

Approved: March 10, 2009

Date

MINUTES OF THE HOUSE FEDERAL AND STATE AFFAIRS COMMITTEE

The meeting was called to order by Chairman Melvin Neufeld at 1:30 p.m. on February 26, 2009, in Room 143-N of the Capitol.

All members were present except:

Representative Mike Peterson- excused

Committee staff present:

Mike Heim, Office of the Revisor of Statutes

Jason Long, Office of the Revisor of Statutes

Julian Efird, Kansas Legislative Research Department

Dennis Hodgins, Kansas Legislative Research Department

Nikki Feuerborn, Committee Assistant

Conferees appearing before the committee:

Representative Arlan Siegfried, author of the bill

Judy Smith, Concerned Women of America

Julie Burkhart, ProKanDo

Holly Weatherford, Planned Parenthood

Others attending:

See attached list.

Representative Arlan Siegfried, author of the bill (Attachment 1)

Judy Smith, Concerned Women of America (Attachment 2)

Julie Burkhart, ProKanDo (Attachment 3)

Holly Weatherford, Planned Parenthood (Attachment 4)

Amendment (Attachment 5)

Hearing on HB 2011 - Abortion; reporting; late term abortions reporting.

Revisor Jason Long explained the bill would give the Kansas Department of Health and Environment rule and regulation authority, specifically to modify late term abortion forms, including adding to the form a section for a specific clinical diagnosis and reason and basis for that diagnosis.

Representative Arlan Siegfried explained that the simple purpose of the bill is to require the reporting of a diagnosis and explanation of the diagnosis for determining the condition which require the mother to have the abortion and the diagnosis and explanation of diagnosis for the gestational age and viability of the unborn child. (Attachment 1). In addition the bill requires the second doctor to be a licensed Kansas physician.

Judy Smith, State Director of Concerned Women for America of Kansas, presented written testimony in support of the bill (Attachment 2).

Julie Burkhart, ProKanDo and Women's Health Care Services, presented written testimony in opposition to the bill (Attachment 3).

Holly Weatherford, Kansas Public Affairs Manager of Planned Parenthood of Kansas & Mid-Missouri, spoke in opposition to the bill as physicians in Kansas are currently complying with the law and reporting the number of pregnancies lawfully terminated during an identified period of time, procedures used, the reasons and basis for determinations regarding gestational age, viability, and the necessity of the procedure (Attachment 4). She cited a fiscal note of \$77,000 for this bill and said the money could better be used for pregnancy prevention which would actually reduce the number of abortions in Kansas. Most women make two visits to the Clinic prior to an abortion procedure. Counseling time depends upon the number of questions from the client. Planned Parenthood receives approximately \$400M at the national level through federal grants.

Representative Huebert moved to report HB 2011 as favorable for passage. Motion was seconded by Representative Knox. Motion carried. Division was called: 14 yeas, 4 nays.

CONTINUATION SHEET

Minutes of the House Federal And State Affairs Committee at 1:30 p.m. on February 26, 2009, in Room 143-N of the Capitol.

Discussion and Action on HB 2076 - Woman's-right-to-know act; amending K.S.A. 65-6709.

The Committee discussed the possibility of holding this bill over while an attempt to resolve the issue with KDHE might be satisfactorily negotiated rather than going through the legislative process.

Representative Brunk moved for the adoption of the attached balloon amendment which defines a medically challenged condition of an unborn child in a hospice facility (Attachment 5). Motion was seconded by Representative Brown. Motion carried.

Representative Brown moved to report the bill favorably for passage as amended. Motion was seconded by Representative Brunk.

Some Committee members spoke in opposition to the bill due to the \$182,000 fiscal note stating that the money should be spent on family planning to avoid unintended pregnancies thus there would be fewer abortions.

Representative Brown moved for a substitute motion which would strip the language of SB 238 and insert the amended language of HB 2076. Motion was seconded by Representative Brunk. Motion carried.

Representative Knox, being on the prevailing side, moved to reconsider the previous action of the Committee as there were members who were unclear regarding the intent of the motion. Motion was seconded by Representative Grant. Motion carried.

Representative Brown repeated his motion to strip the language of SB 238 and insert the amended language of HB 2076. Motion was seconded by Representative Brunk. Motion carried. Division was called: 11 yeas, 6 nays.

Ranking Minority Loganbill requested a five minute caucus which was granted by Chairman Neufeld. Objections were voiced that all bills deserved a hearing.

Representative moved to report House Substitute for SB 238 as amended as favorable for passage. Motion was seconded by Representative Brunk. Motion carried. Division was called: 13 yeas, 5 nays.

Representative Swenson moved to strike the current language of HB 2076 which now appears in SB 238, and insert the language of HB 2322 - In a wrongful death action, person also means an unborn child. Motion was seconded by Representative Ruiz. Motion carried.

Procedurally the Chair may at his discretion reopen the hearing on **HB 2076**. **HB 2322** is currently in the House Judiciary Committee. The bill cannot be printed until a Committee report is made.

Discussion and Action on HB 2166 - Health exceptions to the prohibition of late-term and partial birth abortions

Committee members questioned the constitutionality of the proposed change in statute. Also inquiries were made as to who would be responsible for the payment in case of litigation.

Representative Huebert moved to report HB 2166 as favorable for passage. Motion was seconded by Representative Olson. Motion carried. Division was called: 14 yeas, 4 nays.

Discussion and Action on HB 2206 - Amendments to late term and partial birth abortion law

Representative Brunk moved to report HB 2206 as favorable for passage. Motion was seconded by Representative Olson. Motion carried. Division was called: 14 yeas, 4 nays.

The Subcommittee on **SB 19 - Concealed weapons; U.S. attorneys, county and district attorneys and assistants** will be held at 7:30 a.m. on Friday, February 27 in Room 531 North.

The next meeting is scheduled for March 2, 2009.

