

Approved _____ Date 4-5-91

MINUTES OF THE Senate COMMITTEE ON Federal and State Affairs

The meeting was called to order by Sen. Edward F. Reilly, Jr. at _____
Chairperson

11:00 a.m./~~p.m.~~ on April 2, 1991 in room 254-E of the Capitol.

All members were present ~~except~~:

Committee staff present:

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

Conferees appearing before the committee:

Rep. Gene Amos
Chip Wheelen, Kansas Medical Society
Pat Goodson, Right to Life of Kansas
Bob Runnels, Kansas Catholic Conference
Jenifer Brandeberry, Pro-Choice Action League
Beth Powers, Kansas Choice Alliance

Hearing on: SB 405 - Concerning district coroners.

Rep. Amos said the bill came about by an unusual situation; the family of the deceased contended in court that it was not in public interest to perform an autopsy. He said it would be his opinion that when death is unattended by a physician, an autopsy should be authorized.

Staff said there is no definition of "in the public interest," but a coroner would have to defend action.

Written testimony was distributed from J. Michael Boles, M.D., Shawnee, Kansas, explaining why, in his opinion, the portion of the law which refers to the public interest should be deleted. (Attachment 1)

Written testimony was submitted from Alan Hancock, M.D., President, Kansas Coroners Association, saying it would be unreasonable to require the coroner to certify the cause and manner of death if he felt that an autopsy was needed and was prevented from having one performed. (Attachment 2)

Chip Wheelen, Kansas Medical Society, offered an amendment striking some language on Lns. 14 - 16. (Attachment 3)

Mr. Wheelen introduced Dr. Arthur Snow, Jr., Johnson County Deputy Coroner, who was serving as Doctor of the Day.

There was discussion that coroners are careful not to do autopsies needlessly; the cost is about \$450, not including the mortuary and laboratory work.

A motion was made by Senator Morris and seconded by Senator Strick to adopt the KMS suggested amendment. The motion carried.

A motion was made by Senator Morris and seconded by Senator McClure to recommend the bill favorably as amended. The motion carried.

Hearing on: SB 410 - Requiring certain reports concerning terminations of pregnancies.

Staff said the bill would amend the statute that requires hospitals to keep records on ~~terminated pregnancies~~ ^{terminated pregnancies} to change to medical care facility and would add a new requirement to MD's and DO's

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 11:00 a.m.~~pm~~ on April 2, 1991

to report pregnancies terminated in other locations. Reports would include number, shall not include names. Line 26 should read medical care facility.

Pat Goodson, Right to Life of Kansas, gave testimony in support of the bill, saying it is an update of an existing statute adopted when abortions were legal in hospitals only. Attached to her testimony were the reporting form and various charts. (Attachment 4)

Bob Runnels, Kansas Catholic Conference, said he represents 400,000 people in Kansas. The church has taken the position of support of life from conception to natural death. He said the stories we hear of happenings in the Persian Gulf indicate that life is viewed cheaply there; hopefully, our country doesn't follow this trend. Our reporting is not as accurate as other states, and should be.

Jenifer Brandeberry, Pro-Choice Action League, spoke in opposition to the bill, saying she fears the outcome, that it will mandate that courageous doctors will put themselves in jeopardy. (Attachment 5)

Beth Powers, Kansas Choice Alliance, spoke against the bill, saying it was a waste of time, that clinics are already reporting voluntarily. It would open doctor's practices to harassment. (Attachment 6)

Action on: HB 2295 - Sub. for H 2295 by Committee on Federal and State Affairs - Permitting sales of nonalcoholic malt beverages on Sunday.

A motion was made by Senator Strick and seconded by Senator Anderson that an amendment be adopted that would allow liquor stores to be open on Memorial, Independence, Labor, and Election Days. The motion carried. Recorded "no" votes were Senators Daniels, McClure, and Walker.

Concerns were expressed that the state keeps asking for more dollars to treat the effects of alcohol, that it is already a major cause of accidents on these holidays, that we shouldn't be making it more available.

A motion was made by Senator Yost and seconded by Senator Bond to adopt the amendment suggested by Tuck Duncan at the March 25 meeting to clarify a technical problem with the language of K.S.A. 41-2632(b)(1). The motion carried.

A motion was made by Senator Anderson and seconded by Senator Vidricksen that SB 384 be amended into this bill. The motion carried. Senators Bond and Morris wished to be recorded as "not voting."

A motion was made by Senator Strick and seconded by Senator Bond to recommend the bill favorably as amended. The motion carried. Senators Daniels and McClure wished to be recorded "no." Senator Morris wished to be recorded as "not voting."

Senator Yost requested introduction of a bill which would be a technical amendment to K.S.A. 12-5222(i) to clarify the county's legal authority to refund "one or more times" previously issued housing revenue bonds. (Attachment 7)

A motion was made by Senator Bond and seconded by Senator Strick to introduce the bill. The motion carried.

The meeting was adjourned at 12:00 noon.

J. MICHAEL BOLES, M.D.
5949 NIEMAN RD.
SHAWNEE, KANSAS
631-1300

March 29, 1991

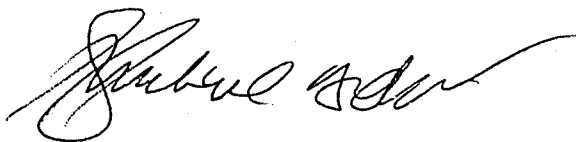
Honorable Gene Amos
State Representative
State Capital Building
Room 174 W
Topeka, Kansas

Dear Gene:

I am sorry that the responsibilities of my medical practice will not allow me to testify at the hearing on the proposed changes in the Coroner's Law which you have told me is scheduled for April 2, 1991.

As you know, we have had a recent successful court challenge to our right to order an autopsy in the case of an unattended death. It was the feeling of this office that a postmortem examination was necessary to determine the cause of death with a reasonable degree of certainty since the subject was in his early 30's and had had no antecedent medical history. However, a restraining order was issued by a Johnson County Judge on the basis of his interpretation of the Coroner's Law which states "If in the opinion of the Coroner it is advisable and in the public interest that an autopsy be made" then an autopsy shall be performed. The judge in this case felt that although the cause of death could not be accurately determined, that an autopsy would not be in the public interest.

It is the duty of the coroner to determine the cause of death beyond a reasonable doubt. I would like you to point out to the committee that if the Coroner's office is shackled by this type of restriction then it is quite possible for homicide to go undetected. It is the result of the autopsy in many cases, which prompts law enforcement to look into the circumstances surrounding the death more closely. In the Tenth Judicial District we perform autopsies on approximately 20 to 25% of the deaths we investigate. If there is any way to reasonable determine the cause from the circumstances without a full autopsy then this is done. In my opinion the portion of the law which refers to the public interest should be deleted.



J. Michael Boles, M.D.
Coroner
Tenth Judicial District

Senate F&SA
4-2-91
Att. 1

Dear Mr. Amos,

I am writing in support of Senate Bill No. 405

It is my opinion that KSA 22a233 which states "If, in the opinion of the coroner, it is advisable and in the public interest that an autopsy be made....." allowed the coroner to decide if an autopsy was desirable or in the public interest. Apparently others have taken a different view.

