physician and KUMC consultation. Seven of the nine cases were referred after being evaluated by other physicians and being judged beyond the scope of the care they could provide. Consultations from services other than obstetrics and

gynecology were obtained in all but two cases. The range of medical problems encountered included: three lethal diseases in the mother requiring termination of the pregnancy to adequately treat the disease, one potentially lethal disease in the mother, one multiple fetal anomalies totally incompatible with life, two acute surgical disorders compromising the pregnancy, one profound mental disorder and one life threatening intrauterine infection. Four of the patients were from very compromised socioeconomic conditions. Each patient was fully aware of her condition and the full range of her options. In my opinion, seven of the nine pregnancies, if not resulting in fetal death, would most certainly have resulted in babies with severe damage. Random checks of the same day surgery admissions reveals a slightly less acute, but equally compelling set of medically related conditions.

Current Kansas Statutes (KSA 65-443) prohibit coercing any institution or individual who does not desire to participate in pregnancy termination. It is a solid statute which is rigidly enforced at KUMC, thoroughly protecting the rights of students and health care professionals not desiring to participate.

In summary, this is not a profile of what could be termed social abortion. This is not a profile of individual or institutional irresponsibility. This is not a profile of an institution encouraging abortion.

This is a profile of responsible medical and reproductive care for Kansas citizens. This is a profile of responsible use of state resources. This is a profile of an institution where the rights of both patient and provider are protected. This is a profile of an institution that takes its responsibilities seriously and guards the public interest. This is the profile of an institution of which you may be justifiably proud.

2. What would be the impact of SB 557 on your public health care providers?

   Think of the position that this proposal would place the individual attempting to provide health care for women in the public environment. They would be faced with two sets of laws in direct conflict.

   To provide a woman with information about all of the medical options available to her is not bias, it is good medical practice and a legal requirement of the doctrine of informed consent. Thus, each public health care provider for women would be unable to meet the community standard for care.

   The Family Practice Department's response to SB 557 well

exemplifies potential practice and educational problems. KUMC's Department of Family Practice deals with a deprived socioeconomic group and thus their practice has more high risk obstetric patients than would the usual family practice. This bill would force many (most pejoratively affecting the poor) to go elsewhere if they are to receive state of the art obstetrical care.

By state of the art they do not mean abortions, but rather the testing and counseling that is a part of expert routine obstetrical care. If such tests are performed there is a clear responsibility to fully inform the patient of the results and her options.

The patient panel of family physicians has traditionally been built upon obstetrics which leads to the provision of care to a pediatric population. Diminishing the family practice obstetrical volume will have definite deleterious effect upon the remainder of their patient population. Clinical material (patients) for training physicians will be lost.

Family Practice's loss of the opportunity to train physicians in the recognition of high risk pregnancies and in appropriate management would do a real disservice to those physicians going out into the state where they might be the only source of obstetrical care. Both faculty and trainees in Family Practice would be deprived of the opportunities to become expert in counseling alternatives to unintended pregnancies other than abortion.

Physicians in the KUMC department of Family Practice do not perform abortions. Indeed, in their practice the majority of women who arrive seeking abortion do not terminate the pregnancy after being counseled. These physicians believe this Bill (SB 557) will prevent the physicians practicing in the University of Kansas Hospital from being able to deliver state of the art medical care.

3. What would be the overall impact of SB 557 on your Kansas University Medical Center?

   a. It would endanger the structure of educational programs at both undergraduate and postgraduate levels.

      As noted previously, modern reproductive care entails offering a range of services which may detail abnormalities e.g. maternal alpha-feto protein screening, sophisticated ultrasound, chorionic villus sampling, and amniocentesis. One of the major purpose of this testing

is to identify problems early which may be treated before permanent injury occurs. However, the legal requirement of informed consent requires that counseling concerning options be given to the patient. The legal dilemma of the public employee dealing with these patients is explained above, i.e. they could meet the doctrine of informed consent or they could adhere to the mandates of SB 557. Either way they would be prosecuted.

Moreover, care of risk pregnancies entails accepting women who are so medically compromised that pregnancy termination may be necessary to save the mother's life. Are your public employees to let these women die?

