

MINUTES

MONTANA SENATE 53rd LEGISLATURE - REGULAR SESSION

COMMITTEE ON JUDICIARY

Call to Order: By Senator Bill Yellowtail, on February 3, 1993,
at 10:10 a.m.

ROLL CALL

Members Present:

Sen. Bill Yellowtail, Chair (D)
Sen. Steve Doherty, Vice Chair (D)
Sen. Sue Bartlett (D)
Sen. Bob Brown (R)
Sen. Bruce Crippen (R)
Sen. Eve Franklin (D)
Sen. Lorents Grosfield (R)
Sen. Mike Halligan (D)
Sen. John Harp (R)
Sen. David Rye (R)
Sen. Tom Towe (D)

Members Excused: Sen. Blaylock

Members Absent: NONE

Staff Present: Valencia Lane, Legislative Council
Rebecca Court, Committee Secretary

Please Note: These are summary minutes. Testimony and
discussion are paraphrased and condensed.

Committee Business Summary:

Hearing: SB 202
Executive Action: NONE

HEARING ON SB 202

Opening Statement by Sponsor:

Senator Harding, District 25, said SB 202 is a woman's rights bill. SB 202 is an act clarifying a women's right to know certain facts prior to an abortion. This bill redefines informed consent in the Montana Abortion Control Act, requiring women contemplating abortion be provided an opportunity to review printed material and provides for civil damages for an abortion performed without informed involuntary consent. Senator Harding said the original Abortion Control Act was intended to provide what SB 202 is providing, but was unenforceable. Therefore SB 202 is needed to clarify the original intent or the Abortion

Control Act. The benefits of SB 202 include that women in remote areas of the state be fully informed by a referring physician, so when a woman arrives at an abortion clinic the 24 hour consideration period requirement might already have been met. Abortion providers are protected from frivolous lawsuits and a woman's identity is protected in the event of a lawsuit. A woman's right to an abortion would not be restricted. The passage of SB 202 bill is the only way that a woman's choices are provided and guaranteed. Senator Harding said Montana has the right and the responsibility to protect women from being exploited at a vulnerable time from abortion providers who have vested interests in selling abortions. SB 202 is a woman's right to know bill and worthy of the Committees support. Senator Harding proposed an amendment which would remove the ultrasound video tape viewing from SB 202. (Exhibit #1) Senator Harding provided a fiscal note for SB 202 and explained the note. (Exhibit #2) Senator Harding submitted a brochure, that would be patterned after the information to be provided to women seeking abortions. (Exhibit #3)

Proponents' Testimony:

Senator Bruski-Maus, District 12, read from prepared testimony. (Exhibit #4)

Arlette Randash, Montana Right to Life, read from prepared testimony. (Exhibit #5)

Gabor Benda, a physician, said women need information regarding fetal development and alternatives to abortion. Presently informed consent is inadequate, which consists only of a written form that outlines surgical risks to a mother and the gestation stage of the fetus. There is often little or no dialogue between the physician or the client and many times women have no concept of what level of fetal development has occurred up to that gestational age. Dr. Benda said abortion clinics refer to the fetus as a lump of tissue. Dr. Benda said he has had experience with women who have found out details about the fetus after the abortion was performed, and they have felt victimized as a result. SB 202 provides information to pregnant women. Often times clinics are a woman's first and only contact following the news of the pregnancy test. Dr. Benda said clinics may be cautious about providing too much information about the procedure for fear of inflicting emotional burdens on the women. Dr. Benda is confident that it is a more of an emotional burden to discover the details after the procedure is completed. Abortion clinics are profit organizations that depend on abortions being performed. Dr. Benda said in every field of medicine information is provided to the patient. To provide any less information, would not be in the best interest of the patient. Less than complete informed consent, would be a legal liability for health care practitioners. Dr. Benda does not believe that the guidelines set forth in SB 202 would infringe on doctors rights, since all the guidelines are in line with what any physician

would want to offer a woman who is contemplating an abortion. Dr. Benda said as SB 202 is written, it does not force the women to review information that they do not wish to review. SB 202 does guarantee the opportunity to review information which is pertinent for making an informed decision. Dr. Benda urges the passage of SB 202.

Glenda Servantez, Post Abortion Counselor, outlines an article concerning, what she referred to as, abortion trauma syndrome. (Exhibit #6)

Cheryl Wilke read from prepared testimony. (Exhibit #7)

Erika Schreibeis read from prepared testimony. (Exhibit #8)

Patty Smith read from prepared testimony. (Exhibit #9)

Cindy Bright read from prepared testimony. (Exhibit #10)

Debbie Bridges read from prepared testimony. (Exhibit #11)

Anita Sherley supports SB 202. Ms. Sherley told the Committee about her abortion. Ms. Sherley said the counselor at Planned Parenthood in Billings told her of the procedures that may happen clinically, but not about the risks involved or of the development of the baby. Ms. Sherley said she was never told the doctor's name or how far along she was in her pregnancy.

Mr. Vandenacre read from prepared testimony. (Exhibit #12)

Darci Heck read from prepared testimony. (Exhibit #13)

Peggy Wagner read from prepared testimony. (Exhibit #14)

Sharon Hoff, Montana Catholic Conference, submitted written testimony. (Exhibit #15)

Fawn Polk supports SB 202.

LeAnne Tibesar supports SB 202.

Reverend Rick Demato supports SB 202.

Virginia Dennehy supports SB 202.

Helen Barber supports SB 202.

Pastor Bob Drury supports SB 202.

Steve White supports SB 202.

Reverend David Barnhart supports SB 202.

Laurie Koutnik, Executive Director for Christian Coalition,

supports SB 202.

Dean Randash supports SB 202.

Pat McCurdy supports SB 202.

David Polk supports SB 202.

Opponents' Testimony:

Janice Van Riper, American Chapter Civil Liberties Union, told the Committee that women do have a right to certain information prior to an abortion, but the information should not be required as SB 202 proposes. Ms. Van Riper said when the state requires information be given to a woman at such a time, it would interfere with her constitutional protected right to choose, would not be right. SB 202 creates substantial interference with a woman's right to choose. SB 202 requires physicians to hand out information regardless of the circumstances, and if the information is not handed out, they could face severe penalties. Ms. Van Riper told the Committee about the third party suit provision. If a father or grandparents of the client feel the physician did not follow the provisions in SB 202 they are allowed to file a civil action against that physician. According to the provisions in SB 202, the third party person would remain anonymous while the woman has to ask a judge for her identity to remain anonymous. The judge has the discretion to disallow that, therefore forcing the woman's name to become public. The provision makes abortion decisions a public affair without giving women control about going public. Thus, this provision interferes with a woman's right to choose. Ms. Van Riper said the provisions in SB 202 are unconstitutional and urges a DO NOT PASS recommendation.

Dr. Douglas Webber read from prepared testimony. (Exhibit #16)

Representative Brooke, District 56, was representing the Montana Catholics for Free Choice. Rep. Brooke said they support a woman's right to choose and education for parenting and reproductive health. The Montana Catholics for Free Choice supports the counseling that is in existence in the clinics today, but feel the 24 hour waiting period is restrictive and unnecessary.

Devon Burklund, Planned Parenthood of Helena, read from prepared testimony. (Exhibit #17) Ms. Burklund submitted a consent form (Exhibit #18) and a fact sheet. (Exhibit #19) Ms. Burklund submitted a pamphlet on abortion. (Exhibit #20) Ms. Burklund submitted pictures of fetal development. (Exhibit #21)

Pamela Carlson read a letter from a friend who wished to remain anonymous. (Exhibit #22)

Dr. Anne Pincus read from prepared testimony. (Exhibit #23)

Eliza Frazer, Executive Director of Montana National Abortion Rights Action League, read from prepared testimony. (Exhibit #24)

Diane Sands, Montana Womens Lobby, read from prepared testimony. (Exhibit #25)

Willa Craig, Executive Director of the Blue Mountain Clinic in Missoula, submitted a letter from Dr. Lindsay Richards. (Exhibit #26) Ms. Craig told the Committee about the Blue Mountain Clinic. The clinic has therapists on staff to counsel women, provide prenatal care and delivery services, and work with social service agencies so women that are interested in adoption would have that option. Ms. Craig said having an appointment at the Blue Mountain Clinic does not mean that a person would be getting an abortion. The Blue Mountain Clinic encourages women to leave the clinic with written material concerning the abortion and alternative and to talk to someone about their decision and then call the clinic if they are still interested in pursuing the abortion. The opportunity that is presented in SB 202, is an opportunity for Operation Rescue to interfere with a woman's decision. Ms. Craig said that many people who testified in favor of SB 202 are members of Operation Rescue and have been arrested at the Blue Mountain Clinic. SB 202 would give Operation Rescue legal standing to pursue phony legal cases against clinics and physicians, and an opportunity to harass patients. Ms. Craig urges the Committee to recommend SB 202 with a DO NOT PASS recommendation.

Bob Campbell read from prepared testimony. (Exhibit #27)

Greg Eklund, Acting Executive Director of the Montana Democratic Party, read from prepared testimony. (Exhibit #28)

Deborah Franksen, submitted a letter from Dr. Kelly Acton. (Exhibit #29)

Gail Getsche, Planned Parenthood, submitted a letter from Shirley Lenhart. (Exhibit #30)

Questions From Committee Members and Responses:

Senator Bartlett asked Senator Harding about the change in the definition of abortion and why the change was included. Senator Harding referred the question to Ward Shanahan, an attorney in Helena. Mr. Shanahan said the new definition of abortion would recognize medical viability, by which a child could be kept alive by medical means, even though it could not survive naturally, which the law now allows.

Chair Yellowtail asked Mr. Shanahan to find the definition of abortion.

Senator Towe asked Ms. Wilke if she thought about suing her physician. Ms. Wilke said she was encouraged to sue, but the

statutes of limitations protected the physician since it was over five years ago.

Senator Towe asked Ms. Wilke when she found out she was not fully informed. Ms. Wilke said about a year ago. Senator Towe said he did not think the statute of limitations would have applied until she discovered information was not given to her.

Senator Towe asked Ms. Smith if she thought about suing her physician. Ms. Smith said she never thought about suing her physician, because she was not out to ruin his life.

Senator Towe asked Senator Harding about information given to a person who does not need the information, for instance, a women having an abnormal pregnancy. Senator Harding said SB 202 provides for emergencies.

Senator Towe told Senator Harding that an abnormal pregnancy would not meet the immediate abortion requirement. Senator Harding referred to Ms. Randash. Ms. Randash said information given to a women about the gestational age of her child, or her medical risks, should not upset that woman.

Senator Towe asked Ms. Randash why a woman should be advised about medical assistance for prenatal care and about the father being liable for the child when it would be inappropriate to do so. Ms. Randash said women are flexible, intelligent, capable, and able to understand that what one woman might need to know, another may not. Ms. Randash said women would not take offense at the information given.

Senator Franklin asked Dr. Benda if other areas of medicine require the dissemination of state written material. Dr. Benda said with HIV testing there is state literature.

Senator Franklin asked Dr. Benda if any other areas besides HIV, require information to be given to a client. Dr. Benda said there are strict guidelines for small surgery procedures regarding information the clients need to know. Dr. Benda said most guidelines do not come from the state, but from private legal offices.

Senator Doherty asked Mr. Shanahan about the legal memorandum presented. (Exhibit #1) Mr. Shanahan said SB 202 came about because of the United States Supreme Court Decision in Roe v. Wade. Mr. Shanahan said he looked at the Montana Constitution, but said Montana law is affected by the United States Supreme Court's Decision in Roe v. Wade.

Senator Doherty asked Mr. Shanahan if his legal analysis, the memorandum, included any reference to the Montana Constitution's Right to Privacy Provision. Mr. Shanahan said the legal memorandum had not made specific references to the Right to Privacy provision in the Montana Constitution.

Senator Doherty asked Mr. Shanahan if physicians would be rendering legal advice by requiring them to advise clients about child support and the father's responsibility. Mr. Shanahan said SB 202 is about a woman's right to know. Mr. Shanahan read a statement from United States Supreme Court Judge, Sandra Day O'Connor. "Even the broadest reading of Roe, however has not suggested that there is a constitutional right to abortion on demand, rather the right protected by Roe is a right to decide to terminate a pregnancy free of undue interference by the State. Because the informed consent requirement facilitates the wisest exercise of that right, it can not be classified as an interference with the right that Roe protects. The informed consent requirement is not an undue burden on that right."

Senator Doherty asked Dr. Webber if he felt qualified in rendering legal advice to clients. Dr. Webber said he did not.

Senator Doherty asked Dr. Webber if he thought he would be held negligent if he offered legal advice about responsibility and money. Dr. Webber said he had no training in those areas and is not qualified to inform a patient as to her legal right regarding paternity and child support.

Senator Grosfield asked Mr. Shanahan if the Casey case had problems in requiring doctors to give information to women concerning their pregnancy. Mr. Shanahan said Casey has a 24 hour requirement and a list of information that a doctor must give to the patient. Mr. Shanahan said the problem with existing Montana law is that the doctor decides what the informed consent should be. Mr. Shanahan said in considering that, the Supreme Court said, "What is at stake is the woman's right to make the ultimate decision, not a right to be isolated from all others in doing so. Regulations which do no more than create a structural mechanism by which the state or the parent or the guardian of a minor may express profound respect for the life of the unborn, are permitted, if they are not a substantial obstacle to the woman's exercise to the woman's right to choose. Unless it has that effect on her right to choice, the state measure designed to persuade her, to choose child birth over abortion, will be upheld if reasonably calculated or related." Mr. Shanahan said SB 202 would meet the requirements of Casey.

Senator Grosfield asked Mr. Shanahan regarding Senator Doherty's question about the legal issue of giving advice to clients. Mr. Shanahan said rather than let the person who has the financial interest in performing the abortion decide what information to give the patient, the state has a right to establish a standard of how much information would be given to the patient, so the temptation to avoid giving the information would be avoided.

Mr. Shanahan told Senator Bartlett about the case Planned Parenthood v. Casey. Mr. Shanahan quoted from the court in the

Casey case. "We have seen how time has overtaken some of Roes factual assumptions. Advances in health care allow for abortions later in pregnancy than what was true in 1973. Advances in neonatal care have advanced viability to somewhat earlier." Mr. Shanahan said that is the origin of the definition in SB 202, is that there is now a chance to keep a child alive by artificial means, as well as requiring that the child survive naturally.

Senator Bartlett told Mr. Shanahan that would be the definition of viability. Senator Bartlett said her question as to why the definition of abortion was being changed, was never answered.

Senator Halligan asked Senator Harding about the third party lawsuit. Senator Harding said SB 202 was drafted because women who have had abortions, felt they had not been properly informed, and have had emotional results as a result. Senator Harding said a third party lawsuit may not be necessary in all cases, but in some cases it should. The third party lawsuit would probably not affect those who have already had abortions. Senator Harding said a lawsuit would be filed by those who felt they had not been properly informed and not able to make a real choice for themselves about the abortion.

Senator Rye asked Dr. Benda and Dr. Webber if termination of a pregnancy was the ending of a human life. Dr. Benda said yes, because there is a heartbeat, brain waves, and a shape of a human form. Dr. Webber said the fetus is a human form, but woman's rights supercede the rights of the fetus.

Senator Rye asked Dr. Webber about the 24 hour waiting period. Dr. Weber said the concept of the 24 hour waiting period is that a woman is not ready for an abortion and should think about the situation for a longer period of time. Dr. Weber said that is insulting to women and unnecessary. In certain situations, it would cause severe financial burdens.

Senator Bartlett asked Ms. Randash about the booklet that was handed out by Senator Harding. Ms. Randash said Montana's booklets would be patterned after the Ohio booklets. Ms. Randash said the Department of Health and Environmental Sciences would adopt rules as to what would be said in the booklets. Ms. Randash said the booklets would not contains Pro-Life statements, but be based on scientifically accurate information.

Senator Bartlett asked Ms. Randash if the Ohio booklet would fulfill the intent of SB 202. Ms. Randash said if people want women to be informed, then SB 202 should be passed. Ms. Randash said the Montana Right to Lifers are confident that an agreement could be met in the future, as to the wording which would appear in the booklet that Montana would produce.

Senator Bartlett asked Ms. Randash if she would be satisfied with the booklet from Ohio if it were produced in Montana. Ms. Randash said yes, because it would be much better than where we

are at today. Ms. Randash felt it was a step forward in informing women.

Senator Towe asked Mr. Shanahan if he acknowledged that Pennsylvania law has an escape clause for doctors, when it is inappropriate to make warnings. Mr. Shanahan said yes.

Senator Towe asked Mr. Shanahan if he acknowledged that the third party suit is not a part of Pennsylvania law. Mr. Shanahan said yes. Mr. Shanahan said the problem with SB 202 is that there is no enforcement penalty in Montana Law. Mr. Shanahan said there should be some type of enforcement mechanism for lack of informed consent.

