Approved: 5-3-97
Date

MINUTES OF THE SENATE COMMITTEE ON FEDERAL AND STATE AFFAIRS.

The meeting was called to order by Senator Lana Oleen at 11:00 a.m. on March 12, 1997 in Room 254-E of the Capitol.

All members were present.

Committee staff present: Mary Galligan, Legislative Research Department
Theresa Kiernan, Revisor of Statutes
Midge Donohue, Committee Secretary

Conferees appearing before the committee:
James B. Gehrke, Legal Research Attorney, National Right to Life Committee, Washington, D.C.
Eugene W. J. Pearce, M.D., Chief of Gynecology, University of Missouri Kansas City School of Medicine, Kansas City, Mo.
Ms. Teri Reynolds, Kansans For Life, Olathe
Ms. Donna Voigts, Kansans for Life, Olathe
The Reverend Edward P. Stevenson, Kansas Religious Leaders for Choice & Senior Pastor, Valley View United Methodist Church, Overland Park
Bill Reece, Clergy for Choice, North Heights Christian Church, Wichita
The Reverend George T. Gardner, Kansas Religious Leaders for Choice, College Hill United Methodist Church, Wichita

Others attending: See attached list

Prior to opening hearings scheduled for today, staff briefed the committee on **HB 2269**, an act relating to abortion and the woman's right to know. In the interest of time, major differences of the **HB 2269** and **SB 230,** which also relates to abortion and the requirements for informed consent, were highlighted. Both bills establish the requirement for more extensive information to be provided to a woman prior to an abortion procedure.

At the conclusion of the briefing, Senator Oleen opened the floor for questions.

Senator Oleen explained that time would be divided equally between proponents and opponents of the issue and encouraged conferees to summarize their written comments in order to allow for all who were scheduled to be heard. She advised that written testimony submitted by those not able to testify verbally would be entered into the record.

Senator Harrington expressed her appreciation for the opportunity to hold committee hearings on the abortion bills. She noted the number of people who wanted to testify and time constraints of the committee.

Senator Harrington moved to table **SB 233**, which relates to the definition of viable, due to time constraints and because a viability definition is part of current law. Senator Bleeker seconded the motion, and **SB 233** was tabled.

The hearings were opened on:

SB 230: **An act establishing requirements for informed consent relating to abortions.**
SB 234: **An act prohibiting partial-birth abortions.**
HB 2269: **An act concerning abortion; relating to certain requirements before the performance thereof.**

James B. Gehrke, Legal Research Attorney, National Right to Life Committee, Washington, D.C., spoke as a proponent of the woman's right to know act (Attachment #1). Mr. Gehrke cited case law to support his contention that the act is constitutional, which he indicated was a concern. He discussed also a Supreme Court decision upholding the twenty-four waiting period. He said the proposed informed consent legislation is good public policy; that women need to be aware that abortion is not the only answer to a dire situation. Mr. Gehrke said current law in Kansas is denying women their right to know the basic facts about abortion, and he urged the committee to support the woman's right to know act.

Eugene W. J. Pearce, M.D., Chief of Gynecology, University of Missouri Kansas City School of Medicine, Kansas City, Missouri, addressed the committee as a proponent of informed consent legislation and legislation prohibiting partial-birth abortions (Attachments #2 and #3). Dr. Pearce spoke first about the doctrine of informed consent which he said is well known to practicing physicians. He explained that it requires that a person of sound mind and mature years be given enough information in understandable language to decide whether to accept or reject a recommended medical intervention. Dr. Pearce said this information should be dispensed by a physician or other health care provider who recommends or undertakes the performance of an abortion, and he listed the information that should be provided. He compared the situation involved in the treatment of breast disease to that of abortion and pointed out that the former requires information on alternative treatments to be provided on a standardized form devised and supplied by the Kansas Board of Healing Arts.

In regard to partial birth abortion, Dr. Pearce discussed the procedure and told the committee there are standard alternative techniques to this procedure. He said no comparative study of D&X with standard techniques has ever been done. Dr. Pearce pointed out that partial birth abortion always destroys the life of the baby at a time when it might live if healthy and always subjects the mother to an unknown and possibly great risk. He advised that neither is ever necessary to preserve the life, health, or fertility of the mother. Further, he said Kansas should ban partial birth abortion to protect vulnerable mothers and babies.

Ms. Teri Reynolds, Kansans for Life, and lay counselor at a crisis pregnancy center in Olathe, appeared as a proponent of informed consent (Attachment #4). She spoke of the abortion she had fourteen years ago and indicated she had not been well informed on her options at the time. She stated she regretted the abortion and was now working to make a difference for other pregnant women.

Ms. Donna Voigts, Olathe, Kansans for Life, addressed the committee in support of informed consent legislation (Attachment #5). She related the circumstances surrounding the abortion she had as a high school senior and said she had no instruction or counseling about her options. Ms. Voigts asked the committee to allow women the information they need to make a healthy choice.

The Reverend Mr. Edward P. Stevenson, Kansas Religious Leaders for Choice and Senior Pastor of Valley View United Methodist Church, Overland Park, appeared on behalf of Rabbi Lawrence P. Karol, Topeka, and read into the record Rabbi Karol's testimony in opposition to abortion legislation (Attachment #6). Rabbi Karol's testimony centered on religious beliefs and requested the committee to reject any attempt to pass a law that, regardless of intent, would have the effect of imposing one set of religious beliefs on all Kansans.

The Reverend Mr. Bill Reece, Clergy for Choice, North Heights Christian Church, Wichita, addressed the committee in opposition to abortion legislation (Attachment #7). He spoke about unwanted children and questioned who had the wisdom to make a decision for all women regardless of their circumstances. The Reverend Mr. Reece pointed out that religions could not agree on when life begins, and he questioned if the legislature should decide what is right or wrong for a woman when religions could not agree on the abortion issue. He urged the committee to protect the sacredness of life by respecting the God given freedom and responsibility of each and every woman to make a decision about abortion.

The Reverend Mr. George T. Gardner, Kansas Religious Leaders for Choice and College Hill United Methodist Church, Wichita, appeared in opposition to **SB 230** and **SB 234** (Attachment #8) The Reverend Mr. Gardner spoke about faith position conflicts, which he said happen on questions about when life is considered life, when life is viable and when a fetus is determined to be a child. He said this diversity of life is acknowledged in current law regarding abortion rights by granting reproductive freedom to women and allowing every woman to make a reproductive decision on the basis of her faith and moral position. The Reverend Mr. Gardner stated that **SB 230** and **SB 234** are attempts to bring a particular religious and moral point of view into current law and that these beliefs infer and imply that life begins at conception, a view that is not universally held. He encouraged the committee to retain current law regarding the right to abortion.

Senator Oleen directed the committee's attention to additional written testimony:

Ms. Dawn McClelland, Kansans For Life, Olathe (Attachment #9)

Ms. Judy Smith, Area Representative, Concerned Women for America, Leawood (Attachments #10, #11 & #12)
Ms. Jana L. E. Gryder, Kansas National Organization for Women, Lenexa (Attachment #13)
Ms. Monica Neff, Lobbyist, Planned Parenthood of Kansas (Attachments #14 & #15)
Mr. Arthur W. Solis, Olathe (Attachment #16)
Sunflower Republican Women of Johnson County (#17)

Hearings on **SB 230, SB 234**, and **HB 2269** are scheduled to resume tomorrow.

Senator Jones moved for approval of the minutes of the February 26 and March 11, 1997, minutes. Senator Becker seconded the motion. The minutes were approved.

The meeting adjourned at 12:05 p.m. The next meeting is scheduled for March 13, 1997.

SENATE FEDERAL & STATE AFFAIRS COMMITTEE
GUEST LIST

DATE: 3-12-97

NAME	REPRESENTING
Donna Voigts	KFL
Teri Reynolds	KFL
Karen Roberts	[redacted] KFL
Janice Moore	
Celia Renyer	Right to Life of Ks.
Nancy Nanahan	citizen & taxpayer
Mary Frey	Citizen
Alta English	Sunflower Republican Women's Club
Cheryl Freidline, Pres.	Sunflower Republican Women's
Bruce Dimmitt	Independent
Joanne Gawdun	KFL
Rabbi Lawrence P. Karol	Union of American Hebrew Congregations
Rev. Bill Keese	Clergy for Choice North Heights Christian Ch. Wichita
Rev. George T. Gardner	Kansas Religious Leaders for Choice & College Hill United Methodist Church, Wichita
Rev. Edward P. Stevenson	Kansas Religious Leaders for Choice & Senior Pastor, Valley View U. Meth., O.P., KS
Matt Tuell	AP
Jana Gryder	KS NOW
Dawn McClelland	KFL
Sara McClelland	KFL

SENATE FEDERAL & STATE AFFAIRS COMMITTEE
GUEST LIST

DATE: 3-12-97

NAME	REPRESENTING
Crystal McClelland	KFL
Ron Levin	KFL
Leah Voigts	KFL
Dawn Baker	Sprint

Testimony of James B. Gehrke, Legal Research Attorney, National Right to Life Committee, "A WOMAN'S RIGHT TO KNOW ACT."
March 11, 1997

Let me begin with my legal analysis of the Woman's Right to Know bill since I'm sure that is a large concern. Put simply, 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).