Being unable to provide a full range of services to patients means that complicated cases would not be coming to our leading medical educational institution and therefore students, residents and paramedical personnel would be educated at a level less than that which could be obtained in other institutions. Thus, it would make matriculation at KUMC less attractive for our native students and those who wanted to be educated in women's and children's health care. In today's competitive market for the good students and residents this reduces our competitiveness in modern comprehensive reproductive care. Moreover, as I will subsequently detail this has even a further reaching educational impact.

b. SB 557 would decrease the ability of KUMC to act as the State's major referral resource for complicated pregnancies.

The patient with a complication which exceeds the care capability of her local facility and physician would be denied that care in the state's premier facility. Again, if you cannot provide the testing, counseling and full range of options the risk patient cannot receive appropriate care. The entire institution would be crippled in its efforts to recruit contracts with third party carriers for comprehensive care programs. These patients, just as the referrals would simply go to health care providers not restricted by SB 557.

The KUMC obstetric service has, since its inception, been dedicated to taking care of patients referred from throughout the state because the patients acuity exceeded that of care available locally. Thus, the inability to provide this high risk care will decrease the obstetric service by approximately 50%.

In addition to the obvious economic impact (estimated to be loss of 1,053 high risk patients with 1,690 Labor and

Delivery days at $1.52 million and 3,016 antepartum/postpartum days at $2.71 million) this fall in obstetric numbers will cause a reevaluation by the Residency Review Committee and in all likelihood will result in a recommendation to decrease resident numbers. The residency is currently at only three per year and that is the minimal number necessary to provide resident time off and an adequate educational environment. Thus, if the number is further cut the residency will close. The ability for residents to serve in other sites would be precluded because they are public employees.

Students will be forced to other sites for obstetric education. To not have obstetrics would also impact on the continuity of patient care programs for other departments throughout the school and limit KUMC's ability to care for those in its immediate environment.

If SB 557 is enacted high-risk obstetrics would be eliminated and neonatology patients will decrease by more than 50%. The Pediatric surgeon we are currently seeking would become unnecessary. We would be unable to meet the comprehensive care mandated by third party carriers. A major grant currently in preparation to bring non-state funding to make KUMC one of the very best centers in the country for maternal, fetal and neonatal care would be abandoned.

c. The Medical Center provides primary care in the community immediately surrounding the Campus for a number of patients, many of whom are of lower socioeconomic status. This would deprive those patients access to services.

Thus, these restrictions if imposed would disproportionately affect low-income women who rely on KUMC for their care.

Moreover, setting a course for any public institution which is different than for private institutions, opens the serious questions of two classes of care and discrimination.

Governor Hayden noted in his "State of the State" address of January 8, 1990, the following. "I further support the continued performance of abortions at Kansas University Medical Center. The medical center is primarily a teaching facility and banning abortion would weaken its teaching mission. It also could have serious consequences for pregnant women facing life threatening conditions as the Medical Center is the number one site in Kansas

for referral of high risk pregnancy."

I believe Kansas University Medical Center functions for the benefit of all Kansas citizens. It is now an institution of which you may be proud. To make KUMC different from the remainder of the practicing medical community will cause it to be a lesser institution. Indeed, I can find no such restriction in any other state university. Specifically, this bill would totally eliminate our academic obstetrics and pediatric surgery programs. If implemented it would damage neonatology, pediatrics and family practice programs. It would result in community physicians who are not trained in state of the art obstetrics and would deny KUMC the opportunity to be of responsible consultative service to those involved in women's health care. I do not think you intend to do that.

In closing, let me acknowledge that I have not spoken to the impact of SB 557 on the educational and patient care programs at the University of Kansas School of Medicine, Wichita campus. Most certainly they will also be adversely effected. However, due to the short time for preparation and illness in key personnel we have not been able to assess the situation in enough depth to responsibly report to you. Thank you for your kind attention and for this opportunity to share my thoughts with you.

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. #557.

In the Webster case, the U.S. District Court of Missouri found the Missouri statute, upon which this legislation is based, prohibiting use of public money "for the purpose of encouraging or counseling a woman to have an abortion not necessary to save her life," to be unconstitutional. The Court reasoned that while a state may make a policy choice favoring child birth over abortion, and thus need not remove obstacles such as indigency in the path of a woman's exercise of her freedom of choice (1), the state may not place obstacles in the path of free choice.(2) The Court reasoned that the prohibitions upon speech set forth in the Missouri law imposed a significant barrier to a woman's right to consult with her physician and exercise her freedom of choice.(3) This finding was not overturned by the U.S. Supreme Court.

