

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 February 12, 1996 in Room 423-S of the State Capitol.

All members were present

Committee staff present: Norman Furse, Revisor of Statutes
Bill Wolff, Legislative Research Department
Francie Marshall, Committee Secretary

Conferees appearing before the committee:

Representative Susan Wagle
Kathy Schoonover-Shoffner R.N., Ph.D.
Jane Doe #3
Jane Doe # 1
Cindy
Jane Doc # 2
Annette Hornback
Lisa Woodin
Beatrice Swoopes, Kansas Catholic Conference
Dawn McClelland, Advice & Aid Pregnancy Center
Mary Spaulding Balch, Director, State Legislation Dept., National Right to Life
Peggy Jarman, ProChoice Action League

Others attending: See Guest List: Attachment 1.

The minutes of meetings held on February 7 and February 8, 1996 were approved.

Robin Johnson, Kansas for Life, introduced a bill requiring parental notification prior to an abortion performed on an unemancipated minor. On motion of Representative Merritt, seconded by Representative Freeborn, the committee approved the introduction of the bill.

Chairperson Mayans opened the hearing on **HB 2938** requesting a consideration of sensitivity to those presenting their testimony to the committee.

HB 2938 - The woman's-right-to-know act

The following proponents presented testimony supporting **HB 2938**:

Representative Susan Wagle, requested that the "Jane Does" testifying not be identified or photographed by the press (Attachment 2),
Kathy Schoonover-Schoffner R.N. Ph.D. (Attachment 3),
Jane Doe # 3 (Attachment 4),
Jane Doe # 1 (Attachment 5),
Cindy (Attachment 6),
Jane Doe # 2 (Attachment 7),
Annette Hornback (Attachment 8),
Lisa Woodin, (Attachment 9),
Beatrice Swoopes, Kansas Catholic Conference (Attachment 10),
Dawn McClelland, Advice & Aid Pregnancy Center (Attachment 11),
Mary Spaulding Balch, J.D., Director, State Legislation Department, National Right to Life Committee (Attachment 12).

Dr. Gerald L. Mowry, OB/GYN, Manhattan KS, submitted written testimony in support of **HB 2938** (see Attachment 13). Lorna L. Cvetkovich, OB/GYN, Wichita, KS, submitted written testimony in support of the bill (Attachment 14).

The hearing was opened to the opponents to present testimony.

Peggy Jarman, ProChoice Action League, submitted her written testimony (Attachment 15) and added that women are provided "detailed information...as before any medical procedure in this state before the abortion is performed."

The following written testimony was submitted in opposition to **HB 2938**:
Wendy McFarland, American Civil Liberties Union (Attachment 16),
Dariene Greer Sterns, League of Women Voters of Kansas (Attachment 17).

The hearing was opened for questions to both the proponents and opponents.

Several questions were asked regarding the cost, both human and financial, involved in implementing **HB 2938**. Concern was also raised as to the wording of the bill, as well as its language as it is referred to the Supreme Court decision in "Roe v. Wade." Representative Haley requested evidence of the Roe v. Wade reference made in the bill. Representative O'Connor questioned Ms. Jarman as to her testimony suggesting that Governor Graves might veto any changes made to the bill. Finally, Ms. Jarman was questioned as to the primary reason for her opposition to the bill. Jarman responded that the bill would cause undue "trauma and cost" while being unnecessarily redundant considering legislation already in effect.

Chairperson Mayans thanked all those who presented testimony before the committee, as well as those in attendance.

Next meeting is scheduled for February 13, 1996.

The meeting was adjourned at 3:25 p.m.

House Health & Human Services COMMITTEE GUEST LIST

DATE February 12, 1996

NAME	REPRESENTING
Stephanie Empson	
Beatrice E. Hooper	Kansas Catholic Cong.
Jeanne L. Hawdun	KFL
Tim Alb	
Bolyn Johnson	KFL
Alan Olesley	KFL
Dan Holton	WR
Mary Spaulding Balch	National Right to Life
Melanie Hedrich	Osborne County Leadership
Kathy Schoonover-Shoffner, RN, PHD	Self
Jennifer Nielsen	self
Ray Thomas	Self
George Barber	R F N C
Scott Kuchel	SWB F
Mark Stolt	ATST
Stan Chl	Sente
Jim McDavit	Ks Ed Watch
Whitney Damm	KS Bar Assn.

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2-12-96
attn # 1

State of Kansas
House of Representatives



Susan Wagle
Speaker Pro Tem

Testimony--Woman's Right to Know Act
House Health & Human Services Committee
February 12, 1996
H.B. 2938

Thank you Chairman Mayans, Vice-Chairman Morrison, and members of the Health and Human Services Committee, for the opportunity of addressing you about the need in Kansas for expanding our present informed consent law. In 1992, I was instrumental in getting passed our present informed consent statute relating to abortion. It was my intent at the time to empower Kansas women involved in a crisis pregnancy by giving them all the material facts and possible alternatives to abortion in order that they might make an informed "choice." Without full disclosure, I believe the word "choice" to be a propaganda tool; a tool used to deceive women and place them under the control of fathers who want to avoid responsibility, parents who want to protect reputations, well-meaning friends who might not know all the possible physical and psychological side effects, and abortion providers whose main goal, most often, is turning a profit.

Attached to my testimony is a copy of the current Kansas statute and a copy of the consent form now being used by Dr. Tiller in Wichita. I believe that Dr. Tiller and other abortion providers in Kansas have made a mockery of legislative intent. It was very clear to me when we debated K.S.A. 65-6706 in 1992 that the legislature wanted each woman to be informed of alternatives to abortion. We assumed that an honest discussion about adoption possibilities would take place. We also envisioned that each woman would be informed of her legal right to obtain financial support from the father, or to receive state financial assistance, such as Aid to Dependent Children, if she should choose to keep her baby. We thought an effort would be made to connect a woman in crisis with nonprofit agencies such as HopeNet, which not only provides needed medical attention for the mother and child, but also provides for the mother an education so that she might eventually become self-sufficient and support herself and her child.

Instead, as you can see, the form I have attached to this document states in item #2 that "[t]he alternative to abortion is vaginal delivery or caesarean section at the end of the pregnancy." What real choice does such a disclosure offer a woman in crisis? I assure you that in Kansas today, positive discussions about viable alternatives often do not take place. The word adoption is not mentioned. The physical characteristics of the fetus about to be aborted are not disclosed. The connection between abortion and breast cancer and the possibilities of post abortion stress syndrome are not disclosed. Simply put, women in Kansas are not empowered with noninflammatory, scientifically accurate information critical to making the best decision for her well being and the well being of her preborn infant.

The legislation being considered today is patterned after current Pennsylvania law. The United States Supreme Court has determined that this legislation is constitutional under the restraints of Roe v. Wade. Similar legislation has also been passed in Louisiana. I have available for committee members the booklets and directories of helping agencies which are made available to women in those states who are considering an abortion. I believe you will agree upon examination of these materials that they are not biased, either towards promoting an abortion or towards carrying the preborn to term. I have received numerous calls during the last week from women supporting the "Woman's Right to Know" Act. Some of those women are coming forward today to tell of their abortion experiences. It will be the first time some of them have ever spoken publicly about their private decision. For most of them, their decision to abort was made because they felt they had no alternatives. Many of them were young at the time and they had nowhere to go and no one to talk to. For some of them, the decision they made has become vivid nightmare -- one they revisit often, and one they are still working through. Some of them will call themselves "Jane Doe" in order to protect their identities. I ask Chairman Mayans to please request the press to withhold their identity in news releases and not to photograph or film them. They, and I, would appreciate respect for their privacy.

(1) Except as necessary for the conduct of a proceeding pursuant to this section, it is a class B misdemeanor for any individual or entity to willfully or knowingly: (1) Disclose the identity of a minor petitioning the court pursuant to this section or to disclose any court record relating to such proceeding; or (2) permit or encourage disclosure of such minor's identity or such record.

History: L. 1992, ch. 183, § 5; July 1.