Closing by Sponsor:

Senator Harding told the Committee that Arlette Randash had an explanation on the birth definition. SB 202 is an emotional issue about a woman's right to know. Senator Harding said if the information that would be required in SB 202 helps anyone, the bill would be worth it. Senator Harding said in SB 202, women do not have to receive the information, but SB 202 would protect the ones who need the information. Senator Harding said the opposition fears that by giving women details it would hinder abortions, but every woman would want to know about the effects their life and their well being. Everybody who has something done to them that affects their life or body, should have the right to full information of every kind. Senator Harding said that is the purpose of SB 202. Women who are considering abortion would be given information about the procedure of the abortion, the affects of the abortion, information on an alternative, and the risks of carrying a child to full term. Senator Harding said these women are at a critical time in their lives and should be given every avenue of help in order to make an informed decision. Senator Harding said regardless of the decision the woman reaches, they would have made the choice. Montana Law provides that women can have an abortion. Senator Harding said providing information to women about abortions would insure that women fully understand the abortion process when making a decision. To be fully informed wards off unnecessary fears. Senator Harding said women seeking abortions should be fully informed about the procedure, as anyone would be informed in another type of surgery. Senator Harding asked the Committee to help women to have access to nonjudgemental information. Senator Harding urged a DO PASS on SB 202 to help inform women who are considering an abortion.

ADJOURNMENT

Adjournment: 12:18 p.m.



BILL YELLOWTAIL, Chair



REBECCA COURT, Secretary

BY/rc

ROLL CALL

SENATE COMMITTEE

Judiciary

DATE

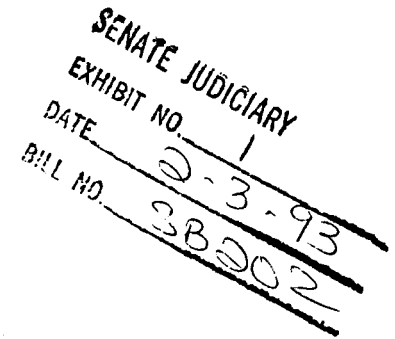
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NAME	PRESENT	ABSENT	EXCUSED
Senator Yellowtail	X		
Senator Doherty	X		
Senator Brown	X		
Senator Crippen	X		
Senator Grosfield	X		
Senator Halligan	X		
Senator Harp	X		
Senator Towe	X		
Senator Bartlett	X		
Senator Franklin	X		
Senator Blaylock			X
Senator Rye	X		

Amendments to Senate Bill No. 202
First Reading Copy

Requested by Senator Harding
For the Committee on Judiciary

Prepared by Greg Petesch
February 3, 1993



1. Title, lines 8 and 9.

Following: "MATERIAL" on line 8

Strike: remainder of line 8 through "VIDEOTAPE" on line 9

2. Page 1, line 13.

Insert: " STATEMENT OF INTENT

A statement of intent is required for this bill because [section 4] authorizes the department of health and environmental sciences to adopt rules relating to gestational periods. It is the intent of the legislature that the periods adopted by the department be 2-week periods initially and progress to 4-week periods, as adopted by the Ohio department of human services."

3. Page 5, lines 4 through 7.

Strike: subsection (c) in its entirety

Renumber: subsequent subsections

4. Page 5, lines 13 and 14.

Following: "to" on line 13

Strike: remainder of line 13 through the first "or" on line 14

Following: "material."

Strike: "or both."

5. Page 5, line 15.

Strike: "them"

Insert: "it"

6. Page 5, line 23.

Strike: "subsections"

Insert: "subsection"

Strike: "and (5)(d)"

7. Page 7, line 13.

Strike: "(5)(d)"

Insert: "(5)(c)"

8. Page 7, lines 16 through 23.

Strike: subsection (6) in its entirety

9. Page 8, line 13.

Following: "material"

Insert: "that is"

10. Page 8, lines 15 and 16.

Following: "at" on line 15

Strike: "2-week"

Following: "increments"

Strike: remainder of line 15 through "term" on line 16

Insert: "and that is adopted by the department by rule"

11. Page 8, lines 18 and 19.

Following: "children" on line 18

Strike: remainder of line 18 through "increments" on line 19

Insert: "and"

12. Page 9, lines 10 through 23.

Strike: section 5 in its entirety

Renumber: subsequent sections

13. Page 10, line 3.

Strike: "8"

Insert: "6"

14. Page 10, line 25.

Strike: "7"

Insert: "6"

15. Page 11, lines 7, 15, and 25.

Strike: "8"

Insert: "6"

16. Page 12, lines 4 and 7.

Strike: "8"

Insert: "6"

EXHIBIT 2
DATE 2-3-93
SB 202

53rd Legislature

SENATE BILL NO. 202

INTRODUCED BY

Harding
Carlfield
see 1st District
Rep. Brown
Patricia Natter
Whalen

A BILL FOR AN ACT ENTITLED: "AN ACT CLARIFYING A WOMAN'S RIGHT TO KNOW CERTAIN FACTS PRIOR TO AN ABORTION; REDEFINING INFORMED CONSENT IN THE MONTANA ABORTION CONTROL ACT REQUIRING THAT A WOMAN CONTEMPLATING AN ABORTION BE PROVIDED AN OPPORTUNITY TO REVIEW CERTAIN PRINTED MATERIAL AND AN OPPORTUNITY TO VIEW AN ULTRASOUND VIDEO TAPE; PROVIDING CIVIL DAMAGES FOR AN ABORTION PERFORMED WITHOUT INFORMED AND VOLUNTARY CONSENT; AND AMENDING SECTIONS 50-20-106, 50-20-107, 50-20-108, AND 50-20-112, MCA."

Engman
Byrd
Halpin
Smith

STATEMENT OF INTENT

Section 1. Section 50-20-104, MCA, is amended to read:

"50-20-104. Definitions. As used in this chapter, the following definitions apply:

(1) "Abortion" means the performance of, assistance or participation in the performance of, or submission to an act or operation intended to terminate a pregnancy without live birth intentional use or prescription of any instrument, medicine, drug, or other substance or device to terminate the pregnancy of a woman known to be pregnant, other than to increase the probability of a live birth, to preserve the life or health of the child after a live birth, or to remove

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A statement of intent is required for this bill because [section 4] authorizes the department of health and environmental sciences to adopt rules relating to gestational periods. It is the intent of the legislature that the periods adopted by the department be 2-week periods initially and progress to 4-week periods, as adopted by the Ohio department of human services."

1 a dead fetus.

2 (2) "Department" means the department of health and
3 environmental sciences provided for in Title 2, chapter 15,
4 part 21.

5 (3) "Facility" means a hospital, health care facility,
6 physician's office, or other place in which an abortion is
7 performed.

8 {4} "Informed consent" means voluntary consent to an
9 abortion by the woman upon whom the abortion is to be
10 performed only after full disclosure to her by the physician
11 who is to perform the abortion of such of the following
12 information as is reasonably chargeable to the knowledge of
13 the physician in his professional capacity:

14 {a} the stage of development of the fetus; the method
15 of abortion to be utilized; and the effects of such abortion
16 method upon the fetus;

17 {b} the physical and psychological effects of abortion;
18 and

19 {c} available alternatives to abortion, including
20 childbirth and adoption;

21 (4) "Medical emergency" means a condition that, based
22 on a physician's good faith clinical judgment, so
23 complicates the medical condition of a pregnant woman as to
24 necessitate the immediate abortion of the woman's pregnancy
25 to avert the woman's death or for which a delay will create

1 serious risk of substantial and irreversible impairment of a
 2 major bodily function.

3 (5) "Probable gestational age of the unborn child"
 4 means the age that, in the judgment of the physician, will
 5 with reasonability be the gestational age of the unborn
 6 child at the time the abortion is planned to be performed.

7 (5)(6) "Viability" means the ability of a fetus to live
 8 outside the mother's womb,--albeit--with by natural or
 9 artificial aid life-support systems.

10 (7) "Woman" means a female person."

11 **Section 2.** Section 50-20-106, MCA, is amended to read:

12 **"50-20-106. Consent informed and voluntary consent to**
 13 **abortion -- medical emergency exception. (1) No An abortion**
 14 **may not be performed upon--any--woman in the absence of**
 15 **informed and voluntary consent by the woman upon whom the**
 16 **abortion is to be performed.**

17 **{2}--informed consent may--be--evidenced--by--a--written**
 18 **statement--in-a-form-prescribed-by-the-department-and-signed**
 19 **by-the-physician-and-the-woman-upon-whom-the-abortion-is--to**
 20 **be--performed--in--which-the-physician-certifies-that-he-has**
 21 **made-the-full-disclosure-provided--in--50-20-104(4)--and--in**
 22 **which--the--woman--upon-whom-the-abortion-is-to-be-performed**
 23 **acknowledges-that-the-above-disclosures-have--been--made--to**
 24 **her-and-that-she-voluntarily-consents-to-the-abortion-**

25 **{3}--the--above--informed--consent--or--consent--is--not**

1 required--if--a--licensed-physician-certifies-the-abortion-is
 2 necessary-to-preserve-the-life-of-the-mother:

3 (2) Except in the case of a medical emergency, consent
 4 to an abortion is informed and voluntary only if the
 5 provisions of subsections (3) through (9) are met.

6 (3) The information required by subsections (4) and (5)
 7 must be provided to a woman at least 24 hours before an
 8 abortion.

9 (4) The physician who is to perform the abortion or the
 10 referring physician shall tell the woman:

11 (a) the name of the physician who will perform the
 12 abortion;

13 (b) the probable gestational age of the unborn child at
 14 the time the abortion is to be performed;

15 (c) the particular medical risks associated with the
 16 particular abortion procedure to be used, including, when
 17 medically accurate, the risks of infection, hemorrhage,
 18 danger to subsequent pregnancies, and infertility; and

19 (d) the medical risks associated with carrying the
 20 child to full term.

21 (5) The physician who is to perform the abortion, the
 22 referring physician, or the agent of either shall tell the
 23 woman that:

24 (a) medical assistance benefits may be available for
 25 prenatal care, childbirth, and neonatal care;

(b) the father is liable to assist in the support of the woman's child even if the father has offered to pay for the abortion;

~~(c) the woman has a right to view the ultrasound videotape provided by the department of an unborn child in the womb at 2-week gestational increments from the time a woman can be known to be pregnant until full term.~~

(c) ~~for~~ the woman has a right to review printed material provided by the department describing the unborn child and listing agencies that offer alternatives to abortion; and
(d) ~~for~~ the woman is free to withhold or to withdraw informed and voluntary consent to the abortion.

(6) If the woman chooses to view the ultrasound ~~videotape~~ review the printed material, ~~or both~~ the physician or the physician's agent shall furnish ~~them~~ ^{it} to the woman.

(7) Prior to an abortion, the woman upon whom the abortion is to be performed shall certify in writing, on a form prescribed by the department, that:

(a) the information described in subsections (4) and (5) has been furnished; and

(b) the woman has been informed of the right to review the information described in subsection (5)(c) ~~and (5)(d).~~

(8) Prior to an abortion, the physician who is to perform the abortion or the physician's agent must have

2
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received a copy of the written certification required in subsection (7).

(9) If a medical emergency compels the performance of an abortion, the physician shall, prior to the abortion if possible, inform the woman of the medical indications supporting the physician's judgment that an abortion is necessary to avert the woman's death or that a delay will create serious risk of substantial and irreversible impairment of a major bodily function.

(4)-(10) An executive officer, administrative agency, or public employee of the state or of any local governmental body has--power--to may not issue any order requiring an abortion or shall coerce any woman to have an abortion; nor--shall any A person may not coerce any woman to have an abortion.

(5)(11) Violation of subsections (1) and (4) (10) of this section is a misdemeanor."

Section 3. Section 50-20-112, MCA, is amended to read:

"50-20-112. Penalties. (1) A person convicted of deliberate, mitigated, or negligent homicide under this chapter is subject to the penalties prescribed by 45-5-102 through 45-5-104.

(2) A person convicted of a felony other than deliberate, mitigated, or negligent homicide under this chapter is subject to a fine not to exceed \$1,000,

1 imprisonment in the state prison for a term not to exceed 5
2 years, or both.

3 (3) A person convicted of a misdemeanor under this
4 chapter is subject to a fine not to exceed \$500,
5 imprisonment in the county jail for a term not to exceed 6
6 months, or both.

7 (4) A penalty may not be assessed against a woman upon
8 whom the abortion is performed or attempted to be performed.

9 (5) If the department has not made printed material
10 available when the physician, the referring physician, or
11 the agent of either is required to inform a woman of the
12 right to review it, a criminal or civil penalty may not be
13 imposed for failure to comply with 50-20-106(5)(^(c)) or (7)
14 requiring written certification that a woman has been given
15 an opportunity to review the information.

16 ~~(6) If the department has not made the ultrasound~~
17 ~~videotape available when the physician, the referring~~
18 ~~physician, or the agent of either is required to inform the~~
19 ~~woman of the right to view it, a criminal or civil penalty~~
20 ~~may not be imposed for failure to comply with section~~
21 ~~50-20-106(5)(c) of (7) requiring written certification that~~
22 ~~the woman has been informed of the right to view the~~
23 ~~ultrasound videotape."~~

24 **NEW SECTION. Section 4.** Printed information. Within 60
25 days of [the effective date of this act], the department

1 shall publish the following in legible, large typeface and
2 make available upon request at no cost to any person,
3 facility, or hospital:

4 (1) geographically indexed material designed to inform
5 a woman of public and private agencies and services,
6 including adoption agencies and services, that are available
7 to assist a woman through pregnancy, following childbirth,
8 and while the child is dependent. The material must include:

9 (a) a comprehensive list of the agencies available; and
10 (b) a description of the services offered by the
11 available agencies, including the telephone numbers of the
12 agencies; and

13 (2) material ^{that is} designed to inform the woman of the
14 probable anatomical and physiological characteristics of the
15 unborn child at ~~2-week gestational increments~~ ^{and that is}
16 ~~adopted by the department by rule~~ ^{from the time}
~~a woman can be known to be pregnant until full term,~~

17 including any color pictures or drawings representing the
18 development of unborn children ~~at 2-week gestational~~
19 ~~increments~~ ^{and} containing the dimensions of the fetus that are
20 realistic and appropriate for the stage of pregnancy
21 depicted. The material must be objective, nonjudgmental, and
22 designed to convey only accurate, scientific information
23 about the unborn child at the various gestational ages,
24 including:

25 (a) objective information describing the methods of

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1 abortion procedures commonly used;
2 (b) any relevant information on the possibility of the
3 unborn child's survival;
4 (c) the medical risks commonly associated with each
5 abortion procedure;
6 (d) the possible detrimental psychological effects of
7 abortion; and
8 (e) the medical risks commonly associated with carrying
9 a child to term.

~~NEW SECTION. Section 5. Ultrasound required. (1)~~

11 Within 60 days of [the effective date of this act], the
12 department shall provide a videotape containing ultrasound
13 motion pictures of unborn children in the womb that is
14 designed to inform a viewer of the probable anatomical and
15 physiological characteristics of an unborn child at 2-week
16 gestational increments from the time a woman can be known to
17 be pregnant until full term.

18 (2) The ultrasound must be objective, nonjudgmental,
19 and designed to convey only accurate, scientific information
20 about an unborn child at the various gestational ages.

21 (3) The ultrasound must be available at no cost from
22 the department upon request to any person, facility, or
23 hospital.

24 NEW SECTION. Section 8. Anonymity of a woman. (1) If a
25 woman upon whom an abortion has been performed or attempted

1 does not consent to be publicly named in a civil or criminal
2 action brought for violation of 50-20-104, 50-20-106,
3 50-20-112, or [sections 4 through 8], the court shall rule,
4 upon motion by either party, whether the identity of the
5 woman must be preserved from public disclosure.

6 (2) If the court rules that the woman's anonymity
7 should be preserved, the court shall issue the order to the
8 parties, witnesses, and attorneys; order the court records
9 to be sealed; and exclude persons from the court room to the
10 extent necessary to protect the woman's identity from public
11 disclosure.

12 (3) The court order must be accompanied by a written
13 statement explaining:

14 (a) why the name of the woman should not be publicly
15 disclosed;

16 (b) why the order is essential in protecting the
17 woman's anonymity;

18 (c) how the order is narrowly tailored to protect the
19 woman's anonymity; and

20 (d) why a reasonable, less restrictive alternative does
21 not exist.

22 (4) If a woman upon whom an abortion has been performed
23 or attempted does not give written consent, any person,
24 other than a public official, who brings an action under
25 [section 9] shall do so under a pseudonym.