In *Casey*, the Supreme Court set forth a standard of review for most laws regulating abortion. In doing so, it said "A finding of an undue burden is a shorthand for the conclusion that a state regulation has the purpose or effect of placing a substantial obstacle in the path of a woman seeking an abortion of a nonviable fetus." Immediately after saying this, the Supreme Court said, "A statute with this purpose is invalid because the means chosen by the State to further the interest in potential life must be calculated to inform the woman's free choice, not hinder it." That last statement made it pretty clear how the Court intended to rule on the informed consent section of the Pennsylvania law. Informed consent is the antithesis of an undue burden.

The Pennsylvania law, reviewed by the Supreme Court, 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 and objective information on the development of the unborn child, as well as the potential 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. It does not outlaw abortion under any circumstances. It is not an obstacle to abortion as some may characterize it.

The Woman's Right to Know Act will give the same protection to the women of Kansas.

The Supreme Court 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 not strike us as unreasonable, particularly where the statute directs that important information become part of the background of the decision."[2] Kansas law currently requires a shorter 8-hour wait and the bill will retain this.

Chief Justice Rehnquist and Justices White, Scalia, and Thomas point out that,

> **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]

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

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

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

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Policy Analysis

This bill is good public policy. The decision whether to have an abortion is a serious and 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 the only answer to a dire situation.

Women also need to be aware that carrying a child to term does not always lead to a life of poverty or misery. There are legal and social remedies that 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.

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 one-size-fits-all forms composed by the abortion provider to comply with the meager demands of 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 small amount of 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 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. 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 overly protective of their reputation -- friends who think they know all the answers -- abortion providers obsessed on making a sale -- pundits fixated on furthering an ideology. The decision to have an abortion is life changing for the child who is killed 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.

In every other area of medicine, 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. It is viewed as a basic, if not primary, consideration in physician disclosure. Abortion is the exception. Paternalistic attitudes permeate the abortion process. Those who oppose informed consent legislation in the abortion context often do so on the basis of concern over the anxiety of the mother may experience when given the facts. This attitude denigrates women. Someone who withholds information from the woman is trying to make the decision for her. The decision is not made by the woman and her doctor, but by the doctor alone.

Are we treating abortion differently than other medical procedures? "Yes." But, in order to be treated the same, abortion must be treated differently. 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. Professionalism will not protect the women of Kansas from the business oriented abortion provider. 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. The State must provide scientifically accurate information about the development of the unborn child because no one else going to.

Around 80% of abortions are done in abortion facilities that perform at least 1,000 abortions each year. And 23% were done in facilities running women through their doors at a rate of nearly 5,000 a year.[4] When deciding *Roe v. Wade*, the Supreme Court naively envisioned the woman and her physician sitting down, face to face, to consider all the factors relevant to her decision. Together they would look at the complications, the potential psychological harm, and the impact on her life, her family, and her future. Sadly, back in 1973, the Supreme Court fell for the line that abortion would be between a woman, her doctor, and her God. Needless to say, that was not the reality of abortion then and the view is even more ridiculous today. With the kind of assembly line conditions of today, abortion doctors don't

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[4]Henshaw & Van Vort, Abortion Services in the United States, Family Planning Perspectives, May/June1994, at 106 (Table 5).

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.

One cannot credibly advocate that women have the right to abort their unborn child and at the same time deny them the information they need to do exercise that right in a responsible and intelligent way. This is like saying you have a right to vote, but not a right to know who you are voting for. A woman who is denied information relevant to her decision is not free to make a meaningful choice. She is misled into believing that she has no real alternatives, that the unborn child she carries is a clump of tissue, and that abortion is an easy and safe solution to her problems. The woman who decides to have an abortion under these circumstances is not "choosing", someone else is.

Anyone who desires to defend a woman's "right to choose" should make sure that every woman considering an abortion has the information she needs to make 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. I am a realist; I know women will decide to have an abortion despite the facts, but at least the decision will be theirs. And if even one woman decides not to have an abortion, that will be one life saved. 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.

The Woman's Right to Know

The doctrine of informed consent is well known to practicing physicians. It requires that a person of sound mind and mature years be given enough information in understandable language to decide whether to accept or reject a recommended medical intervention. In general, the physician must disclose the nature of the intervention, its purpose, success rate, rigor, complications and risk, alternatives, after effects, and lastly who will do what, where, when, and how. The physician must give the person an opportunity to ask questions and get responsive answers, and the physician must not exert undue pressure. This type of information is required from the physician for a person to make an informed decision on any diagnostic or therapeutic procedure.

Therefore, this kind of information should be required from a physician or other health care provider who recommends or undertakes the performance of an abortion. The person considering an abortion must know who will perform the procedure by name, a description of the method, the risks and complications of the procedure, the possible after effects, the nature and duration of the recovery period, the alternatives to abortion and the resources available to accomplish the alternatives, and especially in the case of abortion, the stage of development, and the physical and functional capabilities of the human being whose life is being considered for extinction. The state, should by law, provide information on fetal development, abortion methods, and abortion alternatives on a standard form devised and supplied by the Kansas Board of Healing Arts.

To do so would not create a precedent or place an undue burden on the physician or patient. On the contrary, it would protect the patient and physician, and perhaps the mother's unborn child.

K.S.A. 65-2836 requires that any one licensed to practice medicine or surgery in the state of Kansas when recommending surgery as a form of breast treatment shall provide information on alternative treatments on a standardized form devised and supplied by the Kansas Board of Healing Arts. The situation in breast treatment is parallel to the situation in abortion. In both cases, the woman involved faces a life threatening situation. In the breast disease patient, the life is her own. In the possible abortion situation, it is the life of the genetically unique, complete, living human being within her. A woman deserves just as much information in the one situation as the other.

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Testimony to Kansas Legislature 12 March 1997

1996 LICENSURE/REGISTRANT STATISTICS

Licensees: **Total Licensed: (Active, Inactive, Exempt, Military and Federal Status)**

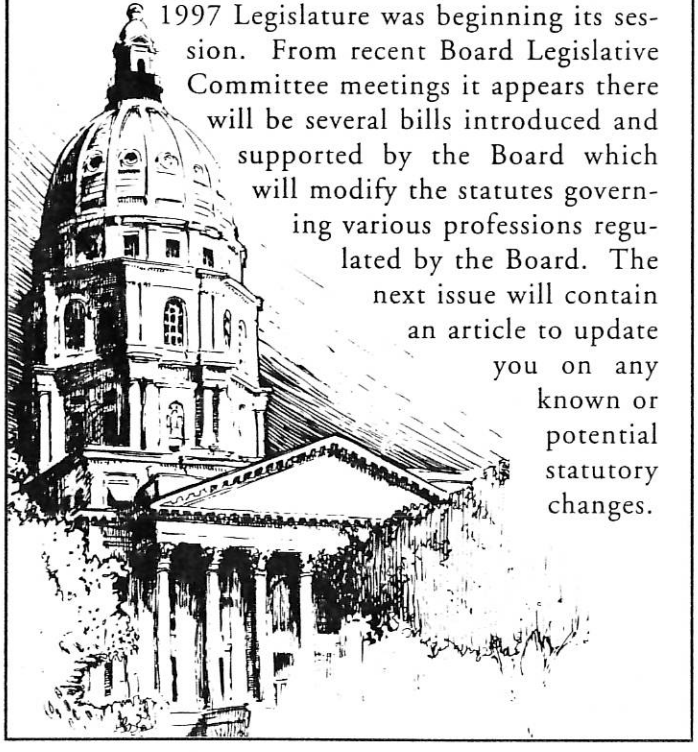
Medical Doctors	7,668
Osteopathic Doctors	667
Chiropractic Doctors	844
Podiatric Doctors	118

Registrants: **Total registered/ certified:**

Physician Assistants	257
Physical Therapists	1,254
Physical Therapist Assistants	208
Occupational Therapists	823
Occupational Therapy Assistants	178
Respiratory Therapists	1,150
Athletic Trainers	71

1997 LEGISLATIVE CHANGES

When this issue was prepared for printing, the 1997 Legislature was beginning its session. From recent Board Legislative Committee meetings it appears there will be several bills introduced and supported by the Board which will modify the statutes governing various professions regulated by the Board. The next issue will contain an article to update you on any known or potential statutory changes.



STANDARDIZED SUMMARY IN BREAST DISEASE

The distribution to patients of a standardized summary is required by law whenever surgery is a recommended form of treatment for a breast abnormality. K.S.A. 65-2836 states a licensee's license may be revoked, suspended or limited, or the licensee may be publicly or privately censured, or an application for a license or for reinstatement of a license may be denied upon a finding of the existence of any of the following grounds...