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

House Federal and State Affairs
Guest list

Date July 26, 2009

Name

Organization

Holly Weatherford

Mark Boranoff

Julia Monters

Collie Corco

PRKM

CAPITOL STRATEGISTS

KBAA

Kearney & Associates, Inc



ARLEN H. SIEGFREID
SPEAKER PRO TEM

Testimony HB2011

During the summer of 2007 I was Chairman of an Interim Federal and State Committee. One of the topics of the committee was late term abortion. The testimony on this topic stretched over portions of three days. As you can imagine the testimony was opinionated and, at times, controversial. However, with the exception of a couple of incidents the testimony and questions of the committee were respectful and productive.

When the Committee completed its work, it was clear that the focus was on reporting. Former Rep. Tim Carmody testified during the hearings that the intent of the conference committee, which produced the 1998 late term abortion law, was to have a specific determination and explanation of that determination for the mother's condition which made the abortion necessary and the age and viability of the unborn child.

Because the Kansas Department of Health and Environment, the caretaker's of the reports, testified they had the authority to create, file and control the reports, but not to specify the content of the reports, the intent of the law was not (and is not) being fulfilled. KDHE stated their attorneys informed them the 1998 late term abortion bill did not allow them to instruct the doctors who perform abortions of what KDHE's expectations were regarding completion of the form.

The staff revisers could not agree if the statute (displayed at the end of this testimony) allowed KDHE rules and regulation powers. Personally, if the statute allows them to create a document, requires a physician to complete it, and submit it, I believe they have the power to mandate instructions on the way in which the forms should be completed. The doctors completing the report were

only regurgitating the law, not providing a diagnosis. However, the Committee concluded further legislation was necessary to assure proper reporting as specified in the law.

The report concluded with this statement, "After extensive testimony, the Committee recommends that a bill be drafted giving Kansas Department of Health and Environment rule and regulation authority, specifically to modify late term abortion forms, including adding to the form a section for a specific clinical diagnosis and reason and basis for that diagnosis."

The simple purpose of HB2011 is to require the reporting of a diagnosis and explanation of the diagnosis for determining the conditions which require the mother to have the abortion and the diagnosis and explanation of diagnosis for the gestational age and viability of the unborn child fulfilling the Committee's recommendation.

In addition, the bill requires the second doctor to be a licensed Kansas physician. It is important to note that HB2011 will not prevent a single legal abortion and does not interfere with a woman's right to choose in any way. In fact requiring proper documentation will help assure the safety of all women.

65-6703

Chapter 65.--PUBLIC HEALTH Article 67.--ABORTION

65-6703. Abortion prohibited when fetus viable, exceptions; determination of age of fetus; determination of viability; reports; retention of medical records; viable, defined; criminal penalties. (a) No person shall perform or induce an abortion when the fetus is viable unless such person is a physician and has a documented referral from another physician not legally or financially affiliated with the physician performing or inducing the abortion and both physicians determine that: (1) The abortion is necessary to preserve the life of the pregnant woman; or (2) a continuation of the pregnancy will cause a substantial and irreversible impairment of a major bodily function of the pregnant woman.

(b) (1) Except in the case of a medical emergency, prior to performing an abortion upon a woman, the physician shall determine the gestational age of the fetus according to accepted obstetrical and neonatal practice and standards applied by physicians in the same or similar circumstances. If the physician determines the gestational age is less than 22 weeks, the physician shall document as part of the medical records of the woman the basis for the determination.

(2) If the physician determines the gestational age of the fetus is 22 or more

weeks, prior to performing an abortion upon the woman the physician shall determine if the fetus is viable by using and exercising that degree of care, skill and proficiency commonly exercised by the ordinary skillful, careful and prudent physician in the same or similar circumstances. In making this determination of viability, the physician shall perform or cause to be performed such medical examinations and tests as are necessary to make a finding of the gestational age of the fetus and shall enter such findings and determinations of viability in the medical record of the woman.

(3) If the physician determines the gestational age of a fetus is 22 or more weeks, and determines that the fetus is not viable and performs an abortion on the woman, the physician shall report such determinations and the reasons for such determinations in writing to the medical care facility in which the abortion is performed for inclusion in the report of the medical care facility to the secretary of health and environment under K.S.A. 65-445 and amendments thereto or if the abortion is not performed in a medical care facility, the physician shall report such determinations and the reasons for such determinations in writing to the secretary of health and environment as part of the written report made by the physician to the secretary of health and environment under K.S.A. 65-445 and amendments thereto.

(4) If the physician who is to perform the abortion determines the gestational age of a fetus is 22 or more weeks, and determines that the fetus is viable, both physicians under subsection (a) determine in accordance with the provisions of subsection (a) that an abortion is necessary to preserve the life of the pregnant woman or that a continuation of the pregnancy will cause a substantial and irreversible impairment of a major bodily function of the pregnant woman and the physician performs an abortion on the woman, the physician who performs the abortion shall report such determinations, the reasons for such determinations and the basis for the determination that an abortion is necessary to preserve the life of the pregnant woman or that a continuation of the pregnancy will cause a substantial and irreversible impairment of a major bodily function of the pregnant woman in writing to the medical care facility in which the abortion is performed for inclusion in the report of the medical care facility to the secretary of health and environment under K.S.A. 65-445 and amendments thereto or if the abortion is not performed in a medical care facility, the physician who performs the abortion shall report such determinations, the reasons for such determinations and the basis for the determination that an abortion is necessary to preserve the life of the pregnant woman or that a continuation of the pregnancy will cause a substantial and irreversible impairment of a major bodily function of the pregnant woman in writing to the secretary of health and environment as part of the written report made by the physician to the secretary of health and environment under K.S.A. 65-445 and amendments thereto.

(5) The physician shall retain the medical records required to be kept under paragraphs (1) and (2) of this subsection (b) for not less than five years and shall retain a copy of the written reports required under paragraphs (3) and (4) of this subsection (b) for not less than five years.

(c) A woman upon whom an abortion is performed shall not be prosecuted under this section for a conspiracy to violate this section pursuant to K.S.A. 21-3302, and amendments thereto.

(d) Nothing in this section shall be construed to create a right to an abortion. Notwithstanding any provision of this section, a person shall not perform an abortion that is prohibited by law.

