

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Carlos Mayans at 1:30 p.m. on January 17, 1996 in Room 423-S of the State Capitol.

All members were present except: Representative Goodwin  
Representative Merritt

Committee staff present:

Norman Furse, Revision of Statutes  
Bill Wolff, Legislative Research Department  
Francie Marshall, Committee Secretary

Conferees appearing before the committee:

Janet Stubbs, Kansas Respiratory Care Society  
Representative Kay O'Connor  
Jeanne L. Gawdun, Kansans For Life  
Nancyjo Mann, Knowing Heart Ministries  
Peggy Jarman, Pro Choice Action League

Others attending: See Guest List, Attachment 1.

Chairperson Mayans opened the meeting by introducing Janet Stubbs, Kansas Respiratory Care Society. She introduced a bill to license Respiratory Care Practitioners in Kansas, (see Attachment 2.) After a brief explanation and discussion, on motion of Representative Yoh, seconded by Representative Landwehr, the committee approved the introduction of the bill by a voice vote.

Chairperson Mayans opened the hearing on **HB 2172**.

**HB 2172 - Administration of anesthetic to fetus in abortion**

Before hearing testimony from the conferees, Chairperson Mayans said all the speakers would present their testimony with a question and answer period following.

Representative Kay O'Connor, sponsor of the bill, presented her testimony (see Attachment 3).

Jeanne L. Gawdun, Kansans for Life, expressed her appreciation for the opportunity to present her testimony, (see Attachment 4). She represents the state's largest pro life organization and is in support of **HB 2172**.

Robin Johnson presented a written testimony from David Payne (see Attachment 5).

Representative O'Connor, sponsor of **HB 2172**, indicated after visiting with Representative Geringer, a former hospital administrator, said two hundred dollars may be added to the cost of abortions, but that is a rough estimate.

Peggy Jarman, representing Pro Choice Action League, spoke in opposition to **HB 2172** (see Attachment 6) explained her organization is a state wide organization that addresses reproductive freedom issues and access to abortion services.

Ms. Jarman, Pro Choice Action League, said many controversial issues are addressed by the legislature, i.e., economic, development, agriculture, public health, crime, taxes, etc., but feels the abortion issue is a private, personal decision and should be recognized as such by the Legislature.

Representative Mayans stated that even if people do not agree with the issues, we have the right under the First Amendment to give people the opportunity to dialogue on the issues. Representative Landwehr added that we live in a free country and issues of concern by citizens should be brought before the legislature. Ms.

Jarman agreed.

The hearing on **HB 2172** was closed.

**HB 2174 - Prohibiting saline abortions**

Representative O'Connor, testified in support of **HB 2174**, stating both of these bills are very important in dealing with humane treatment of unborn babies (see Attachment 7). Representative O'Connor distributed an article regarding a saline abortion performed by Dr. Tiller confirming saline abortions are being performed in Kansas.

Jeanne L. Gawdun, representing Kansans for Life, urged passage of **HB 2174**, (see Attachment 8) stating humane treatment should be given to unborn children since there are approved methods of euthanasia for animals.

Nancyjo Mann, Knowing Heart Ministries, presented her personal testimony of her own saline abortion, (see Attachment 9). Ms. Mann urged passage of **HB 2174** and expressed appreciation for the opportunity to testify before the committee. She is in support of women's right to know.

Peggy Jarman, representing Pro Choice Action League, spoke in opposition to **HB 2174**, and submitted the same testimony for both bills (see Attachment 10). Ms. Jarman has found two mistakes in newspaper articles concerning the saline abortion performed by Dr. Tiller. Questions regarding the number of saline abortions performed in Kansas were addressed. Ms. Jarman said saline abortions, an antiquated technique has been replaced by better technology. Issues on anesthetizing the fetus were also discussed. When asked a direct question about the antiquity of abortion procedures, Ms. Jarman said that the legislature needs to be very careful about dictating medical procedures since they are non medical people. Ms. Jarman said she would not support **HB 2174**.

The hearing on **HB 2174** was closed.

Chairperson Mayans expressed his appreciation to the conferees and visitors and extended an open invitation to meet with the members of the Pro Choice and Pro Life community outside of the capitol to further discuss the issues.

Representative Mayans advised there was information distributed to members regarding questions about income eligibility requirements for Food Stamps, AFDC, etc. from the meeting with SRS on January 10, 1996 (see Attachment 11).

The meeting was adjourned at 3:00 p.m.

The next meeting is scheduled for January 18, 1996.

# House Health & Human Services COMMITTEE GUEST LIST

DATE January 17, 1996

NAME	REPRESENTING
Tim McDavid	Ks Education Watch
Harlowe Jean Stearns	League of Women Voters
Peggy Jarman	Pro Choice Action League
TERRY HOWEN	KBA
Nancy Naranjo	citizen & taxpayer
Kathleen Marshall	Concerned Women of America
Carol Yost	Concerned Women for America
Sandi Boehr	Concerned Women of America
Glenda Ryan	" " "
Tina Barker	Crossroads of Leadership - JC, KS
Christy Lemak	" " "
Doug Smith	KS Society of Anesthesiologists
Karen Jamison	Crossroads of Leadership, JC, KS
Douglas Johnston	Planned Parenthood
LORNE PHILLIPS	K.A.H.R.
Alvina Malcolm	Concerned Women of America
Jill Crumacker	GOVERNOR'S OFFICE
Jeanne Walker	Concerned Women of America

H. & H.S. Comm.  
1-17-96  
attm. #1

# House Health & Human Services COMMITTEE GUEST LIST

DATE January 17, 1996

NAME	REPRESENTING
Marica Neff	Ks. N.O.W.
Barb Lishor	self
Jeanne Z Gaudin	Kansans for Life
Pat Adam	Kansans for Life
Nancyjo Mann	Self
Rich Gittman	Health Midwest
Garnie Ann Brown	K H A
L. Panchard	CP
Hal Hoffman & Sher	Concerned Women for America
Judy Smith	Concerned Women for America
Dawn Nayward	Concerned Women for America
Karen Todd	Concerned Women for America
Marianne O'Connell	Concerned Women for America
Barbara Jones	Concerned Women for Amer.
Wendy M. Taylor	ACLU
Beth Stark	Concerned Women for America
Golyn Johnson	Kansans For Life, Inc.
Lois Gladkey	Concerned Women for America + Lighthouse Inc., Kc mo.
Jayne Elliott	Crossroads of Leadership

Shad Brouillette

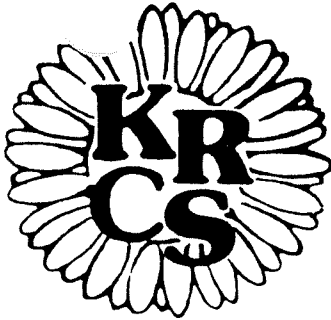
Geary County  
Flint Hills Regional Leadership Program

Melissa Wangermann

Hka, Dept of Work

Marsha Strickman

Cwd of Ks.



# Kansas Respiratory Care Society

An Affiliate of the American Association for Respiratory Care

Executive Offices  
4300 Drury Lane  
Topeka, Kansas 66604-2419  
(913) 272-1971

Cheryl Debrot, BS, RRT  
President  
Topeka

Karen S. Schell, BSRT, RRT, RPFT  
President Elect  
Emporia

R. Russell Babb, BA, RRT  
Vice-President  
Sallina

Suzanne Bollig, RRT, RPSGT  
Secretary  
Hays

Joenne Hartley, RRT  
Treasurer  
Shawnee Mission

Harry Stockwell, BHS, RRT  
Delegate  
Augusta

Gina Marshall, BS, RRT  
Past President  
Eureka

HOUSE COMMITTEE  
on  
HEALTH AND HUMAN SERVICES

January 17, 1996

CHAIRMAN MAYANS AND MEMBERS OF THE COMMITTEE:

My name is Janet Stubbs and I am appearing before you today to request introduction of legislation to license Respiratory Care Practitioners in Kansas. Attached is a copy of the language proposed by our membership.

We feel this action is consistent with the direction given by the interim study committee to groups which appeared before that committee last summer.

Mr. Chairman, we do not view this as a "turf" issue but rather as protection for the citizens of Kansas in this ever changing climate in the health care field. We would hope to have the opportunity to present this issue to this Committee during this Session of the Legislature.

Thank you for your consideration.

H. 4+5. Comm.  
1-17-96  
atm # 2

## DRAFT OF AMENDMENT OF KSA 65-5501 et seq

## Article 55. --- RESPIRATORY CARE

65-5501. Citation of act. K.S.A. 65-5501 to 65-5517, inclusive, shall be known and may be cited as the *respiratory care practice act*.

(History: etc., as original statute)

65-5502. Definitions. As used in K.S.A. 65-5501 to 65-5517, inclusive:

- (a) "Board" means the state board of healing arts.
- (b) "*Respiratory care*" is a health care profession whose practitioners practice with the prescription of a physician, and under a qualified Medical Director, in the therapy, management, rehabilitation, diagnostic, evaluation and care of patients with deficiencies and abnormalities which affect the pulmonary system and associated aspects of cardiopulmonary and other system functions. *The duties which may be performed in any clinic, hospital, skilled nursing facility, outpatient setting and private dwelling include, but are not limited to all of the following:*
  - (1) Direct and indirect respiratory care services that are safe, aseptic, preventative and restorative to the patient.
  - (2) Direct and indirect respiratory care services, including but not limited to, the administration of pharmacological and diagnostic and therapeutic agents related to respiratory care procedures necessary to implement a treatment, disease prevention, pulmonary rehabilitative or diagnostic regimen prescribed by a physician.
  - (3) The diagnostic and therapeutic use of any of the following, in accordance with the prescription of a physician: Administration of medical gases, exclusive of general anesthesia; aerosols; humidification; environmental control systems, transcription and implementation of written or verbal orders of a physician pertaining to the practice of respiratory care; the implementation of respiratory care protocols as defined by the health care institution, changes in treatment pursuant to the written or verbal orders of a physician; or the initiation of emergency procedures under the regulations of the Board or as otherwise permitted in this Act. The administration of pharmacological agents related to respiratory care procedures or affecting the cardiopulmonary system; mechanical or physiological ventilatory/circulatory support; bronchopulmonary hygiene; cardiopulmonary resuscitation; maintenance of the natural airways; insertion of indwelling arterial and/or venous catheters and maintenance of artificial airways without cutting tissues; diagnostic and testing techniques required for implementation of respiratory care protocols; collection of specimens of blood; collection of specimens from the respiratory tract; analysis of blood gases, respiratory secretions, and electrolytes; and collection and analysis of electrophysiological data.
- (c) "*Respiratory care practitioner*" means a person who is licensed to practice respiratory care as defined in this act.
- (d) "Person" means any individual, partnership, unincorporated organization or corporation.
- (e) "Physician" means a person who is licensed by the board to practice medicine and surgery.
- (f) "*Qualified Medical Director*" means the medical director of any inpatient or outpatient respiratory care service, department or home care agency. The medical director shall be a physician who has special interest and knowledge in the diagnosis and treatment of respiratory problems. The medical director should be qualified by special training and/or experience in the management of acute and chronic respiratory disorders. This physician shall be responsible

*for the quality, safety and appropriateness of the respiratory services provided, and require that respiratory care be ordered by a physician who has medical responsibility for the patient. The medical director shall be readily accessible to the respiratory care practitioners and shall assure their competency.*

(History: etc., as original statute)

65-5503. Administration of act by state board of healing arts. The board, in the manner hereinafter provided, shall administer the provisions of this act.

(History: etc., as original statute)

65-5504. Respiratory care council established; appointment of members; compensation.

(a) There is established a *respiratory care* council to advise the board in carrying out the provisions of this act. The council shall consist of *seven* members, all citizens and residents of the state of Kansas appointed as follows: One member shall be the physician appointed by the state board of healing arts; one member shall be the president of the state board of healing arts or a person designated by the president; *two members shall be from the public sector who are not engaged, directly or indirectly in the provision of health services and shall be appointed by the Governor for a term of two (2) years.* Three members shall be *respiratory care practitioners* also appointed by the governor. The governor, insofar as possible, shall appoint persons from different geographical areas and persons who represent various types of *respiratory care practice.* If a vacancy occurs on the council, the appointing authority of the position which has become vacant shall appoint a person of like qualifications to fill the vacant position for the unexpired term, if any. The *Kansas Respiratory Care Society* shall recommend the names of *respiratory care practitioners* to the governor in a number equal to at least twice the positions or vacancies to be filled, and the governor may appoint members to fill the positions or the positions or vacancies from the submitted list. Members of the council appointed by the governor on or after the effective date of this act shall be appointed for terms of three years and until their successors are appointed. The member appointed by the state board of healing arts shall serve at the pleasure of the state board of healing arts. A member designated by the president of the state board of healing arts shall serve at the pleasure of the president.

(b) Members of the council attending meetings of the council, or attending a subcommittee meeting thereof authorized by the council, shall be paid amounts provided in subsection (e) of K.S.A. 75-3223 and amendments thereto from the healing arts fee fund.

(History: etc., as original statute)

65-5505. Duties of board. The board shall pass upon the qualifications of all applicants for examination and *licensing*, provide for and/or conduct all examinations, determine the applicants who successfully pass the examination, duly *license* such applicants, and adopt rules and regulations as may be necessary to administer the provisions of this act. The board shall keep a record of all proceedings under this act and a roster of all individuals *licensed* under this act. Only an individual may be *licensed* under this act.

(History: etc., as original statute)

65-5506. Application for licensure; requirements.