1 (5) This section may not be construed to conceal from
2 the defendant the identity of a plaintiff or of the
3 witnesses.

4 NEW SECTION. Section 7. Performance of abortion
5 without informed consent -- civil damages. (1) A woman upon
6 whom an abortion has been performed in violation of
7 50-20-104, 50-20-106, 50-20-112, or [sections 4 through 6],
8 the father of the unborn child who was the subject of the
9 abortion, or a grandparent of the unborn child may file a
10 civil action for \$10,000 in punitive damages and treble the
11 actual damages against the person who performed the
12 abortion.

13 (2) A woman upon whom an abortion has been attempted in
14 violation of 50-20-104, 50-20-106, 50-20-112, or [sections 4
15 through 6] may file a civil action for \$5,000 in punitive
16 damages and treble the actual damages against the person who
17 attempted to perform the abortion.

18 (3) The court shall grant reasonable attorney fees to:

19 (a) a plaintiff obtaining a judgment under subsection
20 (1) or (2); or

21 (b) the defendant if the plaintiff does not obtain a
22 judgment and if the court finds that the plaintiff's civil
23 action was frivolous or brought in bad faith.

24 (4) An intentional violation of 50-20-104, 50-20-106,
25 50-20-112, or [sections 4 through 6] is admissible in a

1 civil action as prima facie evidence of a failure to obtain
2 informed and voluntary consent.

3 NEW SECTION. Section 8. Codification instruction.
4 [Sections 4 through 6] are intended to be codified as an
5 integral part of Title 50, chapter 20, part 1, and the
6 provisions of Title 50, chapter 20, part 1, apply to
7 [sections 4 through 6].

8 NEW SECTION. Section 9. Severability. If a part of
9 [this act] is invalid, all valid parts that are severable
10 from the invalid part remain in effect. If a part of [this
11 act] is invalid in one or more of its applications, the part
12 remains in effect in all valid applications that are
13 severable from the invalid applications.

-End-

STATE OF MONTANA - FISCAL NOTE

Form BD-15

In compliance with a written request, there is hereby submitted a Fiscal Note for SB0202, as introduced.

DESCRIPTION OF PROPOSED LEGISLATION: An act clarifying a woman's right to know certain facts prior to abortion; requiring that a woman contemplating an abortion be provided an opportunity to review certain printed material and an opportunity to view an ultrasound videotape.

ASSUMPTIONS:

1. Each pregnant woman in Montana would be given an opportunity to review printed materials, ultrasound videotape, and service directory. In 1991, 14,812 pregnancy outcomes were reported in Montana.
2. Information would be disseminated from the Helena-based Department of Health and Environmental Sciences (DHES) at no cost to hospitals, health care facilities, physicians, and other places in which an abortion may be performed.
3. Information sources, such as the service directory, would have to be designed, developed, and published to be specific to Montana. An informational brochure or training on the new law and resources available would meet the basic requirements.
4. The DHES would purchase 1,258 video tapes in FY94 and 125 video tapes in FY95 at an average cost of \$100 (training tapes considered range in price from \$29.95 to \$275.00 and a medium price is used) for a total of \$125,800 in FY94.
5. The DHES would purchase about 14,800 brochures at an average cost of \$2.00 per recipient (\$29,624 each fiscal year).
6. Postage costs would be \$5,800 for FY94 and \$580 for FY95.
7. Each facility has the audio-visual equipment to display the video.
8. Existing staff in the DHES could assume the additional duties to perform the proposed tasks.
9. A contract will be awarded for the development of a resource directory at a cost of \$10,000 in FY94.
10. An estimate for enforcement via penalties has not been considered in the development of the fiscal note.
11. In 1987, Montana had 1,177 active physicians, 66 hospitals, and 15 family planning facilities.
12. The DHES will need a general fund appropriation of \$170,424 in FY94 and \$42,704 in FY95.

FISCAL IMPACT:

	FY '94			FY '95		
	Current Law	Proposed Law	Difference	Current Law	Proposed Law	Difference
Expenditures:						
Operating Expenses	0	\$170,424	\$170,424	0	\$42,704	\$42,704
Funding:						
General Fund	0	\$170,424	\$170,424	0	\$42,704	\$42,704

(continued)

Dave Lewis 1-27-93

DAVID LEWIS, BUDGET DIRECTOR DATE
Office of Budget and Program Planning

ETHEL HARDING, PRIMARY SPONSOR

DATE

File No. for 102. in place

2/2/93

EFFECT ON COUNTY OR OTHER LOCAL REVENUES OR EXPENDITURES:

Because DHES is the sole source of the information, there is minimal effect on counties or local revenues.

LONG-RANGE EFFECTS OF PROPOSED LEGISLATION:

The proposed legislation would be difficult to enforce without the assistance of a peer review/licensing entity.

SB 22

DATE DEC 9 1973 JUDICIAL
BILL NO. SB 200

FETAL

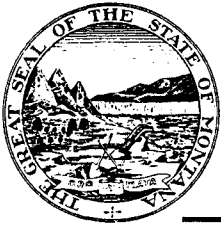
DEVELOPMENT

*&
Family
Planning*

George V. Voinovich
Governor
Peter Somani, M.D., Ph.D.
Director of Health



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MONTANA STATE SENATE

SENATOR BETTY BRUSKI
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COMMITTEES:
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CAPITOL STATION
HELENA, MONTANA 59620
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February 3, 1993

Mr. Chairman, Members of the Committee, for the record I am Senator Betty Bruski-Maus, Senate District 12.

The promotion and defense of human dignity and human right are rights afforded us in the Constitution. Some of these basic rights are: The right to nourishment, the right to health care, the right to employment, the right to decent housing and the right to education.

I will address the right to education in my testimony. We provide free education to our children in grades K-12. We provide the opportunity for our children to further their education in our colleges and universities. We also provide education in basic health care and educate our children about the dangers of sexually contracted diseases and pregnancy. But, we do not stress enough, in education, the need to avoid sexual activity to prevent disease or pregnancy. The emphasis has been centered more on "Safe Sex" rather than "No Sex". The result is, in many cases, an unwanted pregnancy. This Bill addresses this problem.

This bill is a "right to education"-or- more precisely - "The Woman's right to know."

A woman - or girl - who is considering an abortion, is making a decision which will affect her entire life. She cannot make an educated choice unless she knows the pros and cons of the action she is about to make, concerning her pregnancy. She cannot make this decision, about the life of her unborn child, any more than we, as legislators, can make a decision about the bills presented to us, until we have heard from both the proponents and opponents.

All this bill does is to provide the expectant mother with the pros and cons of abortion, and a 24 hour waiting period for her to weigh those pros and cons. A waiting period just like we are given before acting on a controversial bill in committee. Both scenarios give us time to think about the issue, and to reach an educated decision.

Would you want to know the pros and cons of a pending surgery? Do you believe in a "second opinion" about a pending surgery? Do you believe that you have a right to know? If so I urge you to consider the positive aspects of this bill - the basic right to an education. The basic right to "know" and I ask you to pass this bill in its original form.

SENATE JUDICIARY

EXHIBIT NO. 4

DATE 2-3-93

BILL NO. 58202

SENATE JUDICIARY
EXHIBIT NO. 5
DATE 2-3-93
BILL NO. SB 202

Testimony of SB202
Arlette Randash
Montana Right to Life

SB202 is compassionate, consumer protection legislation, guaranteeing a woman's right to know all the relevant information needed before consenting to an abortion. This bill amends the informed consent portions of the 1974 Montana Abortion Control Act which called for women to be informed but were never enforceable.

Section 2 says that except in the case of a medical emergency no abortion may be performed in the absence of informed and voluntary consent by the woman. Recognizing the distances involved in Montana and having a desire to inform women rather than cause an undue burden, this bill permits referring physicians to inform women of all the information. The information is given 24 hours before the abortion to provide a consideration period, and the requirements are simple, reasonable, and few in number.

- 1) The name of the physician providing the abortion, which permits the woman to know who to contact should problems later arise.
- 2) The probable gestational age of the child. Many women have a psychological barrier of elapsed time beyond which they will not abort their child. If they later find the age told them of their child was not accurate they feel violated and deceived.
- 3) The medical risks of the abortion procedure. All of us want to be involved in assessing whether or not the risks offset the benefits of a particular surgery.
- 4) The medical risks of carrying the child full term.

The referring physician, the physician, or the agent of either, will also tell her:

- 1) That medical assistance may be available for prenatal, child birth, and neonatal care.
- 2) That the father is liable for financial support even if he has offered to pay for the abortion.
- 3) That she has the right to withdraw consent to the abortion.
- 4) And the right to view, if she chooses, printed material developed by the Department of Health and Environmental Science, which is defined in detail in Section 4.

Section 3 pertaining to criminal penalties remains unamended except to add that no penalty may be brought against a woman obtaining an abortion, nor may a physician be penalized if the department has not made the printed material available.

Section 4 outlines the printed material which is offered to the woman. Should she choose to receive it she will find:

- 1) A geographically indexed list of public and private agencies, including adoption options, that are available to assist her through pregnancy, following childbirth, and while the child is dependent.
- 2) Material, including pictures, to inform her of the probable characteristics of the unborn child in 2 or 4 week increments.
- 3) Information on the methods of abortion procedures, and medical risks associated with each procedure.
- 4) Any relevant information on the possibility of the unborn child's survival.
- 5) The possible psychological effects of abortion. Testimony will show that as time passes many women experience grave psychological effects vastly different than the immediate relief they felt right after the abortion.
- 6) The medical risks of carrying a child to term.

Section 5 concerning the ultrasound we are proposing to amend out.

Section 6 delineates provisions for the safeguarding of a woman's anonymity in the event of litigation: however, her anonymity may not be construed to conceal her identity from the defendant.

Section 7 describes the civil damages for the performance of an abortion without informed consent. This section is crucial to the successful enforcement of this bill, while protecting the doctor from frivolous lawsuits.

Section 8 deals with codification, and Section 9 with severability.

This bill is closely patterned after the Pennsylvania informed consent provisions which were ruled constitutional by the Supreme Court in 1992. Further evidence of the Supreme Court's upholding women's right to know legislation was evidenced by its refusal to review the Mississippi statutes that went into effect in August of 1992.

This bill provides that all the information the Supreme Court has ruled a woman has the right to will now be guaranteed under law by the state of Montana. Information all of us assumes any good doctor would be providing but as testimony will show all too often are not. Information we would all consider relevant to making an informed decision. I urge your support of SB202.

The Myth of the Abortion Trauma Syndrome

SENATE JUDICIARY

EXHIBIT NO. 6

DATE 2-3-93

FILE NO. SB202

THIS is an article about a medical syndrome that does not exist. A so-called abortion trauma syndrome has been described in written material and on television and radio programs. For example, leaflets warning of deleterious physical and emotional consequences of abortion have been distributed on the streets of cities in the United States.¹ Women who have undergone induced abortion are said to suffer an "abortion trauma syndrome or "postabortion trauma" that will cause long-term damage to their health. One such leaflet states,

Most often a woman will feel the consequences of her decision within days of her abortion. If they don't appear immediately, they will appear as she gets older. Emotional scars include unexplained depression, a loss of the ability to get close to others, repressed emotions, a hardening of the spirit, thwarted maternal instincts (which may lead to child abuse or neglect later in life), intense feelings of guilt and thoughts of suicide. Don't be fooled—every abortion leaves emotional scars.¹

Press reports indicate that women who seek care and counseling at so-called pregnancy crisis clinics are verbally presented with similar statements.²

"Syndrome" indicates a constellation of signs and symptoms recognized by the medical community as characterizing a disease or abnormal condition. "Trauma" is borrowed from "posttraumatic stress disorder," a psychiatric syndrome defined in the *Diagnostic and Statistical Manual of Mental Disorders* as a disabling condition characterized by nightmares and flashbacks, precipitated by a traumatic event outside the range of usual human experience.³ News reporters from all sections of the United States have requested information about abortion trauma syndrome from the American Psychiatric Association (oral communications, John Blamphin, Director of Public Affairs, American Psychiatric Association, Office of Public Affairs, 1988, 1989, 1990, 1991). Unfortunately, it is impossible to document the sources of the allegations that concern these journalists because they are often not traceable through the media or found in the scientific literature. It is to bring the discussion into the scientific medical literature that this contribution has been written.

Abortion is a subject that is embroiled in fierce debate. The US Supreme Court's increasingly permissive stance toward individual states' restricting abortion⁴ has precipitated divisive arguments among individuals, social groups, jurists, and legislators. The same is true of a recent federal regulation forbidding some health care providers to discuss abortion at federally funded clinics.⁵ The heat of the conflict tends to melt boundaries between medicine and philosophy, between church and state, between demonstrated fact and personal

belief. The legislative and judicial outcome of this debate may profoundly affect both the physical and psychological health of the population as well as the practice of medicine.

Our patients look to us, their physicians, to provide sound scientific information to help them make informed decisions about health issues. The allegation that legal abortions, performed under safe medical conditions, cause severe and lasting psychological damage is not borne out by the facts.⁶⁻⁹ Prior to the 1973 *Roe v Wade* decision of the Supreme Court,¹⁰ valid scientific investigation of the sequelae of abortion was precluded by the criminal and illicit nature of the procedure.¹¹ It was also impossible to distinguish the effects of the procedure from those of the frightening and often dangerous circumstances under which it was performed. While he was Surgeon General of the United States, C. Everett Koop, MD, interviewed representatives from a wide range of groups favoring, opposing, and expert about access to abortion, in the course of researching a report on abortion's effects on women that had been requested by then President Ronald Reagan. After hearing and reviewing the evidence, Dr Koop wrote President Reagan to state that the available scientific evidence did not demonstrate significant negative (or positive) mental health effects of abortion.¹²

A critical examination of the psychiatric impact of abortion requires the consideration of underlying realities and a summary of the relevant scientific literature.

Underlying Realities

An uninterrupted pregnancy eventuates in labor and delivery. Therefore, any physical and psychological sequelae of legal abortion can only be meaningfully understood in contrast with those of illegal abortion or unwanted childbirth. After undesired childbirth, a woman must face either the stresses of relinquishing a child for adoption or those of rearing a child.

Abortion is a consideration for women who become pregnant under problematic circumstances, in which they feel that the birth of a child might be untenable. Such circumstances commonly include the threat or reality of abandonment by the woman's male partner or the absence of an ongoing relationship with him, financial deprivation, lack of social support, the need to care for other young children, the possible loss of educational and career opportunities, the diagnosis of fetal defect, and/or an impregnation by rape or incest. A birth control method may have failed; the woman may be unwilling or unable to care for a child. She may be physically or mentally ill or disabled. She may have suffered physical or psychiatric complications after childbirth in the past. All of these circumstances may influence subsequent psychiatric reactions regardless of the woman's decision to abort or to continue the pregnancy.¹³

The outcome of any medical procedure is demonstrably

From the Department of Psychiatry, University of Chicago (Ill) Medical Center. Reprint requests to the Department of Psychiatry, University of Chicago Medical Center, 5841 S Maryland Ave, Box 411, Chicago, IL 60637-1470 (Dr Slotland).

shaped by the general and individual social and psychological climate in which it is performed.¹⁴ Criminalization and/or membership in a religious or social group opposed to abortion can be expected to increase a woman's feeling of distress, as can insensitive, negative, or hostile behavior and remarks by health care professionals or others she encounters in the process of considering or obtaining an abortion. Meikle et al¹⁵ studied 100 women applying for abortions before and after abortion was legalized and noted a comparative decrease in the incidence of emotional distress related to the increased social acceptance of the procedure.¹⁵

Abortion is a reality, practiced throughout history, in every area of the world, regardless of religious and cultural belief and whether legal or outlawed.¹⁶ In 1972, the year before the *Roe v Wade* decision, approximately 1 million illegal abortions were performed in the United States alone.