65-6706. Abortion; informed consent required. (a) No abortion shall be performed or induced unless:

(1) The woman upon whom the abortion is to be performed or induced gives her informed consent; or

(2) a medical emergency compels the performance or inducement of the abortion.

(b) Consent to an abortion is informed only if the physician who is to perform or induce the abortion or another health care provider informs the woman, in writing not less than eight hours before the abortion, of:

(1) The nature of the proposed procedure or treatment and of those risks and alternatives to the procedure or treatment that a reasonable

patient would consider material to the decision of whether or not to undergo the abortion;

(2) the gestational age of the fetus at the time the abortion is to be performed;

(3) the medical risks, if any, associated with terminating the pregnancy or carrying the pregnancy to term; and

(4) community resources, if any, available to support the woman's decision to carry the pregnancy to term.

(c) If a medical emergency compels the performance or inducement of an abortion, the attending physician shall inform the woman, prior to the abortion, if possible, of the medical indications supporting the physician's judgment that an abortion is necessary to avert the woman's death or to avert substantial and irreversible impairment of the woman's major bodily functions.

History: L. 1992, ch. 183, § 7; July 1.

65-6707. Same; severability clause. If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected.

History: L. 1992, ch. 183, § 8; July 1.

Women's Health Care Services, P.A.
George Tiller, M.D., DABFP, Medical Director
5107 E. Kellogg, Wichita, Kansas 67218
(316) 684-5108
1-800-882-0488

Dear Prospective Patient:

I am Dr. George Tiller, a 1967 graduate of the University of Kansas School of Medicine, a diplomat of the American Board of Family Practice. My medical practice has included legal and safe abortion services for thousands of women since 1973 here in Wichita, Kansas.

The 1992 Kansas abortion law requires that I provide certain written information to patients seeking abortion services at least eight hours before an abortion is performed. This document will satisfy the basic notification requirement. We will provide you with additional detailed information before your procedure, as we have always done.

- 1) The nature of an abortion procedure is to medically induce the termination of a pregnancy.
- 2) The alternative to abortion is vaginal delivery or caesarean section at the end of the pregnancy.
- 3) The risks of an abortion are related to the duration of the pregnancy. Generally speaking, an abortion performed early in a pregnancy is safer than one performed later in the pregnancy. The generally recognized minor (non-hospitalization) complications such as infections, laceration, and incomplete or retained material in the uterus vary in occurrence from one to five per one hundred abortions (1/100 to 5/100) at five to six weeks up to as much as five to ten per one hundred abortions (5/100 to 10/100) at later stages.

The major (hospital type) complications of transfusion, hemorrhage, amniotic fluid embolism, laceration, infection, and uterine perforation vary in occurrence from one per eight hundred abortions (1/800) at five to six weeks up to two major complications per one hundred abortions (2/100) at the latest gestation. We believe that, in the vast majority of patients, abortion is safer than full term delivery at all legal stages.

- 4) Based on the first date of your last menstrual period or an ultrasound evaluation, the gestation of your pregnancy is estimated to be _____, plus or minus 11 to 14 days.
- 5) The generally recognized medical risks associated with carrying the pregnancy to full term delivery or caesarean section at term include but are not limited to the following: unplanned major surgery, hemorrhage, transfusion, blood clots in legs, blood clots in the lungs, hysterectomy, major infection, cervical laceration, vaginal laceration, rectal laceration, perforation of the uterus, injury to bowel/bladder, major and minor emotional problems, amniotic fluid embolism, cervical incompetence, major and minor depression, and even death.

The types of medical risks (listed above) associated with abortion, are, in general, the same as those associated with carrying the pregnancy to term. The medical risks of an early abortion (5-12 weeks) and a second trimester abortion (13-26 weeks) occur at a lower rate than at full term delivery or caesarean section. The medical risks of an abortion in the third trimester may occur at about the same rate as full term delivery or caesarean section. The death rate for abortion is less than the death rate for full term delivery.

- 6) Community resources available to support a woman's decision to carry a pregnancy to term include Lutheran Social Services, Planned Parenthood of Kansas, YWCA, Self-Help Network of Kansas, Family Consultation Service, United Way First Call for Help, United Way Center, Childcare Association of Wichita, Kansas, Children's Service League, Episcopal Social Services, and United Methodist Urban Ministry.

By signing below, you acknowledge that you have read and understood the information above, and that you have received this information eight hours prior to your abortion.

SIGNATURE: _____

Note to Patient: Please see the back of this form for important information about your visit.

Women's Health Care Services Visit Checklist

All patients

- No one will be allowed in the clinic without photo identification.
- Bring your signed Informed Consent (the other side of this sheet).
- Arrive with a full bladder.
- Drink no alcohol 24 hours prior to your visit.
- No children are allowed in the clinic.
- The fee will be collected prior to the procedure.
- No personal checks will be accepted.
- Remember to park in our fenced parking lot.
- Our security staff will be on duty and will scan you electronically and check in all handbags prior to allowing you into the clinic.
- Minors: You will need a parent to accompany you OR have a notarized Waiver of Notification and be accompanied by person 21 years of age or older.

One-day patients

- If your appointment time is at 12:00 noon or after, eat nothing after 8:00 a.m. the morning of your appointment. After 8:00 a.m., you may drink only coffee, tea, or water.
- If your appointment is on Saturday morning, eat nothing after 12:00 midnight the night before your appointment. After midnight, you may drink only coffee, tea, or water.
- We request that you bring only one person with you.
- The person accompanying you will be asked to wait outside while we do your sonogram and collect your fee, unless you are a minor. We will then invite him/her inside.
- You will need to have a person accompanying you to receive the preoperative medication which relaxes you for your surgery.
- Plan to be in the clinic for 3-4 hours.

Two-day patients

- You may eat a light breakfast the first day.
- Bring along \$10.00 for your prescription.
- Plan to be in the clinic for 3-4 hours the first day.

Out-of-town patients

- You must stay in Wichita until you are released from our care. Call us for hotel information, if you wish.
- If you use a cab, use American Cab Company. They are pro-choice. Their number is (316) 262-7511.
- Bring a supply of sanitary pads.
- No luggage is allowed in the clinic.

Four-to-five-day patients

- Bring along \$75.00 for your prescriptions.

Testimony for HB 2938
Kathy Schoonover-Shoffner, R.N., Ph.D.

Thank you Mr. Chairman and committee members for the opportunity to speak with you today regarding the woman's-right-to-know act. As I begin I want to share with you my position in regard to this very sensitive issue. First, I believe that God created us as free-will beings with the capacity as well as responsibility to make a myriad of complex choices in life. Sometimes we make good choices with positive results while at other times we make poor choices with bad consequences, but the choices are ours to make. Second, as a nurse scientist I have learned that life begins at conception and therefore I must conclude that every abortion ends a human life. Given my belief system, I strongly believe that individuals facing the decision to terminate their pregnancy must be given the best information possible so that they are fully aware of the potential consequences of their options and can knowingly assume full responsibility for their choice.

My reason for being here today is both professional and personal. As a nurse working with clients facing difficult health care decisions and as a researcher studying and implementing the ethics of informed consent, my professional experiences have taught me the absolute necessity of advocating for clients and making sure they have adequate information to make their own best informed choice. As a volunteer worker at a crisis pregnancy center and an adoptive mother of three children, my personal experiences indicate to me that women and men facing this difficult decision generally do not obtain nor are they given adequate information to make an informed choice about their pregnancy. I would like to tell you a specific story today about this lack of adequate information.