> (m) The licensee, if licensed to practice medicine and surgery, has failed to inform a patient suffering from any form of abnormality of the breast tissue for which surgery is a recommended form of treatment, of alternative methods of treatment specified in the standardized summary supplied by the board. The standardized summary shall be given to each patient specified herein as soon as practicable and medically indicated following diagnosis, and this shall constitute compliance with the requirements of this subsection. The board shall develop and distribute to persons licensed to practice medicine and surgery a standardized summary of the alternative methods of treatment known to the board at the time of distribution of the standardized summary, including surgical, radiological or chemotherapeutic treatments or combinations of treatments and the risks associated with each of these methods. Nothing in this subsection shall be construed or operate to empower or authorize the board to restrict in any manner the right of a person licensed to practice medicine and surgery to recommend a method of treatment or to restrict in any manner a patient's right to select a method of treatment. The standardized summary shall not be construed as a recommendation by the board of any method of treatment. The preceding sentence or words having the same meaning shall be printed as part of the standardized summary. The provisions of this subsection shall not be effective until the standardized written summary provided for in this subsection is developed and printed and made available by the board to persons licensed by the board to practice medicine and surgery.

The summary prepared by the Board pursuant to statute gives information about breast disease including benign breast conditions, diagnostic surgery, breast cancer, treatment of local malignant diseases and treatment of systemic disease. The summary is designed to give the patient an understanding of the diagnosis and treatment options. It further advises the patient to seek out additional information from their doctor or nurse, or to contact a hotline or support group with whom they can communicate.

To obtain standardized summaries for your practice, please contact the board office at (913) 296-7413, or write to Licensing Administrator, 235 South Topeka Boulevard, Topeka, Kansas 66603–3068. The summaries are available at a cost of $.25 per copy, plus shipping and handling.

As of printing, legislation has been introduced which would delete the requirement that the Board be responsible for preparation of the standardized summary. Any changes to the existing laws will be included in future newsletters.

Facts about Breast Disease and Your Options

DEVELOPED AND PREPARED BY:

Kansas State Board of Healing Arts
235 S. Topeka Blvd
Topeka, Kansas 66603
(913) 296-7413

Revised June 1992

Kansas State Board of Healing Arts
235 S. Topeka Blvd.
Topeka, Kansas 66603

TABLE OF CONTENTS:

This brochure has been designed to help you monitor your health and understand the diagnosis and treatment choices if or when a problem arises. Hope can come through knowledge (of the condition, its treatment and yourself)—a step that helps you continue to be responsible for your own life.

Your doctor(s) and nurse(s) will be glad to help you with additional information or any questions you may have. You may also wish to individually talk to someone who has had breast cancer, either by telephone through a cancer "hot-line" or personal visit or meet with other women in a breast cancer support group.

Your awareness of how your mind, body and their functions cope with your cancer and its treatment will influence your thoughts, feelings and actions. Never before has it been so important to see that the variety of your needs are met. It is common to experience some degree of depression and lowered self-esteem and you will feel better by communicating these feelings to a friend or professional. You may notice that each of your family and friends will go through an adjustment process similar to your own yet different as to duration or in the sequence of its stages.

(This summary is not a recommendation of the Kansas State Board of Healing Arts of any particular method of treatment.)

Benign Breast Disease

Common Benign Diseases

There are many benign (non-cancerous) diseases of the breast. Symptoms can be a thickening, lump, or tenderness in the breast tissue or a discharge from the nipple. Any symptoms may vary with your monthly cycle or by the removal of caffeine from your diet, and do not necessarily precede or develop into cancer.

1. **Fibroadenoma** is a rubbery mass located in the breast occurring in women often, but not always, under age 30.

2. **Fibrocystic** condition (probably present to some degree in most women) is a dense, scar-like process (fibrosis), cysts, or an overgrowth of the lining cells in a breast duct (ductal epithelial hyperplasia).

DIAGNOSTIC SURGERY:

Your doctor may perform a biopsy after a short period of observation if there is a question of malignancy (cancer). A high percentage of all breast biopsies involve benign tissue and are not to be feared. Each biopsy involves some form of anesthetic, may be performed in your doctor's office or a hospital, and rarely affect the appearance of your breast after the incision has healed. Your doctor may arrange for hormone (estrogen or progesterone) tests of the tissue if it contains any malignant cells.

1. **Aspiration** biopsy involves removal of fluid or tissue from the breast by means of a hypodermic syringe. This procedure can cause some discomfort and may result in a unclear diagnosis, so that an excisional biopsy may be needed.

2. **Incisional** biopsy involves removal of part of a suspect lump or area in the breast tissue. (This is usually performed on large lumps or if certain types of breast cancer are suspect.)

3. **Excisional** biopsy involves removal of the entire lump often with a small margin of the surrounding tissue. This is the most commonly used form of biopsy.

4. If the tissue removed is benign, a regular, follow-up appointment will be scheduled by your doctor. Prior to a biopsy, a mammogram (breast x-ray) or breast sonogram may be requested by your doctor. These tests may be helpful in findings or lumps.

Breast Cancer

Breast cancer is a treatable and many times curable disease. The treatment for early breast cancer may be less disfiguring than you may suspect. A small percent of women have a diagnosis of malignancy from a biopsy and specialists are now reporting a high percent cure rate with early detection. Certainly prompt and proper treatment insures each woman a better chance of overcoming cancer.

When a malignant diagnosis is made from a biopsy, a woman should proceed with further treatment within the next two weeks. This time may be used for a second opinion, to identify the extent of the disease, and to determine the correct method of treatment.

The medical evaluation may include any or all of the following diagnostic procedures:

1. Complete medical history and physical exam
2. Mammogram
3. X-rays of chest, bones
4. Radioisotope scans of bones, liver, brain
5. Computerized tomographic body scans (specialized x-ray of internal organs)
6. Sonogram (picture of internal organs made with ultrasound waves)
7. Blood tests

This period of time will give each woman a chance to become familiar with the various ways of treating breast cancer and of dealing with the stress and concern involved. Many women who have been through a similar experience are available to lend support and answer questions in dealing with any fears new patients may have.

Malignancies are characterized by abnormal and uncontrolled growth of cells. There are different kinds (cell type) of breast cancer that can be dangerous and life-threatening when the re-

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sulting mass or tumor invades and destroys surrounding normal tissue or breaks off from the primary (original) site and spreads through the blood or lymph systems to start new growths in other parts of the body. Breast cancer is known to metastasize (travel) most commonly to bone, liver, lung, the other breast, and/or brain tissue. Breast cancer can be multicentric (more than one tumor in a breast) or may involve both breasts.

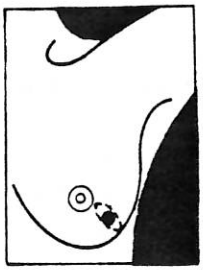
The treatment of breast cancer is individualized and varies somewhat with each patient, depending on her over-all health, cell type, size of tumor, and the extent of the cancer's involvement at the time of discovery. Its success depends not only upon early detection and effective treatment, but also on a careful, consistent follow-up program.

All breast cancer treatment regimens will need to consider treatment of the local disease (the breast or immediately surrounding tissue) and the systemic disease (spread of the disease to other parts of the body). Removal of lymph nodes from the armpit area and other diagnostic tests are used to determine the staging (extent of the disease) in most cases. The removal of these lymph nodes may cause lymphedema (swelling of the affected arm). As with any medical treatment, your doctor will explain other possible side effects and answer any of your questions to help you determine the best treatment for you and your cancer.

Surgery is usually the first step in the treatment of breast cancer. In almost all cases, the malignant growth will be removed. **Radiation therapy** may be given to kill any malignant cells in the breast, lymph nodes in the armpit and under the breast bone (Sternum), or near the chest wall. **Chemotherapy** (Anti-cancer drugs) may also be administered.

Treatment of Local Malignant Diseases

There are three primary ways of treating the local disease (the breast and immediately surrounding areas). Local control of the disease and survival of patients treated in the following ways appear equal.



Lumpectomy and Primary Radiation Therapy—involves surgical removal of the tumor with a margin of surrounding normal tissue (see "excisional biopsy"). A sampling of lymph nodes from the underarm area is removed to determine the extent of disease (staging). Radiation therapy treatments are given throughout the remaining breast tissue and surrounding area to destroy any groups of malignant cells too small to be seen or found. An extra boost of radiation is given to the tumor location to prevent recurrence.

Advantages:

1. This may give a good cosmetic result.
2. The sensation in the breast is unchanged.

Disadvantages:

1. This necessitates about five to six weeks of daily radiation treatment. However, some patients have found emotional support from receiving this treatment.
2. Radiated tissue may become "tanned" and then peel (like a sunburn) before returning to its

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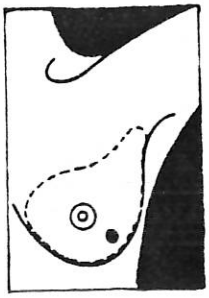
rmal appearance. Permanent scarring and contraction of the breast may also occur.