Since the coroner is required to sign the death certificate and include his opinion as to the cause and manner of death, he should be allowed to use all the investigative tools available to him whenever he feels that they are needed. To allow the deceased's family to block an autopsy may well allow a suicide or homicide to remain undetected. I believe that the coroner is the person most qualified to determine the necessity if an autopsy and it would be unreasonable to require the coroner to certify the cause and manner of death if he felt that an autopsy was needed and was prevented from having one performed.

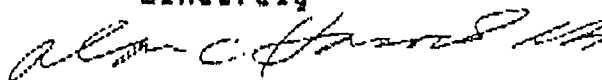
There is another problem with this statute that I would like to see corrected at the same time. The present statute requires the coroner in the district where a death occurred to decide if an autopsy is needed and, if needed, to order it while requiring the coroner in the county where the cause of death occurred to pay for it.

The county in which the cause of death occurred is normally the county in which the investigation will take place. By making the coroner in that district responsible for the autopsy, continuity of the investigation will be improved. Also, in the interest of fairness, the coroner who is required to pay for the autopsy should be the one to decide whether or not it is needed. Also, Missouri has amended their statute and now considers the coroner in the jurisdiction where the cause of death occurred to be responsible for certification of death. Under their statutes a homicide victim who was shot in Missouri and taken to a Kansas emergency room where he was found dead on arrival or died shortly thereafter should be returned to Missouri for autopsy and vice versa. The Kansas coroners have no statutory authority to do this.

If Senate Bill 405 were amended to read "If, in the opinion of the coroner of the jurisdiction in which the cause of death occurred, an autopsy to determine the cause of death should be made,....." these problems would be solved.

This second change was discussed in the coroner's association meeting last year and it was all present agreed that this change should be made

Sincerely



Alan C. Hancock M. D.
President, Kansas Coroners Association

Senate F&SA
4-2-91
Att. 2

SENATE BILL No. 405

By Committee on Ways and Means

3-21

8 AN ACT concerning district coroners; relating to when autopsies are
9 performed; amending K.S.A. 22a-233 and repealing the existing
10 section.

11

12 *Be it enacted by the Legislature of the State of Kansas:*

13 Section 1. K.S.A. 22a-233 is hereby amended to read as follows:

14 22a-233. (a) If, in the opinion of the coroner, it is advisable and

15 in the public interest that an autopsy ~~to determine the cause of~~

16 ~~death~~ should be made, or if an autopsy is requested in writing by

17 the county or district attorney or if the autopsy is required under

18 K.S.A. 22a-238 and amendments thereto, such autopsy shall be per-

19 formed by a qualified pathologist as may be designated by the cor-

20 oner. A pathologist performing an autopsy, at the request of a

21 coroner, shall be paid a usual and reasonable fee to be allowed by

22 the board of county commissioners and shall be allowed and paid

23 the travel allowance prescribed for coroners and deputy coroners in

24 accordance with the provisions of K.S.A. 22a-228 and amendments

25 thereto, the same to be paid by the board of county commissioners

26 of the county in which the cause of death occurred except that

27 autopsies performed under K.S.A. 22a-238 and amendments thereto

28 shall be paid for in accordance with K.S.A. 22a-238 and amendments

29 thereto.

30 (b) The pathologist performing the autopsy shall remove and re-

31 tain, for a period of three years, such specimens as appear to be

32 necessary in the determination of the cause of death.

33 (c) A full record and report of the facts developed by the autopsy

34 and findings of the pathologist performing such autopsy shall be

35 promptly made and filed with the coroner and with the clerk of the

36 district court of the county in which decedent died. If, in any case

37 in which this act requires that the coroner be notified, the body is

38 buried without the permission of the coroner, it shall be the duty

39 of the coroner, upon being advised of such fact, to notify the county

40 or district attorney, who shall communicate the same to a district

41 judge, and such judge may order that the body be exhumed and

42 an autopsy performed.

43 Sec. 2. K.S.A. 22a-233 is hereby repealed.

4/2/91

Senate F&SA
4-2-91
Att. 3



KANSAS MEDICAL SOCIETY

1300 Topeka Avenue · Topeka, Kansas 66612 · (913) 235-2383

Chip Wheelen
Director of Public Affairs

SENATE FEDERAL AND STATE AFFAIRS
TIMONY SB 410 - APRIL 1, 1991

Senate bill 410 is a long overdue update of an existing statute which is somewhat discriminatory in that it requires hospitals only to report abortions. When this law was enacted, before the supreme court decisions, abortions in Kansas were legal in hospitals only. By the late seventies and early eighties most abortions were being performed outside hospitals. SB 410 is drafted to expand reporting to include these abortions. The term hospital is changed to medical facility. However, since with one exception abortion clinics are not licensed medical facilities, a new paragraph is added to require doctors operating in clinics to report also.

Opponents with the usual paranoia will no doubt maintain as they have in the past that the intent of this legislation is to somehow harrass doctors who do abortions. They can't explain how the bill would do that. The section amended is part of the vital statistics act and the required information is for statistical purposes only. No patient names are involved. The identity of facilities currently reporting is not divulged. There would be no change. Under this section and elsewhere in the act the names of reporting facilities or physicians is strictly confidential. The act also provides a 100 dollar fine for failure to file a required report.

Abortion surveillance is an important public health concern. For instance, many studies indicate increased risks of miscarriage and premature births in later wanted pregnancies to women who have had abortions. Those risks increase significantly with multiple abortions. Because of the abortion statistics we do keep we know that the percentage of women having repeat abortions has risen from 1 or 2 % in the early seventies to 30 or 40 % or possibly even higher today. Information such as this is important to researchers trying to study the problem of infant morbidity and mortality. Without accurate abortion statistics we have no accurate information on the extent of teenage pregnancies which is such a concern to everyone. These are things we need to know.

Abortion statistics are important even in areas such as planning and development. Population projections are based on fertility rates. If you have inaccurate or incomplete reporting of abortion you will have inaccurate fertility rates on which to base census projections. The Alan Guttmacher Institute, research arm of Planned Parenthood, and the CDC (Centers For Disease Control), as well as the KDHE consider abortion

Senate F&SA
4-2-91
Att. 4

veilance extremely improtant. The statute leaves to the KDHE determination of what information is to be reported. They consider abortion information in some 15 categories as important enough to require that it be reported. I am attaching to my testimony copies of their monthly abortion report; the reporting form; and the instructions issued by KDHE for that form. I weould like to quote from those instructions if I may....

It has been maintained that most abortions are being voluntarily reported. If that is so then there should be no objections to making it a requirement. But the facts indicate that a high percentage of abortions are not reported. For instance in comparing abortion rates in the U. S. and in Kansas, KDHE reported abortions indicate large decreases in abortions to Kansas residents. (Abortions to Kansas women in other states are included in the reports.) Yet nationwide the trend is the opposite - we find abortions rising steadily. Nationwide the abortion ratios during the eighties have been triple the ratios in Kansas. There is nothing else to indicate that abortion practice among Kansas women is so phenomenally different than that of women everywhere else in the United States. This just is not a believable statistic. Yet this is the conclusion we have to reach if we use reported KDHE stats. Also, fertility rates indicate slight increases since 1983. Again KDHE stats indicate the opposite trend with fertility rates decreasing. What is happening in Kansas? Either these stats are incorrect or something dramatically different is happening in Kansas than is happening in the rest of the country. Women in Kansas are no different from their counterparts in the rest of the states. KDHE figures are incomplete and the most telling fact to indicate this is in surveys conducted by the Alan Guttmacher Institute. Surveys of abortion facilities were done by this Planned Parenthood research team in 1985, 87, and 88. During those years PP researchers learned of 10,150; 11,430; and 11,440 abortions respectively. For the same years KDHE reports uncovered 7,092; 6,409; and 7,930 abortions respectively. 40% or more fewer abortions than were reported to AGI. This bears out our own estimates of at least 40 to 50 % underreporting.

