

Approved: April 5, 2000  
Date

MINUTES OF THE HOUSE COMMITTEE ON FEDERAL AND STATE AFFAIRS.

The meeting was called to order by Chairperson Representative Tony Powell at 1:30 p.m. on March 27, 2000 in Room 313-S of the Capitol.

All members were present except: Representative Mayans, excused.

Committee staff present: Theresa Kiernan, Revisor of Statutes  
Russell Mills, Legislative Research  
Mary Galligan, Legislative Research  
Winnie Crapson, Secretary

Conferees appearing before the committee:

**HB 3034**      Proponents: Barbara Salvidar, Kansans for Life  
Cleta Renyer, Right to Life of Kansas  
Judy Smith, Concerned Women of America  
Beatrice Swoopes, Kansas Catholic Conference  
Joyce Moore, Kansas Christian Coalition  
Dr. Norm Thoms, Topeka  
Opponents: Eleanor Adams Harris

**HB 2078**      Proponents: Dr. Pat Herrick  
Dr. Eugene Pearce  
Opponents: Dr. Herbert Hodes  
Erika Fox, Planned Parenthood  
Barbara Duke, AAUW and Kansas Choice Alliance

**HCR 5075**      Proponents: Representative Lightner

Others attending: See attached list.

Without objection bill will be introduced as requested by Chairman Powell concerning bingo regulation and taxation. [HB 3048 introduced March 28.]

Without objection bill will be introduced as requested by Representative Edmonds to provide automatic cost of living increase for KPERS.

Hearing was opened on

**HB 3034, Use of fetal tissue, restrictions**

Representative Phill Kline presented testimony in support of the bill (Attachment #1). He referred to the ABC 20/20 News Special concerning violation of federal laws in Kansas relating to the purchase of fetal tissue for medical research. Representative Kline distributed copies of the Opening Lines Price List (Attachment #2) and Systemix, Inc. order (Attachment #3). He stated the bill under consideration addresses these issues by providing tracking procedures to allow auditing to ensure compliance with federal law and by defining costs as a specific amount per fetus to close a loophole in the federal law which allows the present practice of including such items as salaries and leasehold arrangements to be included in determining "reasonable cost". Broad definition makes the law impossible to enforce.

He asked that the Committee consider amending the bill to provide that employees of a company distributing fetal body parts have an opportunity to review in detail the non-disclosure agreement they are required to sign which should include a clear recitation of federal law that providing information as evidence of violation of federal law should be considered non-violation of a non-disclosure agreement.

CONTINUATION SHEET  
MINUTES OF THE HOUSE COMMITTEE ON FEDERAL AND STATE AFFAIRS  
March 27, 2000

Representative Kline responded to questions that \$5.00 was an arbitrary amount and could be changed to another figure if that did not in fact represent reasonable charges.

Representative Tom Klein suggested "implantation" be stricken from the listing of transportation and processing since it is a medical procedure and doesn't relate to the issue being addressed. Representative Kline said definitions were taken directly from federal law.

Testimony of Dr. Herbert Hodes in opposition to **HB 2078** was taken out of order to accommodate time constraints of Dr. Hodes (Attachment #4). After presenting his testimony relating to **HB 2078** (for discussion see page 3), Dr. Hodes was questioned by the committee concerning his opinions about certain provisions in **HB 3034**. Dr. Hodes is a physician practicing in Overland Park.

In response to questions, Dr. Hodes said he did not believe \$5.00 would cover the costs of transporting fetal tissue which would include dry ice and Federal Express picking it up. He does not believe the physician should be penalized because he is involved in research. They are not doing it because it is \$5, \$50 or \$1,000. He thinks the reasonable and customary shipping charge of \$25 would be fair.

Hearing continued on

**HB 3034, Use of fetal tissue, restrictions**

Dr. Norman Thoms, general and thoracic surgeon, Topeka, testified in support of **HB 3034** and read from an article by Dr. Curt Harris, Oklahoma City, entitled "Do We Need Fetal Tissue Research?" from Focus on the Family's September/ October 1990 edition of Physician magazine (Attachment #5).

Beatrice Swoopes testified in support of **HB 3034** on behalf of the Kansas Catholic Conference (Attachment #6). She stated that while the Kansas Catholic Conference would endorse a "ban" on aborted fetal tissue research, they see **HB 3034** as a step in the right direction.

Cleta Renyer appeared on behalf of Right to Life of Kansas, Inc. and presented written testimony in support of **HB 3034** (Attachment #7) and written testimony relating to **HB 3034**, **HB 2078** and **HCR 5075** (Attachment #8).

Judy Smith testified in support of the bill on behalf of Concerned Women of America in Kansas (Attachment #9). She referred to the loophole in the federal law allowing for "reasonable payments".

Joyce Moore testified in support of the bill on behalf of the Kansas Christian Coalition (Attachment #10). Her testimony included quotations from Linda Bevington, research director of the Center for Bioethics and Human Dignity.

Barbara Salvidar testified in support of **HB 3034** on behalf of Kansans for Life (Attachment #11). She listed questions she hoped further investigations such as the ABC 20/20 news show would help to answer.

Eleanor Adams Harris, Leawood, testified in opposition to the bill (Attachment #12). She was speaking on behalf of herself and Marion Davis, Overland Park, both of whom have been diagnosed with glaucoma. She included a list of Institutions on record in support of research with fetal tissue.

Hearing on **HB 3034** was closed.

Chairman Powell opened the hearing on

**HB 2078, Ambulatory surgical center to include facilities where procedures for the termination of human pregnancies are performed.**

Testimony in support of **HB 2078** was given by Dr. W. J. Pearce, Chief of Gynecological Services at Truman Medical Center-West and Associate Professor, Department of Obstetrics and Gynecology of the University of Missouri- Kansas City School of Medicine (Attachment #13). Dr. Pearce provided copies of two articles: "Elective Abortion Complications" by Dr. Morris Wortman and Rachel Plotinsky, from The

CONTINUATION SHEET  
MINUTES OF THE HOUSE COMMITTEE ON FEDERAL AND STATE AFFAIRS  
March 27, 2000

Female Patient, vol. 23, December, 1998; and "Pregnancy-Related Mortality in the United States, 1987-1990," by Dr. Cynthia J. Berg; Dr. Hani K. Atrash, Lisa M. Koonin, and Myra Tucker, from the August 1996 issue of Obstetrics & Gynecology. Dr. Pearce testified that in consideration of his experience with the complications of induced abortions done elsewhere and treated at Truman Medical Center and information contained in the two magazines, he would recommend that abortion facilities in the State of Kansas be required to be certified and meet the standards of ambulatory surgical centers.

In response to questions Dr. Pearce explained the statistics he had presented. Data is available on how many live births occur but there is none for how many persons are pregnant. The total number of deaths for 100,000 live births is about seven or eight between 1981 and 1996. There are 3.5 million live births in the U.S. each year.

In response to question from Representative Powell as to medical reason to treat an abortion clinic like an ambulatory surgical center, Dr. Pearce said there was always a trade-off between price and prudence. Raising the price of abortion and trying to be more prudent about clinics and the likelihood of disease and death.

Dr. Pearce said in response to question from Representative Benlon that he saw no reason to have a nurse on duty 24 hours a day because they close up after patients go home and always give them information about whom to call and under what circumstances.

Dr. Patrick Herrick, Olathe, presented testimony in support of **HB 2078** (Attachment #14). He presented information and statistics concerning abortions in Kansas and reasons he believes the Kansas Administrative Regulations regarding ambulatory surgical centers are germane to abortion clinics.

Dr. Herbert Hodes, a physician practicing in Overland Park, testified in opposition to **HB 2078** (Attachment #4). He said the endpoint of regulating ambulatory clinics would be to prohibit death. He provided statistics indicating that last year in the United States there were 327 deaths of women of childbearing age relating to pregnancy and three deaths in the United States following abortion and in Kansas there were none. The final three pages of his testimony are policy statements by the American College of Obstetricians and Gynecologists (ACOG). He believes that since this is a medical problem not a legislative problem, not a legal problem, these statements by ACOG are important. ACOG believes abortion is a medical matter between a woman and her physician and is against harassment of abortion providers and against unnecessary regulation of abortion providers. "The intervention of legislative bodies into medical decision making is inappropriate, ill advised, and dangerous."

Referring to Representative Kline's comments about lack of supervision, he said licensure is under supervision by the state. Dr. Hodes said he is certified by the federal government, is also under his own ethical considerations as a physician, and is supervised by his malpractice insurance carrier and by organizations and societies of which he is a member. He does not believe the law should single out abortion providers because it will increase the cost of providing services, cause delay and is discriminatory against patients and providers.

In response to questions Dr. Hodes stated that basically the restrictions **HB 2078** imposes are not based on sound medical care. Thousands of procedures are done in physicians offices every day in Kansas that do not fall under this restriction. There have been deaths from liposuction and from oral surgery, but there have been no deaths in several years in Kansas in abortion clinics.

In response to question from Representative Powell as to the specific parts of the regulation he objects to, Dr. Hodes said those involving registered nurses and on site restrictions regarding laboratory facilities. He objects to restrictions other than those imposed by the city, state, and federal governments and his own policing organizations.

In discussing the requirement that a registered nurse be on duty, Dr. Hodes noted none is required when having a wisdom tooth pulled in a dental office.

CONTINUATION SHEET  
MINUTES OF THE HOUSE COMMITTEE ON FEDERAL AND STATE AFFAIRS  
March 27, 2000

It was noted that Section 1 (f) (page 1, line 43) requires registered professional nurse services “whenever a patient is in the facility” and would not be required when no patient is present.

Erika Fox testified in opposition to **HB 2078** on behalf of Planned Parenthood of Kansas and Mid-Missouri (Attachment #15). She testified when PPKMM acquired their affiliated Comprehensive Health facility in Overland Park in 1997 it had for many years been licensed as an ambulatory surgical center. Despite the fact that they chose to maintain that licensed status for several reasons, they adamantly oppose efforts to impose that requirement on other providers of abortion services which would unnecessarily burden providers and their patients such that the constitutional right to choose to have an abortion will be denied as the cost and difficulty of obtaining an abortion increases. Her testimony included reference to the fact that a similar law in South Carolina had been found by the federal district court to violate both the right to privacy in the Due Process cause of the U.S. Constitution and the Equal Protection clause (Greenville Women’s Clinic v. Bryant, 66 F.Supp.2d 691 (D.S.C. 1999).

Barbara Duke presented testimony in opposition to the bill on behalf of The Kansas Choice Alliance (Attachment #16).

Representative Vining said it was her understanding that Dr. George Tiller’s Clinic operates under ambulatory surgical regulations and asked Erika Fox how that would limit performing abortions. Ms. Fox said from their experience as an ambulatory surgical center they know how burdensome the regulations are and it is their estimate that if they were imposed on all clinics, many of them would go out of business. It would be not just a matter of not getting abortions but of trying to get the money together for more expensive abortion.

Hearing on **HB 2078** closed.

**Hearing opened on**  
**HCR 5075, Task force on fetal tissue research and transplantation.**

Representative Lightner presented testimony as co-sponsor of **HCR 5075** (Attachment #17). She said now is the time to question and review the legal practice of the harvesting and selling of fetal tissue in this state and that having legislators actively look into fetal tissue research and organ transplants together with members of the medical community is an important first step. She distributed copies of articles from the Kansas City Star concerning Congressional hearings and an FBI inquiry into the possible involvement of an Overland Park abortion clinic with the selling of fetal tissue and organs.

Representative Landwehr testified as co-sponsor of the resolution (Attachment #18). She said the proposed task force would study the laws, rules and regulations that regulate fetal tissue research and organ donation in Kansas and the laws in other states. It would review specifically the medical, legal and ethical opinions involved and seek input from individuals with expertise in these areas.

In response to questions, Representative Landwehr said the proposal was modeled on a similar task force in Missouri which appeared to be workable.

Hearing was closed on **HCR 5075**.

Chairman Powell announced consideration of **HB 3034, Use of fetal tissue, restrictions.**

Chairman Powell moved that the provisions of **HB 3034** with two amendments be substituted for **SB 430**. The two changes would be the addition in Sec. 1 (page 1, line 13) of “4” to sections referenced (“As used in sections 2, 3 and 4”); and in Section 1(b)(1) striking \$5.00 and inserting \$25.00 in line 22 and striking “implantation” in line 23. Representative Hutchins seconded the motion.

CONTINUATION SHEET  
MINUTES OF THE HOUSE COMMITTEE ON FEDERAL AND STATE AFFAIRS  
March 27, 2000

Representative Cox said the Board of Regents requested SB 430 and he thought it was inappropriate to use it for substitution. Chairman responded that SB 430 would not be worked and this would have no different effect on it.

Representative Benlon referred to the statement by Representative Lightner and the references to the FBI investigation.

Representative Powell said he appreciated the comments. The problem has been identified as the question of what is "reasonable cost" in the federal statute. The bill provides a tighter definition and reporting requirements. He believes while an FBI investigation is warranted we also have an obligation as part of our police powers as a state.

Representative Vickrey questioned whether the penalty was sufficient. Representative Powell said a Class A Misdemeanor is grounds for losing license to practice medicine.

Representative Powell moved the amendments to HB 3034 to be substituted for SB 430. Motion carried.

Representative Hutchins noted Representative Kline had testified that it would be desirable to amend the bill to make clear that employees providing evidence about violation of federal laws without being in violation of non-disclosure agreement.

Representative Powell said that could be offered as a floor amendment and he believes an employee is already protected under our current laws. He would like to study that issue and it could be offered as a floor amendment.

Representative Freeborn moved that Substitute for SB 430 be reported favorably for passage. Representative Hutchins seconded. Motion carried. Representatives Benlon, Burroughs, Cox, Gilbert, Henderson and Peterson are recorded as voting NO.

The Committee considered **HB 2078 Ambulatory surgical center to include facilities where procedures for the termination of human pregnancies are performed**

Representative Powell moved to insert HB 2078 into SB 115 as substitute to be designated House Substitute for SB 115. Representative Vining seconded. Motion carried.

Representative Vining moved that Substitute SB 115 be recommended favorably for passage. Representative Hutchins seconded. Motion carried.

The meeting adjourned. Next scheduled meeting is March 28.