In 1991 a young girl left Russia for the United States with a group of friends, ending up on her own in Chicago, Illinois. In May of 1992, around the time of her 18th birthday, she became pregnant. I do not know when she learned of her pregnancy or what sort of crisis this was for her, but in November 1992 when she was in her sixth month of pregnancy, she and a male companion began trying to find a clinic where she could obtain an abortion. The couple eventually was referred to a Wichita abortion clinic. They traveled to Wichita and arrived at the clinic the afternoon of Tuesday, November 3, 1992. Close

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to 6:00pm that evening, a sonogram was performed to pinpoint the age of her baby, and it was estimated that she around 25 weeks pregnant. The girl's medical history was taken, she was provided with a standard written information sheet about abortion as required by the 1992 Kansas Abortion Law, and plans were made for her to return for an appointment as soon as possible for an induction abortion procedure. As you are probably aware, late-term abortions take several days to complete and the clinic only began this procedure on Tuesdays. The girl had arrived at the clinic too late in the day to start the procedure on that Tuesday—so she would have to wait until the following week to get the abortion.

However, several critical events happened that changed the outcome of this situation. When the girl and her companion arrived at the clinic, they parked on the public street and the man chose to wait in the car rather than go into the clinic with the girl. A demonstrator outside the abortion clinic saw the car with out-of-state license plates and watched the girl go inside. Because the car was on the public street, the demonstrator went up to the man and asked if she could help him. The man told her their need for an abortion, and she began to talk with him about other choices they might have in addition to abortion and where they might get assistance.

After a period of time, the girl came out of the clinic to talk with the man about what she had learned. She relayed that they would have to come back the following week, that the abortion would cost \$2,000 to \$2,650, and they would have to pay with cash, money order, or credit card—no checks accepted. The man became frustrated about the delay and some of the fees, so he decided that maybe they should look into some other options.

The next day the couple went to a crisis pregnancy center in Wichita. At the center information was given to the girl and man about the gestational age and physical characteristics of her unborn child, the abortion procedure, risks related to a late-term abortion, and alternatives to abortion including adoption and resources available to help the girl carry the pregnancy to term as well as help her with child care. A Russian interpreter was obtained by the center to translate information for the girl because she was having great difficulty both understanding and reading English. Upon being given this full range of information, the girl and the man chose adoption for her baby. She ended up

staying in Wichita, where she was given free medical care, shelter, food, clothing, spending money, and she started taking English and other classes at the Wichita Vo-tech and Butler County Community College to begin a college education. On February 1, 1993, at 8:48 in the morning, a beautiful tiny but healthy dark-haired brown-eyed squalling little baby girl was born. That girl became my very long awaited for and sought after second child, Rochelle Elizabeth.

I believe that by God's gracious intervention, Rochelle was not destroyed. Was the abortion clinic really going to perform this abortion? I have in my possession documentation given to the girl by the abortion clinic staff related to her visit at the clinic. This includes a picture from the sonogram performed at the clinic, showing the top of Rochelle's head and documenting that she was at least 25 weeks old. I have a copy of the medical history taken on Rochelle's birth mother at the clinic and a procedural information sheet indicating the referral source to the clinic, what abortion procedure she would undergo quote "ASAP;" that she had been given instructions about when to come back, to park in the parking lot not on the street, what Hotel to stay in during the course of her procedure, and how much the abortion would cost. And, I have a copy of the written abortion information sheet that was given to and signed by this woman. In my professional opinion, this form does not provide adequate information that quote "a reasonable patient would consider material to the decision of whether or not to undergo the abortion" as required by the 1992 Kansas Law. After interviewing many of the individuals involved in assisting Rochelle's birth mother—including the lawyer who handled her adoption, two social workers, two physicians, and personnel at the crisis pregnancy center—I have concluded that Rochelle's birth mother did not comprehend the proposed abortion procedure, associated risks and alternatives to abortion, what it meant to be 25 weeks pregnant, nor did she understand what community resources were available to her, following her visit to the abortion clinic.

In talking with colleagues of mine who either volunteer or work at abortion clinics, I have learned that abortion clinic personnel often assume that women have already made the decision to abort when they come to the clinic facility, and therefore do not need to further agonize about their decision. However, many women go to abortion clinics for

free pregnancy testing and thus first learn of their pregnancy at an abortion clinic. Furthermore, my story today suggests that even in a later-term pregnancy there are women who do not possess adequate information to make this difficult decision when they go to an abortion clinic. Therefore, I would urge you to pass House Bill 2938 and strengthen the requirements for informed consent relating to abortions in Kansas.

Thank you.

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Jane Doe #3

If knowledge is power, how then can the lack of knowledge be defined? One way would be ignorance. I don't believe I based my decision to abort my baby on knowledge, but on the lack of it.

I was sixteen at the time. Scared and unaware of what to do, my boyfriend and I took the abortion pamphlet offered to us by the health clinic nurse and scheduled an appointment. I used the identity and birth date of someone else for fear there were restrictions for girls my age. To my surprise very little information was asked of me and very little was given to me. Prior to my abortion, no attention was given to alternatives, what the procedure entailed, or fetal development. No time was allowed to consult with the doctor about the nature of the physical and emotional risks of abortion. In fact, no conversation between the doctor and I took place.

When the abortion was over, I walked out into the waiting room where my boyfriend was. He asked me if the doctor told me if the baby was a boy or girl. It was at that moment I began to realize the magnitude of my decision.

Physically, I have healed from the abortion, despite not returning for follow up care. Unfortunately, the emotional trauma has been excruciating and has ranged from crying spells to utter grief, depression, and hellish nightmares. There is no way you can feel the pain that I have felt or understand the emptiness that I feel inside knowing I made the wrong decision. What a difference simple information like the booklets produced in Pennsylvania and Louisiana would have been.

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To my knowledge, abortion is the only surgery for which the surgeon is not obligated to inform the patient of the exact nature of the procedure. I have to ask myself why. My answer would be that since abortion is provided as a commodity not as a medical necessity, it's only logical that abortionists or anyone that profits from it would reject medical standards. Simply put, the abortion industry like some big businesses resist government regulations for fear it might reduce their profits.

How then, can anyone in good faith first of all support an industry that destroys human life, but also presents itself under the guise of medicine but repudiates the obligations, codes, and oaths of medicine, specifically, informed consent?

The destruction of human life is an irreversible event which has altered my life and countless others. What a tragedy to make a life changing decision such as this without all the facts. There is no liberty in a society that encourages irresponsibility through the concealment of information, especially regarding abortion.

Testimony for HB 2938
Jane Doe #1

I would like to begin by thanking you Mr. Chairman and the committee for the opportunity to be heard. It is important that I tell you I am not an advocate of either side of the abortion issue. But if you were to ask me, I would emphatically tell you I am Pro-Choice and my choice is life. Sometimes, however we are put in situations where it is difficult to maintain our beliefs. Those turning points are often described as a crisis situation. Therefore, I felt it important to express why I support the Women's right to know act through sharing the experience and the process I went through when at 28 I was faced with a crisis pregnancy.

Two years ago after forcibly having sex, I found myself pregnant. I believe I am a fairly intelligent and well educated woman. I have had a good career in management with a great deal of responsibility; how could this have possibly occurred? I believed the abortion issue was never something I personally would have to deal with. I knew about birth control and thought I understood men. Yet, I was raped and pregnant. Five months prior to my pregnancy, I had been let go from my job. My finances were null and void and I could no longer afford the cost of health insurance.

Although I was riddled with panic and fear, and the voice of family and religious beliefs were on automatic replay, I decided to handle this challenge as I did career challenges. I gathered information so I could make an informed and knowledgeable decision. The only difference was the physiological and emotional changes I was experiencing as a result of this crisis pregnancy.

I went to Planned Parenthood to confirm the home pregnancy test. With tears streaming down my face I was informed, yes - - - I was pregnant. The nurse stated, "I guess this isn't a good thing." Without further questions the nurse handed me a list of obstetricians and abortion clinics in the area. I stated I had no money. The remainder of my 10 minute visit was spent explaining to me that if I came back for a physical exam to determine how many weeks I was pregnant, I would receive a discount coupon toward an abortion.

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attm # 5

Undecided and confused I thought it best to make sure the baby and I were in good health. I went to see an OB GYN. I shared with him the circumstances surrounding my pregnancy, told him my concerns, and that I was considering an abortion. After performing a sonogram, he provided me with information about prenatal care and the stages of development my baby and I would go through. No recommendations were offered about how I could afford this care or where I could turn.