Another objection that has raised to extending reporting is that additional staff would be required. Of course, if there is complete reporting now there would be no additional staff requirements. If not it would only require additional time to enter a larger volume of reports into the computer. In any case if we are keeping incomplete reports we

... spending tax money worthlessly for inaccurate information which makes no sense.

When this bill was introduced by the committee Senator McClure expressed the concern that it would simply mean more paperwork for physicians. I would like to respond to that concern. It is only of course physicians who are performing abortions who would be affected. Abortion is a lucrative business. Clinics advertise in yellow pages all over the state - some even all over the country - some even have 800 numbers. This is a lucrative business and I find it difficult to be concerned that these businesses are going to have to file another piece of paper for the "privilege". We are not talking about ordinary physicians with an ordinary office practice. These doctors are not doing abortions in their offices. Reputable doctors are not risking this kind of surgery in unequipped facilities. There may be a few physicians in remote rural areas who are doing an occasional abortion. It wouldn't seem like a burden for their nurses to fill out a simple form on those few abortions. However, if the committee would want to find a way to exclude the doctor who is doing one or two occasional abortions, these would be statistically insignificant and I don't think we would object.

Pat Goodson, Right To Life of Kansas.

HOSPITAL HANDBOOK FOR BIRTH AND FETAL DEATH REGISTRATION IN KANSAS

Mike Hayden, Governor

Stanley C. Grant, Secretary of Health and Environment

Gary K. Hulett, Under Secretary



Prepared by
Division of Information Systems
Office of Vital Statistics
Office of Communication Services
January 1989

INTRODUCTION

Purpose

This handbook is designed to help hospital personnel complete and file live birth certificates, stillbirth (fetal death) certificates, and induced-termination of pregnancy report forms and to acquaint them with the vital statistics registration system. The purpose of this handbook is to achieve improved reporting by promoting better understanding of the forms and of the uses of information entered on them. Since most live births and reportable stillbirths occur in hospitals, the quality of registration depends heavily upon hospital personnel. Vital statistics laws pointedly recognize the importance of their contributions to the birth registration process. The hospital administrator has the overall responsibility for maintaining an effective records system with qualified personnel to assume the responsibility for obtaining the personal data, preparing the certificate, securing the required signatures and filing the certificate with the State Registrar. A clean, legible, correct, complete, and promptly filed birth certificate indicates a recognition of the importance of this document by hospital staff.

Importance of Birth and Stillbirth (Fetal Death) Registration and Induced Termination of Pregnancy Reporting

A birth record is a statement of facts important to an individual. It is a legal document of great importance that is in active use throughout an individual's lifetime. Birth certificates are used to prove parentage, citizenship, and age. A birth certificate is usually required to obtain a driver's license, a marriage license, a passport, veteran's benefits, welfare aid, and Social Security benefits. It is also usually required to register to vote and to enroll in school.

Statistical information from the birth certificate is also extremely valuable for a variety of purposes. The data provide information on the number of births and associated birth rates by characteristics such as place of birth, place of residence of mother, age of mother, and order of birth. The information is frequently used to estimate population growth and changes, the knowledge of which is helpful to many governmental agencies and business concerns. The data from live birth and stillbirth certificates are essential in planning and evaluating a broad range of health activities, including various aspects of maternal and child health programs. Medical data on the certificates are extensively used for scientific research. Data from reports of induced termination of pregnancy provide unique information on the characteristics of women having abortions. The information is used to evaluate the impact that abortion has on the birth rate, teenage pregnancy, and out-of-wedlock births.

Confidentiality of Vital Records

The State Registrar protects the information on vital records from unwarranted or indiscriminate disclosure by adhering to the laws and regulations that stipulate who may obtain copies of individual records and for what purposes the files may be accessed. For example, it is unlawful for any

officer or employee of the state to disclose data contained in vital records files except as specifically authorized by law, and certified copies of records may be issued only if the applicant has a direct interest in the information recorded and the information is needed for the determination of personal or property rights.

The Vital Statistics Registration System in Kansas and the United States

The civil laws of all states provide for a continuous and permanent birth and death registration system which depends to a great extent upon the conscientious efforts of the physicians, hospital personnel, funeral directors, coroners, and medical examiners to obtain and record the information necessary to file the original certificate.

Some states are divided geographically into local registration districts while some states have a direct reporting system. In those states that have local registrars, hospital personnel and funeral directors transmit certificates to the local registrar who in turn transmits them to the state vital statistics office. It is the local registrar's responsibility to see that complete and accurate certificate is filed promptly for each vital event that occurs in their respective local registration district. In those states with a direct reporting system, hospital personnel, and funeral directors transmit the certificates directly to the state vital statistics office.

In Kansas, there are a number of counties "direct reporting." Direct reporting helps to expedite the filing and processing of vital records which in turn allows more prompt service to applicants needing certified copies. Direct reporting will become even more important to the efficiency of the vital statistics operation as the State Office of Vital Statistics becomes more automated. As automation occurs, more counties will become direct reporting counties.

In Kansas, the Office of Vital Statistics inspects each record for completeness and accuracy; queries for missing or inconsistent information; codes certain information for entry into the state computer system; assigns a state file number; images the original record for future issuance of certified copies; and then stores the original record at an off-site facility for permanent preservation. Statistical information from the records is available from the Department of Health and Environment.

An important function of the Office of Vital Statistics is to produce the index of all births and deaths occurring in Kansas. Certified copies of the birth and death certificates on file in the state office may then be issued in accordance with statutory authority using these indexes.

The National Center for Health Statistics (NCHS) is vested with the authority for administering vital statistics functions at the national level. Data tapes of information derived from individual records registered in the state offices are transmitted to NCHS. Monthly, annual, and special statistical reports are prepared from the data for the United States, states, counties, and regions. Reports can be compiled and sorted to show age, race, sex, or other characteristics that may be needed. Statistics are essential to

the fields of social welfare, public health, and demography. They are also used for business and government program planning and evaluation. NCHS serves as a focal point exercising leadership in establishing uniform practices through model laws, standard certificate forms, handbooks, and other instructional materials for the continued improvement of the vital registration system in the United States and Kansas.

SPECIFIC INSTRUCTIONS FOR COMPLETE REPORT OF
INDUCED TERMINATION OF PREGNANCY

1-3 PLACE OF TERMINATION

1. FACILITY NAME (If not clinic or hospital, give address)

Enter the full name of the hospital or clinic where the induced termination of pregnancy occurred.

If the induced termination of pregnancy occurred in a hospital or a clinic that is physically situated within a hospital or is administratively a part of a hospital, enter the full name of the hospital.

If the induced termination of pregnancy occurred in a freestanding clinic, a clinic that is physically and administratively separate from a hospital, enter the full name of the clinic.

If the induced termination of pregnancy occurred in a physician's office or some other place, enter the number of and street name or name of the facility.