3. If the tumor size is relatively large and the breast relatively small, the cosmetic result may not be as satisfactory (very large breasts sometimes are noticeably smaller).
4. The breast may feel more firm.
5. Some temporary discomfort and swelling of the breast may occur.
6. Arm swelling may occur.



Modified Radical Mastectomy—involves removal of all breast tissue, the nipple, some of the skin and underarm lymph nodes. A patient thus treated is usually a good candidate for reconstruction (plastic surgery).

Advantages:

1. This procedure can be performed in almost any hospital.
2. This procedure results in a better cosmetic appearance than with a radical mastectomy.
3. Immediate reconstruction possible.

Disadvantages:

1. There may be some psychological problems with the loss of the "breast".
2. The patient may have some arm swelling.

Radical Mastectomy—involves removal of all breast tissue, the nipple, most of the skin, under the arm lymph nodes, and some supporting chest muscles. A patient thus treated may require a more complicated reconstruction.

Advantages:

1. This procedure is necessary for very large tumors. (rare)
2. Reconstruction may still be possible.

Disadvantages:

1. This procedure results in a poor cosmetic appearance as the chest shape becomes sunken or hollow where the breast and muscle had been removed. (This can be improved substantially with reconstruction).
2. The patient loses strength and some use of the arm and shoulder.
3. A breast prosthesis is difficult to fit.
4. Special bras, swim suits, and other expensive apparel are necessary.
5. There may be some psychological problems with the loss of the "breast".

Treatment of Systemic Disease

Systemic disease is the spread of cancer to other parts of the body.

Chemotherapy is one or more anti-cancer drugs given intravenously and/or by mouth that interfere with the growth of cells. Blood cell counts are closely monitored to prevent any harmful damage to healthy tissue. Most people experience fatigue and sometimes nausea.

Chemotherapy may be given if any malignancy is found in the removed lymph nodes, another site in the body, or sometimes for other reasons.

Hormonal therapy involves the manipulation of a woman's hormonal balance with drugs or the removal of her ovaries.

Immunotherapy stimulates the body's immune defenses to recognize and attack malignant cells.

Estrogen or progesterone receptor tests (hormone tests) indicate whether the tumor may be stimulated by those hormones in the woman's system occurring naturally or chemically.

Radiation therapy may be used to shrink tumor growth and relieve pain or other symptoms due to metastatic disease.

OTHER TERMS YOU SHOULD KNOW

Breast self exam (BSE) is a technique you can learn from your doctor and should be done on a monthly basis throughout your lifetime. You will then be familiar with your breasts and be aware of any changes in their texture or appearance and should report these to your doctor.

Mammograms (breast x-rays) are the diagnostic test most frequently used for screening purposes and when more investigation is warranted. Most women should have one at age 40 and on a periodic basis thereafter for screening purposes. Your doctor will help you set up a schedule appropriate for you.

For some women **prophylactic mastectomy** (breast tissue removed and the breast possibly reconstructed) is performed because of benign symptoms or because of a family history of breast cancer. Certainly this should only be done after one or more independent opinions have been sought. This procedure greatly reduces the risk of breast cancer and possibly precludes any cancer phobia. However these procedures are expensive, may involve one or more operations with the normal postoperative complications, and leaves one with no sensation to touch.

An **oncologist** (medical, radiation, and/or surgical) is a doctor who specializes in the diagnosis and treatment of malignant diseases.

Your doctor may ask you to sign a statement allowing him or her to perform more surgery if the biopsy shows any malignant tissue. Depending on the terms of this statement, he or she may remove the breast, lymph nodes, or possibly any involved surrounding tissue or muscle suspected to include tumor. While this one-step procedure may be more convenient and keeps you from undergoing anesthetic twice, it also prevents you from having an opportunity to get a second opinion(s), and to participate in planning your treatment after knowing all the facts. However, the appropriate options could be

discussed beforehand and then this approach can be useful.

Radiation therapy of the breast consists of two different kinds of treatment.

1. An **external beam** of x-rays from a linear accelerator of gamma rays from a cobalt machine aimed at local tissues of the body can destroy cancer cells while producing less injury to surrounding non-cancerous tissues. Each treatment lasts approximately 1-3 minutes. The patient receives from 25 to 28 such treatments in 5-6 weeks.

2. An **Interstitial Implant** is used to boost the radiation dose to a limited volume. The implant consists of temporarily inserting several plastic tubes into the region of the resected cancer. Radioactive sources (usually Iridium) are then placed into the plastic tubes for approximately 40 to 50 hours.

3. An **Electron Beam** is occasionally used instead of the implant.

65-2836. Revocation, suspension, limitation or denial of licenses; censure of licensee; grounds; consent to submit to mental or physical examination or drug screen, or any combination thereof, implied. A licensee's license may be revoked, suspended or limited, or the licensee may be publicly or privately censured, or an application for a license or for reinstatement of a license may be denied upon a finding of the existence of any of the following grounds:

". . .

(m) The licensee, if licensed to practice medicine and surgery, has failed to inform a patient suffering from any form of abnormality of the breast tissue for which surgery is a recommended form of treatment, of alternative methods of treatment specified in the standardized summary supplied by the board. The standardized summary shall be given to each patient specified herein as soon as practicable and medically indicated following diagnosis, and this shall constitute compliance with the requirements of this subsection. The board shall develop and distribute to persons licensed to practice medicine and surgery a standardized summary of the alternative methods of treatment known to the board at the time of distribution of the standardized summary, including surgical, radiological or chemotherapeutic treatments or combinations of treatments and the risks associated with each of these methods. Nothing in this subsection shall be construed or operate to empower or authorize the board to restrict in any manner the right of a person licensed to practice medicine and surgery to recommend a method of treatment or to restrict in any manner a patient's right to select a method of treatment. The standardized summary shall not be construed as a recommendation by the board of any method of treatment. The preceding sentence or words having the same meaning shall be printed as a part of the standardized summary. The provisions of this subsection shall not be effective until the standardized written summary provided for in this subsection is devel-

oped and printed and made available by the board to persons licensed by the board to practice medicine and surgery."

. . .

TO ALL PHYSICIANS:

Additional copies may be obtained to provide to your patients in compliance with the statute for the cost of the brochure plus postage and handling by contacting the Board office either in writing or telephone at:

Kansas State Board of Healing Arts
235 S. Topeka Blvd.
Topeka, Kansas 66603
(913) 296-7413

It is recommended that an acknowledgement such as the sample shown below be developed by the physician's office to be completed and placed in each patient's record.

SAMPLE ACKNOWLEDGMENT

I hereby acknowledge that I have received a copy of the booklet entitled **Facts about Breast Disease and Your Options** and that Dr. _____ has discussed the information in the booklet with me on _____, 199___.

_____
Signature of Patient

2.11

The Partial Birth Abortion

The partial birth abortion, the "nearly intact dilatation and extraction or D&X" of Dr. Martin Haskell is never necessary to preserve the life, health, or fertility of the pregnant woman. On the contrary, it may be dangerous in respect to the life, health, or fertility of the mother.

In this procedure, Dr. Haskell describes delivering the baby feet first until the after coming head, the largest part, gets stuck in the birth canal. He then makes a hole in the base of the skull with a scissors, and then inserts a suction tube in the hole to "evacuate the skull contents", in the words of Dr. Haskell. The preliminaries to this procedure are the potentially dangerous parts of the operation. The cervix must be opened by packing with chemically active cylinders over several days. Then, at the time of the operation, the baby must be turned to a feet first presentation.

In Dr. Haskell's original paper, he described technique only. A recent search of the medical literature revealed not one single article on D&X. To date, to my knowledge, there has been no published study of the indications, results, complications, risks, or after effects of D&X. No one knows the true danger of the procedure to the mother because no one has studied it.

There are standard alternative techniques which have been studied extensively. Their use, indications, risks, complications, and after effects are known. No comparative study of D&X with standard techniques has ever been done.

The D&X is done between 20 and 32 weeks of pregnancy. Twenty weeks of pregnancy was defined as the beginning of the period of viability (when the baby is able to live outside the mother's body) by the American College of Obstetrics and Gynecologists in 1972.

The D&X facilitates birth by decompressing the skull, but that also kills the baby. The standard techniques of induction of labor by stimulating uterine contractions with medication or by the performance of Cesarean operation have known characteristics and usually produce a living baby.

In the case of a very sick mother with an essentially normal but premature baby, induction of labor or Cesarean section can be done, immediately relieving the mother and saving the baby. In the case of a severely deformed baby who will not live outside the mother's body, it is completely unnecessary to submit the mother to an unknown, perhaps great risk to sacrifice a baby who will die in any event. In the case of a dead or dying baby, it is useless and senseless to subject the mother to any additional risk in the baby's interest. In that case, the safest, most compassionate course should be chosen. Labor induction with adequate pain relief and calming medication is the safest, most compassionate treatment for the mother.