Data in the Literature

An extensive search of MEDLINE, Psychological Information Data Base, Sociological Abstracts, Health Information Data Base, and review articles and their bibliographies reveals that there is no specific abortion trauma syndrome described—in survey populations or as individual cases—in the psychiatric and psychological literature.^{6,7,9} A small number of papers and books based on anecdotal evidence and stressing negative effects have been presented and published under religious auspices and in the nonspecialty literature.¹⁷

Significant psychiatric sequelae after abortion are rare, as documented in numerous methodologically sound prospective studies in the United States and in European countries. Comprehensive reviews of this literature have recently been performed and confirm this conclusion.^{6,7,9} The incidence of diagnosed psychiatric illness and hospitalization is considerably lower following abortion than following childbirth. In one large prospective British population study, psychosis occurred after delivery in an average of 1.7 cases per 1000 and after abortion in 0.3 of 1000.¹⁸

Significant psychiatric illness following abortion occurs most commonly in women who were psychiatrically ill before pregnancy, in those who decided to undergo abortion under external pressure,¹⁸ and in those who underwent abortion in aversive circumstances, for example, abandonment. Lask attributed the adverse reactions in 11% of the subjects he studied to those factors.¹⁹

The term "unwanted pregnancy" indicates that the woman regrets the fact that conception occurred. Abortion, whether spontaneous or induced, entails loss. Both regret and loss result in sadness. The word "depression," which is both a common term for a feeling of sadness and the technical term for a psychiatric disorder, can be especially confusing. A symptom or a feeling is not equivalent to a disease. Some women who undergo abortion experience transient feelings of stress and sadness, as distinguished from psychiatric illness, before and for a short time afterward.²⁰ The majority experience relief after the procedure.²¹ Greer et al²¹ interviewed 360 women before they underwent abortions and at follow-up an average of 18 months later. The subjects demonstrated significant improvement in guilt feelings, personal relationships, and psychiatric symptoms. Of 207 women followed by Partridge et al,²² 94% reported that their mental health improved or remained the same after abortion. Many women report that the difficult decision to terminate a pregnancy was a maturational point in their

lives, one at which they experienced taking charge of their futures for the first time.²⁰ A recently published study of a national sample of over 5000 US women followed for 8 years concluded that the experience of abortion did not have an independent relationship to women's well-being, and that there was no evidence of widespread postabortion trauma.²³

Abortion is a weighty issue and a medical procedure about which both physicians and the lay public have a wide variety of profound feelings and views. In their professional roles, physicians counsel, advocate for, and treat individual patients on the basis of medical knowledge and in the patient's best interest. It would be preferable to use the resources of society and medicine to prevent unwanted pregnancies and to decrease the ensuing demand for abortions, but it is unlikely that the demand will ever be eliminated. Therefore, physicians must provide patients with accurate information about abortion's medical and psychological implications. Scientific studies indicate that legal abortion results in fewer deleterious sequelae for women compared with other possible outcomes of unwanted pregnancy. There is no evidence of an abortion trauma syndrome.

Nada L. Stotland, MD

Thanks are due to James Thompson, MD, who suggested that an article be written on this subject.

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SENATE JUDICIARY
EXHIBIT NO. 7
DATE 2-3-93
BILL NO. SB202

Testimony of Cheryl Wilke
February 3, 1993

My name is Cheryl Wilke. I obtained an abortion January 23, 1986 at the Western Montana Clinic in Missoula.

I went to Planned Parenthood where I talked to a counselor. The conversation was extremely brief and quite frankly unbelievable! Given how far along I was, I asked her if what I had was a baby. I was told it was just an "accumulation of tissue." I was offered no other options. I was not educated as to the physical and emotional ramifications of abortion. I was so scared. The counselor reinforced that the "it" was "not a life." I realize now that at 9 1/2 weeks it was very much alive and responsive. This "accumulation of tissue" could already suck its thumb. That's talent for an accumulation of tissue!

I have had 2 miscarriages since my abortion, complications with my second child almost losing her, not to mention a suitcase full of emotional problems.

I now know I am suffering from a condition that occurs often after abortions. Post abortion syndrome. Simply put, a serious regret and emotional trauma directly resulting from an abortion.

After identifying my problem I went back to the abortionist in December of 1992. My appointment was cancelled 3 times when I told her what my visit was regarding. I asked her why she did not inform me about anything with regard to physical or mental effects of abortion. I specifically asked her why she did not honor the Montana Abortion Control Act, and showed it to her. This act says that a doctor is supposed to inform their patients seeking an abortion about the physical and mental effects and the development of the fetus. She smugly said, "It's not enforceable." I have never felt so uncared for by a physician. She was willing to take cash to end my baby's life, but not willing to handle negative effects of the procedure she performed. I was never told that I could suffer this way! That is information I deserved! How could she not tell me information that I deserved to know about my baby and what could happen as a result of this procedure.

There are physical and emotional risks involved in abortion! Supposedly it's my right to the abortion, but tell me, how come it's not my right to be told valuable information about the medical and emotional risks surrounding that abortion?

SENATE JUDICIARY

EXHIBIT NO. 8

DATE 2-3-93

BILL NO. SB202

Jan 22, 1993

I'm answering the following questions regarding my Abortion experience that occurred Oct 18, 1980 in Billings, MT. I was referred by the Billings Planned Parenthood to the Yellowstone Womens Clinic -- which happened to be located in the same building - just down the hall a ways.

I went to P.P for a pregnancy test. When the test was confirmed as positive the clinician from PP - seeing that I was very distraught (unmarried - 23 years old) asked me what my plans were. Well -- what plans -- I was devastated after hearing that news. She encouraged me to go see "Cindy" a counselor with the Yellowstone Womens Clinic. I went from that office down the hall to "Cindy's" office. I must say that the P.P nurse appeared caring + sympathetic whereas "Cindy" was very business like and to the point. I can remember sitting in that office - crying and saying "Abortion is murder - I'm Catholic and I know I'll go to hell." She became very exasperated + frustrated with my emotional outburst and for the most part said "Dry Up" (not quite those words - and this is a quote "That's not a baby... it's a mass of tissue about the size of your thumb." "Besides, if Gods As Loving As he supposedly is, you won't go to hell because of this. God understands your pain, and this is whats best for you.

you don't have a husband -- a new career -- you aren't in any position to raise a child." She pressured me at the time to make a decision -- saying that if I waited ~~B~~ their clinic would not perform the abortion and I would have to go to Missoula -- which did later term abortions.

I left the clinic and consequently informed the father. I really thought we would probably get married since our relationship was fairly solid.

Of course, he wasn't too thrilled -- but seemed open to the marriage idea.

I decided to not have the abortion.

3-4 wks later -- he basically dumped me and I realized that I would be facing this crisis alone. I ~~did~~ not confided with my parents - my mother had died of cancer 2 years before and my Dad + I were not close. I didn't have any brothers or sisters. All my friends were supportive of the abortion -- matter of fact I was surprised by how many of them had had abortions. Unbelievable... but that was a part of their lives they just never talked about.

At this point I was 12 wks pregnant. Because Cindy had told me I needed to make a decision "now" when I was 8 wks pregnant, I just assumed I was too far along

to have the abortion done in Billings.

I made flight arrangements and clinic arrangements to go to Missoula. The morning I was to fly to Missoula, we had a severe snow storm and my flight was canceled. I remember being in hysterics - calling "Cindy" from the airport - crying - and saying (asking) what was I going to do now....? She said "Don't worry about anything, I'll take care of it, made me an appointment at her clinic - either that same week or early the next week. I was scheduled to have my Abortion, ^{So Convenient!}

So - on Oct. 18, 1980 - 10:00 AM I'm at the clinic - on the table. I had a women volunteer "hand holder" with me for comfort. I honestly don't remember her much. I felt so shamed I don't think I actually looked her in the face. Because I knew that what I was doing was wrong, I felt I needed to be "penalized" so I refused the sedative that was offered. Consequently, I remember the procedure very well - all the sounds, the total indifferent uncaring attitude of the doctors and, most of all, the extreme pain. I remember laying on the table as the procedure was being performed crying out "I'm killing my baby, I'm killing my baby" I remember the doctor saying something like "Can somebody shut her up."

I walked out of that clinic another person. The only thing I knew for certain was that I was

destined for hell. I don't remember receiving any forms, information, or follow-up phone calls or appointments. I tried my best in the years that followed to forget it had ever happened. Later, after I was married, our first child conceived was lost due to miscarriage. I felt I was being punished by God for having killed my first baby. I imagined never being able to have children because it was just punishment for what I had done.

In 1984 we had our first son. He was beautiful - healthy and I felt a glimmer of hope that just maybe God hadn't forsaken me. Approximately 3 years later I experienced the saving grace of Jesus Christ. His love and forgiveness have released me from the bondage of death that my abortion experience had condemned me off.

I believe that God has used this experience in my life to convict me of my own sinful life (I was extremely self-righteous) and to see my need for a Savior. If my testimony can be of any help, I will testify.

Erila Schreiber (Schreibers)

5626 Danford Rd

Billings, MT 59106

656-9151 (657-4540)

SENATE JUDICIARY

EXHIBIT NO. 9

DATE 2-3-93

BILL NO. SB202

①

I have come here today in defense of being able to make a true choice when faced with the important decision of terminating a pregnancy.

Eighteen years ago this coming June I had an abortion in Helena, mt. by Dr. (*). I was approximately eight (8) weeks along in my pregnancy. The original test was done by Dr. Thomas Strong of Butte, mt. I informed my mother, who with Dr. Strong arranged for my abortion.

At this time I was so devastated by my actions that I was utterly confused. I went along, not asking any questions because of the fear of losing my family life. I had no friends to tell nor clergy. I am shocked now to think back that not one person offered any other alternative other than abortion. I was not presented with any choices whatsoever.

(2)

I may have had some education in fetal development but because of my agitated state of mind I was unable to recall any remembrance of this information. Again, nothing beyond the length of the pregnancy was divulged. No one told me that at approximately 20 days the heart has begun to beat. Also, that at 8 weeks my baby had fingerprints, so it was a unique person.

I realize that some of this information is fairly new, but does that give us the right to withhold information necessary to make an informed choice now? No! To make a truly informed choice we must present all sides of a situation.

No judge in our land would hold his honorable position if he only heard one

EXHIBIT ⁹ _____
DATE 2-3-93 _____
SB 202 _____

③

Side of a case and then made his decision. In fact we even have cases where because of the preset mind of a judge or because of personal involvement he is excused from hearing a case.

Should we not also do the same for such a life and death decision? Should we not offer a service which would be provided by someone with at least a neutral interest?

If this is not possible, could we not at least provide both sides of this with an opportunity to plead their case as such?

Then, after all the facts have been presented, the final decision would be the pregnant girl's.

Because of my abortion, I had extreme pain and guilt. The pain and subsequent unstoppable bleeding caused me to go to another Dr. for a therapeutic D. & C. (x medical records to follow) Even then, I was put on medication to control the bleeding.

Also, after the abortion, without knowing why, I became suicidal. I know now, it was only a call for help. I entered into a relationship that culminated in marriage. We had four children. Sad to say, for a short season, I was not an ideal mother because of the guilt and remorse over the death of my first child. I was also still suicidal, and depressed. I even sought a psychiatrist at one point but he never dealt with the anger or guilt. The emotional and physical scars were a long time in healing. I received counseling from various sources and eventually was able to overcome with God's help.

I wish now I had been counseled about what to look for and how to deal with the after-effects of abortion, both physical, and emotional, and mental. I know that there are many others in dire need of this counseling but the abortion provider usually has little to do with post-abortion

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(3)

services. If I had been informed of the physical, emotional and mental problems dealing with the willful death of my child, and been offered another alternative I may have had a different story.

Eighteen years ago we did not have all the facts, now we do. So now, we have no excuse.

I do not want what happened to me through my uninformed choice to happen to another. If you are really concerned for the welfare of this ~~expectant~~ ~~mom~~ the pregnant woman then you must concede, that in light of our present knowledge of the physical and psychological risks of abortion, we must give the patient the time (at least 24 hours) and all information she needs to make a truly informed choice.

Patty Smith

SENATE JUDICIARY

EXHIBIT NO. 10

DATE 2-3-93

BILL NO. SB202

MONTANA RIGHT TO LIFE

1900 N. Last Chance Gulch, Suite C
Helena, MT 59601

January 18, 1993

TO WHOM IT MAY CONCERN,

I am writing because of the "Woman's Right To Know" Act which will be introduced in the 1993 session of the Montana legislature. Please consider my story which follows.

October of 1979, I had just started my senior year of High School when I discovered I was pregnant. Of course I was unmarried and was just barely 18.

Three and a half months prior, my boyfriend and I had become sexually active. He suggested I go to family planning and get on birth control, which I did. The problem was that I was already pregnant at that time.

When I got the positive results from my pregnancy test, I was shocked. I was even more shocked when my boyfriend and mother suggested an abortion. I felt trapped and didn't feel I had any where to turn.

I went through with the abortion. My abortion was performed in Great Falls in a doctors office. I was asked to fill out a standard new patient form. I received no counseling before, during, or after this dreadful procedure. When I went in I thought I was about 12 weeks pregnant, but was horrified to know I was actually 16 weeks.

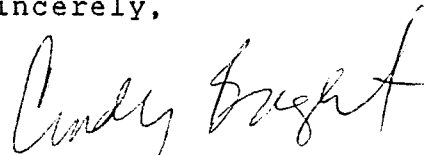
A doctor helped me kill my own baby, which is ironic since doctors are in the business of healing and saving life, not destroying it. At 16 weeks, my baby's heart was beating and he was fully formed.

I admit to being very naive and was not prepared for what followed. Not a day has gone by in the past thirteen years that I have not regretted killing my child. For seven or eight years I was so overwhelmed and consumed with guilt over what I had done that I was obsessed with suicide. I really went off the deep end and would actually hear a voice saying, "The only way to make up for the life you took is to kill yourself." An eye for and eye, right?

Fortunately, I have found peace with what happened to me in the past. I can honestly say that for seven years I experienced a type of hell on earth. I have managed to come to terms with what I have done and I have forgiven myself for my mistake.

I fully support any legislation which would help to deter one young woman from making an uninformed decision which ultimately destroys her unborn child and may contribute to her own physical and emotional destruction. You have my permission to use any or all of my story in any way you think may be useful. I would consider testifying at a legislative hearing.

Sincerely,

A handwritten signature in cursive script that reads "Cindy Bright". The signature is written in dark ink and is positioned above the typed name and address.

Cindy Bright
902 23 St. So.
Great Falls, MT 59405
(406) 771-0411

SENATE JUDICIARY
EXHIBIT NO. 11
DATE 2-3-93
BILL NO. SB202

1-11-93

To Whom it may concern:

I am a lay counselor in Bozeman, Montana, for Post Abortion Counseling Education (PACE). I totally support a "Woman's Right To Know" Act of 1993. When I had my abortion in 1974, I was not totally informed. I was unaware that I would live under the emotional stress of abortion that would lead to Post Traumatic Stress Disorder that Viet Nam Vets had also incurred, and that would eventually lead to a nervous breakdown in 1987. I was not given any other alternatives to abortion. My abortion took place in Montana. I knew I had to have an abortion before the first trimester because that was what was legal then. I was ^{not} told that it was a baby. I later came out of denial when I looked back on the records of the abortion and saw

that the fetus was 3 inches long. I was in crisis and my feelings were overwhelming when I went in. I later on the operating table told the nurses I was going to get sick and to let me go, but they put me to sleep against my will after that. I left them completely numb with no further follow-up on my condition. I had a D & C in the hospital and not a regular abortion clinic. It was in the Billings Clinic and was done by a doctor who retired from practice.

I have counseled and been in counseling with other women who had the same reactions I did. Women are in crisis, but need to be calmed down and shown that there is more choices out there than they know. They need to be told abortion is not an easy way out.

I was young and frightened and needed to know that the Doctor was for me and

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DATE 2-3-93
SP 207

-3-

wanted to help and not exploit me for money. I believe everyone has rights, but with rights comes responsibility. I believe Doctors when giving advice on an abortion should also be accountable. People are not so easily persuaded to hand out one-sided biased advice when there is a cost to them, also.

Sincerely,

Debbie Bridges
895 Mary Road
Bozeman, MT 59715
406-585-2484

Yes I would be willing to testify.

February 2, 1993

EXHIBIT NO. 12

DATE 2-3-93

BILL NO. SB202

Senator Yellowtail and Members of the committee

I am John Vandenacre and I rise in support of this bill as a man, even though it is a women's issue because I care deeply about humanity.

Senator Yellowtail, members of the committee you are going to hear testimony about this bill saying it's too expensive and I would ask you how much are women worth in dollars and cents? You will hear testimony this places undue burden on doctors, but I submit to you it will have no effect on the doctors who already give the necessary information. It will ONLY affect those who have something to gain by withholding pertinent information.

You will also hear testimony that this bill is unnecessary. That this information is already being given. I submit to you the testimony of many MT aborted women whose real life experience disagrees with that cover up.

Assume with me for a moment this was not an abortion related bill but rather a bill protecting women's right to know about BREAST IMPLANT risks. There simply is no argument to support the cover up's of medical risks we have recently seen with that issue.

I would submit to you the only persons who would testify against such a bill would be those with a vested interest in selling breast implants.

Ladies and Gentlemen of the committee, I suggest to you there is No Difference between knowing the risks of breast implants and abortion. Both should be done in every case but evidence proves neither are being done on a consistent basis.

I am asking you to set aside your pro life prejudices and your pro choice prejudices and look beyond the smoke screens, the diversions, and rhetoric and ask yourself two questions.

Question #1 Will this bill harm EVEN ONE woman in any way? The answer is an absolute NO.