- (a) An applicant applying for licensure as a *respiratory care practitioner* shall file a written application on forms provided by the board, showing to the satisfaction of the board that the applicant meets the following requirements:
- (1) **Education:** *The applicant shall present evidence satisfactory to the board of having successfully completed an educational program in respiratory care approved by the board.*
  - (2) **Examination:** The applicant shall pass an examination as provided for in K.S.A. 65-5507 and amendments thereto.
  - (3) **Fees:** The applicant shall pay to the board all applicable fees established under K.S.A. 65-5509 and amendments thereto.
- (b) The board shall adopt rules and regulations establishing the criteria which an educational program in *respiratory care* shall satisfy in order to be recognized by the board under paragraph (1) of subsection (a). The board may send a questionnaire developed by the board to any school or other entity conducting an educational program in *respiratory care* for which the board does not have sufficient information to determine whether the program should be recognized by the board and whether the program meets the rules and regulations adopted under this section. The questionnaire providing the

## 65-5506 Cont.

necessary information shall be completed and returned to the board in order for the program to be considered for recognition. The board may contract with investigative agencies, commissions or consultants to assist the board in obtaining information about an educational program in *respiratory care*. In entering such contracts the authority to recognize an educational program in *respiratory care* shall remain solely with the board.

(History: etc., as original statute)

65-5507. Examinations.

- (a) Each applicant for licensure under this act shall be examined by written examination required by the board to test the applicant's knowledge of the basic clinical sciences relating to *respiratory care*, and *respiratory care* theory and practice, including the applicant's professional skills and judgement in the utilization of *respiratory care* techniques and methods, and such other subjects as the board may deem useful to determine the applicant's fitness to practice.
- (b) Applicants for licensure shall be examined at a time and place and under such supervision as the board may determine. Examinations shall be given at least twice each year at such places as the board may determine, and the board shall give or cause to be given reasonable public notice of such examinations at least 60 days prior to their administration.
- (c) Applicants may obtain their examination scores.

(History: etc., as original statute)

65-5508. Waiver of examination and other requirements; when waived; special permits; temporary licensure.

- (a) The board may waive examination, education and experience requirements and grant licensure to any person who applies for licensure on or before (insert



date) who pays the application fee, and has passed a licensure examination administered or approved by the board.

- (b) The board may waive the examination, education, or experience requirements and grant licensure to any applicant who presents proof of current licensure or registration as a *respiratory care practitioner* in another state, the District of Columbia, or territory of the United States, which requires standards for licensure or registration determined by the board to be equivalent to the requirements for licensure under this act.
- (c) At the time of making an application under this section, the applicant shall pay to the board the application fee as required under K.S.A. 65-5509 and amendments thereto.
- (d) The board may issue a special permit to a student enrolled in an approved school of *respiratory care* who applies for such special permit on a form provided by the board and who pays to the board the special permit fees as required under K.S.A. 65-5509 and amendments thereto. The special permit shall expire on the date that the student graduates from an approved school of *respiratory care* or otherwise ceases to be enrolled in an approved school of *respiratory care*.
- (e) The board may issue a temporary license to an applicant for licensure as a *respiratory care practitioner* who applies for temporary licensure on a form provided by the board, who meets the requirements for licensure or who meets all the requirements for licensure except examination and who pays to the board the temporary licensing fee as required under K.S.A. 65-5509 and amendments thereto. Such temporary licensure shall expire one year from the date of issue or on the date that the board approves the application for licensure, whichever comes first. No more than one such temporary license shall be permitted to any one person, without the majority approval of the members of the board.
- (f) Applicants who have not passed a licensure examination administered or approved by the board at the time of the effective date of this act and who were registered under the previous act as a *respiratory therapist*, may be given a temporary license to practice *respiratory care* for a period of eighteen months (18) months from the effective date of this act. Such applicants must pass a licensure examination administered or approved by the board during the eighteen (18) month period in order to be issued a license to practice *respiratory care*.

(History: etc., as original statute)

65-5509. Fees

- (a) The board shall charge and collect in advance fees provided for in this act as fixed by the board by rules and regulations, subject to the following limitations:

Application Fee, not more than.....	\$50
Temporary licensing fee, not more than.....	\$50
Special permit fee, not more than.....	\$50
License renewal fee, not more than.....	\$50
License late renewal fee, not more than.....	\$100
License reinstatement fee, not more than.....	\$50
Certified copy of license, not more than.....	\$25

- (b) The board shall charge and collect in advance fees for any examination administered by the board under the *respiratory care* practice act as fixed by the board by rules and regulations in an amount equal to the cost to the board of the examination. If the examination is not administered by the board, the board may require that fees paid for any examination under the *respiratory care* practice act be paid directly to the examination service by the persons taking the examination.

(History: etc., as original statute)

65-5510. Denial. Revocation or suspension of license or refusal to renew license; unprofessional conduct; procedure; reinstatement.

- (a) The board may deny, refuse to renew, suspend, or revoke a *license* where the *licensee* or applicant for *licensure* has been guilty of unprofessional conduct which has endangered or is likely to endanger the health, welfare, or safety of the public. Unprofessional conduct includes:
- (1) Obtaining a *license* by means of fraud, misrepresentation or concealment of material facts;
  - (2) being guilty of unprofessional conduct as defined by rules and regulations adopted by the board;
  - (3) being convicted of a felony if the acts for which a person was convicted are found by the board to have a direct bearing on whether a person should be entrusted to serve the public in the capacity of a *respiratory care practitioner*;
  - (4) violating any lawful order or rule and regulation of the board; and
  - (5) violating any provision of this act.
- (b) Such denial, refusal to renew, suspension or revocation of a *license* may be ordered by the board after notice and hearing on the matter in accordance with the provisions of the Kansas administrative procedure act. Upon the end of the period of time established by the board for revocation of a *license*, application may be made to the board for reinstatement. The board shall have discretion to accept or reject an application for reinstatement and may hold a hearing to consider such reinstatement. An application for reinstatement shall be accompanied by the *licensing* reinstatement fee established under K.S.A. 65-5509.

(History: etc., as original statute)

65-5511. Foreign trained *respiratory care practitioners*; requirements. Foreign trained *respiratory care practitioners* shall satisfy the examination requirements of K.S.A. 65-5506. The board shall require foreign trained applicants to furnish proof of completion of educational requirements, substantially equal to those contained in K.S.A. 65-5506 prior to taking the examination.

(History: etc., as original statute)

65-5512. Expiration of license; renewal; suspended license; fees.

- (a) *Licenses* issued under this act shall be effective for a period of one year, and shall expire at the end of such a period of time unless renewed in the manner prescribed by the board, upon the payment of the *license* renewal fee

established under K.S.A. 65-5509. The board may establish additional requirements for license renewal which provide evidence of continued competency. The board may provide for the late renewal of a license upon the payment of a late fee established under K.S.A. 65-5509, but no such late renewal of a license may be granted more than five years after its expiration.

- (b) A person whose license is suspended shall not engaged in any conduct or activity in violation of the order or judgement by which the license was suspended. If a license revoked on disciplinary grounds is reinstated, the licensee, as a condition of reinstatement, shall pay the license renewal fee and any late fee that may be applicable.

(History: etc., as original statute)

65-5513. Money received by board; disposition; healing arts fee fund. The board shall remit all moneys received by or for it from fees, charges or penalties to the state treasurer at least monthly. Upon receipt of any such remittance, the state treasurer shall deposit the entire amount thereof in the state treasury. Twenty percent of each such deposit shall be credited to the state general fund and the balance shall be credited the healing arts fee fund. All expenditures from such fund shall be made in accordance with appropriation acts upon warrants of the director of accounts and reports issued pursuant to vouchers approved by the president of the board or by a person designated by the president of the board.

(History: etc., as original statute)

65-5514. Representation as a respiratory care practitioner; prohibitions; misdemeanor.

- (a) On or after (insert date) it shall be unlawful for any person who is not licensed under this act as a respiratory care practitioner or whose license has been suspended or revoked, to hold themselves out to the public as a licensed RCP, or use the abbreviation CRTT, RRT, RCP, or the words respiratory therapist, inhalation therapist or any other words, letters, abbreviations or insignia indicating or implying that such a person is a respiratory care practitioner, or to practice the art and science of respiratory care as herein defined.
- (b) The Respiratory Care Practice Act recognizes the existence of overlapping functions between health care providers. Therefore, nothing in this act is intended to limit, preclude or otherwise interfere with the practices of other health providers formally trained and licensed or credentialed by appropriate agencies of the State of Kansas.
- (c) The following guidelines shall apply to companies that supply respiratory therapy equipment to individuals. Durable Medical Equipment Companies may deliver and set up respiratory equipment pursuant to a written prescription by a physician. Any instructions to the patient regarding the clinical use of the equipment, any patient monitoring, patient assessment, or other procedures designed to evaluate the effectiveness of the treatment must be performed by a licensed respiratory care practitioner or other healthcare provider formally trained and licensed or credentialed by appropriate agencies of the State of Kansas.
- (d) Any violation of this section shall constitute a class B misdemeanor.
- (e) Nothing in this act shall be construed to permit the practice of medicine.

(History: etc., as original statute)

65-5515. Injunction. When it appears to the board that any person is violating any of the provisions of this act, the board may bring an action in court of competent jurisdiction for an injunction against such violation without regard to whether proceedings have been, or may be, instituted before the board or whether criminal proceedings have been, or may be, instituted.

(History: etc., as original statute)

65-5516. State agency adjudicative proceedings and judicial review; conduct. All state agency adjudicative proceedings under K.S.A. 65-5501 to 65-5517 inclusive, shall be conducted in accordance with the provisions of the Kansas Administrative Procedure Act for judicial review and civil enforcement of agency actions.

(History: etc., as original statute)

65-5517. Invalidity of part. If any section of this act, or any part thereof, is adjudged by any court of competent jurisdiction to be invalid, such judgement shall not affect, impair or invalidate the remainder or any other section or part thereof.

(History: etc., as original statute)



TOPEKA

HOUSE OF  
REPRESENTATIVES

KAY O'CONNOR  
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MEMBER GOVERNMENTAL ORGANIZATION &  
ELECTIONS  
PUBLIC HEALTH & HUMAN SERVICES  
EDUCATION  
LEGISLATIVE EDUCATION PLANNING  
COMMITTEE (JOINT)  
TOPEKA HOTLINE  
DURING SESSION - 1-800-432-3924  
TTY 913-296-8430  
KC AREA LOCAL CALL 782-5000

Re: HB 2172, Administration of Anesthetic to Fetus

Mr. Chairman and Members of the Committee:

Thank you for the opportunity to speak on HB 2172.

The agenda description of the bill is somewhat in error. Nowhere in the bill is the word abortion ever mentioned. It is just that abortion is the most common form of "medical procedure involving the fetus:" that might cause the fetus pain.

Interuterine surgery for example on the heart of a fetus would most likely require an anesthetic. Because common sense would dictate and the doctor would most likely order it, law has not been required to anesthetize a fetus for pain.

But this is not so with abortion procedures, some of which can and do cause considerable pain to the fetus. In fact, according to Dr. Bernard Nathanson's video, "Silent Scream," the silent scream of the fetus he personally viewed on a sonogram of a baby he personally aborted was the reason he stopped doing abortions ... this after years and thousands of abortions.

For your information, the fetus has measurable brain waves in the sixth week. Most women are not positive that they are indeed pregnant until about the ninth week. I was asked the question, "Why anesthetize the fetus before killing it?" The response is, "We do as much for dogs and cats!"

*H+H 5 Comm*  
*1-17-96*  
*Attachment #3*

Page two

This is a humane issue. It does not address the question of a right to abortion. It does not stop any abortions. Yes, it will probably increase the cost of some abortions, but does this stop us from requiring anesthetic for dogs and cats . . . even before they are "put to sleep?"

If abortions must occur in our society, let us at least give as much humane treatment to the fetus that we would give dogs, cats, dolphins, or many other of God's creatures.

I will stand for questions at the pleasure of the Chair.

KOC/mld

*Kay O'Connor*

2-2

# The sunlight went gray when they saw their baby

By Dave Kindred

Atlanta Journal-Constitution

ATLANTA — They saw the baby's feet. As a technician moved the ultrasound wand across the mother's body, they saw the baby's legs and arms. The first time they'd seen the baby move, they thought it was a miracle. Now six months into the pregnancy, they had painted the baby's room and put up happy wallpaper. They had ordered the baby's crib, a round crib which the mother saw somewhere. "I just went nuts. I said, 'This is it, we've got to get this crib.'"

The day of the ultrasound examination, Phyllis Baker was 36 years old and pregnant for the first time. Her doctor at Atlanta's Northside Hospital said she didn't need this second ultrasound; everything was fine. But she did it anyway. As it happens, it may have saved her life. Her only explanation for having the test: "God. No doubt. God."

Because ultrasound images are a mystery of grainy blacks and whites, the technician talked the Bakers through the examination. They were mesmerized by the shadowy moving shapes that were the baby they'd been trying to make for two years. "This child we'd been dreaming of, loving, planning for," is the way Phyllis Baker puts it. The parents called her by the nickname B.B.

## A story Congress should hear

On Feb. 24, 1994, the ultrasound technician moved the wand so slowly that the mother asked, "Where are you now?"

When the technician said, "The head," the mother fell silent. Then the technician said, "Her head is larger than it should be. I need to get Dr. Stone."

The mother told her husband something was terribly wrong. With no reason to think so, the father yet believed the doctor would explain it away and everything would be fine again. But the mother knew.

Dr. Lawrence Stone confirmed her fear. He told the Bakers the ultrasound revealed hydrocephaly; in layman's terms, water on the brain. Unless a neural tube into the spinal column is open, fluid can not flow out of the skull. The accumulating fluid deforms the head and leaves no room for the brain. It is a defect of genetic engineering that cannot be repaired.

Randy Baker said, "No, no, no," and passed out. Phyllis Baker couldn't move. She felt cold. She thought of herself as a stone. Sunlight went gray.

This is about babies. This is about miracles. This is also about bulletproof vests and armor-plated cars because this is about abortion. This is about babies born dead and babies born beautiful. This is one family's story. This is a story the United States Congress should hear.