Alone, confused, stressed and in the throes of morning sickness all day long, I continued to search for information. I went to a priest. He told me there was no stigma associated with being an unwed mother and that God would love me no matter what my decision. No recommendations were made about how I could afford the child or where I could turn if adoption was my choice.

I called three lawyers listed in the phone book as handling adoptions. Not surprising, I received conflicting information about when the decision would be final, and if I could get any assistance with prenatal care. I had now explained my circumstances on six different occasions to perfect strangers that I assumed were trained professionals who should have been capable of providing direction and information. In desperation I began to set up a financial plan to see how much money was required to carry the baby to term and possibly keep the baby. I began by going to the supermarket, and calling child care locations. A friend introduced me to a woman who had given her child up for adoption. She had a very positive experience and gave me the name of her lawyer. But in speaking with her, I began to know in my heart that I could never carry my baby to term and then give him to someone else.

Finally I called a respected abortion clinic in Wichita. They provided me information about abortion. They factually explained the cost scale based on the age of the fetus, the possible risks, and sent me basic information explaining the procedure and a consent form. I asked if they could refer me to women who had been through an abortion. A counselor was to call me. No call came so I called back and finally got a return call. She extinguished some of my fears about the abortion procedure and indicated that there was no one available who had been through the

procedure. She informed me they would not perform the abortion within the next 48 hours because I was too confused. She did not make any additional recommendations. I felt pressed for time based on the number of weeks pregnant and the increasing cost.

I hope this journey towards gaining information has sounded tiring to you. It was exhausting to me. I returned to Planned Parenthood to have my exam and get my discount on the abortion. The nurse was wearing a button that said Catholic and Pro Choice. At my surprise about this she provided me with the first and only pamphlet that was not slanted or condemning, but rather helpful in making my decision.

I had an abortion. In reality, the procedure was less painful than my search for objective information about my choices and resources available. All of the choices were difficult and they all had consequences. I wonder, however, if my decision would have been altered had a counselor or objective information had been available prior to walking out the door of Planned Parenthood.

I know you will hear stories today about children who were saved from abortion at the last minute. I do not believe this to be the norm. I am not convinced an abortion clinic, 24 hours prior to a decision being made, is the most effective place to provide women information on their options.

Therefore, in closing, I would like to make a few recommendations that I believe will strengthen this very pro-active Women's Right to Know Act.

1. Why place the burden of responsibility to inform and educate women on the shoulders of an abortion clinic? Unless this is a hidden agenda to raise the price of abortions thus making them cost prohibitive. If education is the issue, does not every woman in a crisis pregnancy need information? Would not a broader stance be to make available the information to all women in a crisis pregnancy. If you can legislate that abortion clinics provide brochures, why not other

agencies? Why wait until they request a brochure. Include in the law that it must be available to all agencies, Planned Parenthood, clinics and doctors offices in the state.

2. The presentation of the brochure and the agency listings.

A. First in regards to the listings and phone numbers of the agencies; I believe a definition explaining the agencies mission and services available should be included.

B. Titling the brochure Abortion-Making a decision as other states have you are assuming women are considering abortion as their main alternative. If you truly believe women have a right to know why not title it Crisis Pregnancy - your options.

3. The act states it is illegal to coerce a women into an abortion. If the state is attempting to provide objective information to women why not state it is illegal to coerce a woman during a crisis pregnancy into any decision.

Finally, don't placer the sole responsibility of educating women about their options on the abortion clinics and their doctors. You have an opportunity. I implore you to consider my recommendations and continue your proactive stance and create an Act that will give the right-to-know. Empower women by providing unbiased information. Provide an act that will be effective to women & her unborn child during the early stages of a crisis pregnancy not just for a woman considering abortion. Thank you for your time.

MY NAME IS CINDY. I support House Bill No. HB2938. I am a single mother of 3. I am 35 years old. In early 1994 I found myself pregnant with my third child but this time I was not married. I had just lost my job. I was not a church-goer and I didn't have the support of my family. The father was someone I did not want a permanent relationship with. I didn't know where to go to get help with the decision I had to make. Because of this I thought my only option was abortion even though I felt that it was wrong.

I called an abortion clinic and they made an appointment for me to come in within a few days. When I drove into Dr.Tiller's driveway for the first appointment one of the sidewalk counselors approached the car and asked me if I would like to read some literature she was handing out. I said OK and put what she handed me on the seat while I found a parking place. While I sat in my car and started to read, a clinic worker came up to take me into the clinic and when she saw what I had in my hand she said "You don't want to read that". She grabbed the literature out of my hand and rushed me into the clinic.

Inside I was given a large packet of paperwork which I was told to fill out. Then before I sat down to fill out the forms they asked me to pay for the abortion. I did this with a credit card. During the time that I was filling out the paperwork, my name was called and I was given a sonogram. The employee told me that I had a single fetus 13 weeks old. I couldn't see anything on the sonogram screen and I asked her how big a 13 week old fetus was. She told me the size of the tip of my finger.

After more paperwork I was given a blood test and shown a video which described the procedure that I was to go through that day. The procedure was the insertion of a laminaria to enlarge the cervix in preparation for the abortion. After the video I told the nurse that I was not sure about what I wanted to do. I asked whether I could still change my mind after the laminaria procedure. She said "no". I asked if there was someone I could talk to because I was having second thoughts. She more or less ignored me and within minutes my name was called for the insertion of the laminaria. There were seven other women in the clinic with me that day and up to then I had been the last to get the sonogram, the last to get the blood test and the last to finish the paperwork. I was the first person called in for the laminaria.

Shortly after the procedure I was sent home. That night I cramped and bled and during the night the laminaria fell out. I didn't know what to do. I was still unsure about the decision I had made and now I thought maybe what had been done to me at the clinic had already started to terminate my pregnancy. I really needed to talk to someone.

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On my way into the clinic the next day I saw another sidewalk counselor and I asked her whether she knew if it was too late to change my mind after having the laminaria inserted. I told her that it had fallen out and she offered to take me to a doctor who could examine me and answer my questions. I said OK and we went to a doctor who does work for agencies that provide alternatives to abortion. At his office I was given an exam and another sonogram. This time I could see my baby. The doctor told me I looked fine and so did the baby. He told me that it was 2 and 1/2 inches in size, much bigger than the description of less than one half inch that I was given at the abortion clinic.

In addition to the help the doctor gave me that day I was also offered the chance to get help with the more practical problems that had led me to believe that I had no choice but to get an abortion. I took the counselor up on her offer and with her help and that of a local church I found my way to Hopenet. This wonderful organization helps women in crisis by focusing on not only the immediate crisis pregnancy but on the other factors which made abortion seem like the only choice. Since those days in February 1994 I have had the joy of seeing my son celebrate his first birthday, take his first steps and speak his first words. But just as important I have received counseling, job training and regular financial support. This has been provided by people who have not judged me and whose only goal has been to help me choose an alternative to abortion.

I think that the 24 hour waiting period and information that is required to be given women who are considering abortion under House Bill Number HB2938 is absolutely necessary. I am living proof of that. If I, a women in her thirties who had had two healthy children, felt overwhelmed by a crisis pregnancy, just think what it must be like for younger women. I know that there are lots of women like me who just don't have the family support or other community ties that allow them to inform themselves about the options available to them when they find themselves pregnant and unable to cope.

I support House Bill Number HB2938 and ask you to make it the law. I was just lucky that I found someone to help me at the last minute. I just as easily could have been five minutes later or earlier and I never would have known that there were choices available to me other than abortion. Women deserve to have a guarantee that all the information they need is made available to them. They can't rely on the abortion clinic and they can't rely on people like those that helped me always being there or getting their message through.

House Health and Human Services Committee
Testimony HB 2938
February 12, 1996
Speaker: Jane Doe # 2

Thank you to the Chairmen Mayans and the members of the Health and Human Service Committee.