2. CITY, TOWN, OR LOCATION OF PREGNANCY TERMINATION

Enter the name of the city, town, or location where the pregnancy termination occurred.

3. COUNTY OF PREGNANCY TERMINATION

Enter the name of the county where the pregnancy termination occurred.

Item 1 provides information about the types of facilities where induced terminations are performed. ✓ Items 2 and 3 provide information that is used in the planning of health facilities and health education programs. ✓

4. PATIENT'S IDENTIFICATION NUMBER

Enter the hospital, clinic, or other patient identification number. This number must be one that would enable the facility or physician to access the medical file of this patient.

This information is used with Items 1 and 2 for querying for missing information without identifying the patient.

✓ 5. AGE LAST BIRTHDAY

Enter the age of the patient in years as of her last birthday.

✓ This information permits analysis of health risks related to length of pregnancy and type of procedure among different age groups. It is also used to

study the impact of induced terminations on the fertility rates of different age groups. ✓

✓ 6. MARRIED?

Check "Yes" if the patient was legally married (including separated) at the time of conception, at the time of termination, or at any time between conception and termination. Otherwise, check "no."

✓ This information is used to study the health risks of induced terminations by marital status. It also helps determine the impact of induced terminations on the fertility rates of married and unmarried women and aids in planning for and evaluating the effectiveness of family planning programs. ✓

✓ 7. DATE OF PREGNANCY TERMINATION (Month, Day, Year)

Enter the exact month, day, and year of the pregnancy termination.

The date the pregnancy was actually terminated should be entered. This may not necessarily be the date the procedure was begun.

Enter the full name of the month-January, February, March, etc. Do not use a number or abbreviation to designate the month.

✓ This information is used to determine when the pregnancy termination occurred and to determine the length of gestation. Length of gestation is an essential element in the study of risks associated with induced terminations. ✓

✓ 8a-d RESIDENCE OF PATIENT

The patient's residence is the place where her household is located. This is not necessarily the same as her "home state," "voting residence," "mailing address," or "legal residence." The state, county, and city should be that of the place where the patient actually lives. Never enter a temporary residence such as one used during a visit, business trip, or a vacation. Residence for a short time at the home of a relative or friend is considered to be temporary and should not be entered here. Place of residence during a tour of military duty or during attendance at college is not considered temporary and should be entered as the place of residence of the patient on the report.

If the patient has been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary, or hospital for the chronically ill, this facility should be entered as the place of residence.

8a. RESIDENCE STATE

Enter the name of the state where the patient lives. This may differ from the state in her mailing address. If the patient is not a resident of the United States, enter the name of the country and the name of the unit of government that is the nearest equivalent of a state.

8b. COUNTY

Enter the name of the county where the patient lives.

8c. CITY, TOWN, OR LOCATION

Enter the name of the city, town, or location where the patient lives. This may differ from the city, town, or location in her mailing address.

8d. INSIDE CITY LIMITS?

Check "Yes" if the location entered in Item 8c is incorporated and the patient's resident is inside its boundaries. Otherwise, check "No."

These items provide data for the analysis of induced terminations by residence of the patient. This information is used with the city and county of termination to provide information on the amount of movement occurring within a state or between states to obtain an induced termination of pregnancy. This type of information is useful in planning the location of health care facilities.

9. ANCESTRY—Cuban, Mexican, Puerto Rican, Vietnamese, Hmong, English, German, etc.

Enter the ancestry as obtained from the patient. Do not leave this item blank.

For purposes of this item, ancestry refers to the nationality, lineage, or county in which the person or her ancestors were born. There is no set rule as to how many generations are to be taken into account in determining ancestry. A person may report ancestry based on the country of origin of a parent, grandparent, or some far-removed ancestor. The response should reflect what the person considers herself to be and is not based on percentages of ancestry.

If a person indicates that she is of multiple ancestry, enter the ancestry as reported (for example, English-Scottish-Irish, Mexican-American).

If respondent gives a religious group—such as Jewish, Moslem, or Protestant ask for the country of origin of nationality.

This item is not part of the race item. Both questions, race and ancestry, should be asked independently. This means that for certain groups—such as Japanese, Chinese, or Hawaiian, the entry will be the same in both items. The entry should be made in both items even if it is the same. However, an entry of "Black" or "White" should never be recorded in the ancestry item.

✓ 10. RACE—White, Black, American Indian, Other

Check the box that describes the race of the patient. The entry in this item should reflect the response of the patient.

If "Other" is marked, enter the race as specified by the patient.

For Asian or Pacific Islanders, enter the national origin of the patient, such as Chinese, Japanese, Korean, Filipino, or Hawaiian.

If the patient is of mixed race, check "Other," and enter both races.

✓ Information on race and ancestry are needed to study the impact of induced termination on the birth, fertility, and out-of-wedlock rates of different groups. ✓

✓ 11. EDUCATION (Specify only highest grade completed)

Elementary/Secondary (0-12) College (1-4 or 5+)

Enter the highest number of years of regular schooling completed by the patient in either the space for elementary/secondary school or the space for college. An entry should be made in only one of the spaces. The other space should be left blank. Report only those years of school that were completed. If high school was completed, enter "12" under elementary or secondary. If more than four years of college were completed, enter "5+" under college.

This item is an important indicator of socioeconomic status of the patient. ✓ This information is used for studying the effect of induced terminations on the health and fertility of various educational and socioeconomic groups. This information is also useful in planning educational programs that address family planning. ✓

✓ 12. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)

Enter "Unknown" if the date cannot be determined. Do not leave this item blank.

Enter the exact date (month, day, and year) of the first day of the patient's last normal menstrual period, as obtained from the hospital or clinic record or the patient herself.

If the exact day is unknown but the month and year are known, obtain an estimate of the day from the patient, her physician, or the

medical record. If an estimate of the date cannot be obtained, the month and year only.

✓ This item is used in conjunction with the date of termination to determine the length of gestation. Gestational age is important in evaluating the effectiveness and safety of the various termination procedures. ✓

13. CLINICAL ESTIMATE OF GESTATION (Weeks)

Enter the length of gestation as estimated by the attending physician in completed menstrual weeks. Do not compute this information from the date last normal menses began and date of termination. If the attendant has not done a clinical estimate of gestation, enter "None." Do not leave this item blank.

This item provides a check on the length of gestation as calculated from date of last normal menses.

14a-d PREVIOUS PREGNANCIES (Complete Each Section)

14a-b LIVE BIRTHS

14a. Now Living

Number _____ None

Enter the number of children born alive to this patient who are still living at the time of this termination. Do not include children by adoption. Check "None" if all previous children are dead.

14b. Now Dead

Number _____ None

Enter the number of children born alive to this patient who are no longer living at the time of this termination. Do not include children by adoption. Check "None" if all previous children are still living.

14c. PREVIOUS INDUCED ABORTIONS

Number _____ None

Enter the number of previous induced abortions that this patient has had. Do not include this termination. Check "None" if the patient has had no previous induced terminations.

14d. ALL OTHER TERMINATIONS (Do not include this termination)

Number _____ None

Enter the number of spontaneous terminations to this patient. This should not include induced terminations. Check "None" if the patient has had no previous spontaneous terminations.