Congress is considering a law that could send doctors to prison for doing third-trimester abortions, even if done to save a woman's life or to assure her ability to have other children. The House passed the bill, 288-139; the Senate has it now. President Clinton has suggested a veto, and with reason: doctors who see tragedy and do miracles should be honored, not arrested.

"I'm pro get-the-hell-out," Randy Baker said. "It's just none of a politician's damned business." Until they heard the doctor's options for B.B., the Bakers had never considered abortion. Then Randy asked, "On a scale of 1 to

## Georgia woman who had a third-trimester abortion regards Dr. George Tiller of Wichita as "a gift from God."

10, how bad is this?" The doctor's answer, "An 8." The baby might survive six months in a vegetative state.

The baby's hydrocephaly also could put the mother's life at risk. No treatment could reverse B.B.'s genetic damage. No treatment could offer hope the baby felt no pain. No treatment offered hope the baby ever would know her mother or father. She would never know she was loved.

These were hellish circumstances. So, as much as they wanted B.B., the Bakers were at peace with their decision. They would leave Atlanta, leave Georgia, leave their doctors and friends because the law said no such abortions could be done in this state.

## The trip to Wichita

In the pregnancy's 29th week, they went to Wichita, Kan. There they met George Tiller, one of the rare physicians in America who does third-trimester abortions. Rare and brave: he has been shot; his facility has been burned; he has around-the-clock bodyguards; zealots cry murder and press pictures of aborted fetuses at patients entering Tiller's building.

Running that gantlet, Phyllis Baker, a Texan, had a Texan's idea. She wanted to punch 'em in their ugly faces. "Randy had to hold me back."

Dr. Tiller performed a Digoxin induction. The baby's death came with an injection of saline solution. Because her head was too big to move through the birth canal, the doctor drained it. The Bakers later held B.B. "She was beautiful," the mother said, "and we were able to tell her goodbye."

The Bakers are grateful to Dr. Tiller and his volunteers brave and gentle. "Dr. Tiller is a gift from God," Phyllis Baker said. Randy Baker said, "If I had to pay Dr. Tiller a half-million dollars to do what he did, I'd do it. It sounds crazy to thank him for killing my baby, but it's not. Those screaming people banging on our car don't care about us or our baby. Dr. Tiller cares. I know he has Austin's picture on his wall."

They call him Austin because the Texans conceived him in the Texas capital two months after B.B.'s death. Austin Baker is 10 months old, blue-eyed, blond and rosy-cheeked. For two hours the other night, as his parents told their story, the little boy slept first on his father's stomach and then in his mother's arms.

Every night when Daddy comes home, Austin toddles over and hugs one leg or the other. There were no problems with his birth, though the father never quit worrying until he saw his son perfect. "Instantaneous love," the father says, and the mother says, "I cry about B.B. because I miss her so much, and I know we can't ever replace her. But because of Dr. Tiller's skill and courage, we were able to have Austin. He's the light of our life."

At the start of this, we mentioned a round crib ordered for B.B.

The same crib was ordered for Austin. He loves it.

3-3

Chapters and  
Affiliates

# Kansans for Life

3202 W. 13th St., Suite 5  
Wichita, Kansas 67203

(316)945-9291 or 1-800-928-LIFE (5433) FAX (316)945-4828

January 17, 1996

## KANSANS FOR LIFE SUPPORTS HB 2172

Kansans for Life, the state's largest pro-life organization, supports House Bill 2172 requiring the administration of anesthesia or analgesic to the unborn child before the performance of certain medical procedures.

Medical studies show that the unborn child does feel pain with brain waves being detected at 40 days gestation, and the muscles working in conjunction with the nervous system at 8 weeks. Recent advances in fetal surgery allow for the treatment of certain abnormalities while the unborn child is still in his mother's womb. (See the Journal of the American Medical Association, American Journal of Obstetrics and Gynecology, etc.).

The recognized standard of care in performing in-utero surgery certainly takes into account any pain the child may feel. Is this just because the purpose of the surgery is to heal the child or save his life as opposed to ending his life through abortion?

There are also generally accepted standards of care when treating livestock and domestic animals, with statutes allowing for the revocation or suspension of licenses of those who are convicted of cruelty or inhumane treatment of animals. (See attached copy of statute 47-830). Do unborn human children deserve any less consideration?

The state can no longer continue to ignore the advances in medical technology regarding fetal development, surgery, etc. and must take action to treat unborn children with at least the same compassion and humaneness that is the accepted standard for animals. I urge you to find HB 2172 favorable for passage.

Jeanne L. Gawdun  
KFL Lobbyist

Abilene  
Atchison  
Arkansas City  
Augusta  
Barber County  
Brown County  
Chanute  
Chase County  
Cheyenne County  
Clay Center  
Coffeyville  
Colby  
Coldwater  
Columbus  
Concordia  
Copeland  
Council Grove  
Decatur County  
Dodge City  
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El Dorado  
Elk County  
Emporia  
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Lawrence  
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Norton  
Olathe  
Osage County  
Osborne  
Ottawa County  
Parsons  
Phillips County  
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Republic County  
Rose Hill  
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Salina  
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Smith County  
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Topeka  
Ulysses  
West Washington County  
Wellington  
Wichita  
Wilson County  
Wyandotte County

## Colleges & Universities

(12) Chapters



Kansas affiliate to the National Right to Life Committee

H+HS Comm  
1-17-96  
Attn #4



**47-828.**

History: L. 1969, ch. 261, § 15; L. 1980, ch. 155, § 12; Repealed, L. 1993, ch. 129, § 25; July 1.

**47-829.** License renewal; notice of expiration date; continuing education requirements and exceptions thereto; waiver. (a) All licenses shall expire annually on June 30 of each year but may be renewed by registration with the board and payment of the license renewal fee established and published by the board, pursuant to the provisions of K.S.A. 47-822, and amendments thereto. On June 1 of each year, the executive director shall mail a notice to each licensed veterinarian that the veterinarian's license will expire on June 30 and provide the veterinarian with a form for license renewal.

(1) The application shall contain a statement to the effect that the applicant has not been convicted of a felony, has not been the subject of professional disciplinary action taken by any public agency in Kansas or any other state, territory or the District of Columbia, and has not violated any of the provisions of the Kansas veterinary practice act. If the applicant is unable to make that statement, the application shall contain a statement of the conviction, professional discipline or violation.

(2) The board, as part of the renewal process, may make necessary inquiries of the applicant and conduct an investigation in order to determine if cause for disciplinary action exists.

(3) All licensees licensed under the Kansas veterinary practice act shall make application to and pass the Kansas veterinary legal practice examination.

(b) The payment of the renewal fee as required by this section shall require the licensee to renew such license if the licensee has furnished to the executive director of the board satisfactory evidence that the licensee has been in attendance at a minimum of 20 clock hours of continuing education courses in the art of veterinary medicine. The board shall adopt rules and regulations which establish criteria for approval of continuing education programs. The burden of proof for showing the obtaining of continuing education hours shall be the responsibility of the licensee. The continuing education requirement shall be waived for impaired veterinarians, as defined by subsection (c) of K.S.A. 47-846, and amendments thereto, and may be waived for veterinarians

while they are on active duty with any branch of the armed services of the United States.

(c) All veterinarian licenses shall expire annually and must be renewed by making application to the board and payment of the license renewal fee. Any person who practices veterinary medicine after the expiration of such person's license and willfully or by neglect fails to renew such license shall be practicing in violation of this act. Any license renewal application which is submitted beyond the annual renewal date shall be assessed a penalty fee not to exceed \$100 as established by the board by rules and regulations. In the event that the application for renewal of any veterinarian license has not been submitted within 60 days of the expiration date of such license, and after notice by certified mail, return receipt requested, has been given to the licensee that the renewal application fee and penalty fee is due, such license shall automatically be revoked, within 10 days of return of receipt, without a hearing and shall not be renewed unless such veterinarian submits an application for a new license and pays the license application fee not to exceed \$250 as established by the board by rules and regulations.

(d) The board, by rules and regulations, may waive the payment of the license renewal fee of a licensed veterinarian during the period when such veterinarian is on active duty with any branch of the armed services of the United States not to exceed the longer of three years or the duration of a national emergency.

History: L. 1969, ch. 261, § 16; L. 1980, ch. 155, § 13; L. 1993, ch. 129, § 13; July 1.

**47-830.** Grounds for revocation or suspension of license or other restrictions; hearing. Upon written complaint sworn to by any person, the board, after a hearing conducted in accordance with the provisions of the Kansas administrative procedure act, may revoke or suspend for a time certain the license of, or otherwise limit, condition, reprimand, restrict, deny a license or assess a fine, not to exceed \$2,000, to any licensed veterinarian for any of the following reasons:

(a) The employment of fraud, misrepresentation or deception in obtaining a license;

(b) an adjudication of incapacity by a court of competent jurisdiction;

(c) for having professional connection with or lending one's name to any illegal practitioner of veterinary medicine and the various branches thereof;

- (d) false or misleading advertising;
- (e) conviction of a felony;
- (f) failure to furnish to the board, upon written application by it, any report or information relating to any investigation;
- (g) employing any person practicing veterinary medicine unlawfully;
- (h) fraud or dishonest conduct in applying, treating or reporting diagnostic biological tests of public health significance or in issuing health certificates;
- (i) failure to keep veterinary premises and equipment in a clean and sanitary condition as defined by rules and regulations;
- (j) failure to report as required by law, or making false report of any contagious or infectious disease;
- (k) dishonesty or negligence in the inspection of foodstuffs;
- (l) conviction on a charge of cruelty or inhumane treatment to animals;
- (m) disciplinary action taken by another state, territory or district of the United States on grounds other than nonpayment of registration fees;
- (n) disclosure of any information in violation of K.S.A. 47-839, and amendments thereto;
- (o) unprofessional conduct as defined in rules and regulations adopted by the board includes, but is not limited to, the following:
  - (1) Conviction of a charge of violating any federal statutes or any statute of this state, regarding substances as defined in K.S.A. 65-4101, and amendments thereto, and the record of the conviction is conclusive evidence. A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this section. The board may order the license suspended or revoked, or assess a fine, or decline to issue a license, when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending the imposition of sentence;
  - (2) the use of or prescribing for or administering to such veterinarian, any of the controlled substances as defined in K.S.A. 65-4101, and amendments thereto, or of alcoholic beverages to the extent, or in such a manner as to be dangerous or injurious to a person licensed under the Kansas veterinary practice act, or to any other person or to the public, or to the extent that such use impairs the abil-

ity of such person so licensed to conduct with safety the practice authorized by the license;

(3) the conviction of more than one misdemeanor or any felony involving the use, consumption or self-administration of any of the substances referred to in this section or any combination thereof and the record of the conviction is conclusive evidence; a plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this section; the board may order the license suspended or revoked or assess a fine, or may decline to issue a license, when the time for appeal has elapsed or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending imposition of sentence, allowing such person to withdraw such person's plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information or indictment;

(4) a conviction under any federal statute, or rules and regulations or any of the statutes or rules and regulations of this state regarding controlled substances; and

(5) violation of or attempting to violate, directly or indirectly, any provision of the Kansas veterinary practice act or any rules and regulations adopted pursuant to such act;

(p) conviction of a crime substantially related to qualifications, functions or duties of veterinary medicine, surgery or dentistry, in which case the record of such conviction shall be conclusive evidence;

(q) employment of anyone but a veterinarian licensed in Kansas to demonstrate the use of biologics in the treatment of animals;

(r) fraud, deception, negligence or incompetence in the practice of veterinary medicine;

(s) the use, prescription or sale of any veterinary prescription drug or the prescription of an extra-label use of any over-the-counter drug in the absence of a valid veterinarian-client-patient relationship; or

(t) failing to furnish details of a patient's medical records or failing to provide a patient's radiographs to another treating veterinarian, hospital or clinic, upon the written request of an owner or owner's agent, or failing to provide the owner or owner's agent with a summary of the medical record within a reasonable period of time and upon proper request or waiver by the owner or owner's agent, or failing to comply with any other law relating to medical records.

History: L. ch. 313, § 76; ch. 129, § 14; Research and Pr. Physicians and C.J.S. Physicists Providers §§ 35

**47-831.**

History: L. ch. 155, § 14; 157; July 1, 19

**47-832.**

History: L. ch. 155, § 14; 157; July 1, 19

**47-833.**

History: L. ch. 155, § 15; 157; July 1, 19

**47-834.**

History: L. ch. 155, § 15; 157; July 1, 19

(a) The board may suspend or revoke the license of any person practicing veterinary medicine if the person is found guilty of a misdemeanor or felony involving the practice of veterinary medicine, or if the person is convicted of a crime substantially related to qualifications, functions or duties of veterinary medicine, surgery or dentistry, in which case the record of such conviction shall be conclusive evidence.

(b) Any person practicing veterinary medicine who is found guilty of a misdemeanor or felony involving the practice of veterinary medicine, or who is convicted of a crime substantially related to qualifications, functions or duties of veterinary medicine, surgery or dentistry, in which case the record of such conviction shall be conclusive evidence, shall be deemed to be a conviction within the meaning of this section.

(c) The board may order the license suspended or revoked, or assess a fine, or may decline to issue a license, when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending the imposition of sentence.

(d) An action brought and maintained by a person who is not currently a valid licensee shall represent the name of the state law upon the advice of the board shall represent the law upon the advice of the board.

(e) The success of any action based on any one of the provisions of this section shall

KANSAS  
*FAMILY*  
RESEARCH INSTITUTE

**DATE:** January 16, 1996  
**TO:** Health and Human Services Committee  
**FROM:** David Payne  
**RE:** Testimony re: House Bill No. 2172 and House Bill No. 2174

I regret that I am unable to address the committee in person regarding House Bill No. 2172 and House Bill No. 2174. Kansas Family Research Institute endorses both of these bills.