Sat  
11:30

# HOUSE FEDERAL & STATE AFFAIRS COMMITTEE

## COMMITTEE GUEST LIST

DATE: March 27

NAME	REPRESENTING
Joyce Moore	Christian Coalition of Ks
Herbert C. Hodes, MD	SELF
Elizabeth A. Harris	SELF
Barbara Saldern	KFL
Judy Smith	
Cleta Renyer	R+LK
Cal Nowell - Mahay	PPKM
Keri Haars	PPKM
Judy Smith	CWA
Barbara Duke	Ks Choice Alliance
Steve Richardson	KDRACH
Trisia Beadles	
BAEB Contact	KTRA
Bruce Dimmitt	Reasons for Life
EWJ Pearce	Self
Debbie Avoog	KCC.org

## *Representative Phill Kline*

District 18 Shawnee/Lake Quivira  
10624 West 61<sup>st</sup> Street  
Shawnee, Kansas 66203  
913.268.5402

Chairman Powell and Members of the Committee:

Thank you for your willingness to consider this issue on such short notice. As you are now aware, a recent ABC News 20/20 Special revealed evidence that federal law has violated in Kansas relating to the purchase of fetal tissue for medical research. Furthermore, documentary and oral evidence further indicates that a substantial profit has been earned through the trafficking of the body parts of unborn children. These actions do not have any place in a civilized society and demonstrate how far we have fallen in our failure to respect the inherent value of human life.

As you are aware, I am a pro-life legislator. I believe respect for all human life is fundamental to the protection of our inherent freedoms. I would support banning the use of the tissue harvested from unborn children. I am aware, however, that many of you differ in this respect. Regardless, I do believe that all of us will generally agree with the following: 1) federal legal limitations should be respected regarding the distribution and utilization of fetal tissue; 2) procedures should be in place to insure compliance; and 3) these procedures must relate to the provider, seller and purchaser of fetal tissue.

In brief summary, the ABC News Special revealed the following concerns:

- 1) Body parts were sold at market price, while federal law restricts compensation to reasonable costs (Opening Lines Brochure and oral statements of Dr. Miles Jones, owner and operator of Opening Lines);
- 2) Marketing the body parts of unborn children was prolific – with Dr. Jones stating that he “moves 1,500 parts a day);
- 3) Abortion procedures may have been altered in contradiction to the women’s health in order to protect the value of fetal body parts (Opening Lines Price List; Systemix, Inc. order requiring placing body parts in crushed ice “within 10 minutes of the stoppage of circulation” and oral statements regarding special syringe used to harvest body parts;
- 4) Women having abortion were manipulated in order to provide consent (oral statements of Dr. Miles Jones); and
- 5) Currently, there are not any bookkeeping requirements or procedures in place to insure compliance with the law.

These bills address these issues in this fashion:

- Tracking procedures are required to allow auditing to insure compliance with federal law;

House Fed. &  
State Affairs  
Date 3/27/00  
Attachment No. 1  
Page 1 of 2

- Defining costs as a specific amount per fetus, eliminating profiteering and providing greater protections for women;
- Regulating abortion clinics like ambulatory surgical clinics will allow greater protections for the woman's health while insuring that abortion decisions are made consistent with the woman's health needs, rather than to maximize the value of fetal body parts;
- Developing a scope statement for a legislative post audit to determine if institutions receiving state funding are utilizing fetal tissue for research and to review the procedures in place to insure compliance with federal law.

Also, I do need to mention the Senate's effort to address this issue. This effort falls far short and essentially amounts to an adoption of current practices. The Senate expressly allows, for the first time in Kansas law, fetal tissue research. The Senate adopts the federal loophole which allows for reasonable compensation for costs. The broad definition of cost makes the law impossible to enforce. This is simply an effort to masquerade no action as some action.

Thank you for your time and I would be glad to answer any questions.



The medical and social history form supplied within the brochure will need to be filled out. This form is simple and only takes a few minutes to complete.

Your patient will need to supply information that will be held in the strictest of confidence regarding any diseases or disorders encountered presently or in the past. Any questions with positive answers will require written explanations.

Please call us regarding any questions you may have. At your request, we will send you patient brochures with all the necessary information.

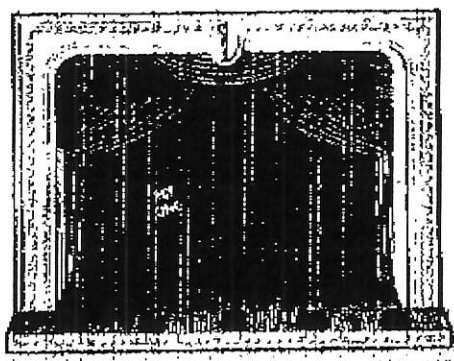
Just remember that your patient has already made the decision to have an abortion.

You are simply asking her to help by donating a gift that has the possibility of helping thousands of people with diseases and disorders that otherwise might not be cured without research.

Please ask your patient to sign the donor consent form when your staff presents it to her.



**Thank You**  
For proposing to your patient  
the gift that  
will enable people  
around the world  
to have a  
better quality of life.



**OPENING LINES**  
A DIVISION OF DONOR LINES AND ASSISTIVE PRODUCTS, INC.

*In The Beginning...*

P. O. Box 508  
West Frontport, IL 62896  
800-490-9980  
Fax 877-665-2555 toll free.

**FIND OUT HOW  
YOU CAN TURN  
YOUR PATIENT'S  
DECISION INTO  
SOMETHING  
WONDERFUL**

PHILL KLINE

9624913

05:53

03/26/1999

House Fed. &  
State Affairs  
Date 3/27/02  
Attachment No.             
Page 1 of 4

03-27-00 11:51

P.02

RECEIVED FROM: 9624913

... know your patient's decision to have an abortion was carefully considered and we also know it was a very difficult one to make.

Now that the choice has been made, we ask that you propose to your patient a simple program that could help thousands of people.

Your patient has the ability to give permission to donate fetal tissue for research. That consent may result in the saving of lives of possibly thousands of people with diseases and disorders that might not otherwise be cured without this research.

Much has been discovered from scientists' work with the tissue removed during the abortion procedure.

Great strides are being made with respect to treating and curing many disorders, such as Cancer, AIDS, Alzheimers, Liver Disease, Eye Disorders and Blindness, Diabetes, Spinal Cord Injuries, Kidney Disease and countless other diseases.

Scientific studies from tissue derived from medical procedures are very important to the understanding, treatment and prevention of many diseases, as well as for the development of commercially available therapies.

When patients think about all the good that could come from this research, the decision becomes quite easy.

Consultative and Diagnostic Pathology, Inc. will be asking to obtain tissue specimens derived from your patient's medical procedure and following any necessary diagnostic exam, to distribute the material to scientists or institutions, for purposes of biomedical research.

This is the opportunity to make a difference, and it can be beneficial to your clinic.

On January 22, 1993, President Clinton lifted the moratorium on Federal funding of research involving transplantation of fetal tissue from induced abortions. This action created a great demand for fetal tissue and has made possible the development of treatments for individuals afflicted with serious diseases and disorders.

- OUR PROGRAM IS SIMPLE.**
1. Consultative and Diagnostic Pathology will lease space from your facility to perform the harvesting and distribution of tissue. The revenue generated from the lease can be used to offset your clinic's overhead.
  2. Consultative and Diagnostic Pathology can train your staff to harvest and process fetal tissue. Based on your volume we will reimburse part or all of your employee's salary, thereby reducing your overhead!
  3. When the Consultative and Diagnostic Pathology staff performs the harvesting, they will assist your staff whenever and wherever possible, making working conditions better for everyone.
  4. We have very cost-effective pricing for pathology and cytology services. Our prices are almost always lower than your current provider and our service is usually much quicker.

A sample of your patient's blood will accompany the tissue obtained during her procedure so the researcher can test it for a variety of transmitted diseases. If anything is found that makes the tissue unusable, all of the sample will be destroyed.

If by chance a major discovery in research is made using the tissue donated, you will not be eligible to share in the potential monetary gains that the researcher may receive for his or her discovery.

The identity of your patient will be kept strictly confidential, and her name will not be sent to ANYONE. The tissue will be identified only by a number.

Special brochures and consent forms will be supplied to your facility in order to make the decision to grant consent easy and convenient.

Your patient will need to read and understand this brochure and will be given the opportunity to ask questions.

Your patient will have the choice of refusing to participate.

The brochure will explain that she will receive no compensation for consenting to this study and that her identity will be kept confidential.

Your patient will be asked to sign and date a separate consent form granting permission to Consultative and Diagnostic Pathology, Inc. and each of its authorized agents and representatives to distribute and dispense tissue derived from her medical procedure.

House Fed. & State Affairs  
Date 3/27/00  
Attachment No. 2  
Page 2 of 4  
RECEIVED FROM: 9524913

### OUR SERVICE IS CONVENIENT AND EASY TO USE!

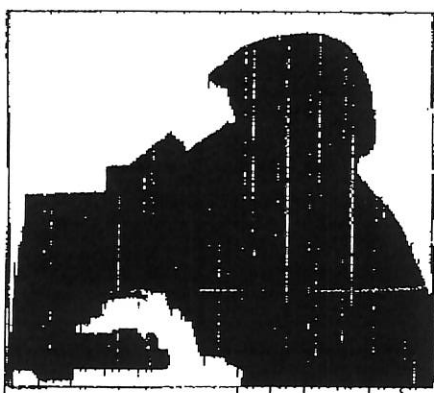
OPENING LINES is a division of Consultative and Diagnostic Pathology, Inc. (CDPI) which was formed in 1989 by Dr. Miles Jones. Opening Lines was established in order to provide a convenient and efficient way for researchers to receive fetal tissue without a lot of bureaucracy.

Order forms are available which identify tissue types, amounts, preparation, and where and when you require the specimen(s) to be delivered.

All that is needed to initiate service is a purchase order number, payment type and your billing address.

You may phone, fax or email orders to us anytime.

Phone orders - 800-490-9980  
Fax orders - 877-665-2555 (toll free)  
Email orders - [orders@openinglines.net](mailto:orders@openinglines.net)

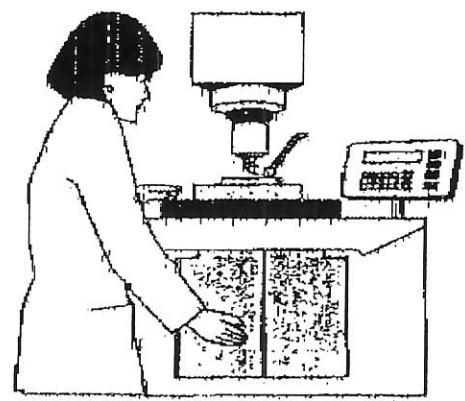


Our fee for service is very attractive and lower than the industry average.

Our specimens vary widely in range including but not limited to those listed below.

Liver, spleen, pancreas, intestines, kidney, brain, lungs and heart block, spinal column and many more with appropriate discounts that apply if specimen is significantly fragmented.

Ask for our complete service schedule.



**OPENING LINES**  
A DIVISION OF CONSULTATIVE AND DIAGNOSTIC PATHOLOGY, INC.

P. O. Box 508  
West Frankfort, IL 62896  
800-490-9980  
Fax 877-665-2555 toll free

**FRESH FETAL TISSUE**

harvested  
and  
shipped  
to your  
specifications...  
where and  
when you need it!

House Fed. & State Affairs

Date 3/24/02  
Attachment No. 102  
Page 3 of 4

RECEIVED FROM: 9624913

11:52

03-27-00

We are pleased to present

# OPENING LINES

A DIVISION OF CONSULTATIVE AND DIAGNOSTIC PATHOLOGY, INC.

Consultative and Diagnostic Pathology, Inc. was formed by Dr. Miles Jones, in 1989 to serve as his professional corporation. As the laboratory Director for P A Laboratory (PAL) and a former medical school pathology chairman, Dr. Jones is very experienced with the needs of researchers. In 1997 an association between PAL, CAPD and P L Services led to the largest single organization providing histopathologic service for medical facilities that provide a reproductive choice for women.

OPENING LINES was formed to maximize the utilization of fresh fetal tissue we process. Our daily average case volume exceeds 1500 and we serve clinics across the United States.

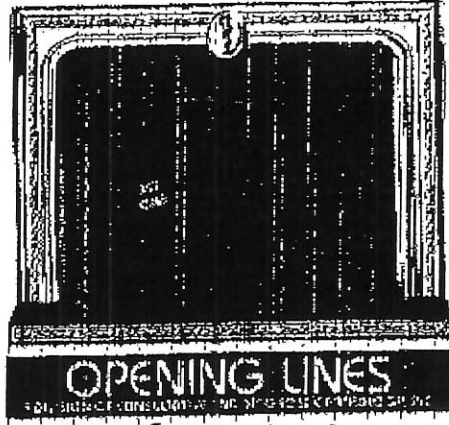
We can provide you with the exact tissue to meet your needs. We obtain and maintain appropriate confidential consent and basic medical histories for fetal tissue donation. All tissue is harvested and processed in complete compliance with local, state, and federal rules and regulations. We adhere strictly to all NIH guidelines.

We have simplified the process for procuring fetal tissue. We DO NOT require a copy of your IRB approval or summary of your research and you ARE NOT required to site Opening Lines as the source of tissue when you publish your work (we believe in word of mouth advertising; if you like our service you will tell your colleagues).

We are very pleased to provide you with our services. Our goal is to offer you and your staff the highest quality, most affordable, and freshest tissue prepared to your specifications and delivered in the quantities you need when you need it.

We are professionally staffed and directed. We have over ten years experience in tissue harvesting and preservation. Our full time medical director is active in all phases of our operation.

**We look forward to serving you!**



*In The Beginning...*

P. O. Box 508  
West Frankfort, IL 62896  
800-490-9980  
Fax 877-665-2555 toll free

**Thank You**  
for choosing Opening Lines  
for Fetal Tissue.

Our objective is to give you the highest quality product prepared to your specifications and delivered when you need it.

800-490-9980  
Fax 877-665-2555  
(Toll Free)

Email Contact:  
dijones@openinglines.net

P. O. BOX 508  
West Frankfort, IL 62896

Email Orders:  
orders@openinglines.net

## OPENING LINES FETAL TISSUE

A Division of Consultative and Diagnostic Pathology, Inc.