(e) As used in this section, "viable" means that stage of fetal development when it is the physician's judgment according to accepted obstetrical or neonatal standards of

care and practice applied by physicians in the same or similar circumstances that there is a reasonable probability that the life of the child can be continued indefinitely outside the mother's womb with natural or artificial life-supportive measures.

(f) If any provision of this section is held to be invalid or unconstitutional, it shall be conclusively presumed that the legislature would have enacted the remainder of this section without such invalid or unconstitutional provision.

(g) Upon a first conviction of a violation of this section, a person shall be guilty of a class A nonperson misdemeanor. Upon a second or subsequent conviction of a violation of this section, a person shall be guilty of a severity level 10, nonperson felony.

History: L. 1992, ch. 183, § 3; L. 1993, ch. 291, § 240; L. 1998, ch. 142, § 15; July 1.

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Office of Health Assessment
Curtis State Office Building, Suite 130
1000 SW Jackson
Topeka, Kansas 66612-1354
785-296-8627

Report of Induced Termination of Pregnancy

State File Number

1. Provider Identification Number																					
2. Patient ID Number	3. Age on Last Birthday	4. Married <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Date of Pregnancy Termination <table style="width:100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>Month</td> <td>Day</td> <td colspan="2">Year</td> </tr> </table>					Month	Day	Year											
Month	Day	Year																			
6a. Residence US State or Country	6b. County	6c. City or Town	6d. Inside City Limits <input type="checkbox"/> Yes <input type="checkbox"/> No																		
7a. Hispanic Origin <i>(Check the box or boxes that best describes whether the individual is Spanish, Hispanic, or Latina, or not Spanish, Hispanic, or Latina)</i> <input type="checkbox"/> Not Spanish, Hispanic, or Latina <input type="checkbox"/> Mexican, Mexican American, or Chicana <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central American <input type="checkbox"/> South American <input type="checkbox"/> Other Spanish, Hispanic, or Latina (specify) _____ <input type="checkbox"/> Unknown	7b. Ancestry <i>(Enter the name of the country that best describes the heritage or origin of the individual)</i>	8. Race <i>(Check one or more races to indicate what the individual considers herself to be)</i> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native Principal Tribe(s) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (specify) _____ <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unknown	9. Education <i>(specify only highest grade completed)</i> <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade no diploma <input type="checkbox"/> High school graduate/GED <input type="checkbox"/> Some College - no degree <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate <input type="checkbox"/> Unknown																		
10. Date Last Normal Menses Began <table style="width:100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>Month</td> <td>Day</td> <td colspan="4">Year</td> </tr> </table>							Month	Day	Year				11. Clinical Estimate of Gestation <i>(Weeks) (1)</i>	12. Previous Pregnancies <i>(Enter number or zero in every section)</i> <table style="width:100%; text-align: center;"> <tr> <td colspan="2">Live Births</td> <td rowspan="2">12c. Previous Induced Abortions</td> <td rowspan="2">12d. Spontaneous Terminations (Miscarriages, Fetal Deaths)</td> </tr> <tr> <td>12a. Now Living</td> <td>12b. Now Dead</td> </tr> </table>		Live Births		12c. Previous Induced Abortions	12d. Spontaneous Terminations (Miscarriages, Fetal Deaths)	12a. Now Living	12b. Now Dead
Month	Day	Year																			
Live Births		12c. Previous Induced Abortions	12d. Spontaneous Terminations (Miscarriages, Fetal Deaths)																		
12a. Now Living	12b. Now Dead																				
SAMPLE																					
13 TERMINATION PROCEDURES																					
13a Procedure that terminated pregnancy <i>(Check only one)</i> <input type="checkbox"/> Suction Curettage <input type="checkbox"/> Sharp Curettage <input type="checkbox"/> Dilation & Evacuation <input type="checkbox"/> Medical Procedure I (Mifepristone) <input type="checkbox"/> Medical Procedure II (Methotrexate) <input type="checkbox"/> Intra-Uterine Prostaglandin Instillation <input type="checkbox"/> Hysterotomy <input type="checkbox"/> Hysterectomy <input type="checkbox"/> Digoxin/Induction <input type="checkbox"/> Partial Birth (2) <input type="checkbox"/> Other (Specify) _____		13b Additional procedures used for this termination, if any <i>(Check all that apply)</i> <input type="checkbox"/> Suction Curettage <input type="checkbox"/> Sharp Curettage <input type="checkbox"/> Dilation & Evacuation <input type="checkbox"/> Medical Procedure I (Mifepristone) <input type="checkbox"/> Medical Procedure II (Methotrexate) <input type="checkbox"/> Intra-Uterine Prostaglandin Instillation <input type="checkbox"/> Hysterotomy <input type="checkbox"/> Hysterectomy <input type="checkbox"/> Digoxin/Induction <input type="checkbox"/> Partial Birth (2) <input type="checkbox"/> Other (Specify) _____																			

1 If clinical estimate of gestational age is 22 weeks or more, complete reverse side of form
 2 If Partial Birth Procedure as defined by KSA 65-6721 is used, complete reverse side of form

INSTRUCTIONS SEE HANDBOOK

Complete the following items only if the clinical estimate of gestational age is 22 weeks or more

14. Reasons for determining gestational age 22 weeks or more

15a Was fetus viable?

YES

NO

15b Reasons for the determination

Complete 16a-c only if 15a is yes

16a Was this abortion necessary to
(Check all that apply)

Prevent patient's death

Prevent substantial and irreversible impairment of a major bodily function

16b Reasons for determination

16c Basis for determination

SAMPLE

Complete the following items only if a partial birth procedure was performed

17a Was fetus viable?