This bill, unlike its Missouri counterpart, would not even permit publicly financed counselling about abortion or performance of an abortion to save the life of the mother, a significant indication of it's implicit hostility toward women. Young victims of incest, who become pregnant and who turn to a teacher, school counselor, school nurse, public health nurse, or SRS social worker for help, will not learn that abortion is available to them as a means of redress. The bill attempts to keep pregnant women ignorant of their constitutional rights and to enlist publicly employed professionals in this deception. Professional ethics dictate that one act in the best interest of one's patient or client, which may include a recommendation that abortion be considered. By commanding the silence of the professional with regard to abortion, when it might be in the best interest of the woman to have one, the bill requires the professional to become an unacknowledged agent of the fetus, and not of the woman who has sought his help. The professional, in fact, becomes a double agent, pretending to act for the woman in his presence, but, in fact, acting for the fetus. I don't think publicly financed deception is ultimately in the best interest of anyone.

The bill is an assault on free speech. The First Amendment says that Congress shall make no law abridging freedom of speech, applicable to the states as a consequence of the Fourteenth Amendment. This law explicitly abridges speech, prohibiting public employees from counseling a woman to have an abortion or counseling her about abortion, prohibiting them from discussing a wholly legal medical procedure. Public employees do not give up their constitutional rights when they take a job with the state. The U.S. Supreme Court has been very reluctant to authorize prior restraint of speech, limiting its cases to national security, realizing that society benefits from the free exchange of ideas. This bill takes the opposite approach. It would limit speech and foster ignorance, an approach generally inconsistent with our history. State censorship and the denial of reality used to be associated with the Soviet Union. It would be a shame if they put in an appearance here.

(1) Maher, 432, U.S. at 480
(2) Harris, 448 U.S. at 316
(3) Alcron, 462 U.S. at 427

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Testimony before Senate Federal and State Affairs Committee
February 8,1990
Opposition to Senate Bill No. 557

Adele Hughey
Comprehensive Health for Women
Overland Park

I am Adele Hughey, Executive Director of Comprehensive Health for Women in Overland Park. In the few short months following the "Webster Decision," our facility experienced first hand the tragic consequences for women and their families of not allowing hospitals that receive public funds to provide abortion services.

I testify in opposition to Senate Bill No. 557.

Please listen to the real world situations ofwomen and their families who never thought they would be in a position to need an abortion.

Case 1
The first women became pregnant with her second child. Her first child, a daughter of two years, had been diagnosed at birth as having a rare genetic disorder similar to Tays Sach's disease which would certainly lead to her death in about five years. At two years and during the early stages of this woman's pregnancy her first child tragically began to exhibit the early signs of deterioration. Tests conducted at a variety of medical institutions including Johns Hopkins to determine if this woman's current pregnancy had the same disorder were inconclusive. Later tests confirmed that her second child would die from the same disease. She and her husband decided to have an abortion; and on the advice of their physician, they sought to have the abortion in a hospital. But they were turned away from the hospital of their choice and subsequently discovered no hospital would perform the abortion because of a ban on abortions at hospitals that receive public funds.
This woman and her family had to not only endure the heartbreak of the impending death of their first child but the additional trauma needlessly visited upon them by this type of legislation of being denied a service in their time of genuine need. This family repeatedly asked: "why can't we have this procedure performed in our own hospital like our doctor advised? Why do we have to look all over the place to have the abortion I need?"

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Case 2

A second pregnant woman and her husband discovered that the fetus she wished to carry was anacephalic--it had no brain --a condition incompatible with life. This couple decided to have an abortion. Because of a history of excessive bleeding following a previous delivery, their physician recommended that the abortion be performed in a hospital. Two hospitals at which their physician had privileges denied access to abortion because of restrictions like that proposed in S.B. 557. The couple did have the abortion, and as expected the woman developed excessive bleeding and had to be hospitalized. The woman recovered quickly and completely. But her life was needlessly endangered by restricting access to abortions in hospitals. This couple asked angrily: "Why have some people made this so dangerous and difficult for us?"