One need only to read the attached true account by Gianna Jessen to support a ban against saline abortions. Gianna, now a 17-year-old girl, miraculously survived a saline abortion, although she suffers from cerebral palsy as a result of complications from her traumatic birth. Her touching story speaks for itself.

Wichita anesthesiologist, Ernest McClellan, M.D., makes several interesting points with regard to the administration of an anesthetic or analgesic to the fetus. He states that it has been well documented that the fetus feels pain. "Were the same child delivered prematurely and come to surgery we would give an anesthetic. If we did not, it would be considered malpractice," McClellan said. "There is a strong case for treating the fetus the same—as is age appropriate for the gestational age—whether inside or outside the uterus," McClellan added.

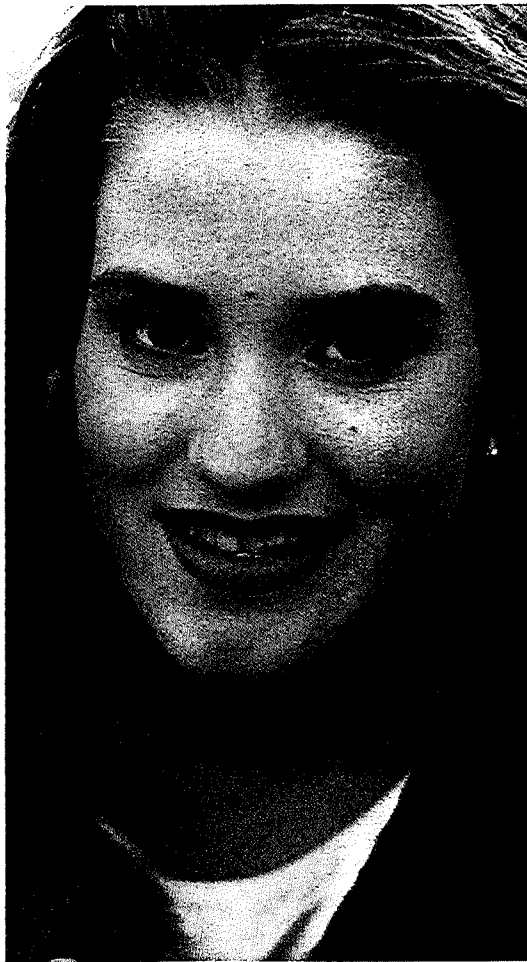
I urge you to pass House Bill No. 2172 and House Bill No. 2174 favorably out of committee. Thank you for your consideration.

*H.H.S. Comm.  
1-17-96  
Attn # 5*

# Abortion SURVIVOR

Gianna  
Jessen  
knew  
she was  
special, but  
she didn't  
know why.

BY JESSICA SHAVER  
PHOTOGRAPHS BY  
TAMARA REYNOLDS



April 6, 1977

It was early morning when 17-year-old Tina entered the abortion clinic. After signing a few papers, she received a saline injection and was told to lie down in a large barracks-like room lined with beds. During the day, about 30 pregnant teenage girls went into labor—and delivered dead babies.

Meanwhile, Tina was still waiting for the contractions to start. The doctor called it a day, leaving a solitary nurse on duty. Close to midnight, Tina's water broke. She awoke the sleeping nurse and told her what had happened.

"Okay," the nurse responded. "Go back and lie down." But something uncomfortable was happening. Tina felt the need to push, to expel this unknown substance.

Tissue, the professionals had called it. *Fetal tissue.*

By the time she got back to bed, the muscles in her abdomen were contracting incessantly. She had to push—and the nurse still had not responded to her second call.

Reaching down, she felt the wet, solid curve of a skull. *It's a head!* she thought. *How can tissue have a head?*

At that instant, a thin, penetrating wail pierced the quiet room, where earlier a roomful of women had delivered limp, lifeless fetuses. A baby girl was making her triumphant, indignant way into the world.

December 25, 1989

Diana DePaul was in her Southern California home

preparing Christmas dinner when her 12-year-old daughter, Gianna, walked in. Diana had adopted Gianna when she was 4 years old.

"Need any help?" Gianna asked.

"No, it won't be long," replied her mom, as she wrestled with the turkey. She took a step back, bumping into Gianna, who was trying to peer over her shoulder.

"Oops!" Gianna said as she stumbled back out of the way. She was quiet for a moment.

"Mom, why do I have cerebral palsy? There must be a reason for it."

It wasn't the first time Gianna had asked about her disability, and Diana's standard answer was: "You had a traumatic birth. You were born premature."

This time Diana sensed that Gianna wasn't satisfied with that pat answer anymore. As many times as Diana had thought about this moment, she never expected it would come on Christmas Day.

*I guess she's ready,* Diana thought. As she started to break 12 years of silence, she felt a great peace settle on her. *God knows best,* she thought.

"Your biological mother was only 17 when you were born. She probably didn't have very much hope or money. Maybe she had pressure from a boyfriend, or someone else, so she decided—"

"I was aborted, right?" Gianna said, beating her mother to the punch.

"Yes. How did you know?"

"I just knew."

Gianna didn't say anything more right away. She remained thoughtful. But when she spoke, it was with her usual perkiness. "Well, at least I have cerebral palsy for an interesting reason."

## So Many Questions

Before that Christmas of 1989, Gianna cried a lot over her biological mother, wanting to know why she gave her up for adoption, wondering what she looked like. But once she found out her mom had tried to abort her, she never cried over her again.

She still had questions, however:

*Why didn't she want me?*

*When she found I was still alive, was she sorry she had the abortion? Does she ever think of me? What's her name? Is she pretty?*

But there was no point swirling those questions in her mind because the only answers Diana had were from a typed sheet from MediCal on State of California stationery.

The official correspondence referred to Gianna as "an infant born 10 weeks premature, the product of an attempted saline abortion." The letter also said she had needed oxygen and that she was "Transferred to Harbor General upon birth, where she remained until discharge 6/6/77."

At that point, Orange County Department of Social Services placed Gianna in a series of foster homes. Doctors said that she would never sit up, much less walk. But when Gianna went to live with one particular foster mother, Penny, at 17 months of age, she connected with a woman whose heart was dedicated to nurturing her.

Penny, in her 50s, loved children. She was also Diana DePaul's mother. Over the months as Diana visited her mother, she fell in love with Gianna and soon decided to adopt her.

"I'll always remember the day I adopted you," Diana later told her daughter. "It was wonderful. You were 4—this tiny thing with such bright eyes and a big smile, and those big plastic leg braces. You had worked so hard with Grammy."

Gianna had wanted to surprise her new mom by being able to walk without her walker before the adoption. On July 24, 1981, Gianna watched Diana's car pull up, and almost before Diana was out of the car, Gianna ran stiffly down the driveway and into her new mother's arms—all by herself.



**A shoulder to lean on: Diana DePaul (right) adopted Gianna when she was 4.**

That was 13 years ago.

Over the years there have been tough times, including several surgeries to relieve the stiffness in Gianna's legs. Then there were lonely times in junior high school when friends shunned Gianna. Diana went in to talk to the principal with her daughter. His solution of providing her with "volunteer friends" offended Gianna.

That evening, Gianna's anger gave way to tears. She sobbed into her mother's lap for a long time. At last she raised her flushed, wet face and asked, "When is God going to heal me, Mom?"

Diana stroked her hair.

"Gianna," she said, "it might not be God's will to ever heal you, but He is going to use you in a very special way."

## 'I Forgive Her'

Not long after Gianna learned she had been aborted, a friend of Diana's called and asked if Gianna could speak at a Mother's Day banquet at Penny's church about what it was like being aborted.

Gianna's answer was immediate: "Sure—if I can sing!" Singing had been her passion since she was 3 years old.

On the night of the banquet, Gianna limped to the front of the room. With a grin on her face, she took the microphone in hand, greeted the group easily and then began to sing. Her sweet, soprano voice was a young, higher version of Amy Grant's, but there was a presence about her, a personality all her own.

Afterward, with the microphone cradled in her hands, Gianna began her little talk.

"I'm adopted," she began. "My biological mother was 17 when I was born. At seven months pregnant, she chose to have a saline abortion. But by the grace of God, I survived."

Gianna smiled.

"I forgive her totally for what she did. She was young, and she probably had no hope. She didn't know what she was doing. As a result of the abortion, however, I have cerebral palsy—but that's okay, because I have God to keep me going every day. It's not always easy, but He is always there. He's there for you, too."

She finished by singing Michael W. Smith's "Friends," dedicating it to all the babies who die from abortion every

day. "They are my friends," Gianna said, "and I'm going to see them in heaven some day."

As Gianna finished and lowered her eyes, the room was silent. Several women wiped away tears. Then the audience burst into sustained applause. People surged forward to hug her and shake her hand, saying, "I'm glad you survived!"

As the crowd thinned out, Gianna turned to leave. A woman who had been standing at the fringes of the crowd stepped up.

"I had an abortion," she admitted in a low voice, searching Gianna's face. "Nobody knows. I've confessed it to God, but I still feel guilty."

"You didn't know what you were doing," Gianna told her.

The woman reached out and stroked Gianna's cheek. "I have to touch you," she said, sighing deeply. "I have longed to hold my baby and tell her that I am sorry. Somehow, touching you, hearing you say you forgive your mother, makes me feel"—she choked back a sob—"maybe she would forgive me!" →

"She would," said Gianna earnestly. "I know she would."

The woman's tears were running freely now. "I've had this bottled up for so many years." She wrapped her arms tightly around Gianna. "Thank you!"

Then, as the woman held Gianna at arm's length and gazed at her again, Gianna said with conviction, "You will see her in heaven."

The woman took a deep, ragged breath, letting go of years of pain. "You have helped me so much! God bless your ministry." She gave Gianna's hand one quick squeeze and then walked away.

That was the first of many times that Gianna would share her unique and compelling story.

## Autumn 1991

Half a continent away, in Indiana, a 31-year-old woman sat in front of a TV. She and her husband had recently moved from California to be close to his dying mother.

On this beautiful fall day, she was bored. There wasn't much on. Soaps. Reruns. Talk shows. Tina paused at one talk show. *It can't be*, she thought. On the screen was a young teenager, a perky-looking little thing with wavy, blonde hair cascading from a bow on top of her head. Tina caught only a few words before her brother switched to another channel.

"Turn it back!" Tina cried. "That's my daughter!"

"Oh, I'm sure," he said sarcastically.

"She is, I know she is!"

Maury Povich, the host, had just said something to Gianna, and the teenager was giggling.

"She's got my face, my eyes! She's the same age, and I named her Giana [spelled with one n and pronounced Guy-ana, though now it's Gee-ANA], and she says she was aborted."

Her brother shrugged, still not convinced.

Tina couldn't absorb what they were saying. Memories were flooding back. The precious, squalling baby cupped in her hands. The guilt. And anger that people who knew better had told her abortion wasn't wrong.

Povich continued his questions. "When did you find out the real story about the abortion attempt?"

"On Christmas day, when I was 12," Gianna replied. In Indiana, Tina's heart was racing.



*Although Gianna loves getting together with young people, she hasn't felt comfortable meeting her birthmother.*

*Gianna, she thought, I want to tell you how it was, how sorry I am! If I contact the station, could I talk to you? Would you want to hear from me? Or would I just hurt you more than I already have?*

Povich had turned to Diana DePaul and asked, "What is the connection between the abortion and the cerebral palsy?"

"Gianna was deprived of oxygen in the womb when she gulped the saline solution," said Diana.

"Why don't you stand up for a second!" Povich ordered Gianna. "This is somebody who couldn't walk or crawl." The crowd cheered and applauded as Povich gave Gianna a hug.

The shock of seeing her daughter was intense, almost unbearable, but Tina couldn't take her eyes away.

After a commercial break, the audience asked several questions. One woman's inquiry made Tina suspend her breath. "Would you ever like to meet your real mom?"

Tina's eyes were riveted on Gianna.

"I don't feel like I would at this point," replied Gianna, "because I have my family. My mom's sitting right here. It's not that I am mad at my biological mother at all. I forgive her totally for what she did."

Tina didn't want to hear anything more. She turned off the set and tried to turn off the disappointment flooding her. *She said no*, Tina thought. *She said she doesn't want to meet me. I better stay away.*

## Epilogue

As Gianna and Diana traveled and spoke at pro-life gatherings around the country, their pro-choice opponents repeatedly suggested that they could not prove their story. Without the bio-

logical mother, Diana's only proof was a small, inconclusive document from the State of California.

Gianna's biological mother was the key to the truth—if she would tell the truth. Diana had to find her. With Gianna's permission and the help of a private investigator, Diana found Tina in March 1992—married and living again in Southern California.

Tina spoke to a reporter and told her that she

had seen Gianna on "The Maury Povich Show," and that she had heard her say she wasn't sure she wanted to meet her mother. Tina said she loved Gianna and prayed for her, but she didn't want to enter her life if Gianna wasn't ready.

The reporter relayed this to Gianna, who said candidly, "I just can't sit down with her face to face. I think it would be too much."

When the reporter called Tina to relay the message, Tina told her that something had come up and they were moving again. The reporter asked her to call her when she got settled.

Whether Tina contacted them again or not, there was one thing they all agreed on: As far as meeting with her birth mother, Gianna would call the shots. Nobody wanted to hurt this young woman who nearly lost her life in an abortion clinic. •

*Gianna Jessen and her mother, Diana DePaul, recently moved to Tennessee. They continue to travel and speak out on behalf of the unborn. At this writing, Tina and Gianna have not met. This article is adapted from Gianna: The Girl Who Survived Abortion, written by Jessica Shaver and published by Focus on the Family. Please see pages 8-9 for more details.*

## Need Help?

If you or someone you know is considering an abortion, or needs help finding forgiveness after an abortion, you can find help under "Abortion Alternatives" in your Yellow Pages, or you can contact Focus on the Family's Crisis Pregnancy Ministry, Colorado Springs, CO 80995, or call (719) 531-3427.