YES

NO

17b Reasons for determination

Complete 18a-b only if 17a is yes

18a Was this abortion necessary to
(Check all that apply)

Prevent patient's death

Prevent substantial and irreversible impairment of a major bodily function

If so, was the impairment

Physical

Mental

18b Reasons for determination

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Center for Health and Environmental Statistics

Office of Health Assessment

Curtis State Office Building

1000 SW Jackson, Suite 130

Topeka, Kansas 66612-1354

Ph 785-296-8627---Fax 785-368-7118

STATE FILE NUMBER
(Office Use Only)

INDUCED TERMINATION OF PREGNANCY
PHYSICIAN'S REPORT ON NUMBER OF CERTIFICATIONS RECEIVED

PHYSICIAN IDENTIFICATION CODE: _____

DATE REPORTED:
Month Day Year

NUMBER OF CERTIFICATIONS RECEIVED: (Month Received from Patient)

JANUARY	<input type="text"/>	<input type="text"/>	MAY	<input type="text"/>	<input type="text"/>	SEPTEMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>
FEBRUARY	<input type="text"/>	<input type="text"/>	JUNE	<input type="text"/>	<input type="text"/>	OCTOBER	<input type="text"/>	<input type="text"/>	<input type="text"/>
MARCH	<input type="text"/>	<input type="text"/>	JULY	<input type="text"/>	<input type="text"/>	NOVEMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>
APRIL	<input type="text"/>	<input type="text"/>	AUGUST	<input type="text"/>	<input type="text"/>	DECEMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>

SAMPLE

INSTRUCTIONS: Please see sample provided.

PHYSICIAN IDENTIFICATION CODE: This is the code used for the induced termination of pregnancy reporting system. Each physician must have his/her own identification number. For this identification number, it is preferable to continue to use the facility's identification number with the physician being coded with a letter after the number. For example: Facility X's identification number is 23571. Dr. Jones at facility X's identification number would be 23571A. Other physicians' identification numbers would follow with increasing the alphabet--23571B, C etc. For those facilities that do not have a facility/physician identification number, please contact the Office of Health Care Information at the number listed above.

DATE REPORTED: Please put in a two-digit number for the month (01-12), a two digit number for the day (01-31) and the four digit year (1999) in which the report is being completed.

NUMBER OF CERTIFICATIONS RECEIVED: Please put the number of certifications performed corresponding to the appropriate month.

ACCORDING TO KSA 65-6709 THIS FORM NEEDS TO BE FILED MONTHLY WITH THE KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT AT THE ADDRESS LISTED ABOVE.



February 10, 2009

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

I am Judy Smith, State Director of Concerned Women for America of Kansas. CWA of Kansas stands in support of HB 2011.

It is essential that a procedure that ends the life of an almost-born child should be regulated strenuously, not only on the basis of justice for the child and mother, but because the performer of the procedure stands to profit from it.

Where a life is at stake, physicians must go to extraordinary lengths to ensure that standard and acceptable medical criterion are employed. It is essential that standard be the same standard that is used for a child that would be born. To do less or to allow those who profit from the determination to do less than standard care is an egregious travesty.

This bill not only gives the KDHE the authority and responsibility to adopt rules and regulations that ensure adherence to the boundaries provided by existing laws, it requires physicians to keep records of the specific medical basis and clinical diagnosis regarding the woman's health and the viability or lack of viability of the fetus.

In September of 2007 during an Interim committee hearing by the House Federal and State Affairs Committee the committee heard compelling testimony alleging that many of the provisions provided by law were not being strictly followed by the abortion providers. In addition, the KDHE seemed somewhat confused as to their role in ensuring that reporting was accurate and that it was being implemented. This bill will remove the doubt and ensure that the laws duly enacted by the Kansas Legislature are followed to the letter.

A procedure that takes the life of an almost-born child should be regulated by law; the agencies and officials tasked with enforcing those regulations should be doing their job. This bill will help them to do what they should have been doing all along.

Concerned Women for America's president, Wendy Wright, testified at that interim committee in September of 2007 and I have attached her testimony.

Judy Smith, State Director

Concerned Women for America of Kansas

House Fed & State Affairs

Date: 2/26/09

Attachment 2



Sunlight is the best disinfectant.

Thank you for holding hearings to shed light on what has – and has not – been happening in Kansas.

I am Wendy Wright, President of Concerned Women for America, the nation's largest public policy women's organization representing 500,000 women, 6000 in Kansas.

My purpose in testifying today is to show that what happens in Kansas does not stay in Kansas. The lack of enforcement of Kansas' laws affects people in other states. This week I described to a national leader how George Tiller aggressively markets his late-term abortions throughout the nation and that 98 percent of his late-term abortion business comes from out-of-state. The leader said, "I've heard of Destination Weddings. This sounds like Kansas could be called Destination Abortion."

George Tiller markets nationally and internationally, with the intent of circumventing other states' laws. States have the legal and moral right to protect women and unborn life from abortion, a right upheld by the U.S. Supreme Court. State legislators work hard, debate, deliberate and gain a majority to pass these laws protecting their citizens. Yet George Tiller actively recruits these same citizens. According to the Kansas Department of Health and Environment's preliminary report on Abortion in Kansas for 2006, 98 percent of third trimester abortions committed in Kansas are on out-of-state women.

A letter from George Tiller on ProKanDo stationary begins: "For the past thirty years, I have provided late-term abortions for women with fetal abnormalities. I have seen an increase in the number of patients from outside of Kansas **as other state laws have become more restrictive**. I am the outpatient abortion provider of last resort for the United States, the Western Hemisphere, Europe and Australia." [Emphasis added] George Tiller is in essence boasts that his late-term abortion business in Kansas has benefited from other states passing laws on abortion. That leads a logical person to ask: What makes Kansas different from other states that he can recruit women to come from other states to come here to get a late-term abortion?

In other marketing materials, George Tiller brags that he reaches into other states and countries beyond Kansas. He states: "Wherever you are in the North American continent, someone from your area, state or country has been a patient at Women's Health Care Services." If you type "Montana abortion" in Google, up comes a listing for Women's Health Care Services in Wichita, Kansas (George Tiller's abortion clinic). Numerous other state listings for abortion services refer to Women's Health Care Services in Wichita, Kansas, including: Arizona, Arkansas, Colorado, Indiana, Iowa, Kentucky, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Texas. For Puerto Rico, Tiller's clinic is the first one listed.