Case 3

As a result of a routine sonogram a third woman discovered that the heart and abdominal organs of the fetus she carried were developing outside its body. Her physician advised her that even a series of extraordinary surgeries would likely not save her baby even if it survived the pregnancy. Her physician referred her to a public hospital to have the abortion she chose. She was denied access at the public hospital and was forced to undergo the additional and once again needless hardship of the difficult search to exercise her right to a safe and legal abortion. This woman could not understand why, after being referred by her doctor, she could not have the abortion where she chose to have it.

The real answer to this woman's question and to the others is: A State Legislature decided that it could make these personal decisions better than these families and their physicians.

On behalf of the families of Kansas who are daily facing these kinds of difficult and personal decisions, I plead with you to put yourself in their shoes and not take this step backward.

LEAGUE OF WOMEN VOTERS OF KANSAS

To: Senate Federal and State Committee, Feb. 8, 1990
Senator Reilly and members of the committee.

I am Barbara Reinert, representing the League of Women Voters of Kansas.

The League is a non-partisan organization which provides opportunities for study and action on a broad range of issues confronting most levels of government.

Since 1983, the League has held a strong pro-choice position. At our latest State convention Leaguers determined the number one priority for advocacy to be: the right of privacy to make reproductive choices belongs to the woman.

The right of choice requires that the choice <u>be</u> there. Medical facilities are necessary for the provision of medical services.

Please allow me to remind you that many fine women, from all over Kansas, came here in 1968 and testified at 3 days of hearings in order to obtain the availability of safe and legal abortion. It was fitting then and appropriate today that publicly funded medical centers provide a full range of medical services for women to use or not use; choose or not choose.

This bill, aimed at one health facility, also casts a broad shadow of "chill factor" over all manner of public agencies. Agencies which are often understaffed for meeting the increasing crush of clients seeking health and related testing services and medical education and counselling.

Please look at item (d) line 10, on the 2nd page. Does this committee really want to set up a mechanism for "witch hunting" and harassment of hardworking public employees?

Next week the League of Women Voters will celebrate its' 70th Birthday. We've been around a long time, working for good public policy.

We urge you to defeat SB 557.

Thank you.

Barbara Reinert

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PRESENTATION TO THE SENATE FEDERAL AND STATE AFFAIRS COMMITTEE

Beth Powers, Kansas Choice Alliance

Feb. 8, 1990

My name is Beth Powers and I am the lobbyist for the Kansas Choice Alliance. The Alliance is a coalition of organizations from across the state of Kansas that hold pro-choice positions. Our combined membership totals over 85,000 Kansas voters.

We oppose Senate Bill 557 not only because of the effect it would have on the Kansas University Medical Center, but also because we realize that with the new definitions of "public funds" and "public facility" this bill encompasses a far greater number of institutions.

The immediate effects of passage of this bill would include a cessation of the performing of abortions at publically funded hospitals and clinics, and discontinuance of counseling of all options available to women at publically funded clinics such as Planned Parenthood and county health clinics. In addition, pregnant women would encounter severely increased difficulty to learn of all of the options available to them and to seek abortions if that is the option they choose.

The long term effects of passage of this bill would be the disappearance of Kansas University trained physicians capable of performing abortions, and an increase in malpractice suits from women who were inadequately counseled concerning their options when pregnant. Other effects of passage of Senate Bill 557 include increased unwanted pregnancy and an increase in babies born to poor women living in a state that has little money to offer them or their families. Removal of public funding would also cause an increase in late , more expensive and dangerous abortions choosen by women who did not realize the availability of abortion early in their pregnancy due to the inability of public employees to counsel about this option.

My generation grew up taking the right to choose to have an abortion for granted. We are now faced with legislation that would restrict that right. For those of us who have recently graduated from high school or college, have left our parents' homes, and have begun to face the challenges of this world on our own the threat of public funding being taken from

counseling facilities, clinics and hospitals is frightening. When the state takes money from services like these it not only hurts those caught in the cycle of poverty, but also those students, graduates and working people struggling financially on their own for the first time.