One time or another, one might find themselves faced with a crisis situation. On June 3, 1993, I faced a crisis situation, an unplanned pregnancy. Two days later, the crisis situation ended, so did the pregnancy, but not the emotional pain. I go on in life, knowing in my heart that I "legally murdered" my baby. This pain will last forever within my heart. It is the emotional pain after having an abortion. The procedure should have never happened. And the haunting words that are scarred in my mind "if I only knew..." will be the one question that will forever replay itself over and over again.

Thursday, June 3, 1993, knowing that I was late on my menstrual cycle, I took a home pregnancy test. The pregnancy test came up positive. I still remember how scared I was and how alone I felt. I knew that I could tell only one person, my boyfriend. He was shocked. I remember hearing his crackling voice over the phone saying, "please don't tell your parents." I didn't tell my parents. Both of our parents had raised us to believe that pre-marital sex is wrong and if you proceeded upon that sin and become pregnant, abortion would be a sin to solve that situation. But my boyfriend and I were naive and scared. We both felt that if our parents didn't know about the pregnancy, we could end our little secret and go on with our lives.

Friday, June 4, 1993. I decided on an abortion clinic. It was a clinic located in Overland Park, Kansas. My boyfriend and I drove to the clinic to get the consent forms. There was information along with the consent forms. This information consisted of what I needed to bring and what to do. There was no information of alternatives to an abortion, fetal development, and not even information on the three most-asked-questions. I was upset that I had driven all the way to Overland Park, Kansas for just a sheet of paper telling me what to do, what to bring, what to expect, when not to eat, and that confidentiality is important to them. That night, I sat down with my boyfriend and we read the skimpy information and I

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signed the consent form. That same night, I remember talking to my "clump of cells." I remember asking questions in my mind. "I wonder if you are a boy or a girl? Do you have a heart yet? Do you have a brain?" I even asked if it had fingers and toes. But the main question that was pounding in my brain for hours was, "was s/he was going to feel pain that next day?" I wanted so badly to know how far along I was in the pregnancy. I was so full of questions but no one was there to hear the questions or to answer them. I felt so alone, like I was the first and only pregnant unmarried woman in the whole world. I was scared to death, but the thought of something growing inside of me fascinated me. Then the thought again calmed my mind, "it's only a bunch of cells." I remember hearing these words from a pro-choice personnel on television. But was it true? This question and all my other questions were answered too late.

Saturday, June 5, 1993. My boyfriend and I drove to Overland Park to the 9:30 AM appointment for the abortion. As we drove into the parking lot, I remember seeing people picketing outside the clinic. It made me feel so humiliated and ashamed. I walked into the clinic and was shocked to see so many women of all different ages sitting and filling out forms in the waiting room. When the secretary asked me for my consent form, I remembered that I had forgotten it at home. She assured me that it was okay and she gave me another one to sign. Then I filled out a medical history form. Then the hardest part came, the waiting. It felt like days in that waiting room. Finally, they called my name. I was led to a room where there was an ultrasound. The woman gave me a sterile cup and told me where the bathroom was. They needed a urine sample. She then gave me time to undress myself waist down, where she could proceed with the ultrasound. She could not get a clear picture so they did the ultrasound with a rod inserted into my vagina. Then a clear picture was formed. I asked her if I could see what she was looking at. She turned the monitor and pointed at a growth. I remember smiling, it fascinated me because I could see a very small distinct figure of a baby. I remember her exact words, "you're definitely pregnant. That's a small growing embryo." She pointed out for me. I remember the questions going through my mind, but one question was answered there on the screen. It wasn't "a clump of cells." I remember wanting to ask my other questions. But the woman pulled the monitor away and said, "I'm finished, you can get dressed now." I remember going back to the waiting room and telling my boyfriend what I had seen. I told him that I think we should leave and that I don't think I could go through with the abortion. But he kept repeating, "We can't

support a baby now, our parents won't help us, shoot, they'll disown us." I decided to stay. I kept repeating in my mind, "it won't feel anything, I'll leave here and everything will go back to normal."

Two hours later after seeing women going into the back rooms and leaving, my name was called. I asked the lady if my boyfriend could go with me, she replied, "no." I went into a room where there was tools laying on a small table and a nurse came in. She explained to me in detail of the procedure and used the tools to demonstrate. She then gave me a sheet of paper explaining what complications that could occur after the abortion procedure was done. I had to sign at the bottom of this paper. I then wanted to ask my questions but the women intimidated me. I could tell she knew her job well. "Get the girls in and get the girls out." I then got dressed for the procedure. I was given a valium and some foul tasting syrup. This syrup was given to me because I had drank orange juice that morning and they were afraid that I would vomit during the procedure. Then my name was called and I entered the "abortion room." I remember seeing two beds divided by a curtain. The doctor told me what he was going to do. The nurse held my hand and tried to comfort me. I remember the pinch of pain I felt, which was the local anesthetic. But that pain was nothing compared to the pain of the actual procedure. To this day, I still hear that machine clicking on. To this day, I still hear the sucking sound as my baby's life was sucked out. I could feel my baby die. Of course, there was no movement felt. But what I was never told, was that there is a bond. I remember looking up at the clock. I knew the precise time when that bond was broken and when my baby died...2:28 PM. I remember the tears flowing down my face as I held that nurses hand. All I could say was "I'm sorry baby, I'm so sorry,"

I left the clinic with no words spoken. I didn't say one word to my boyfriend or to my family. I didn't eat or sleep for days. I stayed in my room and cried. When the tears would dry, I then would get down on my knees and pray. I remember begging God to give me another chance..praying that the doctor made a mistake and that the baby was still inside me. But I knew in my heart that the baby was gone. I felt so empty. After the sadness came anger. I hated myself. I hated the doctor and everybody else at that clinic. They didn't tell me that I would feel that way. Sure, they mentioned a little bit of depression, but I was on the verge of committing suicide. I know that the doctor did the procedure but my baby's blood was all over my hands. I was the one who laid there on that table and took

away a human-life. I was the one who signed my baby's life away for the price of \$350.00. My baby's only concern was life. It was my responsibility to make sure that concern was fulfilled but instead I chose death.

Months afterwards I lived a "careless life." I would party to erase the memories but they would always return. I tried to finalize erasing those memories by attempting suicide. I had lost my boyfriend and life just wasn't worth living. The attempt failed. I then became sexually active with a new boyfriend. Again, seven months after the abortion, I found myself pregnant. Instead of buying a home pregnancy test, a friend gave me a phone number to a Crisis Pregnancy Center. They confirmed my pregnancy. They also gave me pamphlets to alternatives and pictures of an unborn babies development. They also gave me phone numbers where I could get help during and after the pregnancy. I chose to have the baby. I didn't have the support of the baby's father but I didn't mind. I knew where I could get the support.

Today, I have a seventeen months old son. I know he can't replace the child I aborted but he does make my life more meaningful. God has plans for me. I am now a born-again christian. I know that I am here today giving my testimony because of Him. I know that I am the voice of hundreds of women in Kansas who are having abortions without looking at alternatives. Yes, there are clinics like Birthright and Crisis Pregnancy Centers that can help women. This is not enough. Abortion clinics need to give out information about alternatives and fetal development. I know that if I would've received this type of information, I would've never went through with that abortion.

When a woman is deciding on an abortion, they are deciding on a human-life. There should be no pressure in this decision. Abortion doctors are supporting Women's Rights. Shouldn't they also support Women's Right to Know all of the alternatives and the development stages of an unborn baby. The abortion doctors will know that the women that go through their clinics will know that they have received all of the important information. I feel that if "The Woman's Right to Know Act," is passed, it will save hundreds of women from making the mistake I made by having an "unsure" abortion. Women will have time and all the information that is needed in making a important decision. Most importantly, it will save women from the haunting question that goes through my mind everyday..."if I only knew."

Thank you!

Dear Chairman & the rest of this Committee,

Thank you for the opportunity to address you today. The reason I came here is to appeal to you on behalf of all women facing an unexpected pregnancy. This subject is the hardest thing I have ever talked about & is also with many of my dearest friends, but I must or my child's death will be in vain.