Harvested & shipped according to your specifications.  
All specimen collections meet NIH guidelines.

House Fed. &  
State Affairs

Date 3/27/00  
Attachment No. 2  
Page # of 4

RECEIVED FROM: 9624913

11:53

03-27-00

P. 05

PAGE 1

PHILL KLINE

9624913

05:53

03/26/1999

**At. M' CUNES - SYSTEMIX**  
 Susan Nicholas  
 3400 Hwy 3800  
 Palo Alto CA 94303  
 415-852-2400  
**FOR ALL TISSUE REQUESTED**  
**SYSTEMIX'S FETAL TISSUE CRITERIA TO FORM**  
**PROTOCOL 9/90**

Tissue Requested - Tissue should be removed and prepared under aseptic conditions within a maximum of ten (10) minutes after circulation has stopped.

Shipping - Tissue is to be sent in media provided by Systemix and must be kept cold, 4°C. Use crushed ice. Do not freeze.

Consent Verification - We require that the consent form include the information that the tissue is for research purposes which may lead to commercial applications.

~~Contagious Disease Screening - AIDS, Hepatitis B~~

Donor Information Requested - race, congenital abnormalities (where known), sex of fetus (where known)

Contraindications: history of, ARC, AIDS, Hepatitis B infection, intravenous drug abuse, prostitution, narcotic abuse, hemophilia (in father)

Do 9/90

Saturday  
 World Courier  
 800-221-6600  
 Sup Ac #  
 442-435

**THYMUS\* or LIVER**

**FOR INDIVIDUAL TISSUE REQUESTED**

**ARM TO HAVE LEG**

TISSUE	TYPE	GEST AGES	AMOUNT	MAX. QUANTITY/SITE
Thymus*	Fetal	>18 wks	Whole	3-5/511
Liver*	Fetal	>18 wks	Whole	3-5/511
Mesentery	Fetal	>18 wks	Whole	3-5/511
Leg/Arm Bone	Fetal	>18 wks	Both**	8/511
Spleen	Fetal	>18 wks	Wt. 1g	Upon Request

**SPLEEN ON REQUEST**

\*We need liver or thymus cells from each donor for our analyses. We prefer thymus over liver to accompany each donor. Do not send both unless otherwise requested.

\*\*Arm bones (humeri) must accompany the leg bones (femurs and tibias). Do not send only humeri. The arms and legs do not have to be intact. They may be separated at the joints.

Additional Tissue: Criteria will be provided upon our permanent request.

**#6 Leg/Arm bone**  
**Mesentery**  
**Liver 3-5**  
**THYMUS 3-5**

House Fed. & State Affairs  
 Date 3/27/00  
 Attachment No. 3  
 Page 1 of 1 P.02

# NUMBERS, and How they Relate to HB 2078

Herbert C. Hodes, MD, FACOG  
Overland Park, KS 03/27/2000

Total	Births	Deaths	Marriages	Divorces	Suicides	Bicycle	Drowning	Airway	Watercraft	Farm
U.S.A.	273,000,000	4,000,000	2,500,000	2,200,000	1,100,000	32,000	225 1000	665	85	70
KS	2,700,000	38,000	24,000			1,600				

## DEATH in WOMEN (KS 1998)

15-24 YRS	CAUSE	NUMBER
	UNINTENTIONAL INJURIES	167
	SUICIDE	62
	HOMICIDE	59
	TOTAL	354
25-44 YRS	CAUSE	NUMBER
	UNINTENTIONAL INJURIES	274
	CANCER	177
	HEART DISEASE	138
	SUICIDE	129
	HOMICIDE	63
	TOTAL	1,080

## CAUSES of DEATH

	Total	Heart	Cancer	C.V.A.	Lung	Injuries	Flu,etc	Diabetes	Kidney	Suicide	ASHD
Total	23,928	7,164	5,109	1,821	1,194	1,129	984	643	348	328	272
Female	12,336	3,706	2,452	1,146	537	426	568	362	184	51	198

House Fed. &  
State Affairs  
Date 3/27/00  
Attachment No. 4  
Page 1 of 6

**Ten Leading Causes of Death and Average Age At Death Kansas, 1998**

Number    Average Age

Leading Causes of Death	Total	Female	Female
All Causes	23,928	12,336	78.1
Heart Disease	7,164	3,706	82.8
Malignant Neoplasms	5,109	2,452	72.1
Cerebrovascular Disease	1,821	1,146	83.6
Pulmonary Diseases	1,194	537	77.1
<b>Unintentional Injuries</b>	1,129	426	59.6
Pneumonia & Influenza	984	568	85.3
Diabetes Mellitus	643	362	76.2
Kidney Disease	348	184	80.0
<b>Suicide</b>	328	51	45.5
Atherosclerosis	272	198	88.6

**Selected Leading Causes Of Death By Number Kansas And The United States, 1998**

Cause of Death	Kansas Number	U.S. Number
All Causes	23,928	2,338,075
Heart Disease	7,164	724,269
Malignant Neoplasms	5,109	538,947
Cerebrovascular Disease	1,821	158,060
<b>Unintentional Injuries</b>	1,129	93,207
Chronic Obstructive Pulmonary Diseases	1,194	114,381
Pneumonia and Influenza	984	94,828
Diabetes mellitus	643	64,574
<b>Suicide</b>	328	29,264
Atherosclerosis	272	15,424
Nephritis, Nephrotic Syndrome and Nephrosis	348	26,295
Aortic Aneurysm	167	n.a.
Chronic Liver Disease and Cirrhosis	187	24,936
Congenital Anomalies	129	11,910
Certain Conditions Originating in the Perinatal Period	118	13,323
Homicide and Legal Intervention	160	17,350

House Fed. &  
 State Affairs  
 Date 3/27/00  
 Attachment No. 64  
 Page 2 of 64

**Unintentional Injury Deaths By Age-Group**

**Kansas, 1998**

	Total	15-24	25-34	35-44	45-54
<b>Unintentional Injuries</b>	1,129	167	127	147	109
Female	426	46	37	37	35
<b>Motor-Vehicle</b>	533	121	85	92	57
Female	183	36	27	28	24
<b>Water Transport</b>	8	1	-	1	1
Female	2	-	-	-	1
<b>Air and Space Transport</b>	13	-	1	-	8
Female	1	-	-	-	1
<b>Poisonings</b>	60	10	14	15	10
Female	15	4	4	3	2
<b>Falls</b>	213	7	4	5	4
Female	122	2	1	2	1
<b>Fire and Flames</b>	28	1	1	1	2
Female	6	-	1	-	-
<b>Environmental</b>	24	2	1	-	-
Female	11	-	-	-	-
<b>Drowning</b>	47	8	7	6	3
Female	15	2	1	2	1
<b>Inhalation/Ingestion</b>	51	-	3	2	2
Female	34	-	2	1	1
<b>Machinery</b>	15	3	1	2	2
Female	-	-	-	-	-

**REPORTED ABORTIONS  
KANSAS AND THE U.S.**

	KANSAS	U.S.A.
1993	11,247	1,330,414
1994	10,847	1,267,415
1995	11,149	1,210,883
1996	11,181	n.a.
1997	11,507	n.a.

House Fed. &  
State Affairs  
Date 3/27/00  
Attachment No. 4  
Page 3 of 6



# ACOG *Statement of Policy*

As issued by the ACOG Executive Board

## ABORTION POLICY

1. The abortion debate in this country is marked by serious moral pluralism. Different positions in the debate represent different but important values. The diversity of beliefs should be respected.
2. The American College of Obstetricians and Gynecologists recognizes that the issue of support of or opposition to abortion is a matter of profound moral conviction to its members. ACOG, therefore, respects the need and responsibility of its members to determine their individual positions based on personal values or beliefs.
3. Termination of pregnancy before viability is a **medical matter between the patient and physician**, subject to the physician's clinical judgment, the patient's informed consent and the availability of appropriate facilities.
4. The need for abortions, other than those indicated by serious fetal anomalies or conditions which threaten maternal welfare, represents failures in the social environment and the educational system.

The most effective way to reduce the number of abortions is to prevent unwanted and unintended pregnancies. This can be accomplished by open and honest education, beginning in the home, religious institutions and the primary schools. This education should stress the biology of reproduction and the responsibilities involved by boys, girls, men and women in creating life and the desirability of delaying pregnancies until circumstances are appropriate and pregnancies are planned.

In addition, everyone should be made aware of the dangers of sexually transmitted diseases and the means of protecting each other from their transmission. To accomplish these aims, support of the community and the school system is essential.

The medical curriculum should be expanded to include a focus on the components of reproductive biology which pertain to conception control. Physicians should be encouraged to apply these principles in their own practices and to support them at the community level.

Society also has a responsibility to support research leading to improved methods of contraception for men and women.

House Fed. &  
State Affairs  
Date 3/27/00  
Attachment No. 4  
Page 4 of 6

5. Informed consent is an expression of respect for the patient as a person; it particularly respects a patient's moral right to bodily integrity, to self-determination regarding sexuality and reproductive capacities, and to the support of the patient's freedom within caring relationships.

A pregnant woman should be fully informed in a balanced manner about all options, including raising the child herself, placing the child for adoption, and abortion. The information conveyed should be appropriate to the duration of the pregnancy. The professional should make every effort to avoid introducing personal bias.

6. ACOG supports access to care for all individuals, irrespective of financial status, and supports the availability of all reproductive options. **ACOG opposes unnecessary regulations that limit or delay access to care.**
7. If abortion is to be performed, it should be performed safely and as early as possible.
8. **ACOG opposes the harassment of abortion providers and patients.**
9. ACOG strongly supports those activities which prevent unintended pregnancy.

#### **ADDENDUM**

The American College of Obstetricians and Gynecologists continues to affirm the legal right of a woman to obtain an abortion prior to fetal viability. ACOG is opposed to abortion of the healthy fetus that has attained viability in a healthy woman. Viability is the capacity of the fetus to survive outside the mother's uterus. Whether or not this capacity exists is a medical determination, may vary with each pregnancy and is a matter for the judgment of the responsible attending physician.

**Approved by the Executive Board**  
January 1993

**Reaffirmed and revised by the Executive Board**  
July 1997

# ACOG *Statement of Policy*

As issued by the ACOG Executive Board

## INTACT DILATATION AND EXTRACTION

The debate regarding legislation to prohibit a method of abortion, such as the legislation banning "partial birth abortion," has prompted questions regarding these procedures. It is difficult to respond to these questions because the descriptions are vague and do not delineate a specific procedure recognized in the medical literature. Moreover, the definitions could be interpreted to include elements of many recognized abortion and operative obstetric techniques.

The American College of Obstetricians and Gynecologists (ACOG) believes the intent of such legislative proposals is to prohibit a procedure referred to as "Intact Dilatation and Extraction" (Intact D & X). This procedure has been described as containing all of the following four elements:

1. deliberate dilatation of the cervix, usually over a sequence of days;
2. instrumental conversion of the fetus to a footling breech;
3. breech extraction of the body excepting the head; and
4. partial evacuation of the intracranial contents of a living fetus to effect vaginal delivery of a dead but otherwise intact fetus.

Because these elements are part of established obstetric techniques, it must be emphasized that unless all four elements are present in sequence, the procedure is not an intact D & X. Abortion intends to terminate a pregnancy while preserving the life and health of the mother. When abortion is performed after 16 weeks, intact D & X is one method of terminating a pregnancy. The physician, in consultation with the patient, must choose the most appropriate method based upon the patient's individual circumstances.

According to the Centers for Disease Control and Prevention (CDC), only 5.3% of abortions performed in the United States in 1993, the most recent data available, were performed after the 16th week of pregnancy. A preliminary figure published by the CDC for 1994 is 5.6%. The CDC does not collect data on the specific method of abortion, so it is unknown how many of these were performed using intact D & X. Other data show that second trimester transvaginal instrumental abortion is a safe procedure. Terminating a pregnancy is performed in some circumstances to save the life or preserve the health of the mother. Intact D & X is one of the methods available in some of these situations. A select panel convened by ACOG could identify no circumstances under which this procedure, as defined above, would be the only option to save the life or preserve the health of the woman. An intact D & X, however, may be the best or most appropriate procedure in a particular circumstance to save the life or preserve the health of a woman, and **only the doctor**, in consultation with the patient, based upon the woman's particular circumstances can make this decision. The potential exists that legislation prohibiting specific medical practices, such as intact D & X, may outlaw techniques that are critical to the lives and health of American women. **The intervention of legislative bodies into medical decision making is inappropriate, ill advised, and dangerous.**

Approved by the Executive Board  
January 12, 1997

House Fed. &  
State Affairs

Date 3/27/09

Attachment No.

Page 6 of 6

Brought in 3/28 for 3/27 5

I am Norman Wells Thoms, M.D., F.A.C.S. a board certified general and thoracic surgeon who comes today to testify in support of House Bill #3034. My testimony consists of an article by Curt Harris, M.D. an endocrinologist from Oklahoma City. Text of "Do We Need Fetal ~~Time~~ Research?"

*Tissue*



# CITIZENLink™

RESEARCH PAPERS

Family Issues in Policy and Culture

Released September 1, 1990

## Do We Need Fetal Tissue Research?

by Curt Harris, M.D.

This article first appeared in Focus on the Family's September/October 1990 edition of *Physician* magazine.

Once upon a time, the story goes, a woman awakened to find a skunk making a nest on her back porch. Distraught, she called her son and asked, "What do I do? How do I get rid of the skunk?"

The son, wise in the ways of skunks, said, "Mom, they love bread. Late tonight, when the skunk is asleep, spread some of your homemade bread all the way back into the woods. The skunk will awaken tomorrow morning, follow the bread trail and be gone forever." The woman did that, and the next morning she awakened and ran to the back porch and looked out—then ran to the phone.

"Son," she called, "I have two skunks now. What do I do?"

One of the serious ethical dilemmas facing American medicine is the use of aborted fetal tissue for medical research. Some believe that at least some good should come from abortion on demand. "It's a shame to let all that tissue go to waste," they argue. "Abortion is a fact of life. Let's not waste something worthwhile." The AMA, the American Diabetes Association, the National Parkinson's Institute, and a number of scientific organizations have supported the use of tissue obtained by abortion.