These states have laws on abortion that are similar to Kansas. Yet Tiller brags that he recruits women from other states, apparently evading their restrictive laws, to come to Kansas for late-term abortions.

Are the women coming to Kansas because their state does not have enough doctors? There is not an overwhelming lack of medical professionals throughout the United States. Ninety-eight percent of Tiller's late-term abortion clients do not come to Kansas because there is a dearth of doctors in their states. The fact is that the vast majority of medical professionals will not do late-term abortions. It is undisputed that late-term abortions are more dangerous to women. Even *Roe v. Wade* recognized that states can restrict late-term abortions because the risk to women increases as the age of the baby increases.

The Supreme Court in *Gonzalez vs. Carhart* refers to the need for people to learn that late-term abortions are not without consequences to the woman, explaining:

"The State's interest in respect for life is advanced by the dialogue that better informs the political and legal systems, the medical profession, expectant mothers, and society as a whole of the consequences that follow from a decision to elect a late-term abortion."

Yet serious physical and psychological complications may not come to light until the patient returns home. The trauma caused in Kansas does not stay in Kansas – it is exported with the woman.

Just as health professionals have sound medical and moral reasons for not performing late-term abortions, states have sound legal and moral reasons for restricting late-term abortions.

Courts have recognized and affirmed that States have an interest in protecting unborn life and women from the risks of abortion, especially late-term abortions.

The U.S. Supreme Court stated in *Planned Parenthood vs. Casey*, and reaffirmed in *Gonzalez vs. Carhart*, "the government has a legitimate, substantial interest in preserving and promoting fetal life." It also stated, "the government may use its voice and regulating authority to show its profound respect for the life within the woman." The Court addressed the right of states to protect women from unrestricted abortion in *Casey*. It stated: "In attempting to ensure that a woman apprehends the full consequences of her decision, the State furthers the legitimate purpose of reducing the risk that a woman may elect an abortion, only to discover later, with devastating psychological consequences, that her decision was not fully informed." It also said: "The State may enact rules and regulations designed to encourage her to know that there are philosophic and social arguments of great weight that can be brought to bear in favor of continuing the pregnancy to full term and that there are procedures and institutions to allow adoption of unwanted children as well as a certain degree of State assistance if the mother chooses to raise the child herself."

States pass laws on abortion to benefit their citizens and further the respect for human life. Yet George Tiller recruits women from these states to – according to his materials – evade their restrictive laws. The Supreme Court sees a role for the law to restrain doctors in order to protect the medical community's ethics and reputation. The *medical community* benefits from legal restrictions. In *Gonzalez* it explained, "the government undoubtedly has an interest in protecting the integrity and ethics of the medical profession."

Laws help ensure that patients, customers and citizens are not solely at the mercy of those providing a product or service who stand to gain financially. Laws and regulations shield people from decisions that can have long-term detrimental consequences. A house may look fine to a buyer, but the government requires an assessment that can detect a cracked foundation. The law guards the buyer from damage that may not show for years to come. **But laws that are not respected, that are not enforced, are meaningless and a mockery – especially of the legislature that passed the law. Having a law on the books regarding abortion but not enforcing it gives a false assurance to patients that abortionists are meeting state qualifications and regulations. That is a form of fraud.** Women in Kansas and those who come to Kansas fully expect that Kansas enforces its laws, and that the state ensures its medical practitioners follow directives intended to protect patients.

However, through these hearings we have learned that George Tiller is defining what the law allows and the governing officials that you, legislators, tasked with overseeing the law have given him free reign. Allowing the people or industry that a law addresses be the ones to decide what the directive means would be like allowing Enron to define accounting regulations. It would permit the target of the law to have, in essence, a veto over the law. Prior to *Gonzalez vs. Carhart*, an abortion doctor could effectively veto laws restricting abortion and override the better judgment of other doctors by filing a lawsuit to overturn the law. The courts used to rule that abortion doctors' opinions trumped all others. But the Supreme Court changed that in *Gonzalez v. Carhart*. It declared: "The law need not give abortion doctors unfettered choice in the course of their medical practice, nor should it elevate their status above other physicians in the medical community."

Tiller's performance of late-term abortions for virtually any reason disguised as a threat to impairing a major bodily function has the practical effect of nullifying or vetoing Kansas' law. If Kansas officials do not enforce its law, it effectively emasculates the law. Tiller has taken advantage of the lax attitude of Kansas officials' tasked with overseeing the law to aggressively market in other states, in effect rendering other states' laws ineffective.

And this is done without serious concern over whether this is good for women, for the life within the woman, or for the medical community.

Even though there has been national attention to Tiller's flaunting of the law, some officials claim they cannot know what is going on, they are not responsible, unless a complaint is filed. Filing a complaint is only one way to detect illegal or immoral actions. Filing reports can also detect illegitimate activity. Reporting requirements spread sunshine – they help to identify suspicious activity. That is how we've all learned that Tiller was mocking the law on late-term abortions, and that 98 percent of his late-term abortion clients come from outside Kansas. The reports revealed information that has shocked laymen. Yet Kansas officials – whose job is to monitor these reports and detect suspicious activity – simply filed them.

Remember the last scene in the movie *Raiders of the Lost Ark*, where the long-sought Ark of the Covenant is put in a safe place – a government vault. The entire audience knew that it is as securely lost again.

Records filed with Kansas authorities on late-term abortions should not follow the fate of the lost Ark of the Covenant, entrusted government agencies whose mishandling ensures nothing will be done with them.

ProKanDo
~ Protecting Women's Rights at the State Level ~

26 February 2009

Chairman Melvin Neufeld
House Federal and State Affairs Committee
300 SW 10th St. Suite 161 W
Topeka, KS 66612

Dear Chairman Neufeld and Committee Members:

I want to thank you for this opportunity to testify today as an opponent to House Bill 2011.

My name is Julie Burkhart and I am the lobbyist for Women's Health Care Services, which is a reproductive health care facility, and for ProKanDo, which is a pro-woman organization.