The Comprehensive Health Clinic in Overland Park Kansas offered very brief counseling and no explanation of risks or alternatives was offered. I did ask to be given anesthetic, knowing I couldn't go through with this awake, many questions & doubt's still troubled me. Before I knew it I was in a gown and on a table, in my heart I wanted to stop it and was trying to tell them that I couldn't do it. I was left alone in the room not knowing what to do. Several people seemingly in a hurry entered the room. I told them I had changed my mind, but I was injected immediately and asleep.

The next thing I knew a nurse was waking me up, I told her I don't want to do this, I want to go home. She told me it was already done, I was in a state of shock and was taken out the back door. Days went by with my heart broken and my baby dead.

I found out much later that my husband was outside talking to a man about what abortion really does, His thoughts also turned to realize that this wasn't what he wanted either, but it was too late for him to let me know. I truly believe that given proper information and a simple day to think it through we would have 3 children alive today. We both plead with you to give other Men and Women the time to consider all the options we now know that are available. We weren't told about St. Luke's maternity program that would have helped with the cost, and other agencies that provide shelter, food, clothing etc.

The pain & grief for our child are as real today as it was then. There will always be a great void in our lives for the baby that died that day. Since

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that time every routine examination I have doctors respond by asking how on earth did my cervix get so badly damaged. To my shame I have to tell them about the abortion. No one ever told me of the risk & permanent damage that could occur.

We have tried to have more children, but doctors have told me the odds aren't good. Several miscarriages later, the last one only a year ago our hopes have been diminished of ever having more children.

Only one days time out of our entire life would have given us the opportunity to love our child forever, instead were left with only pain and grief. A difficult decision, one with consequences that last a life time should not be carried out in a matter of minutes with little to no explanation of what is going to take place and the risk involved. Please consider what I have told you today when you make your decision, it was with great difficulty for me to talk about. Thank you for listening and may God guide you and bless you all.

Annita D. Hembel

I sat in the waiting room with my husband, scared and confused not knowing what was going to happen to me. I sat looking at a girl across from me, she looked to be about 13 or 14 and she was crying. I remember a lady sitting next to her and I guessed she was her mother. The mother looked like she didn't have a care in the world.

The girl started crying harder and whispered something to her mother and she (the mother) responded with "Shut Up your having this done and that's it"!! I felt sorry for the girl, but I had my own feeling's to deal with. As I sat there I thought about my own children and I wanted to be with them. I got called back and was taken into a small room with other people watching TV.

We all sat there and said nothing I was so scared and no one wanted to talk to me. I was called again and I thought finally I can talk to someone. I was taken into a room no bigger than a broom closet, in there was a table and two chairs, on the table were some papers and a paper medicine cup that looked to have about 8 pill's in it.

The papers were my chart. The lady sat down and I thought finally I have someone to talk to but she didn't want to hear anything I had to say. She asked me to sign a paper to have the abortion and that's when I started to say what I was feeling, I told her I didn't want to have this done, I was scared and I didn't know what they were going to do to me. I asked what was going to happen & all she did was write something down and told me to take the pills in the cup, she said they would help me to relax, I took the pill's and started to crying she just sat there writing and after a few minutes asked me to sign the paper again and I said no I don't want this to happen and she stood up & said she'd be back I thought she was going to get me some help but she came back with my husband and she told him I wouldn't sign the paper he got really mad because I was disobeying and said either I have this done or I stay there. I was scared, I didn't want to be left there I had just moved to Kansas a few months before and didn't know anyone, I signed the paper.

In the abortion room I was asked to undress from the waste down and get up on the table and into the stirrups & not move!

The doctor came in and said nothing, I felt him touch me and I reached for my husbands hand and he reluctantly gave it to me and yelled "Don't move! I heard a loud noise and felt pain I squeezed my husbands hand and told him it hurt and he told me to shut up! The noise stopped and I was told to dress no one helped me off the table they took my husband out and shut the door.

I dressed and after a few minutes I was taken to an office where other girls were I was given a small cup of juice and told to sit on the couch for awhile after about ten minutes a lady came in with a sheet she told me to wrap it around me and pull down my pant's so she could check my bleeding she then said I was fine and could go home.

This was three years ago at Wichita Family Planning Inc.

I thought with a name like that I could get help, the right kind of help not the wrong.

My feeling's now are that I feel cheated and used. I think that when I said no I should have been able to talk to someone. I should have known my option's I should not have been pushed into having the abortion they should have let me leave instead of getting my husband.

I feel now that the people in the abortion business don't care about the girl's that go in there, all they care about is the money as long as they have a "YES" from someone whether it be the girl or someone off the street they'll do the abortion.

We need the right to know so these girl's can be educated on every aspect of abortion BEFORE it is performed NOT after It's a little late then!

Lisa Wooden
Wichita KS
H+HS Comm
2-12-96
Att # 9

TESTIMONY

H.B. 2938

HOUSE HEALTH AND HUMAN SERVICES COMMITTEE
Monday, February 12, 1996 - 1:30 p.m. - Room 313S

KANSAS CATHOLIC CONFERENCE
Beatrice E. Swoopes, Program Coordinator

Chairman Mayans, members of the Health and Human Services Committee -- the Kansas Catholic Conference supports and encourages the passage of legislation which will enable women anticipating abortion to be educated and informed about the medical and psychological consequences of their actions, as well as feasible alternatives.

A woman deciding whether to carry her baby to term needs the support of family and needs good information. Oftentimes she has neither. She needs time to reflect on the medical information available from competent scientific research. Also she needs to know that the people caring for her at such a traumatic time are qualified to counsel her and meet her physical needs.

Today many church organizations (including our own) give counseling and support to concerned pregnant women, but this information may not be readily accessible at the time of the planned abortion.

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H.B. 2938 which addresses a "woman's right to know" is a good approach. It would guarantee a woman's thorough understanding of the physical and mental aspects of the abortion procedure she is contemplating. It would also help alleviate the confusion and the tragic aftermath of a decision made many times out of fear and panic.

The proposed legislation offers to a woman a comprehensive package of services as she faces one of the greatest challenges of her life.

We support passage of H.B. 2938.

Advice & Aid Pregnancy Center

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Feb. 12, 1996

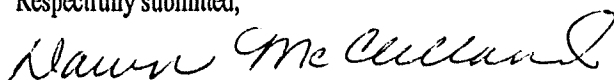
Thank you for letting me share with you. My name is Dawn McClelland and I have been the director of Advice and Aid Pregnancy Center for the past two years. We are a crisis center located in Overland Park, KS. Between our office in O.P. and our Clothing Center, we see 800-1,000 women a year. Besides our free pregnancy tests, we have many services such as access to free medical care for hardship cases through our doctors, free sonograms, homes for girls to stay in, and maternity and baby clothes and items such as cribs, car seats etc. We also offer a post abortion support group, which I also help with.

We talk to girls every week, through the center and the support group, who have had abortions. Because I am also post abortive, I frequently ask women if they received proper counseling and information about the abortions performed on them. I can count on one hand the number of women and girls who feel that they did. Many have told me they were told to leave if they wanted to ask so many questions. They have been shocked at the pain they felt, scared about the excessive bleeding, and surprised about the overwhelming negative emotional impact. I have had girls tell me that they were not allowed to change their minds. Three women, that I can think of, told me they were held down after they said they didn't want to have it. The procedure had not been started yet.

This bill is of great interest to me for these reasons, and because of my own abortion. Though it was quite a few years ago, my doctor told me nothing. Beside the emotional trauma, I had an abnormal pap test about 4 weeks later, where it was found I had mild dysplasia (abnormal cells) and had to have them taken care of. The doctor told me then that that was quite normal after an abortion. This concerns me because many of the girls I see don't even go back for their checkup because the experience was so painful. I've had girls who wouldn't even come in to my office to talk because it was located too close to Comprehensive Health and they didn't want to go back that way.