Question #2 Does this bill have the potential of helping women protect themselves and make truly informed choices? The answer is a resounding YES.

I urge your support of SB 202

It was November of 1937 in Casper Wyoming that I found myself a responsible, respectable, loving mother of three ending an 3 year marriage. My children and I moved into a basement apartment and I found a part time job at a department store. Along with all of these changes came the discovery that I was 9 weeks pregnant. My husband had already found someone else and had definite plans of his own. I was barely making enough to put food on the table so my husband graciously handed me \$350.00 and told me to take care of the situation. Seeing no other possible solution and yes, wanting the easy way out, I chose abortion. Alone I went to the doctor's office, alone I had the abortion, and alone I returned home, took a nap and never thought of it again. I still felt it was the right thing to do. After all, no one told me any different, no one told me anything. End of story? No, just the beginning.

Shortly after that, I moved back to power, Montana with 2 of my children to live with my Mom. I couldn't stand being alone, so I spent as much time at the bar as possible. Alcohol filled the void that neither my Mom or my children could. I moved out of my Mom's house into one of my own and would leave my children home alone many nights as I continued to drown my sorrows. When I was home, I'd drink till I passed out, again leaving the girls to fend for themselves. You might be wondering what the ages of these children were, they were 3 yrs. and 5 yrs. old. I didn't mean to hurt them this way, but I hated myself and could barely function let alone take care of them.

In May of 1938, I found myself 7 weeks pregnant again. The father was younger than I and we had only known each other 5 months. A baby was not part of his plans for the future, again. So I scheduled an appointment for another abortion, again, Feeling nothing, again. This is where the similarities end. This is where the difference begins.

I had people tell me I was doing the right thing and that I was making the best decision, including my Mom. I had others tell me I would be making a big mistake, which I resented. The Father's aunt wanted me to come and stay with her and her husband and let them adopt the baby. They couldn't have children but I couldn't stand the thought of someone else raising my baby.

Odd isn't it that I didn't want someone else raising the baby but I was willing to have it destroyed!

The Sunday before my scheduled Monday appointment, I received a phone call from my ex-husband's sister. She knew of my pregnancy but nothing of my plans to abort. She asked if she and her husband could pick me up and take me somewhere to talk. I agreed and that day we went to their church. They asked me what my plans were and I told them. They then told me what happens during an abortion and they showed me pictures. Soon, the wall came tumbling down and the memory of my past abortion came flooding back in a torrent of tears. I remembered the sight, the smell, the sick empty felling in my stomach, and the feel of the cold metal. But most vivid of all was the horror of the sound as the baby was sucked out of my body. I was horrified at the realization of what I had done and what it had done to me. This couple told me of places I could go for clothing, financial help, etc... things that seem so trivial when you are considering the life of a child but are so monumental when the options seem so slim. I felt a great release from guilt that had been suppressed all those months and confident that I COULD be a good mother to this little life as well as the 2 special little girls who seemed to have lost their Mom 6 months ago. The next day, the father came up to me and asked me if I was ready to be a Mom again. What was my answer? Well let me introduce you to not only the answer to his question, but the very HEARTBEAT of this bill. Katy Kay Heck.

Katy was born on November 24, 1983. Appropriately she came on Thanksgiving Day. I am now married to her father and we have transformed the lives of all our children into stable, productive, joy filled memories.

Do women have the right to know? You Bet! Why? Because it does make a difference! You see, you don't just go in and have the abortion and not deal with it consciously or subconsciously. In my case, my whole family was being destroyed and I am only now beginning to realize that I was suffering from a typical psychological disorder found in women who have abortions. Is it just a coincidence that since the decision to have Katy that not only was her life spared, but the lives of mine and my other 2 childrens have blossomed? I think not!

This Testimony is why I urge you to give women the "Right To Know" the facts. Two concerned individuals in a town of 150 people took the time to talk to me, show me how big my baby was and what abortion does. They told me the facts, showed me where help was and it made a big difference! That is the only reason Katy is here today, because I just didn't know. God only knows what would have happened to my family or what the lives Katy has touched would have missed if I would have killed her too.

And my Mother, who thought aborting Katy was a good idea? Well, let me just say this... Katy was the apple of her eye and when Mom passed away into eternity this June, 4 year old Katy was there to hold her hand.

Thank You,
Darci Heck

EXHIBIT 13
DATE 2-3-93
L SB 202

January 7, 1993

SENATE JUDICIARY
EXHIBIT NO. 14
DATE 2-3-93
BILL NO. SB202

Montana Right to Life
1900 N. Last Chance Gulch
Helena, MT 59601

To Whom it may Concern:

My story begins in 1976, in Great Falls, M. I was the youngest of three children in a middle class family. I was raised in a nice Christian home, and sheltered from many of the evils of society. My sex education consisted of a movie about menstruation in fifth grade and a book called Almost Twelve, which I received when I was 14.

My experimentation with sex began at the age of 13. I attribute my behavior to two reasons. The first reason was because of my personality. I was always kind of a loner, not knowing how to make new friends. When I reached junior high school, my close circle of friends started making new friends of their own, and I was left feeling lonely. I discovered boys about this time, and they were the only source of attention I could get.

The second reason that I think led to my behavior was an unsatisfied curiosity. I realized that my behavior was not consistent with my religious values, but I was never given any reason to be good other than "nice girls don't do that." I did as many of that age group tend to do, deny that bad things would ever happen to me.

My luck ran out at the age of 15. I had only known about this thing called abortion for a few short months when I became pregnant. It seemed so easy, and the most sensible solution to my problem. I had heard about girls going away when this happens to them, but this seemed so much more convenient, and less embarrassing to my family. I was told of a private physician in town that could take care of it for a mere \$250.00. I called to make an appointment, and was seen in a day or two.

I guess I was a little surprised during my appointment, because no questions were asked about the father, and no lectures were given. The doctor told me that he would give me a pill to dilate me, and I would return the next day for a simple procedure. I felt rather numb when I left the office, and busied myself for the rest of the day to try not to think about it.

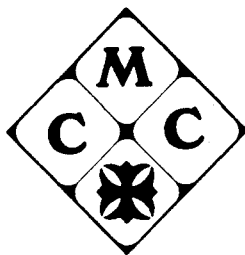
When I returned the next day, things went very quickly. I undressed from the waist down, and lay on the examination table with my feet in the stirrups. The physician told me that he was going to give me an injection into my womb, and then the procedure would begin. As he was withdrawing the needle, I realized, with much despair, that this was probably a poison to kill my baby. It was at that moment that I realized that I had made a decision that I was going to regret for the rest of my life. Then I watched a suction tube fill with blood, and pass into a holding tank to be later poured down the drain.

I left the office a different person. I felt better physically than I had felt in weeks, but the memory of what I had done was permanently engraved in my mind. I thought about it almost every day, secretly grieving the baby I had murdered. Because of this horrible decision I had made, I lost all respect for myself. I turned to alcohol and drugs, but nothing could take that memory from my mind. I experienced several hopeless relationships, feeling that a person as bad as myself didn't deserve any better. This self-destructive behavior continued for almost ten years. I had no goals in life, my girlfriends had all deserted me, and life became a drugery. I married at the age of 19 someone almost twice my age. I knew at the time of the marriage that this person was no good for me, but he was the first person who ever really wanted me, and I saw him as someone to take care of me.

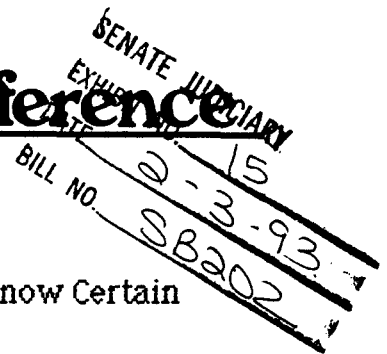
Five-and-a-half years and three children later, I was a single mother. I was relieved to be out of a stormy marriage, but still unable to take care of myself. I felt like I helpless, hopeless situation. I started attending church, and finally surrendered my life to the Lord in April of 1986. I was invited to a Right-to-Life prayer rally by an unsuspecting friend from church.

At this rally, a flyer was given out about something called Post-abortion Syndrome. It seemed to be written about me personally. I attended counseling for people with this syndrome in Great Falls, and can honestly say that it changed my life. I was able to forgive myself, the physician, my parents, and all others connected with the abortion. I realized that God forgave me, and through confession I was made clean. The Lord also gave me the strength to do something I had wanted to do since my divorce, go to college. He continues to strengthen me daily with all the struggles of single parenthood and college.

2411 Wagon



Montana Catholic Conference



Testimony on Senate Bill 202 Clarifying a Woman's Right to Know Certain Facts Prior to an Abortion

Chairman Yellowtail and Members of the Committee

My name is Sharon Hoff representing the Montana Catholic Conference. As Conference Director, I serve as the liaison for the two Roman Catholic Bishops of the State of Montana in matters of public policy.

The Montana Catholic Conference supports SB 202.

The Roman Catholic Church is concerned about all life issues. We want to protect all human life and see this legislation as an important step toward protecting the mother.

A couple of years ago I had simple elective surgery. It was uncomplicated day surgery. The day before the procedure I was required to have a chest x-ray and full physical examination. I met with the surgical nurse and the anesthesiologist to review health history, receive information on possible complications and risks.

Abortion is the only elective surgery exempted from full disclosure regarding surgical procedures used, possible complications, risks and after effects.

On January 22, 1993 when President Clinton lifted the Title X Gag Rule he stated, in part:

"The Gag Rule endangers women's lives and health by preventing them from receiving complete and accurate medical information and interferes with the doctor-patient relationship by prohibiting information that medical professionals are otherwise ethically and legally required to provide to their patients."

Senate Bill 202 will help insure that women truly receive complete and accurate information. Senate Bill 202 also insures that a woman has the necessary time needed to absorb the information by allowing 24 hours between providing the information and the abortion.



Montana law covering consumer protection protects a buyer's right to cancel a personal solicitation within three business days (Section 30-14-504 MCA). Now a decision for an abortion is hardly comparable to buying a vacuum cleaner, but if a consumer is given three business days to reverse that kind of decision, should we not provide one full day to make a decision which is irreversible?

The decision for an abortion is frequently made under pressure and stress. Some people are impulsive decision makers and need time to reach certainty before action.

David Reardon's Book Aborted Women, Silent No More, contains a detailed national survey of 252 aborted women and complete testimonies of 20 aborted women. These women share some significant commonalities:

- All openly admit they made a wrong choice
- All suffered emotionally and psychologically
- All claim they were not adequately warned about the psychological impact of abortion

We are concerned about women, about their health and well-being. I urge your support of SB 202.

SENATE JUDICIARY COMMITTEE
EXHIBIT NO. 16
DATE 2-3-93
BILL NO. SB202

WRITTEN TESTIMONY OF DR. DOUGLAS WEBBER
RE: SB202
FEBRUARY 3, 1993

Senator Bill Yellowtail
Chairman, Senate Judiciary Committee
and Committee Members

SB202 purports to enforce "a woman's right to know". I oppose this bill because it is unnecessary, it mandates bad medicine, and it imposes an undue burden upon women seeking health care.

I fail to see why this new law is necessary. We are all familiar with the concept of Informed Consent: before performing any medical procedure, a physician must inform the patient of the nature of the treatment, its risks, and of alternatives. It is our legal and ethical responsibility to educate our patients. Performing surgery on a patient who is uninformed or undecided is tantamount to inviting a lawsuit; thus, Informed Consent is in the best interest of both patient and doctor.

I would state that physicians of Montana are already providing the necessary education and counselling to enable patients to make an informed decision - additional legislation is just not needed. I have included in the record our clinic's Consent Form which details the counselling received by our patients.

Secondly, the bill is bad medicine. It mandates the same rigid "lecture" be given to all patients. Just as a doctor doesn't write the same prescription for every patient, neither do we counsel, teach and obtain informed consent in the same manner for all. For example: Must I inform a rape victim that "the father is liable to pay child support"? "You can sue the rapist for child support". Must I really deliver that message to the victim? And must I inform a married couple who desires no more

children, "you may be eligible for Medicaid, here is the phone number of the Welfare Office", then turn to the wife and say "the father is liable for child support"? This is Big Government at its arrogant worst - telling the doctor what to say, and telling the patient she can't be trusted to make her decision without a lecture from the State.

Finally, the bill imposes the burden of a 24 hour waiting period. Most women have had several weeks to make their decision prior to counselling; most women are very certain of their choice - those who are unsure are referred for more counselling and may return in a week or two, or go ahead with the pregnancy. Forced delays pose additional barriers for women, especially low-income women. Many of our patients must travel hundreds of miles, often by bus, to our clinic, and can ill-afford the cost of surgery. The 24-hour wait would add the cost of two days missed work, and/or two days of child care, plus hotel and food expenses for two days.

In summary, I wish to say that the people of Montana have an enviable health care system. We are, in general, a well-educated and healthy people. Our physicians are the equal of any in the country. Existing Informed Consent laws are both educating and protecting our patients. Our system "ain't broke", it doesn't need fixing. I urge you to reject this bill.

4. My responsibility to fill and take as directed any prescription given me. I further understand I may call the clinic at any time if I experience a problem with any medications prescribed. _____

5. The complications and risks of the abortion procedure, among which are infection, incomplete abortion, bleeding, perforation of the uterus, continuing pregnancy, post abortal syndrome, loss of future fertility, depression, allergic reaction to medication, and death. I have been advised the national rate of minor complication is less than 2 1/2%; the national rate of serious complication is less than 1/2 of 1%. _____

6. There are many factors affecting future fertility, including PID, STD's and personal anatomy. Although abortion affects fertility less than carrying a pregnancy to term, there is no guarantee that I will conceive in the future. _____

7. I can reverse my decision up to the time of the procedure. I understand that if a laminaria is used to dilate the cervix, insertion of the laminaria is the beginning of the procedure. I understand that there are serious health risks to myself and the fetus if the abortion isn't completed after dilation. _____

8. The physical and psychological effects of abortion. _____

9. That if complications develop not resulting from the negligence of the staff or MD performing the procedure, I will be responsible for cost of treatment(s) deemed medically necessary to treat said complication. _____

10. My responsibility to seek medical care if I develop any of the following symptoms as a result of my abortion. I understand that these symptoms include but are not limited to:

**Fever if 100.5 degrees or higher (chills, aching, fatigue).

**Abdominal Pain or cramping that is severe or becomes stronger with time.

**BLEEDING that lasts more than 3 weeks or saturates more than 4 pads a day.

**VAGINAL DISCHARGE that is unusual or foul smelling.

**ALLERGIC REACTION such as skin rash or difficulty breathing.

**NO MENSTRUAL PERIOD within 8 weeks.

**SCANT BLEEDING COMBINED WITH RAPID PULSE & ABDOMINAL PAIN.

**Any unusual symptoms or symptoms not normal to my health _____

11. My responsibility to receive a follow-up exam and to give Blue Mountain Clinic written notice of this exam. _____

I acknowledge that no guarantee or assurance has been made to me by Blue Mountain Clinic concerning the success of the abortion. I release and agree to hold harmless Blue Mountain Clinic for the performance of the procedure referred to above and any consequences not resulting from the negligence of the staff of the Blue Mountain Clinic.

Signature of Client

Signature of Witness

EXHIBIT 16
DATE 2-3-93
SB 202

BLUE MOUNTAIN CLINIC
CONSENT FOR ABORTION

YOUR COUNSELOR WILL REVIEW THIS CONSENT WITH YOU AND ASK YOU TO FILL IN THE BLANKS AND INITIAL THE LINES AFTER EACH STATEMENT. THE ACT OF INITIALING AND SIGNING THIS CONSENT MEANS YOU UNDERSTAND THE INFORMATION AND YOUR QUESTIONS HAVE BEEN ANSWERED TO YOUR SATISFACTION.

I, _____ age _____, consent to, request and authorize Dr. _____ and whomever he/she designates as his/her assistant to perform an abortion upon me, to administer an anesthetic of his/her choice, to dispose of any tissue which may be removed in the course of the abortion, and to prescribe birth control and other medication. I understand that the medications used may include, but are not limited to, lidocaine, epinephrine, valium, and methergine, and their effects have been explained to me.

If complications arise or problems occur during or subsequent to my abortion, I authorize my physician to do what he/she deems necessary for my well being, including but not limited to, performance of any other procedure, administration of any medications, and/or admittance to a hospital. I understand and agree that if transfer to a hospital is necessary, Blue Mountain Clinic does not assume any responsibility for the hospital and medical expenses incurred as a result.

I have told Blue Mountain Clinic that my pregnancy commenced on _____ (date of last menstrual period). I understand that my physician needs to have complete and honest information about my medical history in order to provide the safest abortion procedure possible. I realize that drugs (both legal and illegal) I may be taking or past medical problems may affect the safety of the abortion. I have reported any serious medical problems I have had in the past, including any allergies or allergic reactions. I have told Blue Mountain Clinic about my reproductive history, including any previous abortions, miscarriages, and/or deliveries. I have furnished Blue Mountain Clinic with my correct address.