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

Dedicated • Determined • Decisive

To: House Health and Human Services Committee Members  
From: Peggy Jarman representing pro-choice organizations  
Regarding: Abortion Bills

I present the following statement on behalf of the Kansas Choice Alliance, its 73 member organizations and their 100,000 plus members:

It is an inappropriate use of taxpayer's money to deal with these abortion bills. It is especially inappropriate in light of the fact that the governor has said he will veto any changes in the abortion law that is current statute. It is equally inappropriate given the fact that all polls show that over 70% of the people in this state approve the current compromise law.

We respectfully suggest that you address real concerns of citizens and the real issues that plague the women, men, families, and children in this state.

H+HS Comm  
1-17-96  
attm #6

KAY O'CONNOR  
REPRESENTATIVE, DISTRICT 14

TOPEKA ADDRESS:  
STATE CAPITOL—431-N  
TOPEKA, KANSAS 66612-1504  
(913) 296-7672

OLATHE ADDRESS:  
1101 N. CURTIS  
OLATHE, KS 66061  
(913) 764-7935



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RE: HB 2174, Prohibiting Saline Abortions

Mr. Chairman and Members of the Committee:

Again, thank you for the opportunity to speak to you on this proposed legislation.

Some facts:

1. Saline abortions are only done in the second and third trimester, never in the first three months.
2. Saline abortions are 2.5 times more likely to have major complications for women than the dilation and evacuation method, which is seldom done after 15 weeks (fourth month). Major complications include hemorrhage, convulsion, significant fever, and perhaps most frightening of all, significant increase in the risk of a live born baby. The most famous survivor is Gianna Jessen, who currently is a 19-year old inspirational singer and due to the saline abortion also must deal with Cerebral Palsy.
3. According to the table provided by Warren M. Hern, M. D., Director of the Boulder Abortion Clinic, after the 15th week of gestation, saline abortions kill nearly five times as many women as any other method listed (see attachment).

A saline abortion is accomplished by inserting a long needle into the mother's abdomen and injecting a saline (salt) solution into the amniotic fluid which surrounds the baby. The baby swallows the solution and is slowly poisoned. The solution also burns off the outer layer of the unborn baby's skin. Kicking and jerking is felt by the mother as she waits a day or more to deliver a dead baby, or sometimes a live one.

*H & HS Comm  
1-17-96  
attm #7*



Page two

There are variations of this procedure that this committee may wish to address with amendments that I would also consider friendly.

To avoid the kicking and jerking, sometimes ultrasound is used to locate the baby's heart, which is injected with dioxin to kill the baby immediately, guaranteeing no live birth.

To speed up the delivery, sometimes rods are used to dilate the cervix and then prostaglandin (a hormone-like compound) is applied to the uterine muscle. This produces intense and sometimes violent contractions to occur, sometimes decapitating the fetus or again perhaps there will still be live birth. Some of these babies are very determined to survive.

I have also attached testimony from a woman we can call Susan (not her real name). She had a saline abortion in Kansas in 1971. I have, during the past three years this bill has been in committee, identified others who had saline abortions and asked for testimony without success. For purpose of identification proof only, I can provide her real name, address, and signature, but I promised to keep it a private matter.

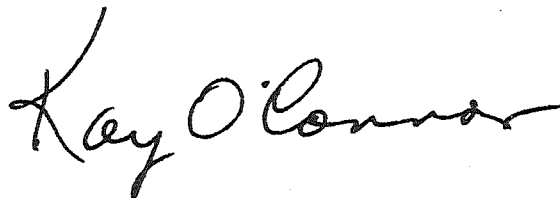
There are those who say this procedure is not done in Kansas anymore. Last year in this committee we passed legislation to get more accurate data on abortions. I can no more say they are done than they can say they are not. We need this legislation to stop it, if it is happening, or prevent it from happening in the future.

This bill does not address the "right to an abortion" or prevent any late term abortions. There are other late term abortion procedures available. It only stops a very dangerous procedure from being performed in Kansas.

I hope the committee will recommend passage of HB 2174.

I will stand for questions at the pleasure of the Chair.

KOC/mld  
Attachment

A handwritten signature in cursive script that reads "Kay O'Connor". The signature is written in dark ink and is positioned below the typed name and attachment information.

7.2

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# ABORTION PRACTICE

**Warren M. Hern, M.D., M.P.H.**

*Fellow, American College of Preventive Medicine*  
Director, Boulder Abortion Clinic  
Boulder, Colorado

*with a foreword by*

**Phillip G. Stubblefield, M.D.**

Associate Professor of Obstetrics and Gynecology  
Harvard Medical School  
Chief of Obstetrics and Gynecology  
The Mount Auburn Hospital  
Cambridge, Massachusetts



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7-3

ter.<sup>248</sup> At about the same time, the use of prostaglandins for second-trimester abortion was introduced.<sup>249</sup> The new drugs were greeted with enthusiasm.<sup>250, 251</sup> However, important complications began to be reported, including a higher incidence of retained placenta, cervical trauma, severe gastrointestinal side-effects, infection, hemorrhage, sudden death, and live births.<sup>252-255</sup> While investigators of prostaglandins acknowledged the limitations and dangers of the drugs, they also cited bias in comparative studies and such advantages as no danger of hypernatremia associated with hypertonic saline administration, a lower incidence of disseminated intravascular coagulation (DIC) syndrome, and a shorter injection-to-abortion interval.<sup>256-259</sup>

Since deaths due to both saline and prostaglandin instillations fell to small numbers during the 1972 to 1978 interval, complication rates were compared (Table 1-6). One study of prostaglandin  $F_{2\alpha}$  ( $PGF_{2\alpha}$ ) showed three times the risk of hemorrhage, four times the risk of convulsion, over two times the relative risk of significant fever, and an overall risk of major complications of 1.6 when compared with saline.<sup>260</sup> Another review found that while  $PGF_{2\alpha}$  acts more quickly than saline, it produces more of other kinds of complications, including an increase (5 to 40 times) in the risk of live-born fetuses.<sup>261</sup>

New studies by the CDC, however, began to show lower complication rates for second-trimester dilatation and evacuation (D & E) procedures than either major instillation technique. The major complication rate for saline instillations was found to be over 2.5 times that of

TABLE 1-6. Legal Abortion Deaths\* by Type of Procedure and Weeks of Gestation: United States, 1972 to 1978

Type of Procedure	Weeks of Gestation						Total
	≤8	9-10	11-12	13-15	16-20	≥21	
Curettage	12	22	19				53
Dilatation and evacuation				10	7	1	18
Instillation (Saline)				5	36	9	50
(Prostaglandin)				(1)	(31)	(6)	(38)
(Other agents)				(3)	(5)	(1)	(9)
Hysterotomy/hysterectomy				(1)	(0)	(2)	(3)
Other†	0	2	1	3	2	1	9
	1	0	0	2	2	1	6
Total	13	24	20	20	47	12	136

\* Excludes deaths from ectopic pregnancy.

† Includes two deaths with unknown type of procedure, one at 13 to 15 weeks and one at 16 to 20 weeks of gestation.

(Centers for Disease Control: Abortion Surveillance, 1978, November 1980)

D & E, and a lower major complication rate with instillation procedures was found in weeks (Tables 1-7 through 1-9).<sup>262</sup>

Emphasizing growing evidence in the early second trimester, CDC in 1978 reported complication rates that could result in the "gray zone" of 13 to 16 weeks rather than later instillation procedures (Fig. 1-11).<sup>263</sup> A trial of D & E versus  $PGF_{2\alpha}$  instillation in the second trimester abortions resulted in a 7% complication rate for prostaglandin patients versus none for saline patients were 2.3 times more likely to require treatment.<sup>269</sup>

By 1978, D & E had become the preferred second-trimester abortion; it was used for 82% of the 13- to 15-week interval, and it accounted for 100% of the 16- to 20-week gestation interval.

One important question that has been raised but relevant to other abortion methods is the relative risk in different settings. Most second-trimester abortions in hospital settings; in fact, the Alan Guttmacher Institute in 1981 that 67% of 1978 second-trimester abortions were performed in hospital settings.<sup>271</sup> By contrast, 75% of all first-trimester abortions were performed in hospital settings.<sup>272</sup> A preliminary review of case rates in abortions of 12 or less m

TABLE 1-7. Numbers of Patients and Major Complications for Suction Curettage at Various Weeks of Gestation

Weeks Gestation	Suction Curettage		Intracranial Hemorrhage
	No. Patients	Major Complications	
0 to 6	4,659	0.28	
7 to 8	19,340	0.23	
9 to 10	21,542	0.39	
11 to 12	11,956	0.51	
13 to 14	4,351	0.71	1.10
15 to 16	1,409	0.92	2.54
17 to 20	590	0.85	7.00
21 to 24			1.57

(With permission from Grimes DA, Schulz KL. *Abortion: The Study of Abortion/CDC: A preliminary report on the Study of Abortion in the Seventies*. New York, National

7-4

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Saline

It is still difficult to remember and tell about my experience with saline abortion, but I feel it is necessary for everyone to have some facts about this horrible practice.

I had a saline abortion in Kansas City, Kansas, at General Hospital in July of 1971. Although abortion was not legal in all states, Kansas allowed women to have them. I had a difficult time deciding whether to keep my child, and so took my time in making the decision.

After a quick medical check up and examination, it was decided that I was about 13 weeks along, and was scheduled for a D & C procedure at General Hospital. After I arrived, I had another examination, and was told that I was too far along for a D & C, and would have to have a Saline abortion. They quickly described the procedure and collected about a \$100 more. One thing they did not fully explain was that I would have to go through a type of labor.

I had to stay the night at the hospital and wait for my dead baby to be born.

I was completely alone in my room, under light medication. I could hear the nurses in the hall talking about us and laughing. They said "These women are making a big fuss. Just wait until they go through the real thing!" I determined not to make a sound after that even though the pain and discomfort was great. They were in the room when the baby came out, but they did not know that because the covers were over my legs. I said "It is all over", but they must have misunderstood, and left me alone in the room with my dead baby between my legs. They came back later and took him away.

While the nurses were gone, I lifted the covers and looked. What I saw was a bloody mess. Among the blood was arms and legs and a head. The realization hit me, I had killed my child.

Even today, some twenty years later, I still wonder what happened to the body, but that is one thing I will never know.

# The sunlight went gray when they saw their baby

By Dave Kindred

Atlanta Journal-Constitution

ATLANTA — They saw the baby's feet. As a technician moved the ultrasound wand across the mother's body, they saw the baby's legs and arms. The first time they'd seen the baby move, they thought it was a miracle. Now six months into the pregnancy, they had painted the baby's room and put up happy wallpaper. They had ordered the baby's crib, a round crib which the mother saw somewhere. "I just went nuts. I said, 'This is it, we've got to get this crib.'"

The day of the ultrasound examination, Phyllis Baker was 36 years old and pregnant for the first time. Her doctor at Atlanta's Northside Hospital said she didn't need this second ultrasound; everything was fine. But she did it anyway. As it happens, it may have saved her life. Her only explanation for having the test: "God. No doubt. God."

Because ultrasound images are a mystery of grainy blacks and whites, the technician talked the Bakers through the examination. They were mesmerized by the shadowy moving shapes that were the baby they'd been trying to make for two years. "This child we'd been dreaming of, loving, planning for," is the way Phyllis Baker puts it. The parents called her by the nickname B.B.

## A story Congress should hear

On Feb. 24, 1994, the ultrasound technician moved the wand so slowly that the mother asked, "Where are you now?"

When the technician said, "The head," the mother fell silent. Then the technician said, "Her head is larger than it should be. I need to get Dr. Stone."

The mother told her husband something was terribly wrong. With no reason to think so, the father yet believed the doctor would explain it away and everything would be fine again. But the mother knew.

Dr. Lawrence Stone confirmed her fear. He told the Bakers the ultrasound revealed hydrocephaly; in layman's terms, water on the brain. Unless a neural tube into the spinal column is open, fluid can not flow out of the skull. The accumulating fluid deforms the head and leaves no room for the brain. It is a defect of genetic engineering that cannot be repaired.

Randy Baker said, "No, no, no," and passed out. Phyllis Baker couldn't move. She felt cold. She thought of herself as a stone. Sunlight went gray.

This is about babies. This is about miracles. This is also about bulletproof vests and armor-plated cars because this is about abortion. This is about babies born dead and babies born beautiful. This is one family's story. This is a story the United States Congress should hear.

Congress is considering a law that could send doctors to prison for doing third-trimester abortions, even if done to save a woman's life or to assure her ability to have other children. The House passed the bill, 288-139; the Senate has it now. President Clinton has suggested a veto, and with reason: doctors who see tragedy and do miracles should be honored, not arrested.

"I'm pro get-the-hell-out," Randy Baker said. "It's just none of a politician's damned business." Until they heard the doctor's options for B.B., the Bakers had never considered abortion. Then Randy asked, "On a scale of 1 to

## Georgia woman who had a third-trimester abortion regards Dr. George Tiller of Wichita as "a gift from God."

10, how bad is this?" The doctor's answer, "An 8." The baby might survive six months in a vegetative state.

The baby's hydrocephaly also could put the mother's life at risk. No treatment could reverse B.B.'s genetic damage. No treatment could offer hope the baby felt no pain. No treatment offered hope the baby ever would know her mother or father. She would never know she was loved.

These were hellish circumstances. So, as much as they wanted B.B., the Bakers were at peace with their decision. They would leave Atlanta, leave Georgia, leave their doctors and friends because the law said no such abortions could be done in this state.