However, for the Christian physician, serious questions arise as we think more deeply about the dilemma. Is it ethical to offer a cure to one person at the cost of another's life? Can the knowledge needed to cure disease be obtained some other way? Is it possible to develop an ethic that values human life on the one hand but shows disrespect for all humanity on another?

CitizenLink

State-Level Family Organizations

Attorneys Ministry

Family News in Focus

Teachers in Focus

- Current Issue
- Archive
- Join

Citizen Magazine

- Current Issue
- Archive
- Join

Research Papers

- Abortion
- BioEthics
- Education
- Euthanasia
- Gambling
- Homosexuality
- Internet
- Liberty
- Marriage
- Sex Education

Press Releases

MAIN STREET

Home

House Fed. & State Affairs  
Date 3/27/00  
Attachment No. 5 11/15/99  
Page 2 of 6

**Welcome**

- About Focus
- Reaching Us
- Employment
- New Address?
- Visit Us
- Volunteering
- Stewardship
- Institute
- Guestbook

**Spotlight****Focus Radio**

- Find Station
- Hear Us Now
- Tapes/Offeres
- Info Sheets

**Dr. Dobson****Post Office****Donate Online****Resources****Search****Major objections**

For clarity, I need to make a distinction: I am not referring to research done on tissue obtained by non-induced abortion or miscarriage. I am referring to tissue from induced abortion by the volitional act of the mother. I see three major objections.

First, authentic consent is impossible. Following the Nuremberg Trials, a code of ethics governing human experimentation was developed. This code states that no human can be the subject of experimental research without his or her full knowledge and consent. If that individual cannot give consent, a guardian or protector can be appointed to make decisions.

When a mother consents to an abortion, she abdicates her parental role. She no longer acts as a protective parent or guardian and has, in fact, signed the death warrant for the unborn child. Neither she nor any other individual can therefore give authentic consent, since there is no honest attempt to serve the best interest of the unborn child.

Second, the use of fetal tissue for research will surely serve as an inducement to abortion. This is the current opinion of James Mason, assistant secretary of health. He extended the moratorium on fetal tissue research indefinitely based on this fact. When a woman considers an abortion, there is serious ambivalence during the decision making process. To tell her some "good" will come for someone else if she aborts would weigh her decision toward terminating the pregnancy.

In addition, there will be a financial incentive for the researcher to encourage the abortion. We know that if all fetal tissue obtained by induced abortion were used, only 21 percent of all diabetic patients and less than one half of 1 percent of all Parkinson's patients could receive therapy. Nonetheless, this is a potential \$6 billion industry. Abortion clinics could easily double their profits by direct and indirect inducement or payment. The abortionist would have reason to encourage women to obtain an abortion well beyond her emotional or physical needs. There is no question that the "fresh" collection of tissue would require close cooperation between the abortionist and the researcher performing transplantations. Timing, sex selection, and even choice of the procedure would become routine criteria in abortions if we begin harvesting our unborn.

Finally, and probably most importantly, accepting fetal tissue obtained by induced abortion means becoming an accomplice

Missed

State Affairs

Date 3/27/00

Attachment No. 5

Page 3 of 6 11/15/99

to the crime "after the fact." The source of the tissue matters. German physicians found guilty at the Nuremberg Trials argued that they were only using the brains obtained from Jews for the good of all mankind. They claimed the guilt lay with the SS, not them. They stated they had an "ethical imperative" to make use of what was provided them from the extermination camps. The judges at Nuremberg rejected the argument in the same way we must reject such logic when we talk about fetal tissue research.

In the United States, the New England Journal of Medicine has refused to publish any results of the Nazi experiments because of the nature of the crimes committed. Yet the same journal has published results of the use of the tissues harvested by abortion. We seem to be repeating the mistakes of history.

The world is composed of things and persons. It is an important distinction to remember that our bodies are not things, and even in death they are not to be viewed as "property." We build tributes to the unknown soldier, and we honor our loved ones with funeral services when they die. But just as we can honor the bodies of some, we can dishonor the bodies of others by the way we handle their remains. To use the words of Father Burchtaell, one of the dissenting panelists in the 1988 NIH panel on fetal tissue research: "When you dishonor one person, how dependable is your honor for anyone else after that? It is exactly this much that is at stake, the integrity of the scientific community and of American medicine with which we gamble."

**Developmental potential?**

On a theoretical level, it is important to ask why we might want to use fetal tissue for research. There are five basic reasons. First, it is unequivocally human in its origin and behavior. Secondly, it is living. Third, it is uniquely determined at the time of fertilization, Fourth, it is in a state of development with potential for reproduction and replication. There is a fifth reason, somewhat less ideal: There is a large quantity of such tissue available in the United States. A million and a half abortions are performed each year.

Fetal tissue has developmental potential. In our wildest imaginings, we hope cells could be made to do whatever we commanded. If that were possible, we would have cures for diseases that currently take lives. However, little or no data supports such an optimistic outlook.

The AMA has recently published a position statement and

House Fed. &  
 State Affairs  
 Date 3/27/00  
 Attachment No. 5 11/15/99  
 Page 4 of 6

summarized what research is available ("Medical Applications of Fetal Tissue Transplantation." JAMA, 263:565-570, 1990). Dr. William Landall, chairman of neurology at Washington University in St. Louis, reviewed the world's literature on fetal tissue transplantation in the May 1990 issue of Neurology. He denounced the data as worthless, concluding: "This is not an issue of bent statistics; rather, it is one of lost scientific principles." There is no reason to believe that this assessment will change, despite the hopes of a few research centers. Problems of tissue rejection, inadequate or poor differentiation, and the difficulty of collecting the tissue "fresh" seem insurmountable.

I am intensely interested in the cure or treatment of the diseases I see as a physician. I specialize in endocrinology. The majority of my practice involves diabetic patients. However, not all technology is "good." Hard lessons learned through the Nuremberg Trials about physicians in Nazi Germany should teach us that it matters how we approach our science. If we sacrifice our humanity in an attempt to obtain a goal, we have truly lost the war while winning some minor skirmishes along the way.

We need always be concerned about human suffering, and we should always seek solutions. However, just as abortion is not an answer to pregnancy, the use of aborted fetal tissue obtained by induced abortions is not the answer to the suffering we see in some patients.

If it is true that the ethics of fetal tissue research pose insurmountable problems for a Christian physician, and if it is true the research thus far is shockingly poor in quality, one final question remains: Why is this issue important to some physicians and to the media? It's my belief that the hidden agenda is an attempt to give meaning to the meaningless—the American Holocaust. Just as the Nazi physicians attempted to give meaning to their research, knowing well the extent of their complicity, proponents of abortion on demand must seek justifications for their own actions.

However, the idea of harvesting our unborn to be used as spare parts for others must end. There are alternatives if we look for them, alternatives that need our support. God has given man the gift of intellect and curiosity. We can use those for good or evil. If we no longer value human life, we must ask the question posed by Francis Schaeffer and Dr. C. Everett Koop: "Whatever Happened to the Human Race?" The unthinkable of one age will become the thinkable of the next.

We have two skunks on our back porch. One skunk is named

House Fed. &  
State Affairs  
Date 3/27/00  
Attachment No. 5 11/15/99  
Page 5 of 6



abortion on demand; the other, its cousin, fetal tissue research. Will yet another skunk come to live?

Dr. Curt Harris is an endocrinologist and internist in private practice in Oklahoma City, OK. He holds a Ph.D in biochemistry and is currently president of the American Academy of Medical Ethics.

---

Copyright © 1998 Focus on the Family.  
All rights reserved. International copyright secured.

## TESTIMONY

### H.B. 3034

HOUSE FEDERAL AND STATE AFFAIRS COMMITTEE  
Monday, March 27, 2000, 12:00 noon – Room 313-S

### KANSAS CATHOLIC CONFERENCE

Beatrice E. Swoopes, Acting Executive Director

Chairman Powell, committee members, I am Beatrice Swoopes, Acting Executive Director of the Kansas Catholic Conference, which represents the Roman Catholic Bishops of Kansas. Thank you for the opportunity to address the merits of **H.B. 3034** restricting the use of fetal tissue procured from abortions.

All humans born and unborn, are made in the image and likeness of God and consist of both spirits and physical bodies. By their very nature they must be treated with dignity and their fundamental right to life must be strictly protected. They should not be exploited in the name of research or reduced to mere commodities for marketing. The reverence for the sacredness of human life is the cornerstone of a civilized society and a founding principle of this great country. This is not "potential life". This is life with potential.

For these reasons and others more closely tied to our faith the Catholic Church is unequivocally opposed to research on aborted fetal tissue – we stand firmly against abortion.

We are all by now familiar with the news stories that have detailed unspeakable practices going on in the name of research, even here in our own state. We all long for the day when diseases like cancer and multiple sclerosis can be cured or prevented entirely. But the medical advances made during the 20<sup>th</sup> century did not require the destruction of human life nor did they reduce humans to commodities. Rather history has condemned those experiments that crossed the line in those respects.

Research shows that "adult" stem cells – that is stem cells obtained from adult, infant and child subjects are now being used with great promise and success in experiments to assist in the cure or treatment of disease. These sources do not depend on the destruction of human life.

Also, many ethicists that specialize in biomedical issues believe that fetal research and transplantation can, and should, be regulated. Much of the legislation now moving through Congress and state legislatures is based on the recommendations issued by a National Institute of Health ethics advisory panel in 1988.

House Fed. &  
State Affairs

Date 3/27/00

Attachment No. 6

Page 1 of 2

In essence, the panel suggested a series of procedural guidelines aimed at erecting a wall of separation between the scientific use of fetal remains and the means – induced abortion – by which they are obtained. In its report, which passed 17-4, the panel insisted that abortion counselors should not even discuss the donation of fetal remains until after clients have decided to undergo an abortion. Similarly, physicians should not alter the means or methods of abortion in order to produce better specimens for subsequent experiment. In addition, once a woman chooses to abort, the panel urged that she not be permitted to designate the beneficiary of the aborted tissue. Further in keeping with the laws in some states, the proposed guidelines would disallow the sale of fetal tissue, organs or body parts in an effort to prevent profit as a motivating factor. Finally, the panel declared that at all stages everyone involved in fetal research and transplantation should accord human fetal tissue the same respect as other cadaveric human tissue.

The majority of the panelists concluded that, regardless of how one judges the morality of abortion, researchers in fetal transplantation could be ethically isolated from physicians who do abortions. But in a vigorous minority report, moral theologian James T. Burtchaell of Notre Dame University and James Bopp Jr., an attorney for the National Right to Life Committee challenged this conclusion. On the contrary, they argued, both procedures are so intertwined - materially, financially and technologically – that “a symbiotic relationship between the abortion industry and fetal tissue transplantation therapy cannot be avoided.”

Further they wrote, everyone involved in an elective abortion, especially the mother, is morally disqualified from deciding how the fetal remains should be disposed. In this respect, they insisted, the donation of aborted fetal tissue is ethically different from the choice facing the guardian of an accident victim whose organs might be suitable for transplant.

Even with these guidelines and current laws there are those who are circumventing restrictions. For this reason we strongly support H.B. 3034.

Clearly, society should foster research to alleviate human suffering. But if research is not guided by the inalienable dignity of each human being, then research deteriorates into human rights abuses while masquerading as beneficial. H.B. 3034 requires extensive reporting and disclosure of the details of procurement, transfer and research use of fetal tissue obtained from induced abortions. Considering how far along the road to infanticide some abortionists have already traveled, one might wonder whether any statute could now stop this appalling trend.

While the Kansas Catholic Conference would endorse a “ban” on aborted fetal tissue research, we see H.B. 3034 as a step in the right direction. We urge you to pass this measure and the two other bills before this committee today.



RIGHT TO LIFE

OF KANSAS, INC.

214 S.W. 6th St., Suite 208, Topeka, KS 66603-3719 - Phone: 913-233-8601

Good afternoon Mr. Chairman and members of the committee. My name is Cleta Renyer and I am the legislative director for Right To Life of Kansas. I am here in support of House Bill 3034.

Members of the committee this is a sad day for Kansas that we have to listen to factual evidence on the selling of aborted baby body parts in this state. We are relieved that the issue is finally being exposed and addressed at both the state and federal levels of our government. Attached to my testimony is an interview with a person that uses the alias "Kelly." The facts are now out regarding who he is and where he is from. I have highlighted the critically important parts of the text. Please bear with me and I will read a short paragraph from page four, as it easily explains why fetal tissue harvesting is happening in this country.

We sincerely hope this piece of legislation will stop this grizzly practice but we must remember the abortion industry is not regulated or inspected. There is also a mindset that these aborted babies are not human beings and are just going to be destroyed anyway so why not for the "betterment of mankind" experiment with .

Please vote to bring House Bill 3034 out of committee for the "betterment of mankind".



*Affiliated with American Life League*

House Fed. &  
State Affairs

Date 3/27/00

Attachment No. 7

Page 1 of 57

FETAL ORGAN HARVESTING

contact us

abortion index, abortion directory, pregnancy, clinic, abortionist, pregnancy, fetus, pro-life,

## INTERVIEW

HOME

ARTICLE

INTERVIEW

FORMS

BUYERS

HELP



The story was broken recently by Life Dynamics under the guidance of its director, Mark Crutcher. A lady came to him with a story, which he has verified. The name of the informant cannot be revealed, as she is still involved in the

work that she has exposed. Her story is dramatically recorded in a video just released by Life Dynamics. In it, this woman under the pseudonym, Kelly, tells her story. Her back is to the camera and her voice is electronically altered to prevent her identification. She worked for "an outside source, hired with a team to go in [to late term abortion clinics] to dissect and procure fetal tissue for high-quality sales." Read on as Kelly describes her macabre profession. "What we did was to have a contract with an abortion clinic that would allow us to go there on certain days. We would get a generated list each day to tell us what tissue researchers, pharmaceutical companies and universities were looking for. Then we would examine the patient charts. We would screen out the ones we didn't want.