✓ This information provides a pregnancy history and allows for insight into the use of induced terminations to limit family size. Because this item also collects information on the number of previous induced terminations, it provides some data on characteristics of women who may need alternative methods of family planning. ✓

15. TERMINATION PROCEDURES

15a-b TYPE OF TERMINATION PROCEDURES

15a. PROCEDURE THAT TERMINATED PREGNANCY (Check only one)

Check the box that describes the primary procedure that actually terminated this pregnancy. Check only one box. If more than one procedure was used, identify the additional procedure(s) in item 15b. If a procedure not listed was used, check "Other" and specify on the line provided.

15b. ADDITIONAL PROCEDURES USED FOR THIS TERMINATION, IF ANY (Check all that apply)

Check the box(es) that describe(s) the additional procedure(s) used. If no additional procedures were used, leave all boxes blank. If a procedure not listed was used, check "Other" and specify on the line provided.

✓ This item provides information on the frequency of specific procedures and the incidence of terminations involving multiple procedures. When used in conjunction with length of gestation it provides an indication of the safety, appropriateness, and health risks of the various termination procedures of different gestational ages. ✓

16. NAME OF PERSON COMPLETING REPORT (Type or Print)

Enter the full name of the person completing this report.

This is the primary person who is queried for missing information on the report.

TYPE OR PRINT IN PERMANENT INK

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Office of Communication Service
Topeka, Kansas 66620-0170
913-296-5645
REPORT OF INDUCED TERMINATION OF PREGNANCY

STATE FILE NUMBER

INSTRUCTIONS SEE HANDBOOK

1. FACILITY NAME (If not clinic or hospital give address)	2. CITY, TOWN, OR LOCATION OF PREGNANCY TERMINATION	3. COUNTY OF PREGNANCY TERMINATION
---	---	------------------------------------

4. PATIENT'S IDENTIFICATION NUMBER	5. AGE LAST BIRTHDAY	6. MARRIED? <input type="checkbox"/> Yes <input type="checkbox"/> No	7. DATE OF PREGNANCY TERMINATION (Month, Day, Year)
------------------------------------	----------------------	---	---

8a. RESIDENCE - STATE	8b. COUNTY	8c. CITY, TOWN, OR LOCATION	8d. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------	------------	-----------------------------	---

9. ANCESTRY--CUBAN, MEXICAN, PUERTO-RICAN, VIETNAMESE, HMONG, ENGLISH, GERMAN, ETC. Specify _____	10. RACE 1. <input type="checkbox"/> White 2. <input type="checkbox"/> Black 3. <input type="checkbox"/> American Indian 4. <input type="checkbox"/> Other (Specify) _____	11. EDUCATION (Specify only highest grade completed)	
		Elementary/Secondary (1-12)	College (1-4 or 5 +)

12. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)	13. CLINICAL ESTIMATE OF GESTATION (Weeks)	14. PREVIOUS PREGNANCIES (Complete Each Section)			
		LIVE BIRTHS		14c. PREVIOUS INDUCED ABORTIONS	14d. ALL OTHER TERMINATIONS (DO NOT INCLUDE THIS TERMINATION)
		14a. Now Living Number _____ None <input type="checkbox"/>	14b. Now Dead Number _____ None <input type="checkbox"/>	Number _____ None <input type="checkbox"/>	Number _____ None <input type="checkbox"/>

15. TERMINATION PROCEDURES

15a. PROCEDURE THAT TERMINATED PREGNANCY (Check only one)	TYPE OF TERMINATION PROCEDURES	15b. ADDITIONAL PROCEDURES USED FOR THIS TERMINATION, IF ANY (Check all that apply)
1 _____ Suction Curettage _____ 1.		
2 _____ Sharp Curettage _____ 2.		
3 _____ Dilatation & Evacuation (D&E) _____ 3.		
4 _____ Intra-Uterine Saline Instillation _____ 4.		
5 _____ Intra-Uterine Prostaglandin Instillation _____ 5.		
6 _____ Hysterotomy _____ 6.		
7 _____ Hysterectomy _____ 7.		
8 _____ Other Specify _____ 8.		