I stand before you today to voice my opposition to this bill, as it seeks to allow further government intrusion into the lives of women and physicians. This bill is part of a strategy to deny women full and comprehensive access to reproductive health care and seeks to invade women's private decision-making that is undertaken with physicians.

First, I would like to point out that allowing KDHE to collect data in and of itself, as the bill prescribes, does not appear to be harmful; however, when it involves policy-makers with axes-to-grind regarding women's health, it spells nothing but disaster.

Second, as we saw in HB 2206, this is nothing more than a quest for personal and sensitive information regarding women's medical care; hence, another attempt by the government to put its nose under the tent of the medical profession. This is dangerous, as it puts the knowledge of physicians secondary to that of the government.

I stand here before you today to urge you to reject HB 2011. Once again, thank you for hearing my testimony. I will stand for any questions you may have.

Most Sincerely,

Julie Burkhart

PO Box 8249
Wichita, KS 67208
Tele: 316.691.2002
www.prokando.org

House Fed & State Affairs
Date: 2/26/09

Attachment 3



Testimony of Holly Weatherford, J.D.

Kansas Public Affairs Manager of

Planned Parenthood of Kansas & Mid-Missouri,

in opposition to House Bill No. 2011

before the

House Federal and State Affairs Committee

of the Kansas Legislature

February 26, 2009

House Fed & State Affairs

Date: 2/26/09

Attachment 4

Good afternoon. My name is Holly Weatherford and I am the Kansas Public Affairs Manager for Planned Parenthood of Kansas and Mid-Missouri. Thank you for this opportunity to present testimony on our opposition to HB 2011. In Kansas, Planned Parenthood maintains family planning health and education centers in Wichita, Hays, Lawrence and Overland Park. One of our most important goals is to help men and women make responsible choices that prevent unintended pregnancies. More than ninety percent of our patients come to our agency for family planning and other preventive health services. At our Comprehensive Health facility in Overland Park, we also provide safe and legal abortion care for women in their first and second trimesters of pregnancy.

HB 2011 is unnecessary to track abortions performed in Kansas or to properly track medical statistics. Physicians in Kansas are currently complying with the law and reporting the number of pregnancies lawfully terminated during an identified period of time, the type of procedure used and, for procedures performed at 22 weeks or more, the reasons and basis for determinations regarding gestational age, viability and the necessity of the procedure.

Planned Parenthood believes that at a time when Kansas is facing mounting budget shortfalls for 2010, these abortion restriction bills are misguided. This bill alone carries a fiscal note at an estimated cost of \$77,000 and other abortion restriction bills before this committee carry fiscal notes exceeding \$100,000. Instead of spending time and taxpayer money focusing on restricting the provision of abortion care, we should be focusing on measures that actually prevent unintended pregnancy and reduce the number of abortions in Kansas. We know that prevention saves money. Just imagine how many women, men and teens could receive preventative health services for \$77,000 or even \$200,000.

In closing, Planned Parenthood asks this Committee to oppose HB 2011 as it seeks only to create additional unnecessary reporting requirements resulting in an unnecessary cost to Kansas and does nothing to actually prevent unintended pregnancy or reduce the number of abortions in Kansas.

CURRENT STATUS OF KANSAS LAW ON REPRODUCTIVE HEALTH CARE

KANSAS LAW

The following restrictions to abortion have been passed by the Kansas General Assembly, approved by the Governor and are currently enforced as law:

- **Mandatory information and physician requirements:** K.S.A. 65-6709 requires that women of all ages, except in medical emergencies, certify that they have received certain specific information from a health care provider at least 24 hours before an abortion is to be performed, including materials printed by the State concerning fetal development, abortion procedures and community resources; requires the physician who will perform the abortion to meet privately with the woman before any part of the procedure has taken place. 1997
- **Post-viability ban:** K.S.A. 65-6703 criminalizes post-viability abortions unless the abortion is performed by a physician with a documented referral from an independent physician who agrees that the abortion is necessary to preserve the life of the pregnant woman or that continuation of the pregnancy will cause substantial and irreversible impairment of a major bodily function; requires physicians performing abortions to: determine and document gestational age, and--for those fetuses of 22 weeks or more gestational age--determine and document whether the fetus is viable, and to report such determinations and the basis for same to the Secretary of Health and Environment along with other statistical information about all abortions performed required by K.S.A. 65-445. 1992, 1993, 1998
- **Abortion procedure ban:** K.S.A. 65-6721 criminalizes abortions performed using the intact dilation and extraction method after the fetus becomes viable unless the physician can document that: (1) the abortion is necessary to preserve the life of the pregnant woman; or (2) a continuation of the pregnancy will cause a substantial and irreversible impairment of a major physical or mental function of the pregnant woman. 1998
- **Data collection for bogus abortion-breast cancer link:** K.S.A. 65-1,172 allows confidential health data to be used for investigating the possible cancer risk related to having an abortion. 1997
- **State funds for crisis pregnancy centers, excluding Planned Parenthood:** K.A.R. 28-4-1400 establishes the Stan Clark Pregnancy Maintenance Initiative Grant Program, which awards grants to not-for-profits for services that enable women to carry their pregnancies to term. No organization that refers for, promotes or educates in favor of abortion may apply for the grant. 2005.
- **Parental notification:** K.S.A. 65-6705 provides criminal penalties for physicians who perform an abortion on a minor without first notifying one of her parents or guardians, or obtaining written documentation that such notice has been given, or without evidence that a court has waived the notification requirement; this section also specifies procedures for seeking a judicial waiver of the parental notification requirement. 1992, 1993
- **Mandatory counseling for minors:** K.S.A. 65-6704 specifies special counseling requirements for a minor seeking abortion and that she be accompanied to the counseling by an "interested" adult over the age of twenty-one not affiliated with the abortion provider. 1992
- **Insurance restriction for minors:** K.S.A. 38-2003 excludes abortion from health services covered

under the State children's insurance program, unless (1) the pregnancy is the result of an act of rape, aggravated indecent liberties with a child or incest; or (2) if necessary to save the life of the pregnant woman. 1998