In conclusion, partial birth abortion, "the nearly intact D&X", always destroys the life of the baby at a time when it might live if healthy, and always subjects the mother to an unknown, possibly great risk. Neither aspect is ever necessary to preserve the life, health, or fertility of the mother.

Kansas should legally ban the partial birth abortion to protect vulnerable mothers and babies.

Sen. Federal & State Affairs Comm.
Date: 3-12-97
Attachment: # 3

Eugene W. J. Pearce, M.D.
Associate Professor
Department of Obstetrics-Gynecology
Chief of Gynecology
University of Missouri Kansas City School of Medicine
Adjunct Associate Professor
Dept. of the History and Philosophy of Medicine
University of Kansas School of Medicine-Kansas City
Office 2301 Holmes
Kansas City, MO. 64108
816 556 3796

Home 6335 Robin Hood Lane
Merriam, KS. 66203
913 831 0411

Testimony to Kansas Legislature 12 March 1997

3-2

ch 12, 1997

To whom it may concern,

My name is Teri Reynolds. I am the president of and a lay-counselor at Pregnancy C.A.R.E, a crisis pregnancy center in Olathe. We educate, advise and refer clients to many community resources, in order to provide alternatives to abortion. I have been active there for five years.

I work at a cpc because I myself am a post-abortive woman. When I had my abortion fourteen years ago, in Wichita, KS, I was not well-informed of my options. I didn't understand fetal development, the procedure done by the abortionist, the risks and complications, and knew nothing about the emotional suffering that is with me for life. I regret that abortion tremendously. Now, I am working to make a difference for other pregnant women, informing them of the things I wish I had known, before I chose abortion.

I don't understand why anyone would hinder a woman from recieving information that might alter her decision to abort her child, since it is such a serious matter. I believe that quite possibly, had I been the recipient of such information, I would have my child today, instead of mourning my loss. There is no good defense for withholding the information this legislation will require abortionists to provide. Women can live without a choice that is made without understanding the implications, complications and destruction that go with such a choice. If, as a result of this law, some children are saved, so be it.

Thank you very much for the opportunity to tell you my story.

Sincerely,

Teri Reynolds

Teri Reynolds

Sen. Federal & State Affairs Comm
Date: 3-12-97
Attachment: #4

March 12, 1997

I would like to thank the committee for allowing me to speak today, My name is Donna Voigts, from Olathe.

I am here in support of the "Woman's Right to Know" bill. In 1973, as a 17 year old high school senior, I became pregnant. It was an extremely shameful position for me to be in. So with very little thought and absolutely no instruction or counseling, I checked myself into a hospital and I had an abortion. Since then I have been married & divorced twice. Both husbands were alcoholic and physically and verbally abusive.

In 1988, I began seeking help for my mental and emotional problems, but because my guilt was so intense, it was1995 before I was able to speak of the abortion. Since then I have been involved in a support group for post abortive women. I've learned about post abortion trauma and have realized some of my emotional instability over the years has stemmed from aborting my child back in 1973. This bill could prevent some of the emotional and mental anguish I have had to suffer.

Yes, I am very much a pro-life advocate, but I am here today because I am especially a pro-woman advocate. Our government has allowed us the right, if we so choose, to take the life of our unborn child and that may never change, but please allow us the right to all the facts prior to making that decision. We are informed on every other medical need. Why is complete and accurate information being withheld on abortion? We women are intelligent creatures. Please allow us the information to make a healthier choice.

Donna Voigts

Donna Voigts
1117 N. Cooper
Olathe, KS 66061

Sen. Federal & State Affairs Comm.
Date: 3-12-97

Attachment: #5

centuries, Jewish authorities came to determine that the termination of a pregnancy might be necessary if the pregnancy or childbirth could pose a danger to the mother's life or a threat to the mother's physical or emotional health. Making this decision was a serious matter, because it involved the tragic choice of ending the possibility of the birth of a new human being. Yet, Judaism valued the well-being of the mother enough to sanction such a choice. The principles of the Jewish tradition would prohibit, in many cases, allowing a mother to die in order to save the child developing in her womb.

Once the child's head has emerged from the womb during childbirth, Judaism considers the child as a human being equal in status to the mother. Jewish law would view a 90 year-old veteran of life in the same way as a one-day old newcomer to the human family.

The classic Christian interpretation of the passage in Exodus Chapter 21 is based on a Greek rendering of the text which changes some of the original Hebrew. In the situation that called for financial compensation, the words that referred to "miscarriage" in Hebrew became, in Greek, a phrase that means "if the child is born imperfectly formed." The next sentence, "but if harm should occur," was applied in the Greek bible text to the child, not to the mother. The focus of this passage was shifted from the mother to the child, leading to the conclusion that the offender who pushed the woman was guilty of murder if the woman miscarried. I clearly recognize that different understandings of the same verses lead Jews and some Christians to opposite conclusions. Yet, to be fair to everyone, no one in government should try to decide through legislation which interpretation is right.

I know that it is certainly not your task to referee between two religions on how to interpret biblical passages. It is your responsibility to preserve freedom for all people to follow and practice the principles of their faith. I hope that you will reject any attempt to pass a law that, regardless of its intention, will have the effect of imposing one set of religious beliefs on all Kansans.

I appreciate this opportunity to speak to you about an issue that relates to medicine, religion and law. When dealing with those three arenas of life at one time, simple testimony may not adequately provide an answer to the question of when life begins. In any case, I believe that law and medicine should allow all citizens and patients to freely practice and apply the principles of their faith.

The Jewish view on when life begins derives from a passage in the 21st chapter of the biblical book of Exodus. When translated from the original Hebrew text, it reads: "When two men scuffle and deal a blow to a pregnant woman, so that she miscarries, but no other harm occurs, the man is to be fined....according to assessment. But if harm should occur, then you are to give life in place of life, eye in place of eye, tooth in place of tooth."

From a Jewish perspective, this passage focuses on the condition of the pregnant woman. If the person who struck her caused her to miscarry, the local judges imposed a fine to compensate the woman and her husband for the end of the possibility of bearing a child. However, if the woman was hurt, the person who struck her was punished based on the extent of her injury. If she sustained injury to her eye, for example, the court imposed on the offender the penalty for such a case of physical assault. However, if the woman died, the offender was judged to be liable for her death and was punished accordingly.

The rabbis, the teachers of Jewish tradition throughout the centuries, developed a host of laws based on this and other biblical passages that guide personal decision-making in situations relating to a difficult pregnancy. For Judaism, the question was not and is not "When does life begin?" The question is, "When a pregnancy threatens the physical or emotional well-being of the mother, what should be done to preserve the mother's health?"

Judaism values the life of the developing child, but it places even greater value on the life and health of the mother, hoping to sustain her strength and vitality. Over the

STATEMENT ABOUT ABORTION

I am a grandfather again. My beautiful little granddaughter, Lacey, was born just two months ago, a wanted child, and now a loved child, loved by her mother, idolized by her father, adored by her two sisters and her brother, greatly loved by her grandfather and really, really loved by her grandmother Reece.

Wouldn't it be wonderful if every child could be wanted and loved like that? But my friends, it is not so. For there are countless women around the world who get pregnant because of rape or incest, or because of a lack of contraceptive knowledge or equipment. Many become pregnant in the depths of poverty, in abusive relationships or in ill health that makes having a baby a hazard to her health. For many of these women being pregnant is a frightening, horrifying experience bereft of hope and without resources.

For these women, who should make a decision about abortion?

Now, we live in a kind of hothouse here in the United States where there is a better chance to help a desperate woman with a new baby than other places in the world. But we don't really love our children in the United States. We have a higher infant mortality rate than most other industrial nations. They die because we don't care for poor mothers. In addition we let them live in hunger when they get a little older. I was the Director of the Campaign to end Hunger in Kansas for two years. In our research we discovered that we have more than 21,000 hungry kids in Kansas and another 40,000 at risk.

It seems to be easy for some to say, "Hey, let it be born and somehow it will be cared for." But the fact is infants die by the millions every year before they are a year old because they are born in situations where they can't be cared for.

Who should make the decision for women here and around the world about abortion? Who has the wisdom to make a decision for all women regardless of their circumstances?

Should religions decide what is right or wrong, responsible or irresponsible? The great religions of the world can't agree on when personhood begins. The Roman Catholic Church holds that personhood begins at conception. But Judaism believes that it begins with the first breath. And Protestant Christians have beliefs that vary from conception, to viability, to the first breath, to we don't know.

If the great religions cannot agree about abortion, should the legislature decide what is right or wrong for a woman? Will the legislature be so bold as to choose one religious belief over another? Which religion will it favor?

Who should make the decision about abortion?

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Is anyone better able to make that decision than the pregnant woman? Of course we will provide loving counsel, accurate information, and resources regardless of her decision. She will talk with her doctor, her religious leader, her family and friends, but she is the one who can best make that decision.

I am a member of the Christian Church (Disciples of Christ). Our best wisdom is:

- to affirm freedom and responsibility.
- to oppose laws that favor one particular religious belief over another,
- to respect differences in religious beliefs concerning abortion and
- to provide loving ministry to the women faced with the responsibility and trauma surrounding undesired pregnancy.