We did not use specimens that had STDs [sexually transmitted diseases] or fetal abnormalities. We only wanted the most perfect specimens that we could give to the researchers." And the age of these babies? The victims were up to and over 30-weeks gestation. "We were looking for eyes, livers, brains, thymuses [lymphoid tissue], cardiac blood, cord blood, blood from the liver, even blood from the limbs."

Only an estimated 2% of the late-term aborted babies had abnormalities. "The rest were very healthy. 95% of the time, she was just there to get rid of the baby." How many of the late-term – the ones around 30 weeks – would you see? "Probably 30 or 40 babies a week."

Kelly stated, "We would sell the tissue to private contractors. They in turn would sell to other universities and researchers. There was a high demand every week to buy such fetal tissues. It

<http://www.gladart.com/organharvest/interview.htm>

House Fed. &  
State Affairs

Date 3/27/00

Attachment No. 7

Page 2 of 5

was shipped by UPS, FedEx, Airborne and sometimes by special couriers. Sometimes we would take the specimen in a box to the airport and put it on as regular cargo, to be picked up at the destination." And did these shipping companies know they were transporting baby parts? "No. All they knew was that it was just human cells. But it could be a completely intact fetus. It might be a batch of eyes, or 30 or 40 livers going out that day, or thymuses

And the leftover parts? "We would usually put this down the garbage disposal along with the placenta and the leftover blood material. If it was too large to go down the drain, they had a special freezer and when they accumulated 60 or 70 fetuses in one box, it would be picked up for incineration."

And then the obvious question. Kelly is still working for this company, so why did she come and tell this story to a pro-life group? One day when she was working, "A set of twins at 24 weeks gestation was brought to us in a pan. They were both alive. The doctor came back and said, 'Got you some good specimens, twins.' I looked at him and said, 'There's something wrong here. They are moving. I don't do this. This is not in my contract.' I told him I would not be part of taking their lives. So he took a bottle of sterile water and poured it in the pan until the fluid came up over their mouths and noses, letting them drown. I left the room because I could not watch this." But she did go back and dissect them after they were dead. She said, "That's when I decided it was wrong. I did not want to be there when that happened." And then it happened again and again. "At 16 weeks, all the way up to sometimes even 30 weeks, and we had live births come back to us." And then? "Then the doctor would either break the neck or take a pair of tongs and beat the fetus until it was dead."

Did the abortionist ever alter the procedures to get you the type of specimens you needed that day? Her answer was "Yes, before the procedures they would want to see the list of what we wanted to procure. The [abortionist] would get us the most complete, intact specimens that he could. They would be delivered to us completely intact. Sometimes the fetus appeared to be dead, but when we opened up the chest cavity, the heart was still beating." She was asked if the type of abortion procedure was intentionally altered to deliver to you an intact specimen, even if that meant giving you a live baby? Her answer was, "Yes, that was so we could sell better tissue, so that our company would make more money. At the end of the year, they would give the clinic back more money because we got good specimens."

The Partial-Birth abortion procedure involves inserting seaweed laminaria into the cervix. This swells up, dilating the cervix. In 24 hours, new laminaria are inserted. This produces more swelling and dilatation so that by the third day the baby can be extracted. During the dilatation procedure she is sent to a nearby motel. Sometimes the laminaria would fall out and she would go into labor and deliver the baby. And then? "They would call the nurse, and the nurse would call the doctor who would go to the motel room and pick up the woman and the fetus. That's when they would call us and say, 'Okay, we've got a couple of specimens here,' or 'We've got one specimen.' We would go [to the clinic] and the specimen [the baby] would be in a bucket, sometimes alive. When we opened the chest cavity the heart would still be beating. Sometimes we could see movement in the bucket. These babies had to come out alive. There's no way for them to be coming out dead. They were all alive. How they killed them is anyone's guess. My guess is that they had to kill them in

the bucket or put them in a corner and let them die slowly." And that was because the abortionist had seen how strongly you reacted to seeing them killed in front of you? "That's correct. And he did not want to repeat those instances but they kept happening anyway, and that's how I came to call you guys [Life Dynamics]."

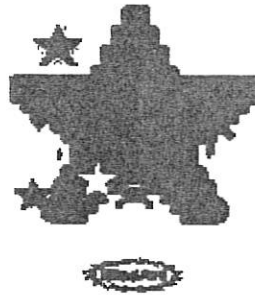
Finally, Kelly related how sometimes a woman, halfway through the dilatation procedure, would change her mind and say she did not want the abortion. In such a case they would tell her that it's too late now. "You're going to have the abortion." Kelly said, "All of the staff would gather around pressuring her to have the abortion. On the second day, they're given an IV sedation, which kind of puts them into what I call a Nyquil nap. They're just basically drowsy, not thinking for themselves and that's basically how they are coerced into continuing the procedure."

Finally, in the interview, she notes that many of the employees of the clinics were lesbians. When the mother was unconscious these women would discuss her genitalia with degrading remarks and on occasion even take the phone number off of her chart. Then they would "call her weeks down the road and ask her out for a date. It was not uncommon for women or men at the clinic to hit on these women for dates."

### Now We Know Why

Now we know one of the major reasons why the abortion industry is fighting so intensely to prevent a ban on Partial-Birth abortion from being enacted. It's more than not giving any ground on abortion for any reason. It's also because selling fetal parts is a very lucrative part of the abortion business. These mothers pay large sums of money for late-term abortions and the abortionists in turn are given big money for these intact organs. The model specimens have to be: the bigger - the better; the older - the better; the more alive - the better.

The above dialogue is from a video that has been produced by Life Dynamics. If any of our readers would like a free copy of this interview, while quantities last, feel free to contact us and we will send you a copy. Send your request to: Life Issues Institute, 1721 W. Galbraith Rd, Cincinnati, OH 45239. Phone (513) 729-3600. Fax (513) 729-3636. E-mail [lifeissues@aol.com](mailto:lifeissues@aol.com)



© 2000 GladArt Media

abortion index, abortion directory, pregnancy, clinic, abortionist, pregnancy, fetus, pro-life, prolife, pro-choice, prochoice, feminist, woman, women, embryo, Christian, population control, abortion survivors, reports, essays, school, violence, college, doctors, sex, sexual, STD's, birth-control, abstinence, adoption, adopt, parent, mother, father, education, abortion opinions, abortion articles, human life, abortiontv, AIDS, abortion procedures, abortion history, abortion politics, abortion appointmentabortion prochoice abortion abortion abortion aborted abortion prochoice





## RIGHT TO LIFE OF KANSAS, INC.

214 SW 6th St., Suite 208, Topeka, Ks. 66603-3719  
PHONE (785) 233-8601 FAX (785) 233-8641  
EMAIL - RTLK1@aol.com

---

Mr. Chairman and members of the committee, thank you for the opportunity to testify on this grizzly issue. I am Cleta Renyer, Legislative Director of Right to Life of Kansas. The profiteering from the remains of the aborted babies has been going on since abortion was made legal in this once great country. I have attached to my testimony a communique dated 3/24/00 from Judie Brown of American Life League, [Right To Life of Kansas is an affiliate] that relates to all three bills that are being heard today.

H.B. 3034-An act concerning the use of unborn baby body parts

H.B.2078-an act concerning medical care facilities

H.C.R.5075-establishing a task force on fetal tissue research and transplantation

The article give a list of facts that help you better achieve a full understanding of what is really at stake and how long this ghastly business has been operating in our nation. It is time to open the doors to the abortion clinics for public inspection like all of our legitimate care facilities receive, to do research to find out just how many of these aborted infants are still alive when delivered and experimented on and to stop the killing of our innocent preborn babies.

House Fed. &  
State Affairs  
Date 3/24/00  
Attachment No. 8  
Page 1 of 3

Subject: communiqué 3/24/00

Date: Fri, 24 Mar 2000 08:36:24 -0500

From: "sbruse@all.org" <sbruse@all.org>

Reply-To: sbruse

To: Multiple recipients of list communiqué <communiqué@all.org>

communiqué  
a pro-life news update

From: Judie Brown                      March 24, 2000                      Vol. 10, #10

"To unsubscribe from this list, send a message to listserv@all.org with 'unsubscribe communiqué' on the subject and body."

-----  
An American Life League fact sheet

The Truth Behind the Selling of Baby Body Parts  
By Judie Brown

A great deal of news coverage and commentary has erupted over the past few weeks dealing with the very skewed issue of the sale and marketing of "baby body parts." The main concern seems to center on the going price of such parts. But somewhere in the rush to expose the profiteering and the ghastly business of harvesting fresh organs from babies not yet fully dead from acts of abortion, we seem to have lost our way.

When pro-lifers examine the question of harvesting the bodies of tiny human beings who are aborted, we are addressing all acts of abortion from conception until birth. This is not clear in the current debate -- deliberately so, as you will see.

Additionally, many are under the impression that the government really does not allow such atrocities. This, too, is false.

Here is a list of facts that may help you better achieve a full understanding of what is really at stake and how long this ghastly business has been operating in our nation:

- \* The U. S. Supreme Court ruled on Roe v. Wade/ Doe v. Bolton on January 22, 1973. In that decision the Court struck down every state law dealing with restricting abortion and ruled that a woman had a right to decide, with her doctor, whether or not she would abort her child.
- \* The Court never ruled that the result of the abortion had to be a dead baby, much to the joy of the eugenic-biomedical establishment.
- \* In 1974, the Federal Food and Drug Administration approved an Upjohn Pharmaceutical product called Prostin F2 Alpha, which was touted as a chemical that would cause an abortion but not threaten the health or life of the mother as previous abortion techniques had. However, as Suzanne Rini points out in the definitive "Beyond Abortion," a live baby resulted during such abortions, causing two physicians to comment in a medical journal article:

The occasional delivery of a fetus with a heartbeat suggests that fetal death usually occurs close to the time of abortion . . . Therefore, it seems

House Fed. &  
State Affairs  
Date 3/24/00  
Attachment No. 8  
Page 2 of 3  
3/24/00 10:01 AM

likely that the fetal tissues so obtained might be suitable for organ transplants, for growing and attenuating viruses for vaccines and for basic research. The report on second-trimester [Prostin F1 Alpha] abortions demonstrates that fetal tissues are viable and that representative enzymes are not altered significantly by the abortion technique. (From an article in the American Journal of Obstetrics and Gynecology, 1974, cited in Beyond Abortion)

- \* The Uniform Anatomical Gift Act was originally passed in 1968, and has been amended and most recently revised in 1987. A form of this law has been adopted by all 50 states and the District of Columbia, and a provision of that law allows women who choose abortion to donate "fetal remains" (e.g. human babies whole, organs, tissues or cells).
- \* In 1981, the Philadelphia Inquirer published an expose by Liz Jeffries, "The Dreaded Complication," which dealt with abortions resulting in live births. The article's focus was on the fact that such an outcome was not desirable, but current news coverage concentrating on the "baby body parts industry" only reminds us that clearly such an outcome is desirable for clinical research and experimentation.
- \* In 1988 when the alleged "moratorium" was placed on research and experimentation using the bodies of nearly dead or dead persons resulting from acts of abortion, the law prohibiting such research ONLY applied in a very narrow set of circumstances. For example, a woman could only be approached to "donate" her baby once she had decided to abort the baby. And, only "reasonable payments" for services were permitted. It is obvious that such "regulations" did little to halt the macabre business of buying and selling fetal body parts (and whole embryonic babies) for profit.
- \* The Los Angeles Times (3/9/00) reports that "fetal-tissue research is hardly new," since Jonas Salk relied on it for the development of the polio vaccine. The National Institutes of Health spent, just last year, \$18.6 million on research projects that used fetal tissue and \$1.8 on research involving fetal tissue transplantation.

Has there ever been a time since the Roe and Doe Supreme Court decisions when such ghoulish practices as those currently being debated have ever really been illegal?

No!

- \* Clearly, the ultimate solution to this travesty is an amendment to the Constitution of the United States which recognizes every person as a human being from his beginning: conception (fertilization).

Do your elected officials agree? If not, isn't it time pro-lifers elected people who did? The smell of the gas chambers cannot be far off.

God, give us the strength to do battle with the forces of death.

For further reading:

Beyond Abortion by Suzanne Rini, Tan Books.

Recycling Babies by Judie Brown, American Life League, or ALL web site: <http://www.all.org/issues/eq99y.htm>

A March of Dimes Primer -- The A-Z of Eugenic Killing, Randy Engel, <http://www.michaelfund.org/mod%20primer%20-%20complete.pdf>; also available in hard copy from the U.S. Coalition for Life, P.O. Box 315, Export, PA 15632. Note that this report documents the March of Dimes (MCD) underground at Yale-New Haven.

House Fed. &  
 State Affairs  
 Date 3/27/00  
 Attachment No. 8  
 Page 3 of 3



March 15, 2000

Members of the House Federal and State Affairs Committee:

As State Director of Concerned Women for America of Kansas I agree with the effort to regulate the use of fetal tissue for research. However, I am appalled that this "industry" should even exist, let alone be regulated. As a woman, I am mystified at the communal shaking of heads at the audacity of a local abortion clinic in Johnson County marketing and profiting from the "transfer" of baby parts to labs, universities, drug companies for "research". Babies are now reduced to *tissue*, tissue that is "beneficial" to science and mankind and should not be wasted. The seemingly altruistic intent of these conclusions is somewhat Hitleresque in logic. Hitler used the Jews and other minority groups as guinea pigs and objects of research because they would die anyway in the gas chambers. However, even Hitler did not charge for this ghoulish practice. The same logic could be used to justify having the choice to end someone's life to harvest their organs, particularly if they were a tissue match. This is being done already in China with prisoner's deaths being timed to supply organs to a waiting recipient. The question then becomes whether we have a right to "donate" someone else's "tissue". If one looks at this dilemma from a purely naturalistic and evolutionary point of view with "survival of the fittest" as the prevailing mantra, I guess it becomes an easier decision. Birth or perhaps acceptance of one's person-hood by society becomes the measuring stick for these sticky moral dilemmas. We become the law...until of course we cannot speak for ourselves.

The loop-hole in the law allows for "reasonable payments associated with the transportation, implantation, processing, preservation, quality control, or storage of human fetal tissue", according to the National Institute of Health Revitalization Act of 1993. Slavery too was legal but that did not make it right. Closing this loophole is an admirable thing to do, but it is only a panacea to cover a greater fault.