I give my consent and authorization for this procedure freely and voluntarily, after being advised by Blue Mountain Clinic of/that:

1. Available alternatives to abortion, including parenthood and adoption. _____
2. The medical procedure used to terminate my pregnancy, the developmental stage of the fetus, and the effect of this abortion method on the fetus. I understand and accept that estimation of fetal development is subjective and that actual gestation could vary from LMP by many weeks, and that, because of this, the length of the procedure cannot be predicted. _____
3. The possibility that I may not be pregnant although I have had a positive HCG test and/or my pelvic exam indicated enlargement. In such a case, I understand that I am not to be reimbursed for the cost of the procedures performed. _____



SENATE BILL 202 - SENATE JUDICIARY COMMITTEE
HEARING - FEBRUARY 3, 1993

My name is Devon Burklund and I am an RN and clinic manager of Planned Parenthood of Helena. I am here today representing Intermountain Planned Parenthood. Intermountain Planned Parenthood is seven clinics state wide, including two abortion clinics. Last year we provided medical services, education and counseling to over 17,000 Montana women and men.

Intermountain Planned Parenthood is opposed to S.B. 202 for several reasons. It is not a consumer protection bill to obtain informed consent, as stated by the proponents. Informed consent is already currently practiced in every medical clinic in Montana and is practiced before every medical procedure, including abortion. (refer to the enclosed fact sheet and consent form). Every woman presenting for an abortion is counseled on all of the following aspects:

- All options available to her including continuing the pregnancy and adoption.
- The procedure is explained in detail. Risks and rates of complications are thoroughly discussed. Every woman receives a copy of the fact sheet on early abortion. (see enclosed)
- Gestational size is discussed and accurate pictures of fetal development are available at the woman's request. (see enclosed)

721 North 29th Street
Billings, Montana 59101
406 248-3636

1844 Broadwater Avenue
Billings, Montana 59102
406 656-9980

926 Main Street, Suite 17
Billings, Montana 59105
406 248-2373

1220 Central Avenue
Great Falls, Montana 59401
406 454-3431

1500 Cannon Street
Helena, Montana 59601
406 443-7676

SENATE JUDICIARY COMMITTEE
EXHIBIT NO. 17
DATE 2-3-93
BILL NO. SB202

- Ultrasound is used on almost every woman before her procedure. Patients can view the ultrasound if they choose to. After the procedure women can view the fetal tissue if they wish to do so.
- The physician introduces himself by name and answers any questions that the woman may still have. The woman can change her mind at any point before the procedure.
- After the procedure, aftercare instructions are thoroughly explained, as well as an appropriate method of birth control, if desired.

After obtaining informed consent, Senate Bill 202 requires that women must wait 24 hours to obtain an abortion. This action implies that the woman's decision to seek an abortion was not carefully considered. The majority of women confide in their partners, family members, and friends. They have exhaustively considered how continuing the pregnancy will affect their lives and the lives of their families. The cost to women who have to travel in rural Montana sometimes prohibits women from seeking abortions. A 24 hour wait will add to those costs and make abortion unobtainable for some.

Intermountain Planned Parenthood feels that these provisions place unnecessary and burdensome restrictions on women and their physicians and make abortions more difficult, more dangerous, more expensive, and more humiliating. Present informed consent provisions in the Montana Abortion Control Act worked well for 19 years. I ask that the senate carefully considers the needs of Montana women and vote against this bill.

REQUEST FOR ABORTION

I acknowledge that I am aware of the alternatives available to me including continuing my pregnancy with the option of adoption, as well as abortion. I have been examined by a nurse practitioner or a physician and have been informed that I am _____ menstrual weeks pregnant.

____ Facts about Early Abortion (Suction and Curettage procedure)

____ Facts about the Use of Osmotic Cervical Dilators.

I have read the above noted fact sheet(s) containing detailed information on the nature and purpose of an abortion, the risks involved, and the possibility of complications. I have read the fact sheet(s), which has been explained to me and which I understand. I have had all my questions answered. I also understand that a doctor is available to answer any additional questions I may have.

No guarantee or assurance has been made to me as to the results which may be obtained and I am aware, on the basis of the fact sheet(s) and the explanation I received, of the risks involved in an abortion and the possible complications.

It's possible that some extremely rare conditions, like narrowing of the cervical canal or other abnormalities of the genital tract, may make either a suction curettage or dilation and evacuation abortion impossible to perform.

*I understand that if osmotic cervical dilators have been inserted, the evacuation must be completed within the specified time.

I understand that neither Helena Valley Women's Clinic nor Intermountain Planned Parenthood can assume the financial responsibility for medical care received prior to, or following the abortion.

I understand that if I am less than 18 years old and must be hospitalized, my parents will be contacted.

I hereby request that a Doctor authorized by Helena Valley Women's Clinic perform an abortion upon me if he deems the procedure to be medically advisable. If any unforeseen condition arises during the abortion calling for additional or different procedures from those originally planned, I request and authorize the Doctor to do whatever he deems advisable to protect my health and welfare.

I hereby consent to the administration of a local anesthetic and if indicated a moderate analgesic and/or moderate tranquilizer.

I hereby give my permission to the employees of Intermountain Planned Parenthood and others authorized by them to use information contained in my medical record for statistical purposes, with the understanding that confidentiality will be maintained, as well as for any reports required by the laws of the State of Montana.

Patient _____ Date _____

I witness the fact that the patient received the above mentioned information and said she read and understood same.

Witness _____ Date _____

I have discussed with the patient the abortion she has requested and have been assured that all her questions have been answered. I believe she is sufficiently mature and intelligent to understand the nature and consequences of her condition and of the procedure. I believe that the abortion she has requested is in her best interest.

Physician _____ Date _____

SENATE JUDICIARY COMMITTEE
EXHIBIT NO. 18
DATE 2-3-93
BILL NO. SB202

HELENA VALLEY WOMEN'S CLINIC
1500 CANNON
Helena, MT 59601
443-0169

Helena Valley Women's Clinic is a division of Intermountain Planned Parenthood.

FACTS ABOUT EARLY ABORTION

WHAT IS IT- A surgical procedure to terminate a pregnancy within 12 weeks from last menstrual period.

HOW IS IT DONE- The standard method is vacuum aspiration (suction curettage):

. A local anesthetic is usually injected into or around the cervix (the lower part of the uterus). In some cases a tranquilizing medication is administered by injection into the muscle or the vein. Alternatively, a general anesthetic may be used.

. The opening of the cervix is gradually stretched by a series of narrow rods (dilators), each a little wider than the one before. The largest dilator may be about as thick as your index finger.

* Alternatively, the cervix can be stretched open over a period of hours using an osmotic cervical dilator that swells by soaking up fluid from the cervix. In that case the vagina is first cleansed. The dilators are then put into the cervix. You may be given a prescription for antibiotics to prevent infection. You will also be given written instructions for your care prior to returning to the clinic to complete the procedure. This sheet includes a telephone number so that you can get in touch with the clinic staff should any problems arise.

. When the cervical opening is wide enough to admit it, a blunt-tipped tube is inserted into the uterus. This tube is attached to a suction machine, which is then turned on.

. After the uterus has been emptied by gentle suction, an ordinary spoon shaped curette may be used to determine that the uterus has been completely emptied.

POSSIBLE PROBLEMS - As with any kind of surgery, complications can occur with early abortion. Early abortion by vacuum aspiration is, however, very safe. Fewer than 1 woman in 100 will have a serious complication, including, but not limited to:

Blood clots in the Uterus - In about one in a hundred cases, blood clots may fill the uterus leading to severe cramping. Usually the treatment is repeat uterine evacuation.

Infection - Infection is caused by germs from the vagina and cervix getting into the uterus. The risk of infection associated with early abortion is less than 1 in 100 cases. Such infections usually respond to antibiotics, but in some cases, a repeat vacuum aspiration or hospitalization is necessary. Surgery may also be required.

Bleeding - Bleeding from the uterus heavy enough to require treatment occurs rarely. Bleeding heavy enough to require a blood transfer occurs less than 1 in 1000 cases. This bleeding problem may require medications to help the uterus contract, a repeat vacuum aspiration or dilation and curettage, or rarely, surgery.

Cervical Tear - The cervix is sometimes torn during the procedure. The frequency of this event is less than 1 in 100 cases. Stitches may be required to repair the injury.

Incomplete Abortion - Occasionally, the contents of the uterus may not be completely emptied. The risk of having an incomplete abortion is about 5 per 1,000 abortions. This problem can lead to infection, bleeding, or both. To remove tissue, it may be necessary to repeat the vacuum aspiration or perform a dilation and curettage at the clinic or in a hospital.

Perforation - Rarely, an instrument may go through the wall of the uterus or cervix. The frequency of this event is about 3 per 1,000 cases. Should this happen, hospitalization is usually required for observation and/or completion of the abortion. To inspect the condition of the uterus in this situation, a small telescope (laparoscope) can be inserted through the navel. Rarely, an abdominal operation is required to repair the damage. This can include hysterectomy (removal of the uterus), which makes it impossible to have children. The frequency of hysterectomy in this setting is about 1 in 1,000 cases.

Failure to Terminate the Pregnancy - Rarely, the early abortion procedure will not end the pregnancy. The likelihood of this event is about 2 per 1,000 cases. This possibility one reason that a post-abortion examination is essential. In such cases, another abortion procedure is recommended, since the first attempted abortion can adversely affect normal development of the pregnancy. Alternatively, a tubal (ectopic) pregnancy may exist, which requires an abdominal operation to remove.

Death - Early abortion is one of the safest operations in all of medicine. Information from the centers of Disease Control (CDC) indicates that the risk of death from early abortion is about 1 in 100,000 cases. By comparison, the risk of death associated with tonsillectomy is about 3 deaths per 100,000 cases. The risk of a woman dying from full-term pregnancy and childbirth is at least 7 times greater than that from early abortion.

Anesthesia - Some women may be allergic to novocain derivatives and to other medications. If this is known, it is important to tell the doctor. All medications or drugs, including street drugs, may cause serious and dangerous reactions during anesthesia. It is important that you provide this clinic with such information. What you tell us will be kept in confidence.

Impact of Abortion on Subsequent Wanted Pregnancies - At this point there is no clear evidence that one early abortion carries any risk to future pregnancies. Women who have had two or more such abortions may have increased risk of premature deliveries or miscarriages in future pregnancies. Some studies have shown this effect, while others have not.

Emotional Changes - Women experience a variety of emotions during pregnancy and after having an abortion, including: relief, guilt, a sense of loss, sadness, and some depression. These feelings may be due to normal hormonal changes which occur following an abortion, and most women say these feelings do not last long. Serious psychiatric disturbances, such as psychosis and serious depression after abortion, appear to occur less frequently than after childbirth.

Deciding whether or not to have an abortion is a very personal matter; you need to be comfortably sure that termination is the way you want to go, even if it is a hard decision to make.

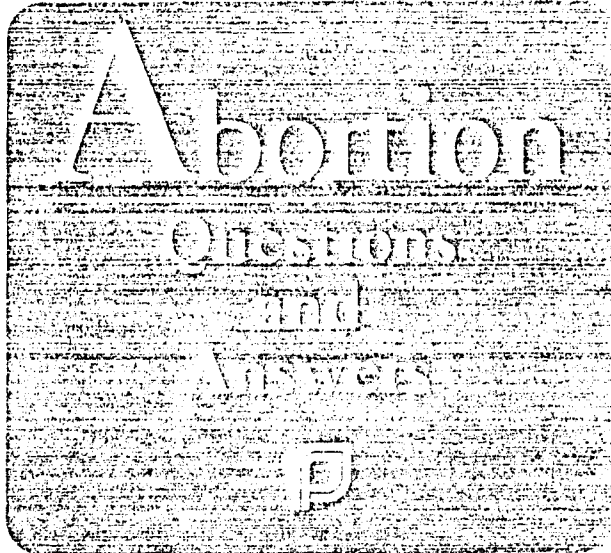
Neither Helena Valley Women's Clinic nor Intermountain Planned Parenthood can assume the financial responsibility for any medical care rendered either prior to, or following the abortion other than that provided in Helena Valley Women's Clinic.

SENATE JUDICIARY COMMITTEE

EXHIBIT NO. 20

DATE 12-3-93

BILL NO. SB 202



This document is stored at the Historical Society at 225 North Roberts Street, Helena, MT 59620-1201. The phone number is 444-2694.

FOLLOWING IS A DESCRIPTION OF THE PHYSICAL CHARACTERISTICS OF A NORMAL CHILD, DESCRIBED AT TWO-WEEK INTERVALS.

SENATE JUDICIARY COMM.
 EXHIBIT NO. 21
 DATE 2-3-93
 BILL NO. SB202

Age from last
menstrual period
 6 wks.

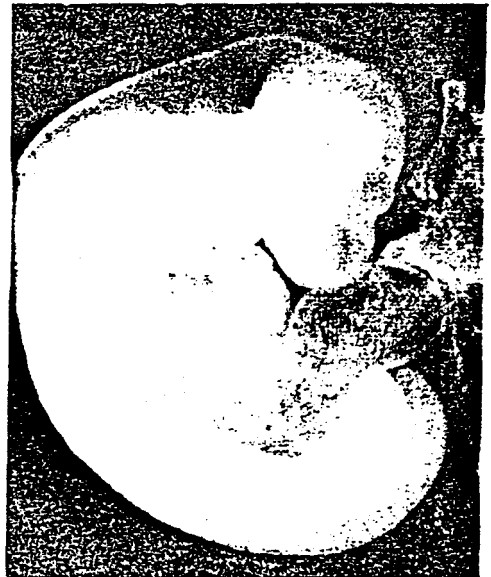
Age from time
of conception
 4 wks.

* CR Length
 5 mm
 ¼ inch
 —

The embryo has the beginning of a circulatory system. The heart has begun to beat and pump blood. There are 3 primary parts to the brain and the nerves are beginning to form. The location of the ears, eyes and nose are just becoming evident.



embryo (4 weeks)
 Courtesy of Dr. Ronan O'Rahilly,
 Carnegie laboratories of Embryology



human embryo at thirty days
 Courtesy of Dr. L.B. Shettles
 In Association with R. Rugh

* Crown-Rump Length

8 wks.

6 wks.

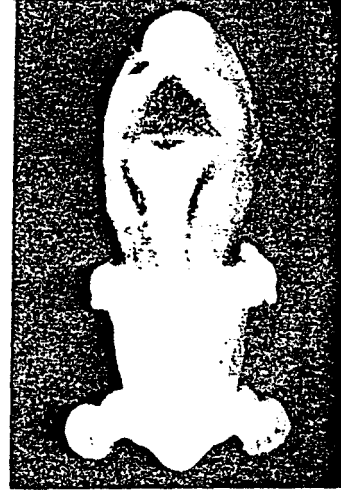
12 mm
½ inch

The heart looks almost normal. The umbilical cord is present. The arm buds are forming and appear flipper-like. The leg buds are just forming. The neural tube has closed forming the beginning of the spinal cord.



*forty-two days
side view*

*Courtesy of Dr. L.B. Shettles
In Association with R. Rugh*



*forty-two days
from rear, spinal view*



*embryo (6 weeks)
Courtesy of Dr. Ronan O'Rahilly,
Carnegie Laboratories of Embryology*

Age from last
menstrual period

12 wks.

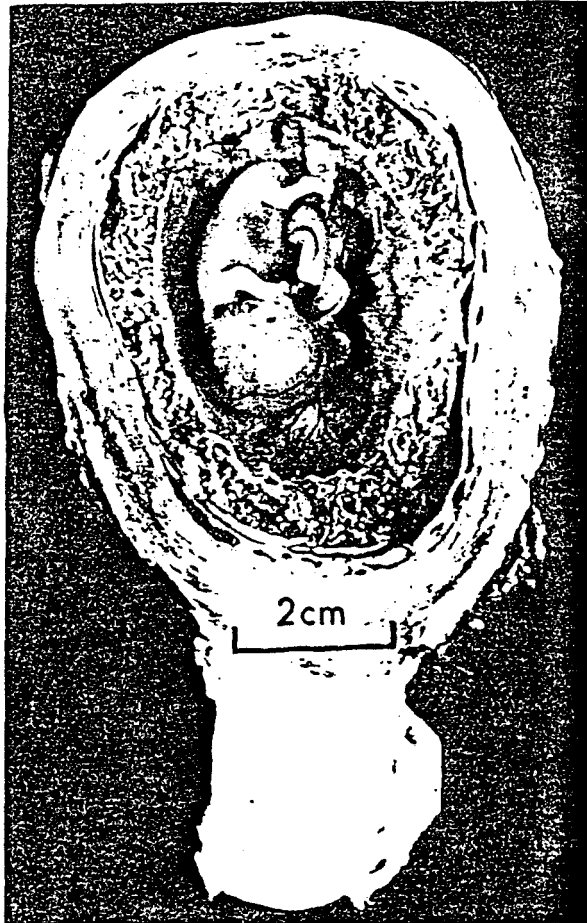
Age from time
of conception

10 wks.