17. NAME OF PERSON COMPLETING REPORT (Type or Print) _____

10-113 Rev. 1/89

REPORTED ABORTION RATIOS
 KANSAS AND THE U.S. 1971 - 1989

Ratio = no. of abortions per 1,000 live births
 Source KDHE / CDC

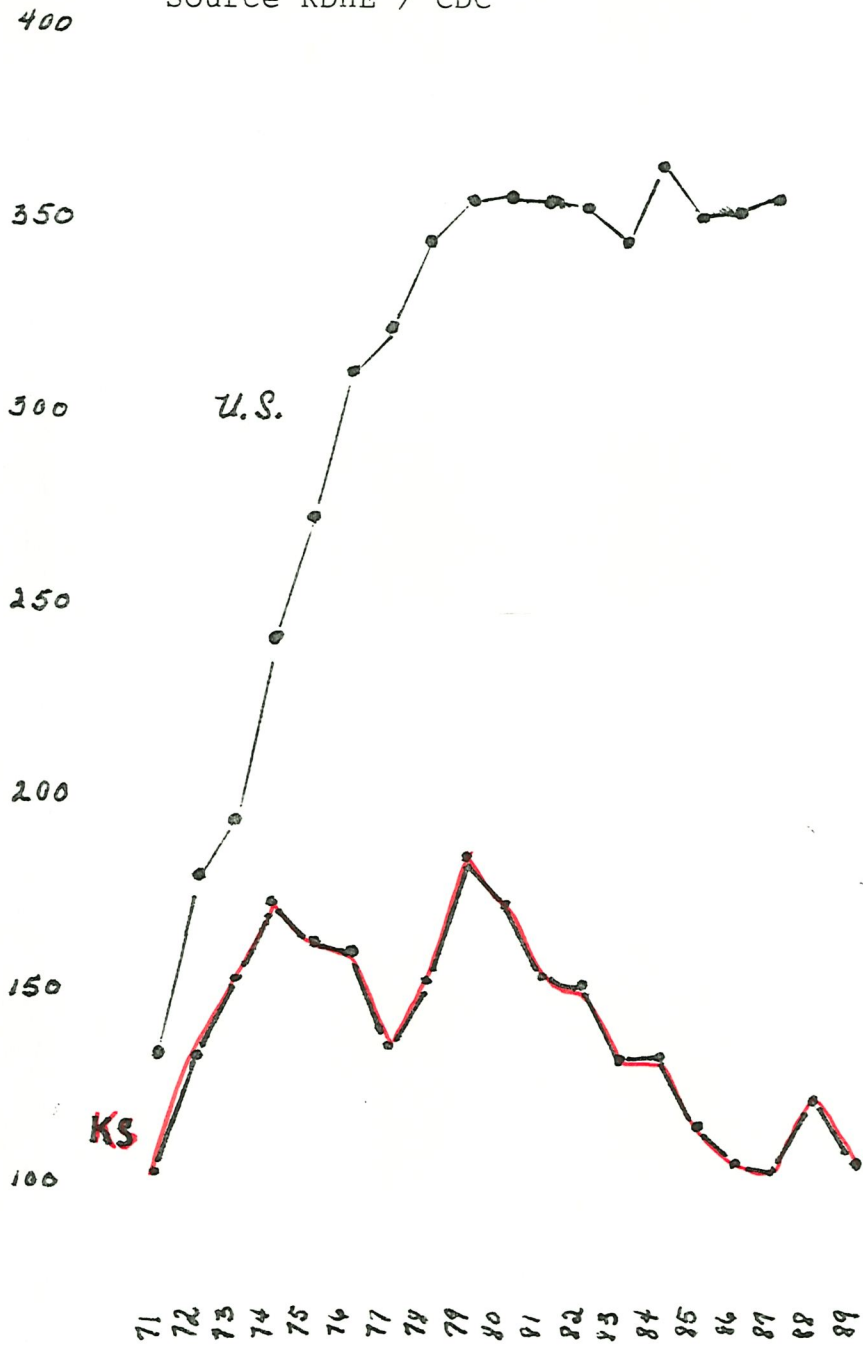


TABLE 18
 REPORTED ABORTIONS AND ABORTION RATIOS*
 KANSAS AND THE U.S. 1971-1989

Year	Total	Out of State Residents	Kansas		Not Stated	U.S.	
			Residents	Ratio		Number	Ratio
1971.....	9,472	5,763	3,709	103.0	-	485,816	136.6
1972.....	12,248	7,736	4,512	136.0	-	586,760	180.1
1973.....	12,612	7,695	4,917	153.8	-	615,831	196.3
1974.....	10,171	4,503	5,657	172.9	11	763,476	241.6
1975.....	9,160	3,565	5,581	165.6	14	854,853	271.9
1976.....	9,154	3,455	5,686	161.2	13	988,267	312.0
1977.....	7,965	2,918	5,045	137.0	2	1,079,430	324.5
1978.....	9,740	3,957	5,722	156.4	61	1,157,776	347.3
1979.....	12,335	5,042	7,281	187.1	12	1,251,921	358.3
1980.....	11,791	4,750	7,038	173.0	3	1,297,606	359.2
1981.....	10,448	4,150	6,291	152.7	7	1,300,760	358.4
1982.....	9,976	3,823	6,153	151.0	-	1,303,980	354.3
1983.....	8,547	3,218	5,329	132.0	-	1,268,987	348.7
1984.....	8,008	2,689	5,319	133.1	-	1,333,521	364.1
1985.....	7,092	2,447	4,645	117.8	-	1,328,570	353.8
1986.....	6,561	2,316	4,245	108.4	-	1,328,112	354.2
1987.....	6,409	2,357	4,052	105.4	-	1,353,671	356.1
1988.....	7,930	3,161	4,769	123.2	-	n.a.	n.a.
1989.....	7,419	3,270	4,149	107.4	-	n.a.	n.a.

*Ratio per 1,000 live births
 Source for U.S. data: Centers for Disease Control
 Morbidity and Mortality Weekly Report, June, 1990
 Residence data

Source Ks Dept Health & Environment

TABLE 7
 BIRTH AND FERTILITY RATES
 KANSAS AND THE UNITED STATES, 1949-1989

Year	Birth Rates*		Fertility Rates**	
	Kansas	U.S.	Kansas	U.S.
1949	22.9	24.5	105.9	107.1
1950	23.1	24.1	108.2	106.2
1951	24.4	24.9	116.3	111.4
1952	25.2	25.1	122.0	113.8
1953	26.4	25.1	129.7	115.0
1954	26.8	25.3	133.8	117.9
1955	25.8	25.0	130.9	118.3
1956	25.5	25.2	131.5	121.0
1957	25.5	25.3	133.1	122.7
1958	24.6	24.5	126.1	120.0
1959	24.8	24.2	128.7	118.8
1960	23.8	23.7	124.8	118.0
1961	23.3	23.3	123.2	117.1
1962	22.5	22.4	118.5	112.0
1963	21.2	21.7	111.4	108.3
1964	19.9	21.1	104.0	104.7
1965	17.8	19.4	93.3	96.3
1966	16.3	18.4	84.9	90.8
1967	15.6	17.8	80.8	87.2
1968	15.7	17.6	80.8	85.2
1969	16.3	17.9	82.9	86.1
1970	17.0	18.4	84.5	87.9
1971	16.0	17.2	78.9	81.6
1972	14.6	15.6	70.7	73.1
1973	14.1	14.8	66.8	68.8
1974	14.4	14.8	67.4	67.8
1975	14.8	14.6	68.4	66.0
1976	15.3	14.6	69.8	65.0
1977	15.9	15.1	71.5	66.8
1978	15.6	15.0	69.8	65.5
1979	16.5	15.6	73.9	67.2
1980	17.2	15.9	76.8	68.4
1981	17.3	15.8	76.6	67.4
1982	16.9	15.9	74.9	67.3
1983	16.6	15.5	73.4	65.8
1984	16.4	15.5	72.0	65.4
1985	16.1	15.8	70.8	66.2
1986	15.9	15.6	69.7	65.4
1987	15.5	15.7	68.0	65.7
1988	15.5	15.9	68.2	67.2
1989	15.4	16.2***	68.0	68.8***

*Rate per 1,000 population
 **Rate per 1,000 female 15-44 population
 ***Provisional
 Residence data

Source Ks Dept Health & Environment

4-16

KANSAS, 1991

	JANUARY	JANUARY		JANUARY	JANUARY		JANUARY	JANUARY
TOTAL ABORTIONS...	597	597				NUMBER OF OTHER TERMINATIONS		
RESIDENCE						NONE.....	518	518
IN STATE.....	299	299				ONE.....	66	66
OUT OF STATE....	298	298				TWO.....	10	10
UNKNOWN.....	-	-				THREE.....	-	1
AGE GROUP OF PATIENT						FOUR.....	-	-
UNDER 11.....	-	-				FIVE OR MORE.....	1	-
11 YEARS.....	-	-				UNKNOWN-NS.....	2	2
12 YEARS.....	-	-				PREVIOUS INDUCED ABORTIONS		
13 YEARS.....	1	1				NONE.....	387	387
14 YEARS.....	2	2	METHOD OF ABORTION			ONE.....	146	146
15 YEARS.....	11	11	SUCTION CURETTAGE...	513	513	TWO.....	45	45
16 YEARS.....	26	26	SHARP CURETTAGE.....	-	-	THREE OR MORE.....	17	17
17 YEARS.....	25	25	INTRA-UTERINE			UNKNOWN-NS.....	2	2
18 YEARS.....	43	43	SALINE			NUMBER OF LIVING CHILDREN		
19 YEARS.....	57	57	INSTILLATION.....	84	84	NONE.....	306	306
20-24 YEARS....	188	188	INTRA-UTERINE			ONE.....	146	146
25-29 YEARS....	132	132	PROSTA-GLANDIN			TWO.....	102	102
30-34 YEARS....	67	67	INSTILLATION.....	-	-	THREE.....	28	28
35-39 YEARS....	30	30	HYSTEROTOMY.....	-	-	FOUR.....	11	11
40-44 YEARS....	14	14	HYSTERECTOMY.....	-	-	FIVE OR MORE.....	4	4
45 AND OVER....	1	1	OTHER.....	-	-	UNKNOWN-NS.....	-	-
UNKNOWN-NS....	-	-	UNKNOWN OR NS.....	-	-	NUMBER OF PREVIOUS PREGNANCIES		
RACE OF PATIENT						NONE.....	215	215
WHITE.....	482	482				ONE.....	129	129
BLACK.....	91	91				TWO.....	113	113
OTHER.....	23	23				THREE.....	73	73
UNKNOWN-NS....	1	1				FOUR.....	38	38
MARITAL STATUS OF PATIENT						FIVE.....	16	16
YES.....	111	111				SIX.....	11	11
NO.....	486	486				SEVEN OR MORE.....	2	2
UNKNOWN-NS....	-	-				UNKNOWN-NS.....	-	-