I urge you to consider the damage this bill will do to the young, the poor and the uninformed. Pregnant women need to be fully knowledgeable of the options available to them and to restrict qualified public employees from explaining the option of abortion and to prohibit publically funded facilities from performing them is contrary to the public interest and a disservice to our most vulnerable citizens as well as to our most promising.

TO: Members of the Senate Federal and State Affairs Committee

FROM: Belva Ott, Director of Governmental Affairs, Planned Parenthood of Kansas, Inc.

RE: SB557

DATE: February 8, 1990

SB557 is a facsimile of Webster statutes that have been held unconstitutional. See 8th Circuit Court of Appeals, 851 F.2d 1077 (1988). It is my understanding that the portions of the bill before us were not appealed to the U.S.Supreme Court and so the unconstitutionality found by the 8th Circuit Court is still good law today.

This exact language was at issue before the 8th Circuit Court and was held to be unconstitutional because of its vagueness and its violation of the right to privacy.

Who is to know when the time comes between neutral information being given, when that stops and you begin "encouraging or counseling a woman to have an abortion?" It is possible that ethical doctors, when a woman's life is endangered, might respond with medical advice they feel is best for their patient and encourage and counsel the woman that she needs to get an abortion.

The 8th Circuit Court stated: "The prohibition on 'encouraging or counseling' implicates both first and fourteenth amendment rights of both physicians and their patients; the right to disseminate and receive information about abortion, and the right to knowingly and intelligently choose an abortion after consulting a physician. We therefore conclude that the 'encouraging or counseling' ban must be scrutinized with particular care...We believe the interpretation offered by the state (of Missouri) violates basic principles of statutory construction...More importantly, the statute is vague because the word 'counsel' is fraught with ambiguity; its range is incapable of objective measurement. (see Baggett v. Bulitt, 377 U.S.360,367, 84 S.Ct. 1316, 1320, 12 L.Ed.2d 377 (1964)) In such circumstances the threat to the exercise of constitutionally protected rights is tangible; possible targets of the statute are chilled into avoiding even speech that is normally afforded the utmost protection under the Constitution."

The 8th Circuit Court went on to say: "we agree with the district court -- and other federal courts that have recently considered similar issues -- that the ban on using public funds, employees and facilities to encourage or counsel a woman to have an abortion is an unacceptable infringement of the woman's fourteenth amendment right to choose an abortion after receiving the medical information necessary to exercise the right knowingly and intelligently. (Cf. Commonwealth of Massachusetts v. Bowen,

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67? F.Supp. 137, 148 (D. Mass. 1988) permanently enjoining enforcement of regulations promulgated by Secretary of DHHS that preclude federally funded projects from providing counseling or referrals for abortion); Planned Parenthood Federation of America v. Bowen, 680 F.Supp. 1465 (D.Colo. 1988) (preliminarily enjoining the same regulations on the grounds that they violate, inter alia; a woman's fifth amendment liberty interest in choosing whether to have an abortion). THESE INJUNCTIONS ARE IN EFFECT TODAY.

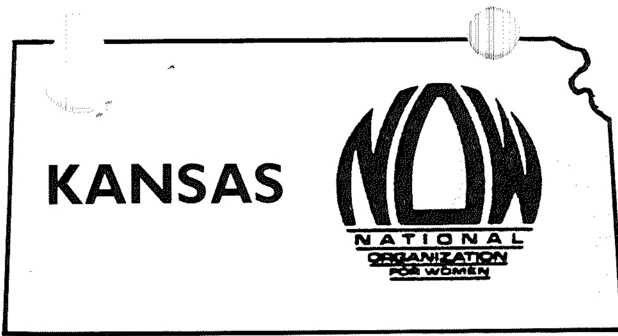
The Supreme Court has consistently held that meaningful exercise of the right to choose abortion requires the state not to erect obstacles to patients' receipt of their physicians' medical judgment and assistance:

> The Court also has recognized, because abortion is a medical procedure, that the full vindication of the woman's fundamental right necessarily requires that her physician be given "the room he needs to make his best medical judgment." Doe v. Bolton, 410 U.S. 179, 192. The physician's exercise of his best medical judgment encompasses both assisting the woman in the decision-making process and implementing her decision should she choose abortion. See Colautti v. Franklin, 439 U.S. 379, 387 (1979).