CR Length

40-60 mm
1½-2¼ inches

The embryo, a Greek word meaning to swell, has now become a fetus, a Latin word meaning young one. Fingernails are beginning to form on the fetus. The nose is well developed. The kidney is nearly completed and is capable of making urine. Red blood cells are circulating and a few centers of bone formation are obvious. The skin of the face and pails may be sensitive and local stimulation may cause finger movement or mouth movement. The heart beat can usually be heard by electrical devices.



*fetus (8 weeks)
From The Biology of Human Reproduction,
J.J. Head 1979*

Age from last
menstrual period

10 wks.

Age from time
of conception

8 wks.

CR Length

24 mm
1 inch

The heart and major blood vessels are formed. The fingers are well formed, the toes almost. The liver is formed, the intestines are beginning to coil, and the lungs are nearing final form. The diaphragm is completed. Eyes and ears are well formed. Tongue and taste buds are present. A small stubby tail-process is present which later disappears. There are occasional spontaneous movements not felt by the mother. Electrical waves from the brain may be present. Sex is not evident yet.



*fetus (8 weeks)
Courtesy of Dr. Ronan O'Rahilly,
Carnegie Laboratories of Embryology*

21
2-3-93
SB 202

Age from last
menstrual period

14 wks.

Age from time
of conception

12 wks.

CR Length

56-87 mm
2¼-3½"

Some bones are outlined, and clear on x-ray. The spinal cord is continuing to develop, the bone marrow is making blood cells. The sex of the fetus is obvious to the naked eye.



*fetus (12-13 weeks)
Courtesy of Dr. Ronan O'Rahilly,
Carnegie Laboratories of Embryology*

EXHIBIT 21
DATE 2-3-93
SB 202

Age from last
menstrual period

16 wks.

Age from time
of conception

14 wks.

CR Length

115-125 mm
4¼-5"

The face becomes human in appearance as the nose, ears, and eyes look normal. The lower limbs are now well developed.



*fetus (13-14 weeks)
Courtesy of Dr. Ronan O'Rahilly,
Carnegie Laboratories of Embryology*

February 3, 1993

Mr. Chairman and Members of the Senate Judiciary Committee:

I wanted to share with you my personal abortion story, because I believe it helps illustrate why SB 202 would be bad law. In my case, it would have increased the medical risk of my abortion, for no legitimate reason.

First, I wish to explain why I am not here to testify, myself. I am fully aware that there are people in this room who would cast their judgment on me for my decision. Also, my decision was a most private, personal one that I do not wish to share publicly.

I was pregnant a few years ago. It was a very planned, wanted pregnancy. Because I was in a high-risk age group (35 and over), I underwent prenatal testing. My early test results at 10 weeks gestation revealed that my fetus might have a chromosomal disorder. Therefore, I underwent amniocentesis. I received the results at the end of my 17th gestational week. They confirmed that my fetus had abnormal chromosomes affecting several major organs. I decided to terminate my pregnancy. This may not have been the right choice for everyone, but it was the right one for me.

To my knowledge, at that time there were only 2 doctors in Montana who performed abortions in the 17th to 18th week and none past the 18th week. Neither doctor lived in my hometown. Only one was available and scheduled me for an appointment the following Monday. I was just beginning my 18th gestational week.

If I had had to wait 24 hours to receive abortion counseling, at that late stage in my pregnancy, I would been exposed to higher medical risk. For each day I had to wait, the chances were greater that I could not obtain an abortion in Montana and the procedure would be more complicated, dangerous, and expensive.

But worst of all, and most offensive to me, a 24 hour waiting period, and the mandatory counseling prescribed by this bill, would have been totally inappropriate to my circumstance. I had received extensive genetic and medical counseling throughout my pregnancy and had researched abortion techniques and risks. Counseling about the "adoption alternative" takes on a significantly different meaning when done in the context of a fetus with chromosomal abnormalities. There was no purpose whatsoever for me to be educated about the father's liability or the availability of public medical assistance. To summarize, a forced 24 hour waiting period just to receive this unwanted, unsolicited, and irrelevant information would have been like living through George Orwell's 1984.

My abortion circumstance was unique. But so is the circumstance of every woman who chooses to terminate her pregnancy. SB 202 is fatally flawed, because it applies to all without taking into account the woman's unique situation. It assumes the state knows what is best for a woman in these most personal and private of circumstances. In truth, the state has no business interfering with a woman's private decision, which is hers to make in consultation with her medical providers and with those in whom she places her trust and her confidence.

I urge you to give SB 202 a DO NOT PASS recommendation.

SENATE JUDICIARY COMMITTEE
EXHIBIT NO. 22
DATE 2-3-93
BILL NO. SB 202



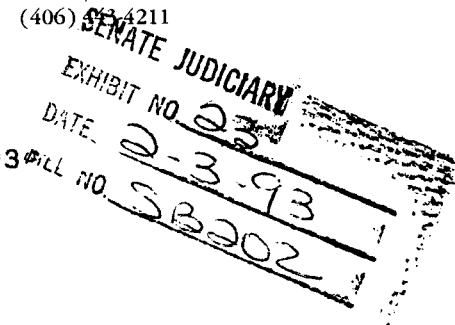
Turning Point

Center for Psychotherapy and Self-Discovery

REVEL MILLER, PhD
ANNE M. PINCUS, PhD
Clinical Psychologists
414 North Benton Avenue
Helena, Montana 59601
(406) 442-1111

February 4, 1993

FOR SENATE JUDICIARY COMMITTEE



The following is an outline of the testimony of Dr. Anne M. Pincus, Licensed Clinical Psychologist in opposition to Senate Bill 202.

- I. The following should clarify the real vs. imagined psychological issues regarding abortion:
 - A. Experience of abortion is an experience of loss (as is the experience of any surgery; any loss of a dream etc.)
 - B. As such, it is a normal aspect of life, not something which can be prevented, it is something to be coped with.
 - C. This is not an issue of pathology or disease.
Significant aspects of such a loss experience may also include: Feelings of relief;
Feelings of taking charge of one's life;
i.e., empowerment, personal growth.
 - D. Numerous studies (from mid 70's to present) report that: women experience more positive than negative feelings after abortion.

- E. In fact, in studies which control for pre-existing self-esteem, employment and income status, etc., (Russo & Zierk, 1992) not even low self-esteem can be shown to result from abortion.
- * F. Legal, safe, medical abortions do not result in specific or lasting psychological damage (Osofsky, 1972; Blumenthal, 1991; Dagg, 1991). There is no measurable "abortion trauma syndrome" a phrase coined by a prolife ministries pamphlet. I see numerous post-traumatic stress reactions (as defined by the DSM-III-R) among patients in my practice; none of these to date have identified an abortion as the original precipitating trauma.
- G. Two studies (Lask, 1975; Brewer, 1977) showed:
following abortion, the only women who were diagnosed with psychiatric illnesses were those who:
1. were psychiatrically ill before their pregnancy
 2. were externally pressured into terminating their pregnancy
 3. ~~found~~ found themselves in extremely aversive circumstances, e.g. having recently suffered loss or abandonment by a partner.
- H. Zabin, Herish & Emerson (1989) showed in a study of pregnant Black teenage women matched on all other variables, that those who chose abortion had actually:

1. higher self-esteem and
 2. lower trait anxiety (than those who carried their babies to term)
- I. In one study, early abortion patients, in contrast with those women who gave birth (according to Athanasio~~u~~, et al., 1973) showed:
1. lower paranoia, as measured by the MMPI
 2. fewer somatic complaints, on a symptoms checklist
 3. they were notably similar to one another in all other respects.
- II. What then leads to potential psychological distress after abortion? Negative post-abortion reactions are associated with:
- A. A woman's experiencing greater difficulty in making the decision to abort. (Osofsky and Osofsky, 1972; Shusterman, 1972 in American Psychologist, October 1992)
 - B. The degree of intentionality or meaningfulness which a woman attaches to her pregnancy. (Major, 1985).
 - C. A perceived lack of social support for the decision to abort. (Cohen & Wills, 1985; Kessler and McLeod, 1985).
 - D. Lack of belief in one's ability to cope . . . (has been linked with depression, Mueller and Major, 1989).

CONCLUSIONS:

III. Research and clinical expertise indicate that legislation such as the proposed SB 202 will produce the very kinds of psychological distress which its proponents argue it is intended to remove among abortion patients. It will do so by creating all the conditions that led to negative emotional reactions in women who chose to terminate their pregnancies, according to the research cited above. By being dissuasive and intimidating, SB 202:

- A. Increases a woman's difficulty in making a decision to abort, by creating psychological 'road blocks', complications, 'undue burdens' . . .
- B. Causes a rift in a woman's intention, by labeling and reframing an experience of loss as a meaningful choice to end the "life of an unborn child" . . .
- C. Increases a woman's perceived lack of social support - particularly when the medical and legal systems (who are inevitably perceived as authorities) are cast in the role of supporting an anti-abortion stance.
- D. Detracts from a woman's perceived ability to decide and cope on her own . . .
 - 1. by implying women do not think carefully regarding abortion and are thus unable to make an informed decision without a 24 hour waiting period, viewing of ultrasound videotapes, etc.

SENATE JUDICIARY

EXHIBIT NO. 24

DATE 2-3-93

CALL NO. SB 202

TESTIMONY OF ELIZA TOMLIN
EXECUTIVE DIRECTOR, MONTANA NATIONAL ABORTION RIGHTS ACTION LEAGUE
BEFORE THE JUDICIARY COMMITTEE
OF THE MONTANA SENATE

February 3, 1993

Chairman Yellowtail, members of the Judiciary Committee. My name is Eliza Frazer and I am the Executive Director of Montana National Abortion Rights Action League. On behalf of 5,000 members in Montana, thank-you for the opportunity to testify today against Senate Bill 202.

Senate Bill 202 is mislabeled a "right to know" bill. This is simply rhetoric. If the proponents were truly concerned with unbiased information or providing medically sound information, they would know that this exists today. More correctly, this bill should be titled the state's "right to invade". It would allow the state to replace the medical community in providing medical information to women considering an abortion.

The first question to ask is if the bill addresses a real problem. Informed consent is part of any and every medical procedure. In addition, in Montana, abortion is singled out already statutorily requiring informed consent. Women (and men) already have the right to know the facts on abortion.

So why then do the proponents say 202 is necessary?

SB 202 would add a mandatory waiting period, and a series of irrelevant, intimidating and often inappropriate counseling

requirements. It reflects the demeaning and erroneous assumption that women do not think carefully about abortion and are unable to make responsible and informed decisions without the state's involvement.

In Section 2, subsection 5 (d) the woman would be given "printed material provided by the department [of health] describing the unborn child and listing agencies that offer alternatives to abortion" (p.5 lines 8-10)

First, true informed consent is based on an individual's needs, something a state booklet cannot address. The proposed generic information must be given to each woman, regardless if she is an obstetrician, a senator, a Supreme court judge, a mother, a teen or menopausal.

Second, the state mandated information is clearly biased. According to the language in the bill, the state provides information about "the unborn child and...alternatives to abortion." The literature is conspicuously silent on the medical procedure the woman is considering- an abortion. Pursuant to a similar law, in Ohio, their Department of Health was required to prepare such a book. I have here an example of what such state prepared information would look like. Clearly this is not unbiased information.

There are several questions even a layman might raise. The picture

SB 202

Senate Judiciary

oto is "twice actual size", but the
 tu l size. It just makes you wonder.
 the record, that this same photo is
 c r. Wilke's published materials.

shind requiring the state to produce
 wo weeks up through full gestation.

te use misleading and upsetting
 as depicting fetuses to harass women
 olving the state as an accomplice to
 s ate) perpetuation and endorsement
 i bias.

icy. It does not increase the amount
 iable to women, it only increases the
 pt of true informed consent, which is
 nt's needs, not the needs of anti-
 es the privacy of the doctor patient
 e mandated materials. And it carries
 e o implement and enforce these poor

Mr. Chairman, members
Sands, Executive Director of
coalition of 52 organizations r
membership of more than 20,0
membership places reproduction
priority.

MWL is absolutely oppos
misleading bill, drafted by the
intention of restricting access

The pieces of this bill I v
fiscal impacts. You have before
drafted by the Dept. of Health
\$170,000 in the first year and
for research, production and d
materials and ultrasound video
Yes, \$212,700 in new state app
materials.

This when the target cut
million below the current leve
income children, cuts in health
abuse social workers that are
increased death of children fr
justify spending new funds w
this financial crisis?

And for perspective, let
general fund appropriation for
biennium was only \$87,000 an
out of the current Governor's

The next financial issue i
in 50-20-106(5) in which the
that:...

a) medical assistance be
prenatal care, childbirth, and
b) that the father is liabl
the woman's child even if the
the abortion.

Let's get honest here. For
language would mislead a wom
resources exist for the asking

WOMEN'S LOBBY

Telephone: 59624 406/449-7917

NO. 25
2-3-93
SB202

2/3/93

Members of the Committee, I am Diane
of the Montana Women's Lobby, a
representing a collective
20,000 Montanans. Our
productive rights as its' highest

opposed to this unnecessary and
by the Right to Life with sole
access to legal abortion.
All I would like to address are the
before you the original fiscal note
Health and Environmental Science for
and \$47,700 for the second year
and distribution of printed
videotapes required in this bill.
the appropriations for unnecessary

cut in Human Services is 25 to 30
level. Cuts in support for low
health care services, cuts in child
are guaranteed to result in the
from child abuse. How can you
is we do not have in the midst of

let me remind you that the state
for family planning last
0 and initially even that was cut
or's budget.

sue in SB202 concerns provisions
the doctor must tell the woman

the benefits may be available for
and neonatal care;
liable to assist in the support of
the father has offered to pay for

For the state to mandate this
woman to believe that financial
king. Those of us who work every

and other forms of

ce MAY be available
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amount increases to
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legislators are
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hereby generally
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lity. Both parents are
s the father

must be established,
financial obligation can
ar year 1992, 26.47%
irths. The state child
in 904 of these cases
establishing paternity
al obligation is not
mandated language by
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order is obtained it is
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pport. Partially as a
1. In Fiscal 1992 this
a AFDC. The state's
port owed those on

informed consent in
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state of Montana has
re it honestly
educes the need for
ning programs.
es your defeat of

Federal Fiscal Year

	FFY 1989 =====	% CHNG (Ovr Pr Yr)	FFY 1990 =====	% CHNG (Ovr Pr Yr)	FFY 1991 =====	% CHNG (Ovr Pr Yr)	FFY 1992 =====	% CHNG (Ovr Pr Yr)
NAFDC/IV-D Current & Arrears Owed:	\$25,164,000	114.19%	\$36,885,150	146.58%	\$52,679,672	142.82%	\$68,407,604	129.86%
NAFDC/IV-D Current & Arrears Coll:	\$3,776,545	142.39%	\$5,097,489	134.98%	\$7,300,231	143.21%	\$9,882,921	135.38%
NAFDC/IV-D Percent Collected:	15.01%	124.70%	13.82%	92.09%	13.86%	100.27%	14.45%	104.25%

	SFY 1989* =====	% CHNG (Ovr Pr Yr)	SFY 1990* =====	% CHNG (Ovr Pr Yr)	SFY 1991* =====	% CHNG (Ovr Pr Yr)	SFY 1992* =====	% CHNG (Ovr Pr Yr)
Avg AFDC (IV-A Program) Caseload:	9,361	97.23%	9,550	102.02%	9,937	104.05%	10,696	107.64%
Total AFDC (IV-A Program) Payments:	\$37,309,456	97.35%	\$38,104,638	102.13%	\$40,731,460	106.89%	\$45,058,302	110.62%
Total AFDC Collections:	\$4,093,242	112.86%	\$4,793,883	117.12%	\$5,629,562	117.43%	\$7,338,885	130.36%
Total NAFDC Collections:	\$3,668,781	134.70%	\$4,813,719	131.21%	\$8,247,183	171.33%	\$12,086,452	146.55%
TOTAL COLLECTIONS:	\$7,762,023	122.23%	\$9,607,602	123.78%	\$13,876,745	144.44%	\$19,425,337	139.98%
% of AFDC Benefits Recovered:	10.97%	115.93%	12.58%	114.67%	13.82%	109.86%	16.29%	117.84%
Estimated Medicaid Cost Avoidance:	N/A	N/A	\$40,135	N/A	\$252,852	630.00%	\$853,395	337.51%
Total Program Expenditures:	\$2,864,057	152.13%	\$4,333,912	151.32%	\$7,224,918	166.71%	\$7,466,133	103.34%
State Share Incntvs & AFDC Collectns:	N/A	N/A	\$1,696,557	N/A	\$1,935,189	114.07%	\$2,286,202	118.14%
State Share of CSED Expenditures:	N/A	N/A	\$891,383	N/A	\$1,224,386	137.36%	\$1,443,217	117.87%
Total Program Return to General Fund:	N/A	N/A	\$225,341	N/A	\$639,306	283.71%	\$855,435	133.81%
Total Absent/Assets Parents Located:	6,195	146.04%	7,181	115.92%	11,637	162.05%	13,839	118.92%
Total Paternities Established:	392	140.50%	370	94.39%	454	122.70%	1,202	264.76%
Total Obligations Established:	803	104.97%	618	76.96%	965	156.15%	1,676	173.68%
Average # Cases/Mo w/ Collections:	2,663	115.65%	3,157	118.57%	4,294	135.99%	5,161	120.20%

* State Fiscal Year = July 1 of the previous year through June 30 of the named year (e.g. SFY 1989 = 7/1/88-6/30/89).