I urge you to protect the sacredness of life by respecting the God given freedom and responsibility of every woman to make a decision about abortion.

Bill Reece, Minister
Christian Church (Disciples of Christ)

CHRISTIAN CHURCH (DISCIPLES OF CHRIST
General Assembly Resolution

WHEREAS, the Christian Church (Disciples of Christ) has proclaimed that in Christ, God affirms freedom and responsibility for individuals, and

WHEREAS, legislation is being introduced into the U.S. Congress which would embody in law one particular opinion concerning the morality of abortion...

THEREFORE BE IT RESOLVED that the General Assembly of the Christian Church (Disciples of Christ:)...

Affirm the principle of individual liberty, freedom of individual conscience, and sacredness of life for all persons.

Respect differences in religious beliefs concerning abortion and oppose, in accord with the principle of religious liberty, any attempt to legislate a specific religious opinion or belief concerning abortion upon all Americans.

Provide through ministry of the local congregation, pastoral concern, and nurture of persons faced with the responsibility and trauma surrounding undesired pregnancy.

Senator Lana Oleen,
Chairwoman
Senate Federal and State Affairs Committee

Re: Hearing on Senate Bills #230, #233, and #234

On Monday, March 10, the Wichita Eagle carried a two page advertisement from the Sprint Communications Company. The line went,

> "A culture is defined by how well its people connect.
>
> . . .
>
> It's a simple desire really. To speak, to listen, to be heard, to connect. And throughout history people have found new, more powerful ways to do so. Now they will again."

In the field of technological communication, I am sure this is true. There is no question about how our culture and world are being defined by technological communication. What is true of technology, however, is not necessarily true in the arena of faith and morality. When faith meets faith and morality meets morality, factions seem only to speak and rarely listen or connect.

Certainly this is true when faith positions come into conflict over questions, such as When is life life?; When is life viable?; and When should a fetus be determined to be a child? In this area there seems to be little agreement. Biology can tell us how a sperm and an egg create fetal life. Genetics can tell us what characteristics the fetal life will carry. Medicine can assist the nurture of a pregnant woman carrying fetal life. However, when it comes to establishing the value of a life, that value is given at birth by the family into which the new life is born and the social environment into which the new life enters.

You as a Kansas Legislature have acknowledged this diversity of life in the current law regarding abortion rights. You have granted reproductive freedom to women and in giving that freedom you have allowed every woman to make a reproductive decision on the basis of her faith and moral position. You have indicated in the current Kansas statute that a woman should have the right to reproductive freedom and that if she chooses to terminate a pregnancy, that procedure will be done with all the information necessary and in the best medical facilities possible.

The Senate Bills #230, #233, and #234 that are before you, are attempts to bring a particular religious and moral point of view into the current Kansas law. These beliefs infer and imply that life begins at conception. This is not a universa[illegible]

biological or religious faith position. My own denomination, the United Methodist Church, supports the current Kansas statute granting the right of reproductive choice to women but would not be in support of these Senate Bills. In part, here is my denomination's position.

The Social Principles
The United Methodist Church
From the BOOK OF DISCIPLINE
Section II

J) Abortion - The beginning of life and the ending of life are the God-given boundaries of human existence. While individuals have always had some degree of control over when they would die, they now have the awesome power to determine when and even whether new individuals will be born. Our belief in the sanctity of unborn human life makes us reluctant to approve abortion. But we are equally bound to respect the sacredness of the life and well-being of the mother, for whom devastating damage may result from an unacceptable pregnancy. In continuity with past Christian teaching, we recognize tragic conflicts of life with life that may justify abortion, and in such cases we support the legal option of abortion under proper medical procedures.

I encourage the Committee on Senate and State Affairs to leave the current law regarding the right to abortion as it is. The law allows for an individual to make a decision in keeping with her faith and conscience. If a law can guarantee that, the law has indeed held up the premise that liberty and justice belong to everyone.

Rev. George T. Gardner
Senior Minister
College Hill United Methodist Church
2930 E. First
Wichita, KS 67214

and

Co-Chair, Kansas Religious Leaders For Choice

GTG/krd

March 12, 1997

Thank you for allowing me to speak today. My name is Dawn McClelland and I am speaking on behalf of the "Woman's Right to Know" bill. As the director of a crisis pregnancy center in Shawnee, KS and as a post abortive woman myself, I know how important this bill is.

I will be the first to tell you that I wish abortion wasn't legal at all. But it is, and it is because of that that I feel it should at least be regulated as other medical facilities are. Our opponents claim that they are already doing the things requested in the bill, yet the women I see in my center and talk to in my post abortion support group do not agree with that.

A real case that I recently worked with illustrates this. A young woman called me on a Wednesday. She was 5 months pregnant and her boyfriend had just informed her that he no longer wanted her to have the baby. She was in pure panic. She already had an abortion set up, but after we talked she decided to go with me the next Monday to a family clinic which gave her a free sonogram and a doctor consultation. I drove 34 miles one way to pick this woman up. All the way back she just shook her head, cried and said "I can't believe I would have done it." She is very representative of many of the women I see and also of myself and my own abortion experience. Except in my case there was no caring doctor to help me think through my crisis.

If abortion really is a choice then there should not be a problem with this bill. All this woman needed, like many other women, was a doctor who cared enough about her situation to take a little extra time to help her think through her crisis. Abortion was not the answer for her.

This bill will not prevent anyone who really wants an abortion from getting one. I work with this enough to know that. But it will help those who do need an advocate. I have been working with 3 other girls in the last month who are also 20+ weeks pregnant. They don't want an abortion, yet feel trapped and pressured from significant others. All 3 have had abortions set up. All 3 have received none of the information in this bill, except for the one who got some pamphlets on area resources after they told her she was too far along for them to abort. One would assume that these women, ages 16 to 32, would understand enough about fetal development to know that these were large babies that are totally formed and at times can even live outside the

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womb. None of them knew this. Yet all of them had been to an abortion clinic. All they knew was that it would take them a couple of days and would cost them a little over $1,000.00.

Some may testify today that their abortion was the best choice for them and it hasn't bothered them a bit. I am not going to argue with them. I just want you to please understand that it has affected some of us drastically. We have stood up her and told our testimonies as to how painful it has been sometimes to the jeers and snickers of our opponents. Just because they have not suffered from it should not mean that those of us who have suffered have no rights. This bill would help protect the women who do feel trapped and alone. We are not giving women a choice when valid information is being withheld.

Please support this bill. Abortion is a medical procedure that will affect a woman the rest of her life, one way or another. She needs to be totally informed by a medical professional.

Respectfully submitted,

Dawn McClelland

Dawn McClelland
201 E. Cedar
Olathe, KS 66061

Dr. Beverly LaHaye
President

CONCERNED WOMEN for AMERICA

The fact that the developing fetus is a human being has been implemented by the advance of modern technology such as sonography and in-utero camera technology. It is no longer an option to say that this developing baby is a " blob of cells" or a " parasite " in the woman's body. With advances in neonatology sustainable life has been accomplished at astonishing stages of fetal development. Modern technology now tells us that this child has a separate genetic code; it has its own blood type, fingerprints, brain, nervous system and internal organs. It feels its own pain, can be healthy while the mother is ill, be ill when the mother is healthy. It can be awake when she is asleep and asleep while she is awake. Furthermore, about half the time the baby is a different sex from the mother. The fact that when a mother is pregnant there are two separate individuals is obvious.

Because of the body of knowledge accumulated in recent years the stage at which a fetus may be viable has been much enhanced. This enhancement of sustainable life outside the womb should be reflected in Kansas law.

Concerned Women for America has always been vitally interested in the rights of the unborn. All human life is sacred; the fact that that life must be supported for a time artificially should not preclude those basic fundamental rights.

Respectfully,

Judy Smith

Judy Smith
Area Representative
Concerned Women for America, Kansas

Concerned Women for America of Kansas
P.O. Box 4 • Seneca, KS 66538 • Phone (913) 336-2091

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Dr. Beverly LaHaye
President

CONCERNED WOMEN for AMERICA

Concerned Women for America is the largest women's organization in the U.S. and, as such, has an intense interest in those issues that affect women. One of these issues is the procedure called the " partial birth abortion", a procedure that is performed on pre-born babies beginning at 19-20 weeks gestation. This procedure involves delivery of the body of the infant in a breech position excluding the head. The head is decompressed by inserting scissors into the back of the head and inserting a catheter to suction the contents of the brain. The proponents of this procedure claim that it is necessary to save the life of the mother or to save her reproductive capabilities. Does it make sense, in a life-threatening incident, to opt for a three-day procedure over a simple caesarian section?