Legislation such as SB557 would have prevented over 45,000 women in Kansas from receiving Title X services last year. This is just Title X Family Planning Funds. Direct Support counties include: Chase, Chautauqua, Clay, Coffey, Decatur, Dickinson, Ellsworth, Finney, Franklin, Grant, Gray, Harper, Harvey, Jefferson, Kearny, Kingman, Lane, Lincoln, Marion, Meade, Miami, Morris, Morton, Neosho, Norton, Osborne, Phillips, Pottawatomie, Pawnee, Pratt, Rice, Rooks, Seward, Sheridan, Sherman, Smith, Stafford, Stanton, Sumner, Thomas, Trego, Wabaunsee and Washington. Those counties receiving Title X Grants include S.E.K., N.E.K., PPK - Hays, Barton, Butler/Greenwood, Cloud, Crawford, Dodge City, Douglas, Geary, Johnson, Labette (Cherokee/Montgomery), Leavenworth, Lyon, McPherson, Mitchell/Jewell, Osage, Reno, Riley, Saline, Sedgwick, Shawnee and PPK - Wichita.

Planned Parenthood of Kansas in January, 1990. won a preliminary injunction to prevent the cut-off of Title X Family Planning funds in a suit against the Wichita City Council, Sedgwick County Board of Commissioners and the Wichita-Sedgwick County Board of Health. The WSCBH had voted 3 times to continue the Title X contract with PPK, but was ordered to cancel the contract with PPK by the Council and Commission. Judge Patrick Kelly of the Federal District Court in Wichita, ruled their action as "blatant" because of our pro-choice position and because PPK had followed Title X guidelines required to provide non-directive counseling of all options (abortion, adoption and parenthood) to any patient testing positive on their pregnancy test. (See Memorandum of Law)

SB557 is drawn from Webster exactly with the exception: this bill doesn't even include the provision for "saving the life of the mother," which at least was included under Webster. Kansas isn't Missouri, so don't copy Missouri statute. They have the highest child abuse rate in the nation...do we want to copy that too. Let's kill SB557 and work to prevent pregnancy. Prevention of pregnancy would drastically reduce abortions...which we could all agree to.



February 8, 1990

I'm Jodie Van Meter, representing the Kansas chapters of the National Organization for Women. The men and women of NOW support a woman's right to privacy and stand in opposition to Senate Bill No. 557 which would effectively deny a woman's right of choice by the elimination of safe medical procedures through ineffective teaching, and by the denial of information necessary to make a full and informed decision by which she may exercise her right of choice.

The elimination of funding to provide medical counseling and safe medical procedures at a public facility supported by tax dollars of Kansas citizens would impose the will of a minority of powerful citizens on the whole of Kansas citizens of which a majority support the right of choice. Furthermore, the elimination of funding to teach physicians how to perform a safe medical procedure has a long term effect of leaving this state without qualified physicians to perform procedures which will, in some occasions, be necessary to save the lives of women. There is a substantial difference in teaching a noninvasive procedure through the use of teaching aids and the teaching of an invasive procedure which relies on a physician's awareness of the differences in anatomy that occur from one woman to another. It is unlikely, under ordinary circumstances, that a physician will place himself or herself at risk when he or she has not been properly trained to perform a procedure.

Senate Bill No. 557 does not allow funding for an abortion when it is necessary to save the life of a woman. Therefore, this bill prohibits physicians who practice in a publicly funded facility from exercising the full range of skill and knowledge each possesses to promote the most optimal state of health of Kansas citizens to which health care services are offered.

Abortion was not a crime under the common law which is the foundation of the legal system of all states except Louisiana. The criminalization of abortion by the states began approximately 130 years ago. As technology progressed and social awareness grew, the states banned birth control in a concerted effort to impose control on women. However, Margaret Sanger's prophetic words that "A woman's body belongs to herself alone. Enforced motherhood is the most complete denial of a woman's right to life and liberty" were finally acknowledged when the U.S. Supreme Court ruled that it was

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unconstitutional for a state to deny access to the sale of contraceptives for married couples. The right to privacy was gradually enlarged to insure all women had the right to make personal decisions regarding their bodies.