- **Minor fetal tissue collection:** K.A.R. 16-10-3 requires physicians who perform abortion on minors under 14 years of age to collect, preserve and submit fetal tissue to the K.B.I for use as evidence in child rape prosecutions. The minor and her parents' names and addresses must also be reported to the K.B.I. 2005
- **Abortion conscience refusals:** K.S.A. 65-443 allows individuals to refuse to perform or participate in medical procedures that result in the termination of a pregnancy. 1969, 1975. K.S.A. 65-444 allows hospitals, hospital administrators or governing boards to prohibit the termination of pregnancies within their institutions. 1969, 1970
- **Pharmacist conscience refusals:** K.S.A. 65-1637 allows a pharmacist to refuse to fill or refill any prescription if in the pharmacist's professional judgment and discretion such pharmacist is of the opinion that it should not be filled or refilled. 1998
- **Sterilization conscience refusals:** K.S.A. 65-446 allows individuals to refuse to perform or participate in medical procedures that result in the sterilization of a person. 1971
- K.S.A. 65-447 allows hospitals, hospital administrators or governing boards to prohibit procedures resulting in sterilization within their institutions. 1971
- **Ban on use of State facilities for abortions:** K.S.A. 76-3308 prevents any medical facility, hospital or clinic owned, leased or operated by the University of Kansas Hospital Authority from performing an abortion, except in the event of a medical emergency. 1998
- **Application of certain crimes to an "unborn child":** K.S.A. 21-3452 defines "unborn child" as a living individual organism of the species homo sapiens, in utero, at any stage of gestation from fertilization to birth. 2007
- **Miscellaneous restriction:** K.S.A. 65-6706 (a) prohibits a person from offering to pay for an abortion in exchange for the fetal organs or tissues; and (b) prohibits the sale of fetal organs or tissue. 2000

The following bills supporting contraception, abortion access and protections from violence against pregnant women were approved and are in effect.

- **Birth control protection:** K.S.A. 65-6702 (a) prevents the state and its subdivisions from prohibiting the use of contraceptives or the disposition of the products of in vitro fertilization prior to implantation. 1992
- **State jurisdiction over abortion:** K.S.A. 65-6702 (b) prohibits political subdivisions of the state from regulating or restricting abortion. 1992

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KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Office of Health Care Information
Curtis State Office Building, Suite 130
1000 SW Jackson
Topeka, Kansas 66612-1354
785-296-8627

Report of Induced Termination of Pregnancy

State File Number

INSTRUCTIONS SEE HANDBOOK

1. Provider Identification Number				5. Date of Pregnancy Termination <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year			
2. Patient ID Number		3. Age on Last Birthday		4. Married <input type="checkbox"/> Yes <input type="checkbox"/> No		6d. Inside City Limits <input type="checkbox"/> Yes <input type="checkbox"/> No	
6a. Residence US State or Country		6b. County		6c. City or Town		6d. Inside City Limits	
7a. Hispanic Origin <i>(Check the box or boxes that best describes whether the individual is Spanish, Hispanic, or Latina, or not Spanish, Hispanic, or Latina)</i>		7b. Ancestry <i>(Enter the name of the country that best describes the heritage or origin of the individual)</i>		8. Race <i>(Check one or more races to indicate what the individual considers herself to be)</i>		9. Education <i>(specify only highest grade completed)</i>	
<input type="checkbox"/> Not Spanish, Hispanic, or Latina <input type="checkbox"/> Mexican, Mexican American, or Chicana <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central American <input type="checkbox"/> South American <input type="checkbox"/> Other Spanish, Hispanic, or Latina (specify) _____ <input type="checkbox"/> Unknown				<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native Principal Tribe(s) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (specify) _____ <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unknown		<input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade no diploma <input type="checkbox"/> High school graduate/GED <input type="checkbox"/> Some College - no degree <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate <input type="checkbox"/> Unknown	
10. Date Last Normal Menses Began		11. Clinical Estimate of Gestation (Weeks)		12. Previous Pregnancies <i>(Enter number or zero in every section)</i>		12c. Previous Induced Abortions	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Live Births		12d. Spontaneous Terminations (Miscarriages, Fetal Deaths)	
				12a. Now Living		12b. Now Dead	
13 TERMINATION PROCEDURES							
13a Procedure that terminated pregnancy <i>(Check only one)</i>				13b Additional procedures used for this termination, if any <i>(Check all that apply)</i>			
<input type="checkbox"/> Suction Curettage <input type="checkbox"/> Sharp Curettage <input type="checkbox"/> Dilatation & Evacuation <input type="checkbox"/> Medical Procedure I (Mifepristone) <input type="checkbox"/> Medical Procedure II (Methotrexate) <input type="checkbox"/> Intra-Uterine Prostaglandin Instillation <input type="checkbox"/> Hysterotomy <input type="checkbox"/> Hysterectomy <input type="checkbox"/> Digoxin/Induction <input type="checkbox"/> Partial Birth (2) <input type="checkbox"/> Other (Specify) _____				<input type="checkbox"/> Suction Curettage <input type="checkbox"/> Sharp Curettage <input type="checkbox"/> Dilatation & Evacuation <input type="checkbox"/> Medical Procedure I (Mifepristone) <input type="checkbox"/> Medical Procedure II (Methotrexate) <input type="checkbox"/> Intra-Uterine Prostaglandin Instillation <input type="checkbox"/> Hysterotomy <input type="checkbox"/> Hysterectomy <input type="checkbox"/> Digoxin/Induction <input type="checkbox"/> Partial Birth (2) <input type="checkbox"/> Other (Specify) _____			

1 If clinical estimate of gestational age is 22 weeks or more, complete reverse side of form
2 If Partial Birth Procedure as defined by KSA 65-6721 is used, complete reverse side of form

Complete the following items only if the clinical estimate of gestational age is 22 weeks or more

Reasons for determining gestational age 22 weeks or more

15a Was fetus viable?
 YES NO

15b Reasons for the determination

Complete 16a-c only if 15a is yes

16a Was this abortion necessary to
(Check all that apply)