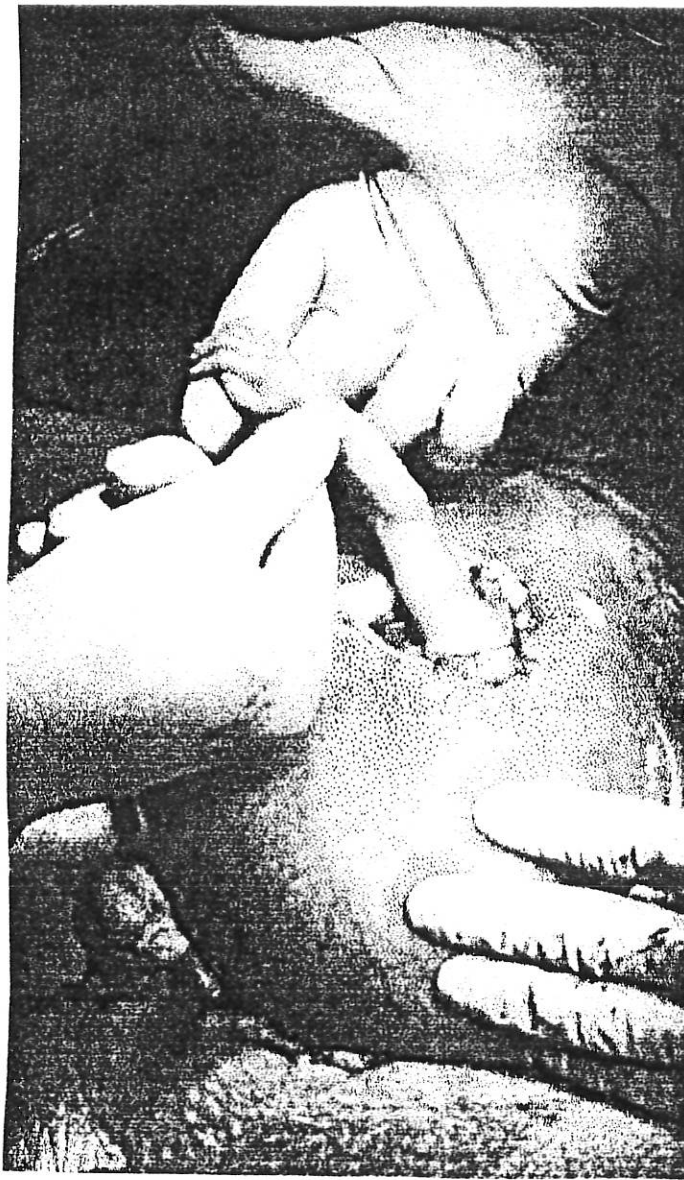
We have reduced person-hood to raw materials to supply an insatiable desire to know more, do more, and yes, to make money. Money is the bottom line to this moral morass that we are debating here today. How much are baby's eyes worth? How much for a spinal column? How much is legitimate to charge for a liver? What should the state allow as a reasonable recovery fee? This debate is on the edge of a slippery slope that leads to oblivion. The miry bog of humanistic self-interest is a bottomless pit of no return.

Sincerely,

Judy Smith, State Director  
Concerned Women for America of Kansas

CONCERNED WOMEN FOR AMERICA  
OF KANSAS

House Fed. &  
State Affairs  
Date 3/27/00  
Attachment No. 9  
Page 1 of 2



### A TRUSTING HAND

The little hand portrayed in the above picture is that of Samuel Armas. At the time of the picture, he was a *fetus* of 21 weeks who underwent surgery in utero for problems with spina bifida. The mother's uterus was removed and the amniotic fluid was drained so that the surgeon could perform the surgery. As the surgeon replaced the uterus into the mother, this tiny hand reached out to clutch his finger.

Samuel arrived on Thursday, December 2nd at 6:25 p.m. weighing 5 pounds, eleven ounces. He was born at 36 weeks, spent no time in the neonatal unit and went home with his parents. He has good chance of walking. The ultrasounds of his brain show no sign of hydrocephalus and brain malformation. Additional information can be obtained at:

<http://www.usatoday.com/life/health/general/1hgen139.htm>

House Fed. &  
State Affairs  
Date 3/27/00  
Attachment No. 9  
Page 2 of 21



# KANSAS Christian Coalition

3/27/00

## Fetal-Tissue Research

Being a Kansan all my life (54 yrs) and proud of this state's moral-conservative reputation. I Thought it used to be Missouri that was the 'bad guys', booze in its grocery's store, gambling, Top-less nightclubs. But some where along the line Ks & Mo has flip-flopped. And when I saw my birth city Overland Park on nation wide 20/20, as a place to buy body parts. I physically Became ill. My first thought was what kind of mess has the Capital gotten this state into? I've got to do some research and take a vacation day off and turn my findings over to you. Along with a Christian Coalition policy law doctorate in WDC. I've put excerpts of facts from JAMA, medical doctors, etc. (if you want the full report of any excerpt, just e-mail me from my website below)

I basically found the NEED for Fetal-Tissue Research is NOT necessary, the cost to taxpayers Shows very little results. It is impossible for Gov. to regulate it. It causes MORE late terms Abortions, which increases the PAIN and Suffering of the mostly born child.

All it amounts to, is a financial future, to a failing abortion clinic industry. Not to mention RU486 right on it's heels..reducing business at the clinics..it's buying time and desperate To figure out a moneymaker to stay solvent. It will absolutely go broke if it can't find a way To survive in the market of murder for hire!

I'm proud of the Medical Science, finding so many answers to our health problems in the past Like infections, small poxs, polio, TB. Mankind does NOT need to stoop to this level for it's Answers to Parkinson's, Alzheimer's, etc.

Lets get Kansas off the front page of Monster Magazine TV. It is NOT to late to save face and Turn this state around.

Joyce Moore  
Ks Christian Coalition

1. Linda Bevington, research director of the Center for Bioethics and Human Dignity, says,  
"Recent and unprecedented scientific advances suggest that human embryonic stem cell research may not even be needed to achieve the medical benefits claimed by NIH.... Alternative methods using adult stem cells or other means of repairing or regenerating Human tissue may render embryonic sacrifice unnecessary for medical progress. Like umbilical cords, discarded at birth."  
David Prentice is a professor of life sciences at Indiana State University and an adjunct Professor of medical and molecular genetics at Indiana University School of Medicine. He cautions against the use of stem cells for tissue regeneration and advocates the use of adult stem cells instead. "Within the last two years, a tremendous variety of adult stem cells has been reported" Prentice says.  
Adult stem cells have found in skin, bone marrow and the bloodstream. Scientists

Recently uncovered neural stem cells in the brain. The discovery of stem cells in the cornea is good news for those who need corneal transplants. Corneal stem cells have been used to treat patients in whom traditional corneal transplants were unsuccessful. "The distinct advantage of these adult stem cells is that you can use your own cells to regenerate tissue, totally circumventing the problem of immune rejection of embryo stem cells," The Dec. issue of Science magazine hailed adult stem-cell research as an astonishing breakthrough. Yet NIH tells Insight it is undecided whether to publish guidelines regarding adult stem-cell research.

2. Micheline Matthews-Roth is a researcher at Harvard University Medical School, where She has been working to find a cure to a rare genetic disease called erythropoietic Protoporphyrin, or EPP. Sufferers are highly sensitive to most of the visible-light spectrum from the sun to indoor fluorescent light. She can cure EPP in mice by extracting stem cells from their own bone marrow-with NO rejection problems. So why are scientists insisting on fetal and embryo stem-cell research? "Because It's there," says Roth, "and they ignore the ethics of destroying a life apart from the Dangers of the the body rejecting the embryonic stem cells that might force patients To go on potentially lethal antirejection medication the rest of their lives. "Why don't we just explore adult stem-cell research, which appears much more promising?"

[www.insightmag.com](http://www.insightmag.com) A life for a life

1. But as ethical debates on the use of stem cells taken from human embryos arose, Additional studies showed that adult stem cells taken from the brain and other sites in animals could become blood and other types of cells. The finding have marked what Science called a 'turning point' for a new research endeavor.

[www.jama.ama-assn.org/issues/v283n4/full/jqu90012-4.html](http://www.jama.ama-assn.org/issues/v283n4/full/jqu90012-4.html) JAMA MAG

1. To avoid legal risks in the meantime, Planned Parenthood began sending patients from Its abortion clinic in KC.Mo. across the state line to an affiliated clinic in OP.Ks. Associated Press 9/18/99

1. Dr. Curt Freed –University of Colorado used \$5 million on Parkinson's patients thus Far, Freed's work has yielded few results. Last May the British medical journal the Lancet reported that 'there was no significant difference' between the 10 patients given the fetal transplants and the 20 patients given a placebo operation.

Gillian Woollett, associate VP at Pharmaceutical Research & Manufacturers of America, cautioned against false hopes. Their optimistic prediction of progress is a Psychological thing. I don't think it is realistic.' It maybe overselling, adding that Cures may not be forthcoming for many years or decades.

The National Journal, 2/26/00

1. Supply & demand are factors. Robert Orr, a physician & director of clinical ethics at Loma Linda Medical Center says he understands the use of spontaneously aborted fetuses for research purposes, but 'policymakers are looking at aborted fetuses because there is such a large supply. If a woman thinks that something good is coming out of the abortion, it makes it easier for her to make the decision. It's theoretically impossible to separate the moral issue from the scientific issue. We need a second look.....

News World Communications, Inc. 10/25/99 page 20

House Fed. &  
State Affairs  
Date 3/27/00  
Attachment No. 10  
Page 2 of 2

**Chapters and Affiliates**

Abilene  
 Atchison  
 Augusta  
 Brown County  
 Cheyenne County  
 Clay Center  
 Colby  
 Columbus  
 Decatur County  
 Dodge City  
 Doniphan County  
 Edwards County  
 El Dorado  
 Emporia  
 Fort Scott  
 Franklin County  
 Garden City  
 Great Bend  
 Hamilton County  
 Hanover  
 Harvey County  
 Hugoton  
 Hutchinson  
 Independence  
 Iola  
 Jackson County  
 Johnson County  
 Kingman  
 Larned  
 Lawrence  
 Leavenworth  
 Liberal  
 Linn County  
 Manhattan  
 Marion  
 McPherson  
 Miami County  
 Norton  
 Olathe  
 Osage County  
 Osborne  
 Ottawa County  
 Parsons  
 Phillips County  
 Pittsburg  
 Pratt  
 St. Paul  
 Salina  
 Scott City  
 Smith County  
 Sublette  
 Topeka  
 Ulysses  
 West Washington County  
 Wichita  
 Wyandotte County

**Colleges & Universities**

(12) Chapters

**Regional Offices:**

**Johnson County KFL**

10976 W. 74th Ter.  
 Shawnee, Ks 66203  
 Off. (913) 268-8400  
 FAX (913) 268-8486

**Topeka KFL**

1005 SW 10th  
 Topeka, Ks 66604  
 OFF. (913) 234-3111  
 FAX. (913) 357-0100

**Sedgwick County KFL**

2501 E. Central  
 Wichita, Ks 67214  
 Off. (316) 687-0088  
 FAX (316) 687-0303

# Kansans for Life

2501 E. Central Ave.  
 Wichita, Kansas 67214-4511

1-800-928-LIFE (5433)  
 (316) 687-LIFE (5433)  
 FAX (316) 687-0303  
 E-Mail: Kans4Life@aol.com

Testimony  
 HB 3034

March 16, 2000  
 27

Chairman Powell and Members of the Committee:

My name is Barbara Saldivar and I am a lobbyist for Kansans for Life. On behalf of the over 100,000 household members of KFL, I would like to express our support for House Bill 3034.

For some time now, Kansans for Life has been aware of the business of fetal parts trafficking. Recent events, including the allegations on ABC's "20/20" show that some of this may be taking place in Kansas, have led us to believe that a thorough investigation by both the Attorney General and the Kansas State Board of Healing Arts is in order.

Kansans for Life is hopeful that such investigations will help to answer the following questions:

1. How long has fetal parts trafficking been taking place in Kansas?
2. Did Planned Parenthood own the Kansas City clinic at the time this took place?
3. In testimony concerning partial-birth abortions, Planned Parenthood admitted that they knew this practice was against the law, so were they involved in it?
4. What were the names of the different organizations that purchased the fetal parts and for what purpose?
5. What experiments did the "research" groups who purchased intact fetuses (whole babies) perform? What was the method of disposal after the experiments were performed? Was that method of disposal concomitant with the traditional civilized standards for deceased human beings?
6. Were there any other groups trafficking in the sale of fetal body parts? Was



Kansas affiliate to the National Right to Life Committee

House Fed. &  
 State Affairs  
 Date 3/27/00  
 Attachment No. 11  
 Page 1 of 2



there any competition?

7. Were women encouraged to delay their abortions so that the fetus would be larger to meet certain criteria for a buyer?

8. Was the abortion procedure altered to obtain a better specimen?

9. What were the names of the doctors who performed these abortions? Did they know what tissue was needed in advance? Did they make more money if the tissue was in a certain condition or of a certain gestational age?

10. Did the doctors receive all the money for the fetal body parts? How much? How was the money divided? Who, specifically, made a profit on these parts?

11. More information should be obtained about how the parts were shipped--the type of containers. What happened in the case of a delay? Did any package spill open and what happened at that point?

12. Were any other abortionists across the country involved in the program? Were they notified that a special tissue (for example, identical twins) was needed? Was there a bounty for certain tissue?

13. Was there any pressure, subtle or overt, exerted upon women in crisis to abort and donate their babies?

Kansans for Life urges you to vote in favor of House Bill 3034 and get some much-needed answers to these important questions.

Thank you.

Barbara Saldivar  
Lobbyist for Kansans for Life

March 27, 2000

To the Honorable Members of the Kansas House Committee on Federal and State Affairs:

My name is Eleanor Adams Harris. My husband and I operate a small business in Leawood. I am accompanied today by my good friend Marion Davis, a retired social worker residing in Overland Park. Marion and I have many things in common. One thing we wish we did not share is our diagnoses of glaucoma. This is the reason for our interest in the issue of regulating fetal tissue research which is before you today.