## The trip to Wichita

In the pregnancy's 29th week, they went to Wichita, Kan. There they met George Tiller, one of the rare physicians in America who does third-trimester abortions. Rare and brave: he has been shot; his facility has been burned; he has around-the-clock bodyguards; zealots cry murder and press pictures of aborted fetuses at patients entering Tiller's building.

Running that gantlet, Phyllis Baker, a Texan, had a Texan's idea. She wanted to punch 'em in their ugly faces. "Randy had to hold me back."

Dr. Tiller performed a Digoxin induction. The baby's death came with an injection of saline solution. Because her head was too big to move through the birth canal, the doctor drained it. The Bakers later held B.B. "She was beautiful," the mother said, "and we were able to tell her goodbye."

The Bakers are grateful to Dr. Tiller and his volunteers brave and gentle. "Dr. Tiller is a gift from God," Phyllis Baker said. Randy Baker said, "If I had to pay Dr. Tiller a half-million dollars to do what he did, I'd do it. It sounds crazy to thank him for killing my baby, but it's not. Those screaming people banging on our car don't care about us or our baby. Dr. Tiller cares. I know he has Austin's picture on his wall."

They call him Austin because the Texans conceived him in the Texas capital two months after B.B.'s death. Austin Baker is 10 months old, blue-eyed, blond and rosy-cheeked. For two hours the other night, as his parents told their story, the little boy slept first on his father's stomach and then in his mother's arms.

Every night when Daddy comes home, Austin toddles over and hugs one leg or the other. There were no problems with his birth, though the father never quit worrying until he saw his son perfect. "Instantaneous love," the father says, and the mother says, "I cry about B.B. because I miss her so much, and I know we can't ever replace her. But because of Dr. Tiller's skill and courage, we were able to have Austin. He's the light of our life."

At the start of this, we mentioned a round crib ordered for B.B.

The same crib was ordered for Austin.  
He loves it.

7-6

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January 17, 1996

KANSANS FOR LIFE SUPPORTS HB 2174

Kansans for Life, the state's largest pro-life organization, supports House Bill 2174 banning the performance or inducement of an abortion by amnioinfusion of a saline solution.

Saline abortions are performed usually after 16 weeks gestation when enough fluid has accumulated in the baby's bag of waters. A long needle is inserted through the mother's abdomen into the baby's sac and a solution of concentrated salt is injected into it. The baby breathes in and swallows the salt and is poisoned by it. The outer layer of skin is burned off by its corrosive effect. It takes over an hour to slowly kill a baby by this method. The mother will then go into labor about 24 hours later and deliver the dead baby.

Needless to say, this method, in addition to being fatal for the baby, is also very traumatic for the mother. What is it like to feel your unborn child thrashing around inside of you struggling to survive after being poisoned? Is it reasonable to think that maybe a mother might suffer some type of emotional trauma as a result of having this type of abortion?

State statute 47-1718 deals with approved methods of euthanasia for livestock and domesticated animals. As you will see in the attached copy of the statute, nowhere does it list as acceptable a method that even vaguely resembles what occurs with a saline abortion. Are we to assume that animals deserve to be treated with more concern and compassion than unborn human beings? Recent editorials (see attached copy of editorial from the Topeka Capital-Journal) plead for better treatment of unwanted animals, yet never decry what is happening to unborn children in the name of "choice."

HB 2174 does nothing more than ban one particularly dangerous method of abortion; dangerous not only for the mother and child, but also for the abortionist who risks the dreaded "complication" of a live birth. Sometimes babies survive being poisoned in their mothers' wombs and grow up to be beautiful, energetic young ladies like Gianna Jessen. I encourage you to find HB 2174 favorable for passage.

Jeanne L. Gawdun  
KFL Lobbyist

## Colleges & Universities

(12) Chapters



Kansas affiliate to the National Right to Life Committee

H. & H. S. Comm.  
1-17-96  
Attn #8

Considering that the Youth Center

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**ANIMALS**

# Shooting unnecessary

**T**he controversial shooting of a dog and her five puppies by the Hoyt city marshal should serve as a lesson on several fronts.

First, all alternatives should be explored before killing companion animals. Perhaps this stray chow was, as a veterinarian noted, wild and too old to socialize. But she should have been captured, with tranquilizers if necessary, and euthanized in a humane and modern manner.

Meanwhile, her puppies should have been taken to a veterinarian for examination and possible adoption.

Second, unwanted animals shouldn't be dumped and left in rural areas. It's heartless and cruel to expect domesticated animals to fend for themselves, and it creates strays that drive up animal populations and annoy and endanger homeowners and their own animals.

**■ There was no good reason for the marshal's shooting of a dog and five puppies near Hoyt.**

Third, the case serves as a reminder that it's extremely important to take extra care of animals during the cold months. Outdoor animals need extra food to keep them warm and water that is kept unfrozen.

Finally, animal care experts will tell you it's a good idea to spay or neuter animals to prevent stray and unwanted litters. Overpopulation leads to tragedies such as this one.

The Hoyt city marshal, despite any merciful intentions, was out of line in shooting the dogs. But let's not give him or anyone else a chance to do it again.

## EDITORIAL BOARD

Editorials are the opinions of The Capital-Journal's editorial board. Members are: Scott McKibben, Mark Nusbaum, Michael Ryan, Garran Allison, Karen Sipes, Gene Smith, John Stauffer and Stan Stauffer. Community board members are Nancy Kindling and Curtis Pitts.

Graves on the arrival of wish them every happy night's sleep.

— CAROL

## City not a laugh

I wish to reply to the "stock" letter.

On Tuesday, Dec. 11, the name of Milton Tabor, with the Topeka Daily Capital, told me by Missouri border Rangers and others who their will on the people of the state of Kansas.

Kansas and its people have come down upon from the beginning the people of Kansas echo the backbone and hard work of the United States of America.

You seem to put much more on the papers of other cities. Your article was not about the Phelpses and their beliefs.

## HOW TO SUBMIT

Signed letters with the writer's name and a daytime telephone number are considered for publication.

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# Negative campaigns polarize voters

**■ Uncivil ads affect the electorate adversely: Moderates are further disenchanted with the**

**T**he polarization of American politics is not an accident. The uncivil atmosphere of Washington, so evident in the protracted battle of the budget, is not a happenstance. Both are direct byproducts of the dominant means of political communication, the 30-second campaign ads, whose increasingly negative tone and content heighten



California at Los Angeles.

The subtitle of the book, "How Political Advertisements Shrink and Polarize the Electorate," states the case that is persuasively made.

Many of us in journalism have decried the effects of negative political ads because of the repulsion many voters and some politicians have expressed for them. The authors found how to describe and measure what those ads do.

They ran experiments with cross sec-

report that the information gives the prospect especially before. The information for those who are for the candidate.

With partisan manipulative Democrats and Republican opposition a tend to rein-

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identification of animals handled; (4) primary enclosures; (5) housing facilities; (6) sanitation; (7) euthanasia; (8) ambient temperatures; (9) feeding; (10) watering; (11) adequate veterinary medical care; (12) inspections of licensed or registered premises, investigations of complaints and training of persons conducting such inspections and investigations; and (13) a requirement that each licensee keep and maintain, for inspection by the commission, such records as necessary to administer and enforce the provisions of the Kansas animal dealer act.

(b) The commissioner shall only adopt as rules and regulations for animal dealers and animal dealer premises the rules and regulations promulgated by the secretary of the United States department of agriculture, cited at 9 C.F.R. 3.1 through 3.12, pursuant to the provisions of the United States public law 91-579 (7 U.S.C. § 2131 et seq.), commonly known as the animal welfare act and a requirement that each animal dealer file with the commissioner evidence that animals entering or leaving the state are free from any visible symptoms of communicable disease.

History: L. 1972, ch. 201, § 12; L. 1988, ch. 189, § 10; L. 1991, ch. 152, § 32; July 1.

**47-1713.** Prohibiting sale or gift of certain animals; health certificate required. The commissioner may prohibit the sale or gift within the state of animals or exotic pet animals which constitute a hazard to human health or safety or to animal health or safety.

Any animal or exotic pet animal sold by a pet shop operator licensed pursuant to the provisions of this act shall be accompanied by a written instrument issued by such pet shop operator on a form prescribed by the commissioner certifying that such animal is in sound health.

History: L. 1972, ch. 201, § 13; July 1.

**47-1714.**

History: L. 1972, ch. 201, § 14; Repealed, L. 1988, ch. 189, § 15; July 1.

**47-1715.** Violation of act or rules and regulations; penalty; seizure and disposition of animals, when. (a) Any violation of or failure to comply with any provision of the Kansas animal dealer act, or any rule and regulation adopted hereunder, shall constitute a class A misdemeanor. Continued operation, after a conviction, shall constitute a separate offense for each day of operation.

(b) Upon a conviction of a person for any violation of the Kansas animal dealer act, or any rule and regulation adopted hereunder, the court shall order the commissioner to seize and impound any animals in the convicted person's possession, custody or care if there are reasonable grounds to believe that the animals' health, safety or welfare is endangered. Except as provided by K.S.A. 21-4311, and amendments thereto, such animals may be returned to the person owning them if there is satisfactory evidence that the animals will receive adequate care by that person or such animals may be sold, placed or euthanized, at the discretion of the commissioner. Costs of care and services for such animals while seized and impounded shall be paid by the convicted person. Such funds shall be paid to the commissioner for reimbursement of care and services provided during seizure and impoundment. If the person is not convicted, the commissioner shall pay the costs of care and services provided during seizure and impoundment.

History: L. 1972, ch. 201, § 15; L. 1988, ch. 189, § 11; L. 1991, ch. 152, § 33; July 1.

**47-1716.**

History: L. 1972, ch. 201, § 16; Repealed, L. 1988, ch. 189, § 15; July 1.

**47-1717.** Invalidity of part. If any provision of this act, or the application of any such provision to any person or circumstance, shall be held invalid, the remainder of the act, and the application of any such provision to any person or circumstance other than those as to which it is held invalid, shall not be affected thereby.

History: L. 1972, ch. 201, § 17; July 1.

**47-1718.** Euthanasia, approved methods. (a) No animal shall be euthanized by any dog warden, officer of an animal shelter or officer of a pound by any means, method, agent or device, or in any way, except as follows:

(1) By administration of sodium pentobarbital, or any other barbiturate, or a euthanasia solution marketed under the trade name T-81, by any of the following methods and under the following conditions:

(A) Intravenous or intra-cardial injection of a lethal solution;

(B) oral ingestion by animals of powdered sodium pentobarbital in capsules mixed with food, with the animal remaining in its individual cage until dead (suited for use with vicious or intractable animals);



(C) intraperitoneal or intra-cardial injection in animals when location of and injection into the vein is difficult or impossible;

(D) use of an undamaged hypodermic needle of a size suitable for the size and species of animal;

(E) administration to be only by or under the supervision of a licensed veterinarian.

(2) By the use of carbon monoxide gas administered in a tightly-enclosed chamber equipped with:

(A) Internal lighting and viewport providing direct visual observation of any animal within the chamber;

(B) a gas generation process adequate to achieve a carbon monoxide gas concentration throughout the chamber of at least five percent (5%) within five (5) minutes after any animal is placed in the chamber;

(C) a suitable gauge or gas concentration indicator or recording device making possible easy and instantaneous visual determination of the carbon monoxide concentration in the chamber;

(D) a means of cooling the gas, if from an internal combustion gasoline engine, to a temperature not exceeding one hundred fifteen (115) degrees Fahrenheit at point of entry into the chamber and to one hundred (100) degrees at any point within the chamber, as determined by temperature gauges permanently installed at point of entry and inside the chamber;

(E) means of removing or filtering out all noxious fumes, irritating acids and carbon particles from the gas before it enters the chamber;

(F) if an internal combustion engine is used for gas generation, a means of substantially deadening the sound and vibration transmission from the engine to the chamber, by placing them in separate rooms or soundproof compartments and connecting them with a flexible tubing or pipe at least twenty-four (24) inches in length, so that the noise level within the chamber shall not exceed seventy (70) dBA;

(G) a means of keeping the animals in the chamber in separate compartments, except that young animals from the same litter may be placed in a single compartment with their female parent;

(H) an exhaust fan connected by a gas-tight duct to the outdoors, capable of completely evacuating the gas from the chamber before it is opened after each use, for the protection of personnel.

(3) Animals under six months of age, may be euthanized with chloroform, or with a mixture of chloroform and carbon dioxide by a means approved in writing by any licensed veterinarian after inspecting the equipment and method, provided the following requirements are observed:

(A) The animal to be euthanized must be placed in an individual cage or compartment in a small chamber or box having a tight seal, or in a transparent trash bag which can be closed tight after introduction of the chloroform;

(B) the chloroform, with the dose sufficient to euthanize the size of animal, shall be placed on a paper towel, piece of gauze or ball of cotton, and inserted into the chamber or bag in such a position that the animal shall not be able to come in direct contact with it;

(C) the chamber or box, if used, must have a viewport sufficient to permit unobstructed observation of the animal until dead;

(D) the animal must remain in the chamber or bag until rigor mortis has set in;

(E) the room in which the chloroform is administered must have forced ventilation to remove all fumes after each use, for the protection of personnel;

(F) if a mixture of chloroform and carbon dioxide is used, the carbon dioxide shall be from a cylinder of commercially-produced gas, with the gas introduced into the chamber immediately after introduction of the chloroform through a valve which produces only a minimum of noise and permits rapid distribution within the box, with an air vent at the top of the chamber to permit exit of displaced air.

(4) By shooting, or use of a captive-bolt pistol, provided all of the following requirements are met:

(A) The animal is restrained in a humane manner so as to make possible an accurate shot without the animal becoming unduly agitated;

(B) a weapon and ammunition of suitable caliber and other characteristics are used so as to produce death with a single shot to the brain, with the bullet entering the skull at a point approximately at the point where two lines drawn diagonally from each eye to the back of the opposite ear cross;

(C) adequate precautions are taken to avoid danger to other animals and to personnel by ricocheting bullets;

(D) a captive-bolt pistol may be substituted for gun and ammunition, to provide instantaneous unconsciousness by penetration of the

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skull and brain, to be followed by any suitable method of producing death if the animal is not dead as a result of such penetration.