KANSAS, 1991

51-4

WEEKS GESTATION	JANUARY		JANUARY		JANUARY	
	JANUARY	JANUARY	JANUARY	JANUARY	JANUARY	JANUARY
			CHILDREN BORN ALIVE NOW DEAD			
LESS THAN 8 WKS.	112	112	NONE.....	590	590	
8 WEEKS.....	123	123	ONE.....	5	5	
9 WEEKS.....	91	91	TWO.....	-	-	
10 WEEKS.....	58	58	THREE.....	-	-	
11 WEEKS.....	35	35	FOUR.....	-	-	
12 WEEKS.....	45	45	FIVE OR MORE.....	-	-	
13 WEEKS.....	29	29	UNKNOWN-NS.....	2	2	
14 WEEKS.....	16	16				
15 WEEKS.....	7	7				
16 WEEKS.....	10	10				
17 WEEKS.....	10	10				
18 WEEKS.....	20	20				
19 WEEKS.....	2	2				
20 WEEKS.....	9	9				
21 WEEKS.....	10	10				
22 WEEKS.....	5	5				
23 WEEKS.....	6	6				
24 WEEKS.....	9	9				
25 AND OVER.....	-	-				
UNKNOWN-NS.....	-	-				

NUMBER OF HOSPITALS PERFORMING
 ONE OR MORE ABORTIONS..... 2

KANSAS CITY YELLOW PAGES CLASSIFIED TELEPHONE DIRECTORY

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Abdominal Supports

Wood Orthopedic Center
103 E 63358-7666
Sche P W Mfg Co 1009 McGee ...842-4749
Orthopedic Service Centers Inc
501 Johnson Dr362-3232

Abortion Alternatives

For businesses that provide counseling and/or information on abortion alternatives and do not provide information and/or counseling on the attainment of abortion services or provide abortion services themselves.

ADoption-WOMEN EXPLOITED BY

Call Us First We've Been There
Free Alternative Pregnancy
Testing
Free Abortion Information/
Counseling
Complete Alternative Referral
Services
No Age Limit
Post-Abortion Counseling
By Appointment Call WEBA
"The Voice of Experience"

363-9322

FREE PREGNANCY
TEST
ABORTION
INFORMATION
CONFIDENTIAL

Advice & Aid Pregnancy Center

CALL for DAY or EVENING Appts
Overland Park Blue Springs
6540 W 95 916 S 7 Hwy
381-4114 228-2523

ADAM'S CENTER THE

Free Professional Counseling
Birthparent Focused Adoptions
Non-denominational & State Licensed
9200 Ward Pkwy.....444-4545

ADVICE & AID PREGNANCY CENTER

Overland Park
Free Pregnancy Tests
6540 W 95.....381-4114
★FOR MORE INFORMATION
See Advertisement This Page

BIRTHRIGHT

Providing All Needed
Services & Referral For
Women With Unwanted Or
Problem Pregnancies
Free Confidential Pregnancy
Tests. Call...We Have Hope
For Your Future.
6309 Walnut.....444-7090
2022 Clay.....472-7718

CATHOLIC CHARITIES DIOCESE OF KANSAS CITY-ST JOSEPH INC

Administrative Offices
1112 Broadway.....221-4377

CATHOLIC SOCIAL SERVICE

Pregnancy Counseling & Adoption
Services
229 S 8.....621-5058

CHRISTIAN FAMILY SERVICES OF THE MIDWEST INC

See Advertisement Under Adoption
Services
10901 Granada Ln491-6751
Feminists For Life Of America
811 E 47.....561-1365
Gentle Shepherd Child Placement Services
304 S Clairborne Rd Olathe764-3811
H E A R T Ministry262-0222
Johnson County Pregnancy Center
102 S Cherry829-2272

LIGHTHOUSE HOME FOR UNWED MOTHERS

ABORTION IS NOT
THE ONLY SOLUTION.
FREE MEDICAL, EDUCATIONAL, AND
VOCATIONAL SERVICES PROVIDED
RESIDENTIAL CARE IN A
BEAUTIFUL SETTING
1409 E Meyer Blvd.....361-2233

MISSOURI CITIZENS FOR LIFE WESTERN REGION

Pro-Life Information-Education-
Resources
5323 Troost444-4211
Right To Life-Eastern Kansas
PO Box 1324 Shawnee Mission
Ks299-9047

Saving gas and money
is important today.
That's why more and more
people are consulting *The One and Only*
Southwestern Bell Yellow Pages when they
are ready to make a purchase.
They call ahead before they
start out in their cars.

Abortion Services

For businesses that provide abortion
services and/or information and/or
counseling on the attainment of
abortion services.

ABORTION ASSISTANCE OF K C

ABORTION COUNSELING
BIRTH CONTROL INFORMATION
PREGNANCY TESTING
GYNECOLOGY - SONOGRAPHY -
OUT PATIENT SURGERY
TELEPHONE ANSWERED 24 HOURS
CALL FOR APPOINTMENT
614 W 39.....753-0711

CLINTON DALE L

Contraceptive And Abortion Services
15 E 7 Lawrence913 841-5716
COMPREHENSIVE HEALTH FOR WOMEN
4401 W 109.....345-1400
★FOR MORE INFORMATION
See Advertisement This Page

Look through
these pages
to find who

makes it, sells it, fixes it.
You can shop at home,
easily and comfortably, by
thumbing through *The One
and Only* Southwestern
Bell Yellow Pages.

RODES HERBERT C MD PA

The care and comfort of a personal
physician in the setting of a private office.
● Complete OB/GYN services
● Walk-in pregnancy testing
● Birth control counseling and services
● Private office abortion services
● Board certified physician

4840 College Blvd.....491-6878

PLANNED PARENTHOOD OF GREATER KANSAS CITY

personal, professional
and private
reproductive health care
● abortion information/services
● pregnancy testing
● complete family planning/GYN care
● counseling/referral



PLANNED PARENTHOOD OF GREATER KANSAS CITY

Midtown 1001 E 47756-2277

WOMEN'S HEALTH CARE SERVICES PA ABORTION SERVICES THROUGH ALL LEGAL STAGES

5107 E Kellogg Wichita
Toll Free Dial "1" & Then.....800 882-0488

Keeping up with the Joneses? Why not?
Whether your competitor's name is Jones
or Smith or whatever - don't let him have
the unnecessary advantage of a larger ad
in *The One and Only* Southwestern Bell
Yellow Pages. Compete with him on
the street *and* in the Book...take out a
larger ad and tell more about you!

*If you need abortion or birth
control services, we can help.*

● Confidential pregnancy testing ● Safe, affordable abortion
services ● Birth control ● Tubal ligation ● Gyn exams

● Testing & treatment for
sexually transmitted diseases

● No age requirement

● Insurance accepted

● Providing quality health care
to women since 1974.

Comprehensive
Health for Women

4401 West 109th (I-435 & Røx)
Overland Park, Kansas

(913) 345-1400

For information and appointments

2 ABORTION—ACCOUNTANTS

Abortion Services

For businesses that provide abortion services and/or information and/or counseling on the attainment of abortion services.