Prevent patient's death
 Prevent substantial and irreversible impairment of a major bodily function

16b Reasons for determination

16c Basis for determination

Complete the following items only if a partial birth procedure was performed

17a Was fetus viable?
 YES NO

17b Reasons for determination

Complete 18a-b only if 17a is yes

18a Was this abortion necessary to
(Check all that apply)

Prevent patient's death
 Prevent substantial and irreversible impairment of a major bodily function
If so, was the impairment

Physical
 Mental

18b Reasons for determination

HOUSE BILL No. 2076

By Representatives Kinzer, A. Brown, Brunk, DeGraaf, Donohoe, Faber, George, Goico, Grange, Hermanson, Huebert, Jack, Kelley, Kiegerl, Knox, Landwehr, Lukert, Mast, McLeland, Merrick, Morrison, Myers, O'Brien, Olson, Otto, Palmer, Patton, Pauls, Peck, Powell, Rhoades, Schroeder, Schwab, Shultz, Siegfried, Vickrey, Watkins, Williams and B. Wolf

1-26

14 AN ACT concerning abortion; regarding the woman's right-to-know act;
15 amending K.S.A. 65-6709 and 65-6710 and repealing the existing
16 sections.

17
18 *Be it enacted by the Legislature of the State of Kansas:*

19 Section 1. K.S.A. 65-6709 is hereby amended to read as follows: 65-
20 6709. No abortion shall be performed or induced without the voluntary
21 and informed consent of the woman upon whom the abortion is to be
22 performed or induced. Except in the case of a medical emergency, con-
23 sent to an abortion is voluntary and informed only if:

24 (a) At least 24 hours before the abortion the physician who is to per-
25 form the abortion or the referring physician has informed the woman in
26 writing of:

27 (1) The name of the physician who will perform the abortion;
28 (2) a description of the proposed abortion method;
29 (3) a description of risks related to the proposed abortion method,
30 including risks to the woman's reproductive health and alternatives to the
31 abortion that a reasonable patient would consider material to the decision
32 of whether or not to undergo the abortion;

33 (4) the probable gestational age of the fetus at the time the abortion
34 is to be performed and that Kansas law requires the following: "No person
35 shall perform or induce an abortion when the fetus is viable unless such
36 person is a physician and has a documented referral from another phy-
37 sician not financially associated with the physician performing or inducing
38 the abortion and both physicians determine that: (1) The abortion is nec-
39 essary to preserve the life of the pregnant woman; or (2) ~~the fetus is~~
40 ~~affected by a severe or life-threatening deformity or abnormality that a~~
41 *continuation of the pregnancy will cause a substantial and irreversible*
42 *impairment of a major bodily function of the pregnant woman."* If the
43 child is born alive, the attending physician has the legal obligation to take

5-2

1 tunity to listen to the heartbeat of her unborn child.
 2 If the woman accepts the offer and requests to listen to the heartbeat
 3 of her unborn child, her request shall be granted by the physician at no
 4 additional expense to the woman. The physician's certification shall be
 5 time-stamped at the time the opportunity to listen to the heartbeat of her
 6 unborn child was offered.

7 (j) The physician's certification required by subsections (h) and (i)
 8 together with the pregnant woman's signed acceptance or rejection of such
 9 offer shall be placed in the woman's medical file in the physician's office
 10 and kept for 10 years. However, in the case of a minor, the physician shall
 11 keep a copy of the certification and the signed acceptance or rejection in
 12 the minor's medical file for five years past the minor's majority, but in no
 13 event less than 10 years.

14 (k) Any private office, freestanding surgical outpatient clinic or other
 15 facility or clinic in which abortions are performed shall conspicuously
 16 post a sign in a location so as to be clearly visible to patients. The sign
 17 required pursuant to this subsection shall be printed with lettering that
 18 is legible and shall be at least three quarters of an inch boldfaced type
 19 which reads:

20 Notice: It is against the law for anyone, regardless of their relationship
 21 to you, to force you to have an abortion. By law, we cannot perform an
 22 abortion on you unless we have your freely given and voluntary consent.
 23 It is against the law to perform an abortion on you against your will. You
 24 have the right to contact any local or state law enforcement agency to
 25 receive protection from any actual or threatened physical abuse or vio-
 26 lence. You have the right to change your mind at any time prior to the
 27 actual abortion and request that the abortion procedure cease.

28 The provisions of this subsection shall not apply to any private office,
 29 freestanding surgical outpatient clinic or other facility or clinic which
 30 performs abortions only when necessary to prevent the death of the preg-
 31 nant woman.

32 Sec. 2. K.S.A. 65-6710 is hereby amended to read as follows: 65-
 33 6710. (a) The department shall cause to be published and distributed
 34 widely, within 30 days after the effective date of this act, and shall update
 35 on an annual basis, the following easily comprehensible ~~printed~~ *infor-*
 36 *mational* materials:

37 (1) Geographically indexed *printed* materials designed to inform the
 38 woman of public and private agencies and services available to assist a
 39 woman through pregnancy, upon childbirth and while her child is de-
 40 pendent, including but not limited to, *a list of providers of free ultrasound*
 41 *services and* adoption agencies. The materials shall include a comprehen-
 42 sive list of the agencies, a description of the services they offer and the
 43 telephone numbers and addresses of the agencies; and inform the woman

(l) For purposes of this section, the term "medically challenging pregnancy" means a pregnancy where the fetus is diagnosed as having: (1) A severe anomaly; or (2) an illness, disease or defect which is invariably fatal.

5-3

1 in a typeface large enough to be clearly legible. The *informational video*
2 *shall be published in digital video disc format. All materials required to*
3 *be published under this section shall also be published online on the de-*
4 *partment's website. All materials shall be made available in both English*
5 *and Spanish language versions.*

6 (c) The materials required under this section shall be available at no
7 cost from the department upon request and in appropriate number to
8 any person, facility or hospital.

9 Sec. 3. K.S.A. 65-6709 and 65-6710 are hereby repealed.

10 Sec. 4. This act shall take effect and be in force from and after its
11 publication in the statute book.