This bill has the effect of prohibiting publicly funded institutions from providing information and counseling about birth control as well as prohibiting the dispensation of many forms of birth control.

Senate Bill No. 557 is designed to impose beliefs held by a minority of individuals on the majority of Kansas citizens. It is difficult to envision a bill which would demonstrate a greater hatred of women than this bill which prohibits physicians practicing in a tax funded teaching and public institution from saving the life of a woman.

Jodie Van Meter
Kansas NOW Lobbyist
117 S.W. 10th
Topeka, Kansas 66612

KANSAS ASSOCIATION OF LOCAL HEALTH DEPARTMENTS

"... Public Health in Action"

February 8, 1990

TO: Senate Federal and State Affairs Committee
Honorable Senator Ed Reilly, Jr., Chair

FR: Elizabeth E. Taylor, Executive Director

RE: Opposition to SB 557

The Kansas Association of Local Health Departments represents health departments which provide public health services to 90% of Kansas citizens.

The Kansas Association of Local Health Departments is strongly in opposition to the provisions of SB 557 particularly the references to disallowing counseling services through local health departments. The basic philosophy upon which public health services have long been built is prevention. We affirm steadfastly that family planning provides necessary information to those Kansans who seek out such preventive services. The United States Congress has long agreed as well and has consistently provided the funding for these services through local health departments.

During the last 12 years, KALHD and the Kansas Department of Health and Environment have worked together in development of a tool which is used by all health departments in formulating their "Basic Health Services". KDHE and KALHD have included the family planning services as a "Basic Health Service" need all along. In 1989 both organizations worked to update the <u>Guide to Local Health Department Services</u> (which I have provided for you. The goal of Family Planning Services is defined as to "reduce the occurrence of high risk and unintended pregnancies". The Basic Services of Family Planning are to A. "provide family planning education, counseling and/or referral, and promote service availability within one hour driving time". and B. "provide confidential pregnancy testing and counseling services". Expanded Services under family planning are A. " provide family planning services with complete health assessment and examination, education, fertility and/or contraceptive services as indicated /requested." and B. "inform potential parents of the importance and availability of family planning services and genetic services.

Beginning in October 1988 and ending in May 1989, KALHD surveyed the local health departments to see what level of services for basic health were being provided and in which parts of the state. (A copy of the survey data is included for the Committee Chair and can be provided to legislators upon request.) Family planning "basic services" are now being provided in 80-99% of the local health departments surveyed.

Thank you for the opportunity to present the position in OPPOSITION TO SB 557. For additional information, please feel free to contact me or Beverly Gaines, President of KALHD, Butler-Greenwood Bi-County Health Department.

933 Kansas Avenue, Topeka, Kansas 66612, 913-354-1605

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KANSAS ASSOCIATION OF LOCAL HEALTH DEPARTMENTS

"... Public Health in Action"

EXECUTIVE SUMMARY

"GUIDELINES TO LOCAL HEALTH DEPARTMENT SERVICES ANALYSIS"

May, 1989

BACKGROUND:

In 1985, the Kansas Association of Local Health Departments developed the first extensive document of Basic Public Health Services in Kansas. As a cooperative effort between the Kansas Association of Local Health Departments and the Kansas Department of Health and Environment in 1988 - 1989, the document was revised and adopted by KDHE, KALHD, and the Kansas Public Health Association as a tool defining those services which should be provided to all Kansas citizens.

Each category of Local Health Department Services was broken into:

- Basic Services - that every local health department should provide or ensure availability of in the community, and
- Expanded Services - appropriate for local health departments to provide based on local health needs, priorities, and resources. These services may be based on identified needs, cost effectiveness and/or local ordinances and regulations.

In October, 1988, the Kansas Association of Local Health Departments provided all local health departments a "final" version of the document and set out to establish the actual provision percentages of each Basic Health Service in each health department. (We did not endeavor to examine the provision of "expanded services" since the Basic Services are not yet adequately provided.)

In May, 1989, the survey responses (from 83 local health departments) were tabulated and printed as the "Guidelines to Local Health Department Services: Analysis". In general, the results showed that Basic Health Services are not being adequately provided to protect the health and environment of many Kansans. In particular, the Analysis pointed out:

Although, any provision of services below 100%, is inadequate, our findings are shown by categories of 100%, 80-99% and below 80% provision of services.