Many areas of research involve fetal tissue, holding great promise for relief from a variety of afflictions. I have attached to my written testimony a lengthy list of organizations supporting the use of fetal tissue in medical research.

I take a personal interest in news of medical advancements even though they may not specifically mention eye disease. I appreciate the inter-relatedness of various areas of research based on many sources I have encountered, including this 1998 e-mail from Wise Young from the Christopher Reeve Foundation: "several of the regenerative therapies that are being studied in spinal cord injury are being studied in animal models of optic nerve and spinal cord regeneration."

As a patient, I have long been concerned about the impact of special interest politics on medicine. This is from the 1993 Progress Report of the Myelin Project made famous by the movie *Lorenzo's Oil*: "... Dr. Rehncrona's operations were conducted under less than ideal conditions. Glial cells from young puppies were used rather than the more potent (and adaptable) fetal cells which were not available at the time of the experiment." An article titled "Fetal Tissue Research Background", December 4, 1992, by John S. James, provides plausible explanation for how this situation may have come about: "Since 1988, the U.S. government, over the objections of leading experts, has banned Federal funding of research involving transplantation to humans of tissue from aborted fetuses... Technically, the fetal-tissue ban only prevents Federal funding of research on transplanting fetal tissue into humans -- not other work with the tissue, such as laboratory studies. But the real impact has been greater than the wording of the policy would suggest, because the ban cast a stigma of Federal disfavor over the whole area of fetal-tissue research, causing scientists to avoid promising studies they would otherwise have conducted."

As you know, this ban was overturned with the signing of the National Institute of Health Revitalization Act in January, 1993.

Following this, a Chicago Tribune story dated, January 31, 1997, described the experimental treatment of a woman blinded by macular degeneration: "In a delicate two-hour operation, believed to be a first for American medicine, retinal surgeon Samir Patel inserted a pinhead-sized dot of tissue containing about 250,000 fetal cells under the damaged area of the woman's left retina."... "The only cells that may give us a chance to restore sight come from tragedies--second-trimester abortions'...," "performed only because the fetus is hopelessly abnormal or because of medical necessity", and, "Only after a woman has made the decision to end her pregnancy would researchers inform her about the fetal-cell procedure and ask about donation..."

I am concerned that progress may be hindered by House Bill 3034. This legislation is extremely restrictive. I wonder how anyone working with fetal tissue would be adequately paid for their service under a limit of \$5. Since even the most basic shipping

House Fed. &  
State Affairs  
Date 3/27/00  
Attachment No. 12  
Page 1 of 4

charges could easily exceed the limit, a sound business decision would be to not provide any services involving fetal tissue for fear of violating this provision. The slogan "Stop Fetal Research" is prominently displayed at the web site of Life Dynamics. I believe that would be an apt title for this bill, since that would be the likely result of passage. I know of no one in Kansas currently involved in collecting fetal tissue to support research. This prohibitive restriction would discourage anyone from starting.

If there were to be any fetal tissue donations under this proposed legislation, the reporting requirements present another problem. As drafted, there are no provisions in this legislation for protecting the privacy of the medical providers. I am concerned that this registration information may fall into the hands of militant extremists. I believe an appropriate use of our government's resources is to protect patients, doctors, nurses, clinic staff and law enforcement personnel against the threat of attacks such as we have witnessed in Kansas and around the nation. I am concerned that this reporting requirement may have the unintended effect of providing terrorists with a directory of targets. The burden and expense of this paper work would not be the primary objection -- stigmatizing gynecologists and others supporting research in Kansas would be.

I hope this legislature will strive to maintain an appropriate balance of regulations and liberty. Marion and I believe the best way for you to do that, now, is to conduct further research to determine the effects of the Federal law prohibiting profiting from the sale of fetal tissue. This prohibition is widely supported. Adding restrictions before the Federal authorities have completed their investigations into the recent charges of a violation of that law seems unwise and unnecessarily hasty. None of us knows what problems and opportunities await us in the future. Please do not eliminate opportunities for Kansans to participate in future life-saving research by imposing new restrictions on activities that are not currently a problem.

Thank you for your attention.

Respectfully submitted:

Eleanor Adams Harris  
3221 West 121st Terrace  
Leawood, Kansas 66209  
(913) 469-5499

Marion Davis  
9256 Conser  
Overland Park, Kansas 66212  
(913) 649-7526

## **Institutions on Record in Support of Research with Stem Cells and/or Fetal Tissue**

Alliance for Aging Research  
American Academy of Allergy, Asthma and Immunology  
American Academy of Orthopedic Surgeons  
American Academy of Otolaryngology - Head and Neck Surgery  
American Association for Cancer Research  
American Association for Dental Research  
American Association for the Study of Liver Diseases  
American Association of Colleges of Pharmacy  
American Association of Dental Schools  
American Association of Immunologists  
American College of Cardiology  
American Heart Association  
American Lung Association  
American Medical Association  
American Pediatric Society  
American Psychiatric Association  
American Society for Biochemistry and Molecular Biology  
American Society for Cell Biology  
American Society for Microbiology  
American Society for Pharmacology and Experimental Therapeutics  
American Society for Reproductive Medicine  
American Society of Clinical Oncology  
American Society of Hematology  
American Society of Tropical Medicine and Hygiene  
American Thoracic Society  
American Veterinary Medical Association  
Americans for Medical Progress  
America's Blood Centers  
Association of Academic Departments of Otolaryngology - Head and Neck Surgery  
Association of American Medical Colleges  
Association of Independent Research Institutes  
Association of Medical School Microbiology and Immunology Chairs  
Association of Medical School Pediatric Department Chairs  
Association of Professors of Dermatology  
Citizens for Public Action  
College on Problems of Drug Dependence  
Cooley's Anemia Foundation  
Cystic Fibrosis Foundation  
East Carolina University School of Medicine  
Emory University School of Medicine  
Endocrine Society  
Federation of American Societies for Experimental Biology  
Federation of Behavioral, Psychological and Cognitive Sciences  
Fred Hutchinson Cancer Research Center

Jeffrey Modell Foundation  
Johns Hopkins University  
Joint Council of Allergy, Asthma and Immunology  
Juvenile Diabetes Foundation International  
Krasnow Institute for Advanced Studies  
Massachusetts Institute of Technology  
National Alliance for Eye and Vision Research  
National Alliance for the Mentally Ill  
National Caucus of Basic Biomedical Science Chairs  
National Health Council  
National Organization for Rare Disorders  
National Osteoporosis Foundation  
National Spinal Cord Injury Association  
New York University School of Medicine  
Oklahoma Medical Research Foundation  
Pharmaceutical Research and Manufacturers of America  
Research!America  
Research Society on Alcoholism  
RESOLVE, the National Infertility Association  
Society for the Advancement of Women's Health Research  
Society for Pediatric Research  
Society for Reproductive Endocrinology and Infertility  
The Genome Action Coalition  
The Health, Safety and Research Alliance of New York State, Inc.  
The Protein Society Tourette's Syndrome Association

Testimony on HB#2078  
Committee and Federal State Affairs  
Legislature State of Kansas  
27 March, 2000

Testimony by Eugene W.J. Pearce, M.D.

Thank you very much for the privilege of testifying.

I am a physician specializing in Obstetrics and Gynecology and I have lived in the State of Kansas since the first of July, 1952 and at the present address in Merriam, Kansas since September, 1955. I took my residency training at the University of Kansas Medical Center July, 1952 through June, 1955 and then stayed on the faculty at the University of Kansas for the next 2 years. In 1957, I left the University and established a private practice in the Shawnee Mission area which I continued until 1989. In 1990, I became a full time faculty member of the University of Missouri – Kansas City, serving as an Associate Professor in the Department of Obstetrics and Gynecology, and Chief of Gynecology at Truman Medical Center – West. This is a full time position, and I have major teaching and patient care responsibilities involving medical students and resident physicians in training to become specialists in the field of Obstetrics and Gynecology. As such, I supervise the Clinics, the Operating Room, Emergency Room, and Labor and Delivery on a regular rotating schedule in addition to giving lectures, making rounds, and other administrative duties.

The University of Missouri – Kansas City Residency Training Program in Obstetrics and Gynecology is approved for 32 residents, 8 each year for 4 years. The Residency Review Committee does not require residents to be trained in the performance of abortion. However, it does require residents to be trained in the management of complications of abortion. Our Emergency Room and Clinics provide adequate and abundant experience in the management of complications of abortion.

The major complications that we see are incomplete abortion and infected abortion. An incomplete abortion occurs when the surgeon fails to evacuate all the tissue of pregnancy in the performance of abortion. The consequence of an incomplete abortion is possibly twofold: 1)

House Fed. &  
State Affairs  
Date 3/27/00  
Attachment No. 13  
Page 1 of 3

additional bleeding and cramping, sometimes catastrophic; 2) infection, sometimes very severe, sometimes even leading to death. The embryo is living tissue when an abortion is performed and if part of that tissue remains in the uterus, it becomes dead tissue. The uterus attempts to expel that tissue and sometimes it is unsuccessful and there is considerable bleeding. Consequently, it becomes an emergency to evacuate the remainder of embryonic tissue in the uterus in order to stop the bleeding and save the mother's life. In addition, the dead tissue of an incomplete abortion serves as a focus for subsequent infection which also can be very dangerous, even life threatening.

In our Clinics and Emergency Rooms at Truman Medical Center, we see several incomplete or infected abortions a month that have been performed elsewhere. Truman Medical Center takes on all comers, regardless of ability to pay as we are required to do by law. Consequently, our residents have an adequate experience in the management of serious complications of abortions performed elsewhere. These complications are not numerous, but they can be quite severe and debilitating.

Two years ago we had an unusual and serious complication of abortion performed at an abortion facility in the Kansas City area. The patient had been seen following the abortion at another hospital in the Kansas City area for voluminous bleeding. She was examined and worked up properly and was given several units of blood because of her excess bleeding. She stopped bleeding and was dismissed with no further therapy. She came into our Emergency Room with a similar story. We took her to the Operating Room and detected a laceration in the side of the uterus in an unusual position off toward the uterine vessels. Evidently, these vessels sealed off most of the time, but broke off and bled very heavily twice. It was our responsibility to give her blood transfusions and to do a hysterectomy in order to stop the bleeding. The Pathology Laboratory at Truman examined the specimen very carefully and determined that the laceration was very old and could not have been associated with anything we did at Truman Medical Center.

I would like to call the Committee's attention to the attached medical literature. The first article was called "Elective Abortion Complications" by Wortman and Plotinsky in The Female Patient, Volume 23, December, 1998. The authors call attention to complications that can occur with an elective abortion and recommend standards for all abortion facilities. In addition, they recommend close association with a hospital facility to care for certain complications of abortion procedures or anesthesia or drugs given during the procedure.

The second article was published in the Obstetrics and Gynecology in August, 1996 by Berg and Associates, and it is entitled "Pregnancy-Related Mortality in the United States, 1987 – 1990". In this article, the authors review 81 deaths from abortion, approximately half of which were associated with the infection that I have described previously.

In consideration of my experience with the complications of induced abortions done elsewhere and treated at Truman Medical Center and in consideration of the attached literature indicating the type of complications which can occur in abortion facilities, as well as the possibility of death associated with induced abortion, I would recommend that abortion facilities in the State of Kansas be required to be certified and meet the standards of ambulatory surgical centers.

Eugene W.J. Pearce, M.D.  
Chief of Gynecological Services  
Truman Medical Center-West  
Associate Professor  
University of Missouri – Kansas City  
School of Medicine  
Department of Obstetrics and Gynecology

Home address and Phone: 6335 Robin Hood Lane  
Merriam, Kansas 66203-3652  
(913) 831-0411

Office address and Phone: 2301 Holmes Street  
Kansas City, MO 64108  
(816) 556 -3796

House Fed. &  
State Affairs  
Date 3/27/00  
Attachment No. 13  
Page 3 of 3



Testimony Re H.B. 2078  
Ambulatory Surgical Centers

Patrick Herrick, M.D., Ph.D.  
March 27, 2000

- 1) Abortion involves potent drugs, and/or major surgical procedures.
  - a) 98% of abortions in Kansas are suction curettage, dilatation and evacuation, or digoxin injection with induction. (KDHE '97)
- 2) Such drugs and procedures carry a significant risk of side effects and complications.
  - a) National Academy of Sciences' Institute of Medicine: (*To Err is Human* press release)
    - i) "while errors may be more easily detected in hospitals, they afflict every health care setting: day-surgery and outpatient clinics"
    - ii) estimated deaths from medication errors exceed those of workplace injuries.
  - b) Kansas Board of Healing Arts final board actions over last five years involve over 25% of known abortionists in the state.
- 3) Regulation would increase the chances for adequate patient protection against side effects and complications.
  - a) The woman is unlikely to have personal knowledge of the abortionist's skill and experience.
- 4) The proposed regulation is no more stringent than for other outpatient surgical procedures.
- 5) Kansas Administrative Regulations regarding ambulatory surgical centers are germane to abortion.
  - a) Physicians having hospital privileges.
  - b) Procedures to minimize infection.
  - c) Lawful disposal of bodies.
  - d) Available special equipment and personnel appropriate to the risk of the procedure.
  - e) Facilities for blood transfusion.
  - f) Resuscitation and suction equipment.
  - g) Licensed nurses.

Standards of the Practice of Medicine

House Fed. &  
State Affairs

Date 3/27/00

Attachment No. 14

Page 1 of 2

Patrick R. Herrick, M.D., Ph.D.

Graduate, Medical Scientist Training Program, a NIH-sponsored program at University of Iowa, 1986-92.

Successfully defended doctoral thesis in Biomedical Engineering, 1992.

Completed residency in Family and Community Medicine at the University of Missouri-Columbia, 1992-5.

Chief Resident, 1994-5.

During that year, this department was ranked 2<sup>nd</sup> in United States by Newsweek.

Board certified Family Physician at Associates in Family Care, Olathe, since 1995.

On staff at Olathe Medical Center, with privileges in Obstetrics.

Volunteer Faculty, University of Kansas Medical School

Volunteer, Advice and Aid Pregnancy Center.

Volunteer, Johnson County Health Partnership Clinic.