ABORTION AID 3013 E Central.....688-0107

Don't fuel around. When you want to make every drop of gas count, you'll get more mileage by shopping *The One and Only* Southwestern Bell Yellow Pages. Why waste gas and time driving around town when you can know before you go. The Yellow Pages is your resource.

ABORTION AID-WICHITA FAMILY PLANNING

ABORTION SERVICES
FREE PREGNANCY TESTS
CONFIDENTIAL COUNSELING
PROMPT APPOINTMENTS
"WOMEN HELPING WOMEN"



WICHITA FAMILY PLANNING INC
3013 E Central688-0107

COMPREHENSIVE HEALTH ASSOCIATES

Abortion Services & Referrals
4401 W 109
Overland Park913 345-1400

Business people: Have you thought about your ad in *The One and Only* Southwestern Bell Yellow Pages recently? Do you take bid work? Be sure and say so in your Yellow Pages ad.

FAMILY LIFE SERVICES

Considering Abortion?
YOU HAVE THE FREEDOM OF CHOICE
Confidential Information & Counseling 24 Hours
FREE PREGNANCY TESTING

2645 W Douglas.....945-9400

Wichita Women's Center Inc
700 N Market265-4349

WOMEN'S HEALTH CARE SERVICES PA
5107 E Kellogg.....684-5108

*FOR MORE INFORMATION
See Advertisement This Page

Ask a Friend...

"I would like to express my thanks to the entire staff at WHC for their caring attitudes. Special thanks to my physician"

Women's Health
Care Services P.A.

Personalized Physician Care
Abortions Through All Legal Stages
Free Pregnancy Tests
Modern Medical Facilities

5107 E. Kellogg (316) 684-5108
Wichita, Kansas



ProChoice Action League ★ P.O. Box 3622, Wichita, KS 67201 ★ 316-681-2121

Dedicated★Determined★Decisive

TO: Members of the Senate Federal and State Affairs Committee

FROM: Jenifer Brandeberry, Pro Choice Action League

REGARDING: S.B. 410

Pro Choice Action League opposes S.B. 410.

Please ask yourselves the question: Who wants this bill? The people who want this bill are the same people who are consistently opposed to keeping abortion safe and legal in the state of Kansas. I do not profess to know their motives when asking for this bill. I do fear the potential outcome.

In Hays, Kansas a few years back, there was a beloved family physician with a very large family practice. This physician did an abortion for a woman whose family had been a part of his practice for several generations. Anti-choice people found out about this abortion. They harassed this man unmercifully -- at his home and at his office. They made calls to his home all hours of the day and night. They picketed; they harassed his wife and taunted his children that their father was a murderer. This physician dropped dead of a heart attack leaving a wife and five children. Did the harassment from the anti-choice groups have anything to do with his heart attack? I do not know. I do know that his wife believes it did and I know that many people in Hays believe it did. This bill mandates that doctors put themselves in that kind of jeopardy.

There are still a handful of courageous doctors in rural locations in Kansas who do an occasional abortion in their offices for their patients -- mostly poor women who cannot travel, be away from their families, or spend the money for a trip to Wichita or Kansas City. These courageous physicians should not be put at risk for no reason.

There is no reason for this legislation. Hospitals and clinics currently report on a voluntary basis.

I urge you to defeat this unnecessary and potentially damaging piece of legislation. Thank you.

Senate F&SA
4-2-91
Att. 5



MAJORITY
for CHOICE

TESTIMONY ON SB 410 SUBMITTED TO THE SENATE
FEDERAL AND STATE AFFAIRS COMMITTEE
APRIL 2 1991

THE KANSAS CHOICE ALLIANCE
BETH POWERS, SPOKESPERSON

AAUW

ACLU OF KANSAS AND
WESTERN MISSOURI

B'NAI B'RITH WOMEN

CHOICE COALITION OF
GREATER KC

COMPREHENSIVE HEALTH
FOR WOMEN

JEWISH COMMUNITY
RELATIONS BUREAU

NCJW, GREATER KC
SECTION

NOW
(KANSAS)

NOW
(KC URBAN)

NOW
(SE KANSAS)

NOW
(WICHITA)

NOW
(CAPITOL CITY)

PLANNED PARENTHOOD
OF GREATER KC

PLANNED PARENTHOOD
OF KANSAS

PROCHOICE ACTION LEAGUE

RCAR OF KANSAS

WICHITA FAMILY PLANNING

WICHITA WOMENS CENTER

WOMENS HEALTH
CARE CENTER

YWCA OF TOPEKA

YWCA OF WICHITA

The Kansas Choice Alliance views SB 410 as a senseless waste of the time and efforts of state government. The Alliance counts the 4 abortion clinics in Kansas among its members. All of these clinics already voluntarily report their statistics. What this bill would do is provide the names of the rare individual doctors in Kansas who perform abortions, and open these doctor's lives and practices to harassment by the anti-choice movement. The Legislature could better spend its time trying to reduce the number of abortions in Kansas by passing bills like SB 170 and HB 2531 and increasing family planning funding.

Senate F&SA
4-2-91
Att. 6

STINSON, MAG & FIZZELL
(GILMORE & BELL)

ONE MAIN PLACE

SUITE 800

WICHITA, KANSAS 67202-1398

(316) 267-2091

ONE KANSAS CITY PLACE, 40TH FLOOR
1200 MAIN STREET
KANSAS CITY, MISSOURI 64105
(816) 221-1000

THE MAST BUILDING
7500 WEST 110TH STREET
OVERLAND PARK, KANSAS 66210-2329
(913) 451-8600

1100 LASALLE BUILDING
509 OLIVE STREET
ST. LOUIS, MISSOURI 63101-2332
(314) 436-1000

920 MAIN STREET
P. O. Box 419251
KANSAS CITY, MISSOURI 64141-6251
(816) 842-8600

April 2, 1991

Senator Eric Yost
State Capitol
Topeka, Kansas

Re: Proposed Amendment to K.S.A. 12-5222

Dear Senator Yost:

The above captioned firm serves as Bond Counsel to Sedgwick County, Kansas (the "County"). It is our understanding that the County has requested that legislation be introduced to amend a portion of the Kansas Local Residential Housing Finance Law [K.S.A. 12-5219 et seq.] (the "Act"). The Act authorizes cities and counties in the State to issue revenue bonds to finance housing programs which make mortgage loans available for persons and families of low and moderate income within the State. In furtherance of the purposes of the Act, the County and other similar situated cities and counties of the State have previously issued several series of revenue bonds to implement housing programs. K.S.A. 12-5222(i) also authorizes cities and counties to issue bonds for the purpose of refunding bonds theretofore issued. The County has heretofore utilized this technique to refund previously issued revenue bonds to provide additional funds for the housing program. The financial opportunity has now arisen for the County to again refund such revenue bonds to provide further funds for mortgage loans. In order for our firm to approve this second refunding, which we understand will make available approximately \$14,800,000 of additional funds available for the County's housing program, we have advised the County that a technical amendment to K.S.A. 12-5222(i) would be required. The amendment proposed by the County would clarify the County's legal authority to refund "one or more times" previously issued housing revenue bonds.

Should you have any questions, please feel free to contact the undersigned.

Very truly yours,

STINSON, MAG & FIZZELL

Joe L. Norton

Senate F&SA
4-2-91
Att. 7

JLN:rrb

cc William P. Buchanan, County Manager