If we are truly concerned with the welfare of the women, then there should be no problem with this bill. We have the right to be told all the information available by a medical professional before the procedure if we are really going to make a choice. Some say that is already being done. Well, let's make sure it is being done by everyone, because I have been seeing all the women who haven't been told, and are suffering greatly. The reason we don't talk about it is because the opposition is always saying that so few suffer from the abortion, and only those who are already emotionally unstable suffer. Well that doesn't make you feel like jumping up and saying I did. There is a lot of shame and pain involved with abortion, and women need a caring doctor who will be concerned enough with them to give them all the information and help available, especially in a crisis when you are scared and unable to think things through for yourself.

Respectfully submitted,



Dawn McClelland

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Testimony of Mary Spaulding Balch, J.D., Director, State Legislation Department, National Right to Life Committee. Committee hearing on House Bill 2938, "A WOMAN'S RIGHT TO KNOW."

February 12, 1996

Let me begin with a legal analysis of HB 2938 since I know that that is a major concern of many of you. This bill is constitutional. I base this conclusion on the fact that in 1992, the United States Supreme Court upheld Pennsylvania's informed consent law which is substantially the same as this bill, Planned Parenthood of Southeastern Pennsylvania v. Casey, 505 U.S. ---, 112 S.Ct. 2791, 120 L.Ed.2d 674 (1992).

The Pennsylvania law requires that the physician inform the woman of the risks of abortion and the probable gestational age of the child; that a qualified health care worker inform the woman of her right to review printed materials including alternatives to abortion, available medical assistance for bringing her child to term, scientifically accurate information on the development of the unborn child, as well as the legal responsibilities of the father. It also contains a 24-hour waiting period so that the woman can reflect on the information she received.

The Pennsylvania law protects rights. It protects women. Contrary to what some would have you believe, it does not outlaw abortion under any circumstances.

H.B.2938 asks that you give this same protection to the women of Kansas.

The Joint Opinion of Justices O'Connor, Kennedy, and Souter in the Casey case recognizes that a state has a legitimate interest in enacting this type of legislation:

In attempting to ensure that a woman apprehend the full consequences of her decision, the State furthers the legitimate purpose of reducing the risk that a woman may elect an abortion, only to discover later, with devastating psychological consequences, that her decision was not fully informed. If the information the State requires to be made available to the woman is truthful and not misleading, the requirement may be permissible.¹

Casey also upheld a 24-hour waiting period. The Court said, "The idea that important decisions will be more informed and deliberate if they follow some period of reflection does

¹Casey., 505 U.S. at ---, 112 S.Ct. at ---, 120 L.Ed.2d at 718.

not strike us as unreasonable, particularly where the statute directs that important information become part of the background of the decision."²

Chief Justice Rehnquist and Justices White, Scalia, and Thomas point out the obvious in their decision when they say,

That the information might create some uncertainty and persuade some women to forgo abortions does not lead to the conclusion that the Constitution forbids the provision of such information. Indeed, it only demonstrates that this information might very well make a difference, and that it is therefore relevant to a woman's informed choice. [cite omitted].³

Policy Analysis

This bill is good policy. The decision whether to have an abortion is a traumatic one. It is not made better by ignorance. As many women realize, the issue is complicated. Many women who undergo abortions face years of psychological pain and turmoil and too many women experience physical problems. A woman needs to be aware that abortion is not an escape from her problems. Often it compounds them.

Women also need to be aware that carrying a child to term need not lead to a life of poverty or misery. There are legal and social remedies that, were the woman made aware of them, might solve many of the mother's immediate concerns and save her from a decision she would later regret.

Informed consent legislation is not an attack on personal freedom, but a guarantee of it. It is constitutional. It safeguards a woman's right to know and to make informed decisions. It is a reasoned and compassionate response to the needs of concerned pregnant women. It is good legislation.

Right now, the law in Kansas is denying the women of Kansas their right to know the basic facts about abortion. It permits the use of forms composed by the abortion provider as being in compliance with the 1992 Kansas abortion law. This allows them the freedom to slant what little information they must reveal in jargon and heap advocacy around the meager information the current law demands. What is worse, it is presented as complete and objective. It isn't.

Those who call themselves "pro-choice" are refusing to guarantee the women of Kansas the fundamental information they need to make an informed choice about their

²Id., 505 U.S. at ---, 112 S.Ct. at ---, 120 L.Ed.2d at 720.

³Id., 505 U.S. at ---, 112 S.Ct. at ---, 120 L.Ed.2d at 775.

reproductive health. The women of Kansas have a right to know the truth about abortion. If a woman is to have a real choice, she must have access to all the material facts about her situation. Without full disclosure, "choice" is just a political slogan. Emptied of substance, "choice" means nothing more than subjecting a woman to the control of others -- fathers who want to avoid responsibility -- parents that are more protective of reputation than the physical and psychological well-being of their daughters -- friends who do not know about real alternatives -- abortion providers fixated on making a sale. The decision to have an abortion is life changing for the child who is destroyed and for the woman who must live with the decision. Kansas must act to ensure that the woman has access to all the relevant information.

More and more emphasis is being placed on the importance of patient autonomy - the right of the patient to decide for him or herself what treatment is in his or her best interest - as a basic, if not primary, consideration in physician disclosure. The exception is abortion. It is obvious that a paternalistic bias permeates the abortion process. Those who oppose informed consent legislation often do so on the basis of concern for the anxiety of the pregnant woman. This attitude is degrading and denigrating to the rationality of women. Someone who withholds information from the woman is attempting to make the decision for her. The decision is not made by the woman and her doctor, but by the doctor alone, who is often a male, and often employed by the abortion provider.

Are we making abortion a special case? In a sense, "Yes." Abortion must be treated differently so as to be treated the same. Abortion providers have proven themselves unworthy of the self regulatory system enjoyed by most of the medical profession. Abortion procedures are hurried and impersonal. The physician-patient relationship is negligible. Having an abortion is not a visit with your family doctor and Kansas cannot rely on the good-will of the medical profession in this context to protect women. Women need to be informed about the medical risks associated with abortion and given an opportunity to view information about agencies that provide alternatives to abortion. Kansas needs to provide scientifically accurate information about the development of the unborn child because no one else is doing so.

In 1994, 4% of all abortions were performed in doctor's offices. 80% were done in abortion facilities that perform at least 1,000 a year, while 23% were done in facilities performing at least 5,000 a year.⁴ When deciding Roe v. Wade, the Supreme Court envisioned the woman and her physician consulting together to consider all the factors relevant to her decision, looking at the potential medical complications, psychological harm, and possible impact on her life, her family, and her future. Needless to say, the Supreme Court was not seeing the reality of abortion then and this vision is even more ridiculous today. With the kind of assembly line conditions of today, abortion doctors don't have the time to read the woman's records. Little or no real physician-patient relationship exists in the abortion context. The doctor is a stranger.

⁴Henshaw & Van Vort, Abortion Services in the United States, Family Planning Perspectives, May/June 1994, at 106 (Table 5).

To argue for a woman's right to abort her unborn child and emphasize the woman's "right to choose", is inconsistent with opposing this bill. One cannot credibly advocate that women have the right to abort their unborn child and at the same time deny them the information to do so in a responsible and intelligent way. It is like saying you have a right to vote, but not a right to know for whom you are voting. A woman who is denied information relevant to her decision is not free to make a meaningful choice. When her role as a rational and responsible person is denied, she is misled into believing that she has no real alternatives, that the unborn child she carries is a clump of tissue with an unexplained gestational age, and that abortion is an easy and safe solution to her problems. A woman who decides to have an abortion under these circumstances is not "choosing." She is a mere pawn in a paternalistic abortion system, subject to the manipulation of social pressures.

Anyone who desires to defend a woman's "right to choose" should demonstrate equal vigor in attempting to ensure that every woman considering an abortion is provided with the information necessary for an informed decision. In this way can a woman make her own decision, a decision she will live with, a decision she will know was hers after events can no longer be altered.