In fact, partial birth abortion is not considered standard medical practice according to Dr. Pamela Smith, M.D., a professor of obstetrics at Mt Sinai Hospital's Department of Obstetrics and Gynecology. "To say that these abortions are the best way is medically absurd. When (partial-birth) abortions are done on an outpatient basis..you are putting a mother's life in jeopardy." A prominent late-term abortionist, Warren Hern, M.D. has stated " I have very serious reservations about this procedure. You really can't defend it....I would dispute any statement that this is the safest procedure to use. Turning the fetus into a breech position is potentially dangerous." This quote was given as a part of testimony before the Senate Judiciary Committee.

The abortion proponents suggest that this procedure is rare; in fact it has been performed in one New Jersey clinic on over 1300 patients, many of whom were elective abortions. Dr. M. Haskell who developed this procedure asserted that at least 80% of the abortions he performed using this method were for elective reasons.

I would urge you to consider these facts as you deliberate S.B. 234 which would prohibit this procedure.

Respectfully,

Judy Smith

Judy Smith
Area Representative
Concerned Women for America, Kansas

Sen. Federal & State Affairs Comm
Date: 3-12-97
Attachment: #4

Concerned Women for America of Kansas
P.O. Box 4 • Seneca, KS 66538 • Phone (913) 336-2091

Dr. Beverly LaHaye
President

CONCERNED WOMEN for AMERICA

The word " choice" is by definition a selection of something after being presented with options. Concerned Women for America, the largest women's organization in the U.S., is vitally concerned about a woman being offered all of the options before she makes a decision to have an abortion.

As a volunteer counselor in a crisis pregnancy center for five and one/half years I have a personal interest in this matter as well. I have observed that most women who contemplate abortion are in a state of crisis that impede their ability to think about the possible negative aspects of their decision. They are frightened, confused and sometimes angry. None of these emotions contribute positively to rational thought, let alone responsible decision-making. Often at that time their primary motivation is to rid themselves of the problem without thought of how that might affect them afterwards. A person facing cancer surgery has most of the same emotions; it would be unacceptable medical ethics to let that person make a decision concerning surgery without all the facts. Any rational person would be appalled if their doctor suggested a surgery but then then didn't explain all of the ramifications and options to the surgery before performing it. Since a woman facing abortion is in a state of emotional upheaval already it only makes sense that she be informed of all the risks of the abortion procedure, both physical and emotional, the developmental stage of her baby, the risks to her reproductive future, and all pertinent medical facts. She should understand that there is a risk of post-abortion stress particularly if she is conflicted about her decision. She should be fully aware of the father's fiscal responsibility, and should understand what help is available to her through governmental and private agencies to help her deliver her child, should she choose to do so. Information about adoption should be easily accessible to her.

Abortion is one of the most commonly performed surgical procedures in the U.S.; it also holds significant risk both physically and emotionally. Women making the decision to have this procedure have the right to know all of the information before they make their choice. If they don't have that information, they have no choice. I urge you to consider this when you deliberate the Woman's Right to Know bill.

Judy Smith

Judy Smith

Area Representative
Concerned Women for America, Kansas

Concerned Women for America of Kansas
P.O. Box 4 • Seneca, KS 66538 • Phone (913) 336-2091

Sen. Federal & State Affairs Comm.
Date: 3-12-97
Attachment: #12

Kansas NOW
working for equality for women

PO Box 15531
Lenexa, KS 66285-55531

To: **Senate Committee on Federal and State Affairs**

Submitted By: **Jana L. E. Gryder**
Kansas National Organization for Women

Date: **March 12, 1997**

Re: **Testimony in Opposition to HB 2269, SB 230, SB 233 & SB 234**

The Kansas Chapter of the *National Organization for Women* stands in opposition to any barriers to a woman's procurement of an abortion. This is a Constitutional right that has been decided by the Supreme Court of the United States in *Roe v. Wade* and *Planned Parenthood v. Casey*. The proposed legislation hinders access to medical services and permits the State of Kansas to tell doctors how to practice medicine. Kansas already has narrow laws that place obstructive barriers to a woman's right to make a very personal and private decision.

HB 2269 & SB 230

These are redundant and unduly confining bills that are disguised under the "*woman's right to know*." The intent of **HB 2269 & SB 230** is not to fully inform the woman of her current options. Their purpose is to even more fully harass women who are seeking to exercise their Constitutional right.

The information mandated is hypocritical and deceptive. It does not follow with welfare reform. It misinforms women about the sufficiency of assistance to support children. State programs have been seriously restricted and reduced by current legislation and child support payments are almost impossible to recover. Do not try to demean women by disguising restrictions under a protective "*right to know*."

SB 233 & 234

Medical experts should be the ones that define medical terms - not religion, or State Legislators. Women and their families have the capacity to decide if, and when extraordinary medical means are needed. This is a personal medical decision between a trained, licensed physician and a person with Constitutionally mandated autonomy rights.

These bills are full of undefined terms that are in the best interest of the anti-choice people to enable them to stretch these terms to serve their goal to outlaw abortions. Before a fetus is even able to live outside of the mother's body, the State of Kansas is going to intervene in parental rights and "protect" this "unborn child" and give it life by machines. Once a child is born, this same State gives parents the right to malnourish, not immunize, neglect,

sexually and physically abuse this child. It takes a death or near death situation for the State to intervene once the child has actually been born. This is implausible.

I truly believe that the proponents of these bills could care less about a woman's right to know or any other right for that matter. They are trying to enforce their political and religious beliefs upon others through legislation. Politicians decide what should and should not be told to a patient in no other medical procedure. No other medical procedure is so legislated as abortion.

In **SB 230** it is stated that it is unlawful to coerce a woman into having an abortion. Can it also be unlawful to coerce a woman into not having one through harassment, duress and obstacles - if that is what she truly wants? She has the right to decide what to do with her own life and body!

Women are not ignorant. They know what an abortion is and do not make an impulsive decision about having one. It is a difficult decision with much time spent on thought and consideration of all options. We all can make an informed choice without government intervention. All people are capable of deciding their own health options ethically, knowledgeably, emotionally, and spiritually - according to their own ethical, moral and spiritual beliefs - not the Legislature's.

Planned Parenthood®

Of Kansas, Inc.

Senate Federal and State Affairs Committee

Testimony in Opposition to SB 230 / SB 233 / SB 234 / HB 2269

March 12, 1997

Submitted by: Monica Neff
(913)-842-6496

Honorable Chair and Distinguished Members of this Committee:

It is disheartening to once again be addressing legislation which in no way will **"prevent" unintended preganacies,** but will **"prevent access"** to **physicians, surgical procedures and the right to abortion itself.**

Planned Parenthood of Kansas strongly opposes all four bills. Please clearly remember that your decision and your votes will affect the "real lives" of women and their families.

- **This is legislation that dictates to physicians information they must provide and under what conditons, medical procedures they can and cannot use and professional and ethical standards they must ignore to meet the mandates of legislators, rather than needs of their patients.**
- **This legislation would constrict the delivery of medical services, limit available medical procedures and disregard the medical judgement of attending physicians for their patients.which is inappropriate. Such legislation should not be tolerated by you or the citizens of our state.**
- **Physicians should be accountable to patients, not politicians.**

Please be courageous in your discernment and understanding of the actual ramifications each of these bills would have on the lives of real women and their families.

Attached is testimony in opposition to each of these abortion related bills.

I ask that you vote against SB 230, SB 233 SB 234 and HB 2269 and prevent any further mandates and restrictions that interfere with private reproductive decisionmaking and which limit access to available appropriate medical care.

Do not allow governmental legislation based on one religious belief of when "life begins" to be forced on everyone else.

Thank you for your consideration.

Wichita--2226 East Central, Wichita, Kansas 67214-4494 316 263-7575
Hays--122 East 12th, Hays, Kansas 67601 913 628-2434

Sen. Federal & State Affairs Comm
Date: 3-12-97
Attachment: #14

Planned Parenthood®
Of Kansas, Inc.

Opposition to SB 230 & HB 2269

Planned Parenthood of Kansas strongly opposes SB 230 and HB 2269 which would establish extreme requirements for medical informed consent and new penalties for violations.

Presently, **Kansas abortion law** requires that **written information** be given to women:

- **on her alternatives to abortion.**
- **the gestational age of the fetus.**
- **the abortion procedure, its risks and alternatives.**
- **on community resources available to support a woman's decision to carry the pregnancy to term.**

I was told by some **legislators** they believed the "woman's right to know" bill was just about more information and would not hurt access or create duress for women in Kansas.

- **These bills are not about information, but about limiting access to women seeking legal abortion.**

- **The actual impact, of either bill, would monopolize a physician's time and create such severe congestion within the clinic's service delivery system that large numbers of women would no longer be able to receive services.**

Last year, a similar bill, SB 352, was passed out of both houses, however it was vetoed by Governor Graves. **Fortunately, he understood that such changes to the present law would have adverse ramifications for women, all across Kansas, seeking legal abortion for unintended crisis pregnancies.**

- **This bill, amended or otherwise, should not be viewed as a "throw away" vote by anyone. Such a vote would "throw away" the right for many women to have access to legal abortion in Kansas.**

- **Our present abortion law, strikes a delicate balance between the rights of patients and the interest of the state.**

Please vote against SB 230 and HB 2269 and do not allow futher restrictions and mandates to limit access for women seeking abortion.