BOARD OF DIRECTORS

*Board Chair*  
Toni Blackwood  
*Vice Chair*  
Ginny Beall, R.N.  
*Secretary*  
Albert Mauro, Jr.  
*Assistant Secretary*  
Mary Petrow  
*Treasurer*  
Daniel P. Winter

Constance Anderson  
Beverly Bass  
Virginia Salazar Bellis  
Denice Bruce  
Mac Carter-Tritschler  
Irene Salazar Caudillo  
The Very Rev. J. Earl Cavanaugh  
Steve Chick  
Randy Clark  
Linda Coburn  
Eileen Cohen  
Betty Crooker, R.N.  
Karen Edison-Zanol  
Susan Fischer  
Anne Gall, R.N.  
Glenda Goodman  
Collette Grimes  
Carol Hallquist  
Barbara Head  
Amy M. Heithoff, B.S.N.  
Sharon Hoffman  
Ellen Karp  
Sandra Kauffman  
Linda Lyon  
Kirby McCullough  
The Rev. Robert Meneilly  
Susan Moeder  
Rita O'Conner  
Kirk Perucca  
Laura Curry Sloan  
Jerri Tousley  
Tricia Uhlmann  
Kris Wilshusen  
Pamela J. Woodard

*Ex Officio*  
Suzanne Allen  
Henry Bishop, M.D.  
Rabbi Ronald Goldstein

*Advisory Council*  
Suzanne Allen, Chair  
Eliot S. Berkley, Ph.D.  
James Bernard, Sr.  
Lucile H. Bluford  
Rose Bryant  
Charles E. Curran  
Jean H. Deacy  
Jo Ann Field  
John B. Francis  
Jean McGreevy Green  
Fred R. Havens  
Karen Herman  
William Hickok  
Walter Hiersteiner  
Biddy Hurlbut  
Mrs. Herman A. Johnson  
Harry S. Jonas, M.D.  
Harold S. Melcher  
Miller Nichols  
J. Clyde Nichols, Jr.  
Mrs. William L. Pence  
Katherine W. Smith, M.D.  
Estelle G. Sosland  
Herman R. Sutherland  
John M. Swomley, Jr., Ph.D.  
Paul Uhlmann, Jr.  
Charles B. Wheeler, Jr., M.D.  
Rabbi Michael Zedek

PRESIDENT/CEO  
Peter Brownlie



Planned Parenthood®  
of Kansas and Mid-Missouri

**Testimony of  
Erika Fox, Vice President for Public Policy  
Planned Parenthood of Kansas and Mid-Missouri**

**before the  
House Federal and State Affairs Committee  
Kansas Legislature**

**on March 27, 2000**

**in opposition to  
House Bill 2078**

House Fed. &  
State Affairs  
Date 3/27/00  
Attachment No. 15  
Page 1 of 4

Good Morning! Thank you for this opportunity to testify in opposition to House Bill 2078. My name is Erika Fox and I represent Planned Parenthood of Kansas and Mid-Missouri. Our organization has four reproductive health centers in Kansas. One of those centers, our affiliated Comprehensive Health facility in Overland Park, provides abortion. When we acquired this facility in 1997, it had been for many years licensed as an ambulatory surgical center. We chose to maintain that licensed status for several reasons which include the facts that that facility offers both first and second trimester abortions, surgeries such as tubal ligations and vasectomy, and the option of general anesthesia for some procedures.

Despite the fact that Comprehensive Health of Planned Parenthood of Kansas and Mid-Missouri is currently licensed, we adamantly oppose efforts by the legislature to impose that requirement on other providers of abortion services. The end result would be to unnecessarily burden providers and their patients such that the constitutional right to choose to have an abortion will be denied as the cost and difficulty of obtaining an abortion increases.

HB 2078 changes the definition of an ambulatory surgical center to require physicians' offices and establishments where abortions are regularly performed to be licensed under the provisions of KSA 65-425 through 65-441 and related regulations. This requirement would impose these regulations regardless of the type of abortion procedure performed, the stage of pregnancy at which the abortion is done, whether or not anesthesia is administered—and, in fact, would apply them as well to medical abortions which involve no surgery at all. All of these factors are related to the relative safety of abortion. On the other hand, HB 2078 would exempt physicians and establishments where abortions are done less frequently and those who do similar or more risky surgery—other than termination of pregnancy—in their own offices.

For these reasons, there appears to be no reasonable relationship between the imposition of these requirements and the accomplishment of a legitimate state purpose—which presumably would be to promote maternal health. This conclusion is strengthened by the fact that no reliable evidence has been provided that abortion providers in Kansas are providing inadequate care to women seeking abortions, or that the rate of complications from abortions performed here is greater than the national average. In addition, the preliminary report of abortions in Kansas for

House Fed. &  
State Affairs  
Date 3/27/09  
Attachment No. 15  
Page 2 of 4

1999 shows that the vast majority of those abortions are performed using the extremely safe suction curettage method (85.7%) prior to 13 weeks of pregnancy (84.1%) when serious abortion complications are quite unusual. Further, as medical abortions become more widely available, this early option involving non-surgical abortion prior to seven weeks gestation will increase the number of women having the safest possible abortions.

Offices and clinics where abortions are available in Kansas are already subject to the same kind of state and local oversight as other health care providers in the state who perform similar services. Federal guidelines govern laboratories, biological waste and workplace safety. In addition, physicians who perform abortions (like all doctors) are subject to license revocation proceedings if they fail to comply with the standards of care in their field, and are also subject to malpractice suits if they cause injury by failing to meet professional standards.

But a blanket requirement that all regular providers of abortion—under all circumstances—comply with extensive regulations that impose strict rules about things like parking, size of operating rooms and width of hallway, plumbing, electrical and HVAC specifications, staffing, training, testing, and equipment—all on the same basis as general purpose outpatient surgical facilities—is clearly outrageous and unconstitutional. While perhaps appropriate for a hospital or large outpatient surgical center, the administrative and financial burdens created are clearly inappropriate to medical offices of such small sizes as are providing abortions in Kansas. They have the effect of creating an undue burden on the woman's right to obtain an abortion by increasing the cost of abortion and thereby causing delays which will cause a later, riskier abortion or cause her to forego the procedure altogether. The regulations would lead to closure of abortion clinics and, again, additional obstacles, delays and costs for the woman.

Kansas is not alone in its attempts to limit access to abortion through excessive regulation. Similar bills enacted recently in Texas, Louisiana and South Carolina have been enjoined. In a lengthy analysis of the need for and effects of such regulations in South Carolina, the federal district court found them to violate both the right to privacy in the Due Process clause of the U.S. Constitution, and the Equal Protection clause. In that case, *Greenville Women's*

*Clinic v. Bryant*, 66 F. Supp.2d 691 (D.S.C. 1999), one of the first such cases decided since *Casey*, the court held:

Given the unduly detailed and restrictive requirements imposed by the regulation, and the lack of a sufficient nexus between these requirements and the stated goal of protecting and preserving maternal health, the court concludes that the regulation cannot be applied in a manner which is not an undue burden on the fundamental right to obtain an abortion.

And in considering the equal protection challenge, it said:

Simply stated, the constitutional infirmity is not the regulation's proffered justification of promoting maternal health, which is a legitimate state interest, but the regulation's failure to utilize appropriate standards. The regulation singles out physicians and clinics where abortions are performed regularly, as part of the normal course of business and in relatively large numbers, and imposes upon them requirements which are not imposed upon comparable procedures and not even upon all physicians who perform first trimester abortions. In addition, the regulation's requirements reach far beyond those justified by actual differences in the procedure or by the medical nature and risks of the procedure.

Judge Traxler could just have well been talking about the regulations that would be imposed in Kansas as a result of passage of House Bill 2078. We urge you to vote against this dangerous and unconstitutional proposal.

House Fed. &  
State Affairs  
Date 3/27/00  
Attachment No. 15  
Page 4 of 4

# The Kansas Choice Alliance

Aid for Women

American Association of University  
Women - Baldwin Branch

American Association of University  
Women - Kansas

American Association of University  
Women - Shawnee Mission Branch

American Civil Liberties Union of  
Kansas and Western Missouri  
Choice Coalition of Greater Kansas  
City

Greater Kansas City Chapter of  
Hadassah

Jewish Community Relations  
Bureau/American Jewish  
Committee

Jewish Women International  
Kansas Religious Leaders for  
Choice

KU Pro-Choice Coalition

League of Women Voters of  
Johnson County

League of Women Voters of Kansas

League of Women Voters of  
Wichita-Metro

MAINstream Coalition

National Council of Jewish Women,  
Greater Kansas City Section

National Organization for Women,  
Johnson/Wyandotte County  
Chapter

National Organization for Women,  
Kansas Chapter

National Organization for Women,  
Kansas City Urban Chapter

National Organization for Women,  
Lawrence Chapter

National Organization for Women,  
Manhattan Chapter

National Organization for Women,  
Wichita Chapter

Planned Parenthood of

Kansas & Mid-Missouri

Pro-Family Catholics for Choice

Wichita Family Planning

Women's Health Care Services

YWCA of Wichita

Testimony before the House Federal and State Affairs Committee in Opposition  
to H.B. 2078

March 27, 2000

Barbara M. Duke, President, Kansas Choice Alliance, phone: 785-749-0786

Chairman Powell and members of the House Federal and State Affairs  
Committee:

On behalf of the members of the Kansas Choice Alliance I speak in  
opposition to House Bill 2078 because it erects more barriers to abortion  
services in Kansas. This bill purports to protect women but, in reality, it is aimed  
at making abortion services more difficult to obtain and much more expensive.

This legislation singles out abortion, which is one of the safest medical  
procedures, from other minor surgery and imposes costs and risks on providers  
not justified by any medical benefits. It decreases access to abortion, which may  
cause women to undergo later, more dangerous procedures, or carry unwanted  
pregnancies to term.

Regulating abortion differently from other medical procedures violates the  
equal protection clause of the U.S. Constitution. Denying access to abortion  
services is detrimental to women's health. The Kansas Choice Alliance urges you  
to oppose H.B. 2078.



**Kansas Choice  
Alliance**

The Kansas Choice Alliance  
902 Pamela Lane, Lawrence, KS 66049-3020

House Fed. &  
State Affairs

Date 3/27/00  
Attachment No. 16  
Page 1 of 1

PATRICIA LIGHTNER  
 REPRESENTATIVE, 29TH DISTRICT  
 JOHNSON COUNTY  
 9408 W. 106TH STREET  
 OVERLAND PARK, KS 66212  
 (913) 894-2668

COMMITTEE ASSIGNMENT  
 MEMBER EDUCATION  
 JUDICIARY  
 HEALTH AND HUMAN SERVICES



TOPEKA

HOUSE OF  
 REPRESENTATIVES

STATE CAPITOL BUILDING, ROOM 175-W  
 TOPEKA, KANSAS 66612-1504  
 (785) 296-7644

To: House Federal and State Affairs Committee

Date: March 27, 2000

RE: House Concurrent Resolution 5075

Thank you committee for taking time out of your busy schedule to hear and consider this Resolution concerning the creation of a task force to research the ethics surrounding fetal tissue research and organ transplant.

The attached articles are from the Kansas City Star and are in regard to the Congressional inquiry and FBI investigation into an Overland Park abortion clinic's possible involvement with the selling of fetal tissue and organs. Federal law prohibits the selling of fetal tissue and organs for anything more than the cost to retrieve, preserve and transport. Consequently, our state's ethics have been called into question on a most deplorable level - the profiteering by some of the sale of human baby parts.

This Resolution would create a task force whose responsibility would be to study laws regulating fetal tissue research and organ donation in Kansas and other states. It would also review medical, legal and ethical opinions, and gather knowledge from people working in this area.

The task force would consist of 14 members including: three members of the Senate appointed by the President of the Senate, three members of the House of Representatives appointed by the Speaker, two members of the Senate appointed by the minority leader of the Senate, two members of the House appointed by the minority leader of the House and four members appointed by the Governor. Of the four members appointed by the Governor, one will be a surgeon and one shall be an organ donor specialist.

Now is the time to question and review the legal practice of the harvesting and selling of fetal tissue in this state. Having legislators actively look into fetal tissue research and organ transplants together with members of the medical community is an important first step.

Patricia Lightner  
 Representative 29<sup>th</sup> District

House Fed. &  
 State Affairs  
 Date 3/27/00  
 Attachment No. 17  
 Page 1 of 1



State of Kansas  
House of Representatives

HOME ADDRESS: 1927 N. GOW  
WICHITA, KANSAS 67203-1106  
316-945-0026  
E-Mail—blandweh@ink.org  
OFFICE: SUITE 175-W STATEHOUSE  
TOPEKA, KANSAS 66612-1504  
(785) 296-7644



TOPEKA

BRENDA K. LANDWEHR  
Representative, Ninety-First District

COMMITTEE ASSIGNMENTS  
HOUSE APPROPRIATIONS—  
SRS SUBCOMMITTEE  
HEALTH AND HUMAN SERVICES  
CHAIR—  
CHILDRENS ISSUES COMMITTEE

Testimony before Federal and State Affairs Committee

March 27, 2000

House Concurrent Resolution 5075

Thank you Chairman Powell and committee members for the opportunity to appear before you today in support of HCR 5075 that would create a task force to study the laws, rules and regulations that regulate fetal tissue research and organ donation in Kansas. The task force would also look at laws in other states.

It would review specifically the medical, legal and ethical opinions regarding fetal tissue research and organ donation. The task force would also seek input from individuals with expertise in these areas.

Representative Lightner has shared with you newspaper articles regarding the Congressional inquiry and FBI investigation into the Overland Park abortion clinic's possible involvement with the selling of fetal tissue and organs. After having read them I am sure that you will agree this issue should be addressed. It was important to Representative Lightner and myself that the issue is studied to determine the best approach Kansas should take to address these issues.

Many times the easiest response to handling a situation that arises is to have a knee jerk reaction and put laws into place that really do not solve a problem. More than likely such action only creates more problems. That is why it is important to have this studied and a recommendation to the 2001 Legislature be made that would have an impact.

I ask that you support the passage of this resolution so that we can provide an informative solution to this potentially growing problem.

Representative Brenda Landwehr

House Fed. &  
State Affairs  
Date 3/27/00  
Attachment No. 18  
Page 1 of 1