FINDINGS - LESS THAN 80% PROVISION OF BASIC HEALTH SERVICES

Those Basic Health Services which were not being provided adequately (by less than 80% of those counties responding) are:

- **HEALTH AND ENVIRONMENT PROTECTION**
  - Communicable Disease Control
    - referral and screening for sexually transmitted disease patients and contacts (78% of respondents),
    - access to counseling and testing sites for HIV antibody testing (76% of respondents).

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- Environmental Health Services
  - requested evaluation of existing water well systems (41%),
  - education of property owners and the public (52%),
  - obtaining and interpretation of water samples (68%),

- Food Service
  - investigation of suspected food-borne illnesses (65%),
  - public education on food sanitation (65%).

- On-site Sewage Disposal
  - approval of new or reconstructed systems (19%),
  - investigation of system failure (21%),
  - requested evaluation of existing systems (25%),
  - site evaluations (18%),
  - public education (45%).

- Environmental Nuisances
  - promote local regulations (55%),
  - promote sanitations regulations (36%),
  - investigate complaints (70%).

- School Health Facilities
  - sanitation and safety inspection annually (43%).

- Disaster Planning
  - development of local disaster plan (70%),
  - public education and materials (48%),
  - disaster planning for water, food, waste, medical and nursing care (55%).

- Swimming Pools and Recreational Areas
  - investigation of complaints (40%),
  - training assistance for operators (8%).

- Vector and Animal Control
  - reporting and investigation of bites (62%),
  - public education (59%),
  - rabies regulations and quarantine (59%).

- Waste Management
  - investigation of on-site complaints (41%),
  - enforcement of regulations (32%),
  - public education (41%).

(continued)

- **HEALTH PROMOTION AND DISEASE PREVENTION**
  - Dental Health Services
    - promote fluoridation (35%).

- **PERSONAL HEALTH SERVICES**
  - Parent and Child Health Services
    - obtain samples for screening of all newborns (if not provided by hospital or physician (44%),
    - prenatal risk education (60%),
    - counseling, referral and advocacy for genetic disease screening (72%).
  - Home Health Services
    - promotion of efficient, quality services (60%).

FINDINGS - 80-99% PROVISION OF BASIC HEALTH SERVICES

Those areas found to have adequate provision of services (by 80% of responding counties or greater) are:

- **HEALTH AND ENVIRONMENTAL PROTECTION**
  - Communicable Disease Control
    - all Basic Services (except noted above).
  - Adult and Child Care Licensure
    - both Basic Services

- **HEALTH PROMOTION AND DISEASE PREVENTION**
  - Health Education/Risk Reduction
    - all Basic Services
  - Nutrition Services
    - all Basic Services
  - School Health
    - all Basic Services (except school inspections)
  - Dental Health Services
    - education and referral

- **PERSONAL HEALTH SERVICES**
  - Parent and Child Health Services - well child assessments/preschool screenings; home visits to high risk pregnant women and infants; prenatal and postpartum education and counseling; and SRS referral for support programs.
  - Family Planning Services - education, testing, counseling and referral.
  - Adult Health Services - education and screening for chronic health problems and senior care advocacy.
  - Home Health Services - community health nursing home visits; family assistance and referral.

(continued)

- Primary Health Care - community participation to ensure adequate services.

FINDINGS - 100% PROVISION OF BASIC HEALTH SERVICES

- **HEALTH AND ENVIRONMENTAL PROTECTION**
  - Communicable Disease Control
    - provide immunizations
    - provide tuberculosis screening, etc.
    - educate public regarding prevention
- **PERSONAL HEALTH SERVICES**
  - Parent and Child Health Services
    - Refer family to SRS for suspected Child Abuse, etc.

The above information was developed to accompany "Guidelines for Local Health Department Services*: Analysis" by the Kansas Association of Local Health Departments, 933 Kansas Avenue, Topeka, KS 66612, 913-354-1605, Elizabeth E. Taylor, Executive Director. May, 1989

* "Guidelines for Local Health Departments" was originally developed by KALHD in 1985 and edited jointly between KALHD and the Kansas Department of Health and Environment in 1988.