Respectfully,
Monica Neff, Lobbyist
Planned Parenthood of Kansas
(913)-842-6496

Planned Parenthood®

Of Kansas, Inc.

Opposition to SB 233

SB 233 changes the definition of "**viability**" in our Kansas law to read "the stage of gestation when, in the best medical judgement of the attending physician, the fetus is capable of sustained survival outside the uterus **with** or without extraordinary medical means.

- **The 1973 U. S. Supreme Court decision Roe v. Wade** declared that **a woman** has a **constitutionally protected right,** in consultation with **her physician, to terminate a pregnancy free of state interference or intrusion prior to fetal viability.**

- In Roe v. Wade the Court recognized **the state** had acquired a "compelling" interest, **only after viability.** "**Viability**" was set as the "compelling" point **when the fetus has the capacity for sustained survival outside the uterus.**

- **The U.S. Supreme Court in cases since Roe v. Wade makes clear that viability is a medical determination, which varies with each pregnancy, and that it is the responsibility of the attending physician.**

- **Planned Parenthood of Southern Pensylvania v. Casey,** the last major abortion case, held that "**regardless of whether exceptions are made for particular circumstances, [the government] may not prohibit any woman from making the ultimate diecision to terminate her pregnancy before viability**"

- **Abortions after fetal viability are extremely rare. 4/100 of 1% of abortions are done in the 3rd trimester. These are tragic situations where planned pregnancies have gone terribly wrong.**

- **States today are allowed,** but not mandated, to ban all abortions after viability, but they must provide the exception to **preserve the life and the health of the woman.**

Planned Parenthood of Kansas opposes changing the definition of viability, because the law as it stands, allows the determination of viablilty to remain with the attending physician and the family involved. It can encompass the attitudes of the doctor and the families on the application of extraordinary means.

- **Legislators' beliefs** about whether a fetus should be kept alive by extraordinary means **should not usurp the belief system of the family involved.**

- **Money the state may have to spend in court with questions on the constitutionality would be better spent towards preventing unintended pregnancies rather than preventing access to abortion.**

Please vote against SB 233 and preseve our current of Kansas law and preserve the privacy of Kansas women and their families to access reproductive health care services including abortion.

Respectfully,
Monica Neff, Lobbyist
Planned Parenthood of Kansas
(913)-842-6496

Sen. Federal & State Affairs Comm
Date: 3-12-97
Attachment: #15

Wichita--2226 East Central, Wichita, Kansas 67214-4494 316 683-5675
Hays--122 East 12th, Hays, Kansas 67601 913 628-2434

Opposition to SB 234

Planned Parenthood®

Of Kansas, Inc.

Opposition to SB 234

SB 234 prohibits "partial birth abortions".

- **The definition in this bill does not refer to any specific abortion method.** The wording is vague and would **outlaw a variety of procedures** used in **previability abortion.**
- **The phrase"partial birth abortion"** is a **political term not a medical one.** It was **fabricated by those who oppose abortion** to describe loosely what some physicans call intact dilatation and extraction. (Intact D&X)
- **The Intact D & X** is a method of abortion used as early as 12 weeks, but is most often used after 20 weeks. **It is a medically safe procedure that some physicians judge, in consultation with their patients, as most appropriate.**
- **90% of all abortions occur in the 1st trimester. Only 4/100 of 1% of abortions take place in the 3rd trimester. That is approximately 320-600 a year. The actual procedure in post viability Intact D &X make up only a percentage of those.**
- **Only 1% of abortions are done 21 weeks or later.** Statistics are difficult to collect for a number of reasons. However, those that are available **are not collected according to procedure,** but **weeks into the pregnancy.**
- **These late term abortions are where women and their families are facing planned pregnancies that have gone very wrong. They deserve the best, safest and most compassionate medical care available.**
- **Women's lives, health and future do matter, and must be protected.**
- In **January 1997** the **American College of Obstetrics and Gynecologists (ACOG)** in addressing the issue of "procedure bans" stated, **" The intervention of legislative bodies into medical decision making is inappropriate, ill advised and dangerous."**

Planned Parenthood of Kansas strongly opposes governmental interference and limitations on any medical practice or procedures.

- **We believe physicians must be able to use their best judgement to make surgical determinations in providing the safest medical care possible to their patients.**
- **Physicians must be held accountable to patients, not politicians.**

Please vote against SB 234.

Respectfully: Monica Neff, Lobbyist
Planned Parenthood of Kansas (913)-842-6496

ARTHUR W SOLIS

215 North Normandy ❖ Olathe Kansas 66061-5084 (913) 782-1613

WRITTEN TESTIMONY SUBMITTED TO THE

SENATE COMMITTEE OF FEDERAL AND STATE AFFAIRS

BY

ARTHUR W. SOLIS

WEDNESDAY, MARCH 12, 1997

SENATE BILL No. 230
SENATE BILL No. 233
SENATE BILL No. 234
HOUSE BILL NO. 2269

Chairperson Oleen and Members of the Senate Committee:

Thank you for the opportunity to submit written testimony in **favor** of Senate Bill No. 230, Senate Bill No. 233, Senate Bill No. 234, and House Bill No. 2269.

In addition to being a civil rights/constitutional attorney, I am by training and education a biochemist. Therefore, on the basis of law and science, I unequivocally support SB 230, SB 233, SB 234, and HB 2269. I particularly support HB 2269's definition of the term "conception" to mean "the fusion of a human spermatozoon with a human ovum" and SB 233's definition of the term "viable" to mean "that stage of gestation when, in the best medical judgment of the attending physician, the fetus is capable of sustained survival outside the uterus with or without the application of extraordinary medical means."

Chairperson Oleen and Committee members, my only concern with SB 230 (subsection (a)(1) of Section 4) and HB 2269 (subsection (b) of Section 5) are the statutory provisions which **mandate** that printed materials required by the bills to be provided by the Department of Health of Environment be provided in both English and ***Spanish*** versions. I am also concerned with the statutory provisions of SB 230 (Section 2(d)) and HB 2269 (Section 4(d)) which require that if a woman asks questions concerning any of the information or materials, answers shall be provided to her in her own language.

I respectfully urge the Senate Committee to favorably report out the above referenced bills, as amended by striking out language requiring materials be provided in Spanish.

This concludes my testimony.

Sen. Federal & State Affairs Comm.
Date: 3-12-97
Attachment: #16

SUNFLOWER REPUBLICAN WOMEN'S CLUB OF JOHNSON COUNTY

March 12, 1997

Dear Republican Senator:

We represent the women of the Sunflower Republican Women's Club of Johnson County. We are the newest and largest Republican women's club in the Third District with 97 total members. We are women from all walks of life and ethnic groups. We put in over 20,000 volunteer hours for Republican candidates in the last election. Every candidate that our club members worked for, with the exception of Bob Dole, won their race. We are a very pro-Republican group and we work hard to make Republicans successful in every race. We count among our members and associate members: Third District Representative Vince Snowbarger, three state senators, five state representatives, two state school board members, numerous city chairmen, city council representatives, county and third district officers, and several precinct committee members.

Every two years the National Federation of Republican Women sends to it's federated clubs Achievement Award guidelines that the individual clubs work toward to achieve awards in four categories. Our club has already won the Diamond Award (the highest rank) and this two year cycle we are working hard to win that award again. This year we are working to fulfill all of the requirements set out by the National Federation. One of those goals is: "Our club members studied, drafted, or acted upon legislation impacting women in either 1996 or 1997."

This year as we looked over these requirements and spoke with members of our club who are also Representatives and Senators we found that the Women's Right to Know Act was something that all of our club members could agree on and act on. In the Senate one of our club members and one of your colleagues, Senator Karin Brownlee helped introduce this bill. Our club then called, wrote or FAX our desires for this bill to come out of committee and to the full senate for debate and voting.

Now we are here in person to urge you, as a Republican senator, to vote YES on this bill to come out of committee and to vote YES to pass this bill on to the Governor to sign into law.

Why this bill? First, by our guidelines it has to be ***for women*** and ***about women***. Second, when we read this bill and realized that in Kansas we are not in any way assuring women who use abortion clinics that they are safe, we knew that we had to act to get this bill passed. Indeed, we believe that this bill is not as comprehensive as we would like it to be. If abortions are going to be *safe and legal* then we need to have laws passed to assure women, like us, that these clinics are indeed using safe practices. As it stands right now we don't know that these clinics even maintain sterile technique in their procedures. Would you allow your wife, mother, or daughter to go to a hospital that you were uncertain about their basic care? Then why are you allowing the women of this state to go to clinics that are not required to pass even the minimum of standards for quality care?

We, as women, urge you to vote for this measure. Because as *Republican women* we want all women to have quality care in every medical situation.

Thank you for your help and consideration in this matter.

The Sunflower Republican Women of Johnson County

Sen. Federal & State Affairs Comm.
Date: 3-12-97
Attachment: #17