Conclusion

In conclusion, I urge you to support the woman's right to know act. What Kansas women don't know will hurt them and this act tries to prevent that hurt. I have seen women torn up inside from the pain abortion brings. I am not unrealistic; I know women will decide to have an abortion despite the facts, but at least the decision will be theirs. And whenever a woman decides to carry her child to term, that will be one more life saved -- saved because a woman presented with the truth chose to embrace life rather than reject it. If you deny women the truth, you deny them that opportunity.

TESTIMONY OF GERALD L. MOWRY, M.D.
2007 Arthur Drive Manhattan KS 66502
913-537-2000

February 12, 1996

RE: THE WOMAN'S RIGHT-to-KNOW ACT

I wish to testify in behalf of the Woman's-Right-to-Know Act out of a lifetime of professional experience in medical care for women, 34 years limited to the Specialty of Obstetrics and Gynecology.

I am a Diplomate of the American Board of Obstetrics and Gynecology, a member of the American College of Obstetricians and Gynecologists, a former Chairman of the Kansas Section of ACOG, and former President of the Kansas Obstetrical Society.

My experience covers care and delivery of about 5,000 mothers and babies; several thousand surgeries, including minor, major, and extensive cancer surgeries. This is the expertise from which I would support this bill.

It addresses a most important issue: informed consent. Appropriate surgical care requires that the patient or family gives consent based on their knowledge and understanding of the medical reason for the surgery; the anatomic changes anticipated; the potential risks and complications involved both physically and emotionally/mentally; expected experience by the patient before, during, and after the surgery, including pain, bleeding and infection potential. The patient should be informed of the most usually expected complications and risks, as well as her responsibility to facilitate recovery by adherence to prescribed medication, diet, and activities.

Both patient and family are notified that they are expected to report all symptoms to the physician after surgery and to be examined as a routine part of follow-up care. This is the basic standard of informed consent for all surgical procedures except abortion.

In my practice these standards were always followed. Even in emergency surgery, where only the patient had consented, the family was informed after surgery, answering their questions and giving them all information available.

When I practiced across the street from a major University, abortion patients came to me for follow-up care because they got none from the individual performing the abortion. Emergency D&C's for incompleteness were needed; anemias due to blood loss were treated; post-abortion infections were diagnosed and treated; on-going menstrual period difficulties ranging from too-little flow to hemorrhage were treated. This was at further expense, time, and fear for the patient.

Infertility and ectopic pregnancy have come as an aftermath for many young women. When patients were asked long after their abortions whether they would undergo the procedure again, knowing only what they had been told ahead of time, 80% told me "NO."



H+HS Comm
2-12-96
Attn #13

To the Kansas house of Representatives:

Re.: Kansas House Bill 2938

As a practicing Board Certified Obstetrician-Gynecologist, I have seen and talked to thousands of women over the last 15 years in private practice. In those years I have heard much about my patient's pregnancies, and in the present climate, about their abortion experiences. It is from this background and experience that I would like to address you regarding the Women's Right to Know Bill.

First of all, it is simply a principle of good and ethical medical care that any person be informed of the reason for, alternatives to, nature of, risks, and benefits of any surgical procedure to be performed upon them. In the case of abortion, this should include such things as , excessive bleeding, infection, uterine perforation, damage to the surrounding organs such as the bowel or bladder, the possible need for transfusion or hysterectomy, and the potential for future sterility. Because the procedure involves a pregnancy, it also seems to make sense that the developmental characteristics of the embryo/fetus also be revealed to abortion clients as this is relevant to the essential nature of the procedure.

It is the belief of many that we should empower women with choice over whether or not to give birth but decisions or choices made without knowlege aren't real choices. Women who don't have the facts about the nature of prenatal life or of the abortion procedure cannot make decisions that serve them, their families, the father, or our society well. Over and over I have had women tell me that had they known the truth about what the fetus

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really is at their stage of pregnancy, they would not have chosen abortion. People in general are not aware of all the groups and help available to support them in their crisis such a Health-Net, Girard House, and A Better Choice to mention a few in my own community. Too, they are not aware as I am, of the thousands and thousands of infertile couples willing to adopt these infants if they are carried to term. This bill provides for that information to be given to them so that again they can make a good decision taking into consideration ALL their options.

My experience in talking with women who have had abortions also includes many, many who regret a poor, uninformed, hurried decision to abort. These are women who after sometimes 20 years still break down and cry about this incident in their lives...obviously not having made peace with it even after so many years. I hope that giving women faced with this decision the information mandated by this bill will allow them to be more sure of those decisions whatever they may be, and contribute to a less casual approach to one of the most serious decisions they will ever make.

For these reasons, I would strongly recommend the adoption of the Woman's Right to Know Act. It provides women with the information needed for an informed consent for a surgical procedure, it provides them with information regarding the nature of the fetus important to making a true decision as to whether to abort or not, and it provides them with tangible sources from which they could seek other alternatives. Knowledge and alternatives are key to having REAL CHOICE.

Jarua J. Cvetkovich
MD. FACOG.

14-2

Dedicated • Determined • Decisive

To: Members of the House health and Human Services Committee
From: Peggy Jarman
Regarding: H.B. 2938

Kansas has an informed consent law on the books. This law was passed as part of the compromise abortion bill in 1992 and became effect in July of that year. This law is fair, informative, and requires medical facts needed for informed consent by a woman prior to making a decision to have an abortion. Specifically, the current law requires a woman to give her consent in writing 8 hours before an abortion can be performed. The information must include the following:

1. Risks and alternatives to the procedure.
2. Gestational age of the fetus.
3. Medical risks of the abortion and carrying the pregnancy to term.
4. Community resources applicable to her decision.

The proposed legislation can be supported only if you want to make abortions more difficult to obtain, more traumatic for women, more costly to women, and more costly to the state. The proposed legislation will accomplish all four.

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 Com m
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Attm # 15

American Civil Liberties Union
of Kansas and Western Missouri
706 West 42nd Street, Suite 108
Kansas City, Missouri 64111
(816) 756-3113

Wendy McFarland, Lobbyist
575-5749

Testimony in Opposition to HB 2938
House Health and Human Services Committee
Monday, February 12, 1996

The American Civil Liberties Union is a private, not-for-profit advocacy organization which supports and defends constitutional rights and civil liberties.

It is for this reason that we submit our written testimony in opposition to HB 2938. The current compromise abortion law contains informed consent and waiting periods. There is no need to expand these in any way. No medical procedure other than abortion has been given language mandated by the state which is required to be imparted to a patient choosing an elective medical procedure. The specific provisions of HB 2938, in fact, add outright lies and the misrepresentation of medical facts to this mandated language. There is no purpose behind HB 2938 besides the traumatization of women seeking a constitutionally protected abortion, and the blocking of access to services for as many women as possible.

ACLU respectfully suggests the Committee could find a better use of its limited time than spending it on blatantly unconstitutional legislation such as HB 2938.

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2-12-96
atm # 16



THE LEAGUE
OF WOMEN VOTERS
OF KANSAS

12 February 1996

HEALTH AND HUMAN SERVICES COMMITTEE
Mister Chsirman and Members of the Committee:

The League of Women Voters of Kansas opposes HB HE 2939.

The League of Women Voters of Kansas' policy on Reproductive Choices is as follows:

" Protect the Constitutional Right of Privacy of the Individual to Make
Reproductive Choices."

The State of Kansas has an 'informed consent to abortion' law. Much as we deplore that law we accept it as the law in Kansas. We oppose any effort to amend that law as is the case with HB 2939. In a climate of frustration and indeed anger with government interference in citizens affairs and corrosion of the rights of the individual by the government it is strange that we continue to see attempts to place serious barriers to an individual making a very personal, private, medical decision. Attempts such as this to "protect" women imply they are incapable of making important life decisions themselves and must be guided and counseled by a wise and benevolent government. It is degrading to women for a government entuty to assume that they are so weak and ignorant that they need government to help make important decisions for them.

The League of Women Voters of Knasas opposes this bill, and all others designed to interfere with a woman's right to reproductive freedom.

Darlene Greer Stearns
League of Women Voters of Kansas
112 Woodlawn
Topeka, Kansas
913-235-3757

H+H S Comm
2-12-96
attm #17