(b) This section shall be part of and supplemental to article 17 of chapter 47 of the Kansas Statutes Annotated.

History: L. 1980, ch. 157, § 3; July 1.

**Attorney General's Opinions:**

County planning and zoning; agricultural purposes; greyhound operations. 90-68.

**47-1719. Hobby kennel operator certificate of registration.** (a) On and after January 1, 1989, it shall be unlawful for any person to act as or be a hobby kennel operator unless such person has obtained from the commissioner a hobby kennel operator certificate of registration. Application for such certificate shall be made in writing on a form provided by the commissioner. The registration period shall be for the registration year ending on June 30 following the issuance date.

(b) This section shall be part of and supplemental to K.S.A. 47-1701 *et seq.* and amendments thereto.

History: L. 1988, ch. 189, § 5; July 1.

**47-1720. Research facility license.** (a) On and after January 1, 1989, it shall be unlawful for any person to operate a research facility unless such person has obtained from the commissioner a research facility license. Application for such license shall be made in writing on a form provided by the commissioner. The license period shall be for the license year ending on June 30 following the issuance date.

(b) This section shall be part of and supplemental to K.S.A. 47-1701 *et seq.* and amendments thereto.

History: L. 1988, ch. 189, § 6; July 1.

**47-1721. License and registration fees; costs of inspection; disposition of moneys.** (a) Each application for issuance or renewal of a license or certificate of registration required under K.S.A. 47-1701 *et seq.* and amendments thereto shall be accompanied by the fee prescribed by the commissioner under this section. Such fees shall be as follows:

(1) For a license for premises of a person licensed under public law 91-579 (7 U.S.C. § 2131 *et seq.*), an amount not to exceed \$150.

(2) For a license for any other premises, an amount not to exceed \$300.

(3) For a certificate of registration, an amount not to exceed \$75.

(b) The commissioner shall determine annually the amount necessary to carry out and enforce K.S.A. 47-1701 *et seq.* and amendments thereto for the next ensuing fiscal year and shall fix by rules and regulations the license and registration fees for such year at the amount necessary for that purpose, subject to the limitations of this section. In fixing such fees, the commissioner may establish categories of licenses and registrations, based upon the type of license or registration, size of the licensed or registered business or activity and the premises where such business or activity is conducted, and may establish different fees for each such category. The fees in effect immediately prior to the effective date of this act shall continue in effect until different fees are fixed by the commissioner as provided by this subsection.

(c) If a licensee, registrant or applicant for a license or registration requests an inspection of the premises of such licensee, registrant or applicant, the commissioner shall assess the costs of such inspection, as established by rules and regulations of the commissioner, to such licensee, registrant or applicant.

(d) No fee or assessment required pursuant to this section shall be refundable.

(e) The commissioner shall remit all moneys received by or for the commissioner under this section to the state treasurer at least monthly. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount in the state treasury and shall credit it to the animal dealers fee fund, which is hereby created in the state treasury. Moneys in the animal dealers fee fund may be expended only to administer and enforce K.S.A. 47-1701 *et seq.*, and amendments thereto. All expenditures from the animal dealers fee fund shall be made in accordance with appropriation acts upon warrants of the director of accounts and reports issued pursuant to vouchers approved by the Kansas livestock commissioner or the commissioner's designee.

(f) This section shall be part of and supplemental to K.S.A. 47-1701 *et seq.* and amendments thereto.

History: L. 1988, ch. 189, § 12; L. 1991, ch. 152, § 23; July 1.

**47-1722. Extension of required licensure date, when.** (a) Any person who is acting as a pet shop operator or animal dealer on the effective date of this act but was not required to be licensed under K.S.A. 47-1701 *et seq.*

In 1939, Romania was the first country to use the instillation abortion. It used a strong saline solution that was injected directly into the amniotic fluid. After WWII, the saline technique was adopted and used extensively in Japan with many serious effects being reported. At least 60 women were known to have died of saline abortion complications and over 70 papers were published documenting the hazards of this technique all within the first five years of usage. After the Japanese Obstetrical and Gynecological Society declared the risks too great, Japan quickly abandoned saline abortions and adopted other abortion methods that were less likely to INJURE or KILL the mother. In 1965 Dr. Takashi Wagatsuma wrote that due to the increasing popularity of saline, "It is, I think, worthwhile to report its rather disastrous consequences which we experienced in Japan. It is now known that any solution placed within the uterus can be absorbed rather rapidly into the general circulation through the vascular system of the uterus and placenta."

By the mid-60's the data against saline was simply overwhelming. But that did not dissuade the American community. Despite the dire warnings, when large-scale abortions began in New York and California, American abortionists enthusiastically embraced saline. Before long the corpses started piling up, and articles about saline deaths and injuries began showing up in mainstream medical literature. One published by the A.M.A., stated that, "Saline abortion is second only to a heart transplant as elective surgery with the highest fatality rate."

*(Please see page two at this time.)*

In closing, I'd like to ask the committee members - Are you truly Pro Women? If you are, I believe you also need to ask yourselves - Can I allow this to go on? Can I sit back knowing what I know now and do nothing? You can do something, you can go to the floor and pass the bill to outlaw saline abortions. This doesn't whittle away at women's rights, this procedure maims and destroys women and I'm thankful that I'm alive to testify before you today! In fact by outlawing this you protect women and indeed empower them to make a better choice since most abortionists never tell the women of the extreme dangers they most likely will encounter. I find it interesting that other countries - Japan, Russia, Sweden care enough about their women to outlaw saline abortions. The point is, to date, 42 years after saline abortions were banned in Japan, 30 years after the Japanese Doctors warned us of their terrible dangers, 22 years after the A.M.A. article called for a moratorium on saline abortions, and 14 years after the C.D.C. finally recognized that the technique was dangerous and should be abandoned, many U.S. abortionists have yet to acknowledge the dangers of instillation abortions. The real tragedy is that it is this sort of abject dishonesty that killed and injured so many American women.

Nancyjo Mann  
Knowing Heart Ministries

H. & H. S. Comm.  
1-17-96  
Att #9

At age of 17 during her Junior year in high school Nancyjo became pregnant. Refusing to abort the baby, Nancyjo married the father. After graduating from high school they had their second child.

Rebounding from the divorce and thinking she was "safe" on the pill, she got pregnant with her 3rd child and 4 months later, married again. On October 30, 1974, not even 2 months into the marriage, her second husband decided 3 kids were more than he could handle and walked out. In her distress she turned to her family for support. Instead, she found scorn. Her mother said, *"Nancy, you'll never amount to anything. No man will want you with 3 children, let alone the 2 you already have. You'll be on welfare the rest of your life. You've got to have an abortion."*

Two hours later, she sat in Dr. Fong's office, terrified, not wanting to abort her child but seeing no alternative. The doctor didn't bother to examine her. When she asked him what he was going to do, he answered, "I'm going to take a little fluid out and put a little fluid in. You'll have severe cramps and you'll expel the fetus." She was told to go to the hospital, get admitted and he would be over in an hour. As she sat waiting for him, she thought about what he'd said, picturing a regular sized shot. When he pulled out a 4" needle with a 6-8 inch cylinder, everything within Nancyjo wanted to scream, but she was paralyzed with terror.

She lay there frozen, as the doctor prepped her and using the syringe, took out 60 cc's of amniotic fluid. Immediately after he injected the 210 cc's of 20% saline solution. He left and her baby began to thrash around violently. Nancyjo talked to her daughter the hour and a half it took her to die begging for forgiveness. Nancyjo still remembers the last weak kick against her lower left side. The nightmare of what was happening seemed unbearable. Nancyjo was never told what would happen to her - never told she'd feel her baby die. The severe cramps were in reality, hard labor.

After the baby died, nurses came in, started an I-V of pitosin to induce labor, then left. Nancyjo tried to summon help, pleading for someone to be with her, but no one came. It took 12 pain filled hours, but she finally delivered her own daughter, alone. She was 14" long and weighed a pound and a half. She had a head full of hair and her eyes were opening. Nancyjo held her for a minute before the nurses rushed in, grabbed her out of Nancyjo's arms and threw her into a bed pan. Nancyjo heard her tiny head hit the cold metal. Then they yanked on the umbilical cord, jerked the placenta out and left. Nancyjo lay there tormented by guilt and grief. Bleeding and infections continued for the next four months. Too ashamed of her abortion to go to her regular ob/gyn, she returned to Dr. Fong for a D & C. Three weeks later she was running a 105 degree fever and doubled over with pain.

She went to the bathroom and expelled over 20 yards of black packing the doctor neglected to remove after surgery. She was rushed to the hospital and the examining doctor exclaimed, *"My God, Nancy, who has butchered you like this?"* Full of shame, she refused to tell him anything. He said, *"Nancy, he has cut off your cervix and you have an open uterus. You will never stop bleeding. Who has done this to you?"* She still refused to tell him saying he only had to make her well. So at 22 years of age, she underwent a complete hysterectomy because of her "safe, clean, legal, hospital performed abortion."

Four years later, Nancyjo was seriously injured in a motorcycle accident. She asked Christ into her life. Nine months later, he began dealing with her about her abortion. It took 3 years to grieve through her loss. In 1982, she met Dr. Jack Wilke and he encouraged her to start W.E.B.A. (Women Exploited by Abortion). In 1982 Nancyjo Mann founded *Women Exploited by Abortion International*. W.E.B.A. was one of the first post abortion support group ministries in the world. Serving as the first President until 1984, she took the facts of post abortion trauma public. Nancyjo's saline abortion at 22½ weeks of pregnancy was severely botched. This resulted in a total hysterectomy and years later 3 female reconstructive surgeries.

Recently Nancyjo founded *Knowing Heart Ministries* which brings attention and informs the public on abortion risks and post abortion trauma. Lies of omission - Not telling women the possible and probable effects of abortion whether mental, emotional or physical must not be tolerated any longer. Women deserve the "Right To Know". Knowing Heart Ministries will also be specializing in Mid and Late term post abortion trauma.

## OCTOBER 30/31, 1974 — TWO DAYS TO REMEMBER

9-3

At the age of 17 during her Junior year in high school Nancyjo became pregnant. Refusing to abort the baby Nancyjo married the father. After graduating from high school they had their second child.

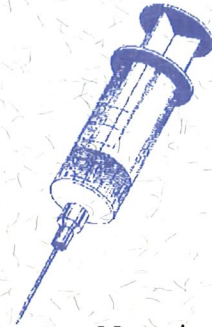
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# NANCYJO MANN



## A STORY TO REMEMBER

### NANCYJO HAS . . . .

- **Consulted with the White House Department of Womens Issues in 1982-1983.**
- **Given testimony before a Congressional House Committee hearing in May 1983.**
- **Had her Story published in medical journals and newspapers worldwide, such as these National publications:**
  - **Moral Majority (National Magazine)**
  - **Washington Post**
  - **Christian News**
  - **Interssors for America**
  - **Christianity Today**
  - **Washington Times**
  - **Moral Majority Review**
- **Congressman Chris Smith has placed her testimony in the U.S. Congressional Records.**
- **Represented the United States, she spoke before the Irish Parliament during the debate on their abortion referendum.**
- **Nancyjo has spoken before many State Legislative bodies throughout the Unites States.**
- **Awarded Outstanding Young Woman of America in Who's Who for Women's Achievements--1984**
- **Appeared in the documentary film "America Betrays Her Children."**
- **Opened 2 crisis pregnancy centers in Oklahoma and Kansas City, KS.**

### Nancyjo Speaks at These Gatherings

- |   |   |
|---|---|
| * <b>Teen Conventions</b>                   | * <b>T.V. and radio Broadcasts</b>            |
| * <b>Banquets and Fund raisers</b>          | * <b>Church Services and Assemblies</b>       |
| * <b>Political and Legislative Meetings</b> | * <b>Conferences, Conventions, or Rallies</b> |

Nancyjo's message is not only motivational, but moving, powerful and inspiring.

As the Director of "Knowing Heart Ministries," Nancyjo's schedule is being booked for 1996.

If you are interested in Nancyjo Mann coming to your area please call us at (316) 945-7929  
or write to:

Knowing Heart Ministries  
P.O. Box 17121  
Wichita, KS 67217

- I would like to support this ministry
- Please send me more information on Nancyjo's activities
- I will pray for Knowing Heart Ministries
- Please put me on your mailing list.

Name

Address

Phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9-4

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

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Dedicated • Determined • Decisive

To: House Health and Human Services Committee Members  
From: Peggy Jarman representing pro-choice organizations  
Regarding: Abortion Bills

I present the following statement on behalf of the Kansas Choice Alliance, its 73 member organizations and their 100,000 plus members:

It is an inappropriate use of taxpayer's money to deal with these abortion bills. It is especially inappropriate in light of the fact that the governor has said he will veto any changes in the abortion law that is current statute. It is equally inappropriate given the fact that all polls show that over 70% of the people in this state approve the current compromise law.

We respectfully suggest that you address real concerns of citizens and the real issues that plague the women, men, families, and children in this state.

H. & H. S.  
1-17-96  
Attn #10

AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC) AND GENERAL ASSISTANCE (GA) 7-1-92  
BASIC ELIGIBILITY REQUIREMENTS

Complete information regarding AFDC and GA eligibility is contained in the Kansas Administrative Regulations and in the Kansas Public Assistance Manual.

Persons Eligible

For AFDC there must be at least one child who is: (1) under the age of 18 years, or under 19 and a full-time student in a secondary or an equivalent level of vocational school who may reasonably be expected to complete the program prior to his or her 19th birthday; (2) living with a relative of a specified degree; and (3) deprived due to unemployment, incapacity, or absence of a parent. In addition, pregnant women with no other dependent children can qualify for AFDC beginning in their 6th month of pregnancy if they are expected to be eligible for AFDC in the month the child will be born.

To receive GA the applicant/recipient must not be eligible for AFDC or SSI. Most GA recipients are disabled adults or families with children.

An additional requirement for AFDC and GA is that the applicant/recipient's nonexempt income and other resources must be insufficient to meet their budgetary needs.

Resources (Including Income)

Public assistance eligibility is restricted to those individuals and families whose gross income does not exceed 185% of budgetary standards.

In determining countable income, consideration is given to all income of legally responsible persons, and nonlegally responsible stepparents in the home of an AFDC eligible child unless specifically exempt.

Certain resources are exempt for both AFDC and GA including:

- . The home in which the individual or family resides.
- . Assets of less than \$1,000 for one or more persons.
- . The equity value of one vehicle not exceeding \$1,500.
- . Household equipment and furnishings in use, personal effects, and tools in use.

Items of Need

Cash payments for persons in their own home are based on standardized allowances for maintenance. For GA the amount for basic and shelter are the proportionate share for the number of persons in the assistance plan in relation to the number of persons in the household except for cases in which a child or pregnant woman is included in the assistance plan. In addition, only 80% of the total need is allowed, except in the General Assistance Reintegration program, in GA cases which include a child or pregnant woman, and in special circumstances for persons living in their own home or in board and room situations. For GA cases which include a child or pregnant woman and for all AFDC cases, a percentage reduction of the shelter allowance is contained in the standard for persons in shared living arrangements.

The basic standard includes such items as food, clothing, utilities, household, personal needs, and an energy supplement. The following table reflects 100% of the basic standards in AFDC and GA:

Persons in the Plan					
1	2	3	4	5	6 and Up
\$132	\$217	\$294	\$362	\$423	+ \$61 per person

For AFDC and GA, the shelter standard varies based on location in the state. The shelter standards are \$92, \$97, \$109, and \$135 per month.

HHS Comm.  
1-17-96  
Attn # 11



**BASIC ELIGIBILITY REQUIREMENTS**  
**Food Stamp Program**

The Food Stamp Program is a nutrition assistance program which provides coupons to eligible persons for use in purchasing food from local grocery stores. Below is a summary of the major eligibility provisions of the Food Stamp Program. Complete information regarding food stamp eligibility can be obtained by contacting your local Social and Rehabilitation Services Office.

**Persons Eligible**

Any single individual or household group whose income and resources are low and who meet certain basic program requirements can qualify.

**Income and Income Deductions**

All income and resources must be reported when you apply. Although certain types of income may be excluded, most is counted in determining eligibility and the amount of food stamp benefits for the household. Food stamp income limits go up as household size increases.

The following can be deducted from total gross monthly income to determine monthly Net Income: (1) to cover basic household expenses, a standard deduction will be subtracted; (2) to cover work-related expenses and payroll taxes, a 20% deduction will be subtracted from earned income; (3) to cover dependent care expenses, a deduction for actual costs, up to the maximum allowed, will be subtracted, and (4) to cover high shelter expenses, a deduction for actual costs, up to the maximum allowed, may be subtracted.

In addition, households with elderly (60 or older) members, or those who receive SSI, Social Security disability payments, certain Veterans disability payments, or certain other disabled persons may also deduct: (1) medical costs over \$35 a month incurred by the elderly/disabled, if not reimbursed or insured, and (2) all shelter costs over 50% of the household's adjusted income.

The Maximum Monthly Net Incomes are:

\$ 623 for 1 person	1263 for 4 persons
\$ 836 for 2 persons	1476 for 5 persons
\$1050 for 3 persons	Add \$214 for each additional person

**Resources**

All households may have up to \$2,000 worth of resources. Households may have up to \$3,000 if at least one member is age 60 or older.

Certain Resources are exempt, such as:

- . The home in which the individual or family resides
- . One licensed vehicle under certain circumstances
- . Vehicles needed for purposes of employment (up to value of \$4,500)
- . Life insurance policies
- . Income-producing real estate (if the property annually produces income consistent with its fair market value)
- . Tradesman tools and farm machinery

Some countable resources that apply toward the \$2,000 (or \$3,000) limit are:

- . Cash, checking and savings accounts
- . U.S. Savings Bonds
- . Savings certificates
- . Buildings or land (except family home)
- . Boats and recreational vehicles
- . Jointly owned resources

Special Provisions for Elderly/Disabled

If a household has at least one person who (a) is 60 or older; (b) receives SSI benefits or disability payments under the Social Security Act; (c) is a disabled veteran, a disabled surviving spouse of a veteran, or a disabled surviving child of a veteran, or (d) meets one of the other specific disability criteria, the household may deduct unreimbursed medical expenses that exceed \$35 a month for its elderly or disabled members. Deductions are made from the household's adjusted income.

Households with elderly or disabled persons may deduct all shelter costs over 50% of the household's adjusted income.

Disabled persons receiving or applying for SSI benefits may apply for food stamps at local Social Security offices at the time they apply or reapply for SSI benefits. Joint processing is limited to persons who live in households in which all members are receiving or applying for SSI.

Elderly and disabled people who have difficulty getting around can ask the food stamp office to arrange a home visit or telephone interview. Elderly and disabled people may also name an authorized representative, who can complete the food stamp application process for them or can assist or accompany them.

Special Provisions for Households with Farm Income

If the cost of producing farm income exceeds the income derived from self-employment as a farmer, such losses will be offset against any other countable income in the household. To utilize this provision, a self-employed farmer must receive or anticipate receiving annual gross proceeds of \$1,000 or more from the farming enterprise.

Special Provisions for Categorically Eligible Households

Households in which all members receive or are authorized to receive Aid to Families with Dependent Children (AFDC), General Assistance (GA) and/or Supplemental Security Income (SSI) may be considered categorically eligible for food stamps because of their status as AFDC, GA and/or SSI recipients. If all members of the household are approved for AFDC, GA and/or SSI benefits, contact the local SRS office about the possibility of categorical eligibility for food stamps.

\*\*\*\*\*

THE FOOD STAMP PROGRAM IS AVAILABLE TO ALL ELIGIBLE PERSONS  
REGARDLESS OF RACE, COLOR, CREED, SEX, AGE, NATIONAL ORIGIN,  
POLITICAL BELIEFS, OR HANDICAPS.

Kansas Department of Social and Rehabilitation Services  
Division of Income Support

MEDICAL ASSISTANCE (MA)

Medical assistance is provided to low income Kansans to help cover the cost of health care. There are two medical programs through which assistance can be given. The federal Medicaid program is a joint federal/state funded program and covers a majority of low income persons in the State including children, pregnant women, and the elderly and disabled. The State MediKan program is a totally State-funded program and covers individuals who do not qualify for Medicaid but who are eligible for benefits under the State's General Assistance (GA) Program. This includes working two-parent families and disabled adults.

I. COVERED GROUPS

The following groups of individuals can qualify for medical assistance (Medicaid or MediKan) in Kansas:

- o Persons who are eligible for cash assistance under the AFDC (Aid to Families with Dependent Children), GA (General Assistance), SSI (Supplemental Security Income), or Refugee programs.
- o Children for whom adoption assistance or foster care payments are made.
- o All children under age 18 who meet financial requirements.
- o Children under age 1 and pregnant women whose family income does not exceed 150% of the federal poverty level.
- o Children ages 1 through 5 whose family income does not exceed 133% of the federal poverty level.
- o Children ages 6 through 16 who were born on or after October 1, 1979 and whose family income does not exceed 100% of the federal poverty level.
- o Persons who are aged, blind, or disabled based on Social Security criteria.
- o Persons who are eligible for Medicare Part A coverage and whose income does not exceed 100% of the federal poverty level or falls between 100% and 120% of the federal poverty level.
- o Children under age 21 in intermediate care, skilled care, or psychiatric facilities.
- o Families who lose eligibility for AFDC because of increased earnings, increased hours of employment, or an increase in child support.

## II. GENERAL REQUIREMENTS

The person must be a resident of Kansas and either a U.S. citizen or lawfully admitted alien. The person must also provide or apply for a Social Security number and cooperate with the agency in providing all information necessary to determine eligibility.

## III. RESOURCES

Generally, all resources owned by the individual except the home and 1 automobile must be counted. This includes checking accounts, savings accounts, other real estate, and trust funds.

For most of the covered groups described above, an individual must not own more than \$2,000 in countable resources and a family of 2 or more must not own more \$3,000 in countable resources.

However, there is no resource test for children and pregnant women whose income does not exceed the applicable federal poverty levels described above. In addition, for qualifying Medicare Part A beneficiaries, countable resources must not exceed 2 times the above levels.

Federal law now permits a husband and wife to transfer their resources when one of them needs nursing home care. The law is intended to help protect resources for the person who remains at home and help the person needing nursing home care to qualify for Medicaid. A minimum of \$15,384 and a maximum of \$76,740 can be transferred.

## IV. INCOME

The earned and unearned income of the individual and any appropriate family members must be counted. This includes wages, unemployment benefits, Social Security and VA benefits, and child support. Certain income is exempt by federal statute and regulation such as certain educational grants and SSI benefits.

Unearned income is generally counted in full. Certain deductions are applied to earned income. For children, pregnant women, and caretaker relatives, these deductions include a \$90/month work expense deduction for each employed person and up to a \$200/month deduction per child for work-related child care expenses.

Federal law now permits a husband and wife to divide their income when one of them needs nursing home care. The law is intended to protect income for the person who remains at home and help the person needing nursing home care to qualify for Medicaid. The minimum amount that can be protected is \$1,254/month and this can be increased to a maximum of \$1,919 month if there are excess housing expenses for the person who stays at home. However, this law is not applicable to persons in nursing homes who do not qualify for nursing home assistance because their income exceeds the gross income standard described in the next section.

V. INCOME STANDARDS

A number of standards exist in the cash assistance programs (AFDC, GA, SSI, and Refugee Assistance) which vary according to the type of cash program, family size, and living arrangements. If the person's countable income is below the appropriate standard, he or she is eligible for a cash benefit and automatically receives medical assistance.

- o For persons in nursing facilities, gross monthly income must not exceed \$1410/month. Persons whose income exceeds this cap are not eligible for help with their nursing home expenses, but may qualify for other medical benefits (such as help with pharmacy and doctor expenses).
- o Children born on or after October 1, 1979 and pregnant women are eligible for medical assistance if their family income falls below the applicable poverty level standards listed below.

<u>Number of Persons</u>	<u>Monthly 150% Poverty Level for Pregnant Women and Infants Under Age 1</u>	<u>Monthly 133% Poverty Level for Children Ages 1 Through 5</u>	<u>Monthly 100% Poverty Level for Children Ages 6 Through 16 Born on or After October 1, 1979</u>
1	\$ 934	\$ 823	\$ 623
2	\$1254	\$1112	\$ 836
3	\$1574	\$1396	\$1050
4	\$1894	\$1680	\$1263

- o Qualified Medicare Part A beneficiaries are eligible for coverage of Medicare cost-sharing expenses (i.e. Part A and B premiums, deductibles, and co-insurance) if their income falls below the 100% poverty level standards listed below.

<u>Number of Persons</u>	<u>Monthly 100% Poverty Level Standards</u>
1	\$ 623
2	\$ 836
3	\$1050

- o Low Income Medicare Part A beneficiaries whose income exceeds the above 100% level are eligible for coverage of their Medicare Part B premiums if their income falls below the 120% poverty level standards listed below.

<u>Number of Persons</u>	<u>Monthly 120% Poverty Level Standards</u>
1	\$ 747
2	\$1003
3	\$1259

- o For all other covered groups, the persons can qualify for medical assistance if the person's income fall below the following standards:

<u>Persons</u>	<u>Monthly Income Standards</u>
1	\$ 470
2	\$ 475
3	\$ 480
4	\$ 497
5	\$ 558
6 or more	Add \$61 per person.

If countable income exceeds these standards, the person can qualify for medical assistance if his or her medical expenses equal or exceed the amount of the excess (spenddown process). Eligibility for such persons is generally determined on a six-month basis. Medical assistance is available only for those expenses in excess of the spenddown requirement.

#### VI. SCOPE OF MEDICAL SERVICES

Payable medical care includes: Care in hospitals, nursing homes, state institutions; diagnostic and treatment services of professional practitioners in most medical fields; prescribed drugs; prostheses; and other related medical necessities. Transportation (including ambulance) and other services to provide care in the least restrictive setting are also covered. Medical costs are paid directly to the provider of medical services on the basis of individual billing, after such "third party" resources as Medicare and insurance benefits have been utilized.

**NOTE:** Adult GA cash recipients (excluding pregnant women) receive more limited medical services under the MediKan program. Persons who opt for only the special Medicare Part A beneficiary program described above receive coverage of only Medicare cost-sharing expenses.

MESSAGE DISPLAY FOR PENNY COLLINS

*Legislative  
Tracking*

To KRS4327:LSOB03  
CC plc

From: Candace Shively Host: TOP  
Postmark: Jan 11,96 1:30 PM Delivered: Jan 11,96 1:30 PM

Subject: Forwarded: Questions from House Health & Human Services 1/10 testim

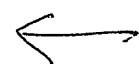
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Comments:

From: Candace Shively:SRS  
Date: Jan 11,96 1:30 PM  
Kandy, can you put something together on this. Thanks.

Previous comments:

From: Mike Hutfles@SRSEXEC:LAN  
Date: Jan 11,96 9:57 AM  
Chairman Mayans asked a series of questions about income eligibility requirements for Food Stamps, AFDC, etc. Do we have a chart or two that gives him the information.



Thanks.

Message:

From: Mike Hutfles@SRSEXEC:LAN  
Date: Jan 11,96 9:57 AM

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