EXHIBIT 25
DATE 2-3-93
SB 202

IV-D PATERNITIES ESTABLISHED Compared to
MONTANA OUT-OF-WEDLOCK BIRTHRATE

Calendar YEAR	TOTAL LIVE BIRTHS	OUT-OF-WEDLOCK BIRTHS	OUT-OF-WEDLOCK % OF TOTAL	IV-D PATERNITIES ESTABLISHED	PATERNITIES ESTABLISHED % of OOW Brth
1984	14,141	2,139	15.13%	42	1.96%
1985	13,497	2,268	16.80%	75	3.31%
1986	12,728	2,260	17.76%	142	6.28%
1987	12,239	2,378	19.43%	173	7.28%
1988	11,682	2,424	20.75%	364	15.02%
1989	11,667	2,536	21.74%	360	14.20%
1990	11,602	2,750	23.70%	384	13.96%
1991	11,498	2,893	25.16%	826	28.55%
1992*	11,507	3,045	26.47%	904	*29.68%

Lindsay A. Richards, M.D.
515 West Front
Missoula, MT 59802

February 2, 1993

Senator Bill Yellowtail
Chair, Senate Judiciary Committee
Senate Office Building
Helena, MT 59601

RE: SB 202

Dear Senator:

I am an obstetrician/gynecologist, having enjoyed a general practice of OB and GYN as well as providing abortion services in Missoula for twelve years. I am writing in opposition to SB 202.

The twenty-four hour waiting period mandated by the bill would pose a substantial hardship for women from rural Montana traveling to cities to obtain abortion services. It would require their absence from family and work for two days rather than one, increasing their costs for lodging, food, etc. There is a built-in waiting period between the time a woman calls a health care provider to make arrangements and time she can be seen. This would almost always be more than twenty-four hours and would give the woman time to think about her choice prior to seeing the doctor or health care provider. I think it rather insulting to the intelligence and thoughtfulness of a woman considering such a major decision to imply that she has not fully considered it until she has met with the health care provider.

The requirement that counseling and informed consent discussion be performed by the physician providing the abortion is no hardship in my private practice but would be a major problem in clinics providing abortion service, where most counseling and initial evaluation is performed by nurse practitioners and trained counselors. Scheduling difficulties and increased cost to the patient would be inevitable.

SENATE JUDICIARY COMMITTEE
EXHIBIT NO. 26
DATE 2-3-93
BILL NO. SB202

Senator Bill Yellowtail
February 2, 1993
Page Two

Regarding Section II, Section 50-20-106, number 4, this type information is already provided by abortion practitioners as part of informed consent. The medical facts are very clear: having a first trimester abortion by a trained practitioner is ten times safer than carrying a pregnancy to term.

With regard to number 5, Section 50-20-106, the information listed is problematic. For example, in (5) (a), it states "Medical assistance benefits may be available for prenatal care, childbirth and neonatal care". And then again, they may not. Individualized detailed financial counseling would be necessary for each woman to know what sources of financial support there are. Regarding (5) (b), a father is certainly liable to assist in the support of the woman's child but numerous studies of how much support is actually forthcoming show that only 58% of women in single-headed households in the United States are awarded child support (only 24% for never married women) and of that 58% only half actually receive the full amount that they are due. Women who were never married to the father will have to go to court to establish paternity and attempt to get judgement for support.

Finally, Section II, number 50-20-106 (5) (c) mandates that a woman has a right to view an ultrasound video tape provided by the Department of Health and Environmental Sciences of an unborn "child" in the womb at two week gestational increments. Somewhat further down in new Section IV (2) it states that written material will be developed providing similar information and that "the material must be objective, nonjudgemental and designed to convey only accurate scientific information about the unborn "child" at the various gestational ages". Such a video and such written material would be very interesting to have to make available to the occasional woman who would wish to view it. I am sure that the overwhelming majority of women seeking abortions would not want to see such material. They know at a fundamental level that they are terminating a pregnancy and by so doing preventing a fetus from developing into a child. They have made the decision that is best for them at this point in their life and they don't want to be exposed to more detailed information about the stage of development of the fetus. For the occasional woman who would like to see such information, the video or written material would be very nice to have. It would be extremely difficult and expensive to produce. I know of no such material currently available. The anti-abortion forces have propaganda videos and material designed to persuade women not to have an abortion. This is in no way nonjudgemental or objective and often presents inaccurate scientific information. Consequently, these resources would be completely inappropriate. I think the material would have to be created from scratch by the Department of Health and Environmental Sciences, that anything they produced would be scrutinized very closely by activists on both sides of the abortion debate, that if either side were

Senator Bill Yellowtail
February 2, 1993
Page Two

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Senator Bill Yellowtail
February 2, 1993
Page Three

displeased with the material produced, litigation would ensue. I think the costs would be substantial and the possibility of producing information that all involved parties could agree on would be small and the number of women who would find it useful would be even smaller.

Still, if the Department of Health and Environmental Sciences has extra money in their budget that they wish to devote to this project, I wish them luck. I never expect to see anything useful emerge. I think it would be a waste of government money, whose sole purpose would be to temporarily quiet the minority of Montana citizens who wished to prevent Montana citizens from obtaining abortions they have chosen to have.

Thank you for your attention and good luck in your deliberation of this divisive and difficult topic.

Sincerely,

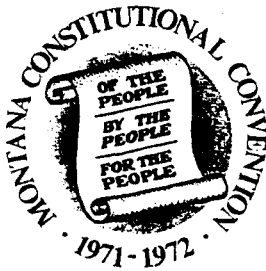


Lindsay A. Richards, M.D.

LAR/lr

c: Senator Terry Klampe, Committee Member
Senator Bob Pipinich, Committee Member

26
2-3-93
SB 202



MONTANA CONSTITUTIONAL CONVENTION

STATE CAPITOL • HELENA, MONTANA 59601 • TELEPHONE 406/449-3750

SENATE BILL NO. 202--SENATE JUDICIARY COMMITTEE
HEARING--FEBRUARY 3, 1993--HELENA, MONTANA
WRITTEN TESTIMONY OF BOB CAMPBELL, HELENA

I OPPOSE SENATE BILL 202 BECAUSE IT SEEKS TO ADD NEW RESTRICTIONS ON A WOMAN'S RIGHT TO A SAFE AND LEGAL ABORTION.

IT HAS BEEN FALSELY PROMOTED TO YOU AS A 'CLARIFICATION' OF INFORMED CONSENT ALREADY REQUIRED, BUT IT WAS CAREFULLY WRITTEN BY THE NATIONAL RIGHT TO LIFE ORGANIZATION TO DISCOURAGE WOMEN FROM HAVING A EARLY TERM ABORTION.

RIGHT TO LIFE CONTINUES TO PURSUE THEIR OBJECTIVE TO BAN ALL ABORTIONS AND THIS BILL ADVANCES THAT AGENDA BY PROPOSING THIS BILL WHICH MUST BE REJECTED FOR THE FOLLOWING REASONS:

- IT INNOCENTLY REDEFINES ABORTION TO INCLUDE THE USE OF RU-486 SOON TO BE MARKETING NATIONWIDE.
- VIABILITY WOULD BE DEFINED AS A FETUS ON A LIFE SUPPORT SYSTEM.
- IT CHANGES FETUS TO "CHILD" TO CONFORM TO THEIR RELIGIOUS BELIEFS.
- IT REQUIRES THE PHYSICIAN TO EXPLAIN THE MEDICAL RISKS OF ABORTION BUT NONE OF THE MEDICAL RISKS 25 TIMES GREATER IN GOING FULL TERM.
- THE PHYSICIAN WOULD BE REQUIRED TO GIVE LEGAL ADVICE OF QUESTIONABLE ACCURACY.
- THE DEPARTMENT OF HEALTH MUST PREPARE AND DISTRIBUTE TO ALL PHYSICIANS WRITTEN MATERIAL AND A ULTRASOUND VIDEO TO BE USED ONLY IF THE WOMAN REQUESTS TO SEE IT.
- FOR THE FIRST TIME, AFTER INFORMED CONSENT IS GIVEN, THE GOVERNMENT FORBIDS THE SURGICAL PROCEDURE FOR 24 HOURS IN ALL CASES. NO PROVISION IS MADE FOR A RAPE OR INCEST VICTIMS. WOULD THE STATE SHOW SENSITIVITY TO THE NEEDS OF WOMEN BY FORCING A FRIGHTENED 13 YEAR OLD INCEST VICTIM TO WAIT AN ADDITIONAL 24 HOURS TO THINK IT OVER?
- FINALLY THE BILL IS LOADED WITH NEW PENALTIES TO ALLOW A WOMAN, THE FATHER OF THE FETUS, OR EVEN THE GRANDPARENT TO SUE THE PHYSICIAN FOR \$10,000,00 IN PUNITIVE DAMAGES IF THE RESTRICTIONS ARE NOT ENFORCED.

SENATE JUDICIARY COMMITTEE
EXHIBIT NO. 2-3-93
DATE 2-3-93
BILL NO. SB 202

27

2-3-93

SD 202

SENATE BILL 202 IS NOT A CONSUMER PROTECTION BILL TO OBTAIN INFORMED CONSENT AS STATED BY THE PROPONENTS.

AFTER LOSING THE WAR TO MAKE ALL ABORTIONS ILLEGAL, THEY NOW SEEK TO IMPOSE UNNECESSARY AND BURDENSOME RESTRICTIONS ON WOMEN AND THEIR PHYSICIANS TO MAKE ABORTIONS MORE DIFFICULT, MORE DANGEROUS, MORE OPPRESSIVE, MORE EXPENSIVE, AND MORE HUMILIATING TO A WOMAN DURING A PREGNANCY WHICH IS A CRISIS IN HER LIFE.

THE INFORMATION THEY WOULD REQUIRE IS NOT FAIR AND IMPARTIAL BUT INSTEAD REJECTS ALL OPPOSING VIEWS.

THEY HAVE RAISED THE SPECTER OF A NEW DREADED ILLNESS, ABORTION TRAUMA SYNDROME. IT IS A FRAUD, IT DOES NOT EXIST. THE OCTOBER 21, 1992 JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION FOUND:

"THE INCIDENCE OF DIAGNOSED PSYCHIATRIC ILLNESS AND HOSPITALIZATION IS CONSIDERABLY LOWER FOLLOWING ABORTION THEN FOLLOWING CHILDBIRTH."

SENATE BILL 202 WOULD CREATE FAR MORE PROBLEMS THEN IT COULD EVER HOPE TO SOLVE. THE PRESENT INFORMED CONSENT REQUIRED IN THE MONTANA ABORTION CONTROL ACT HAS SERVED US WELL FOR 19 YEARS AND I AM ASKING THE SENATE TO BE SENSITIVE TO THE NEEDS OF WOMEN AND VOTE AGAINST THIS LATEST ASSAULT ON PRIVACY.



BOB CAMPBELL
601 BROADWAY
HELENA, MONTANA 59601



SENATE JUDICIARY COMMITTEE
EXHIBIT NO. 28
DATE 2-3-93
BILL NO. SB202

Mr. Chairman and members of the Committee:

For the record, I am Greg Eklund, Acting Executive Director of the Montana Democratic Party. I appear today as an opponent to Senate Bill 202.

The platform of our Party supports very clearly the fundamental right to privacy under the Montana Constitution.

Our Party does not believe that placing additional barriers in the way of the reproductive freedom of the women of Montana is prudent public policy. Putting obstacles in the way of safe and legal reproductive choices for Montana women will only pave the way for botched, back alley abortions that have serious, life threatening effects on the women of this state.

The Montana Democratic Party believes that the women of this state--and not the government--should have the right to decide for themselves their reproductive choices.

Now is the time to do the right thing for the women and families of Montana and defeat this regressive piece of legislation.

Thank you.

KELLY J. ACTON, M. D.
125 Apple House Lane
Missoula, Montana 59802

February 1, 1993

Senator Bill Yellowtail
Chairperson
Helena, MT

SENATE JUDICIARY COMMITTEE
EXHIBIT NO. 29
DATE 2-3-93
BILL NO. SB 202

Dear Senator Yellowtail,

I am writing to state my strong opposition to Senate Bill 202. As a practicing physician in Montana I feel that this bill is disrespectful to my female patients. I have never encountered a woman who wanted to discuss an abortion who had not already carefully considered the issue and had weighed the personal, emotional, ethical costs to herself and the fetus. I do not feel that this is the realm of the lawmaker. It is the realm of the doctor-patient relationship. Both physicians and patients deserve more credit for devoting the thoughtful consideration of the issues and serious exploration of alternatives which already happens without legislative action.

This bill pretends to address the issue of informed consent. Informed consent already happens in physician's offices for many other procedures; there is not a need to single out abortion in this regard. This bill is disrespectful of physicians as well in the implication that legislative mandate is required in order to get appropriate informed consent from patients. Again, this is an infringement on the doctor-patient relationship.

Finally, this bill imposes an extra burden on poor women from rural areas who may not be able to afford the time from work or the cost of returning in 24 hours to have the procedure. Most of my patients fall into this category and I can firmly state that they do not make these decisions lightly. There are many arrangements to be made and costs involved. It is unfair to increase this burden.

Defeat of this bill will send a message to the women of Montana that their lawmakers consider them qualified to make careful, thoughtful choices on their own without paternalistic legislation requiring unnecessary hardships. It will also send a message to Montana physicians that their lawmakers consider them qualified to act in the best interests of their patients and that they respect the doctor-patient relationship.

Sincerely,

Kelly Acton
Kelly Acton, M.D.

February 2, 1993

Montana Women's Lobby —

SENATE JUDICIARY COMMITTEE
 EXHIBIT NO. 30
 DATE 2-3-93
 BILL NO. SB 202

Montana Senate:

This is to express my opposition to SB 202 which I feel is unfair to Montana women. From the time a woman knows that she is pregnant she thinks about that pregnancy — hopefully with joy and anticipation. With an unwanted or unplanned pregnancy she thinks about it even more. Having an abortion is never an easy solution; it is a difficult and painful decision.

Before women travel to an abortion provider most have been examined by local M.D.'s and have been counseled either by that M.D. or another source. The 24 hour delay adds to their expenses and difficulties.

Family
 Planning
 Center

Sincerely,

Shirley Lenhart

EXHIBIT 31
DATE 2-3-93
SS 202

Feb. 2, 1992

Dear Senator:

Please vote for S.B. Bill
202.

Marceline Howard
2600 Upper River Rd. #1
Great Falls, Mt. 59405

EXHIBIT 32
DATE 2-3-93
☒ SB 202

Feb 2, 1993

Dear Senator

Please vote yes on
S.B. Bill 202

James A Howard
2600 Upper River Rd
Heat Falls, Mt. 59405

Page 33
DATE 2-3-93
SB 202

Senator Grosfield;

When the Pro-Abortionist were originally selling the idea of making abortion legal, they ridiculed those who said it would be used as birth control. They assured America that abortion would only be a safety net for those few women who were victims of very difficult and very troubling pregnancies. They lied then and they are lying now. The openly pro-abortion group The Alan Guttmacher Institute is paid by the number one abortion provider in America, Planned Parenthood, to study why women have abortions. Their results list the following reasons:

- 7% - Hard cases (3% Mother's health, 3% baby has health problems and 1% rape/incest)
- 93% - 16% concerned how child would effect their life
 - 21% said they were not ready for the responsibility
 - 21% couldn't afford the baby
 - 12% blamed a relationship problem
 - 11% felt they weren't mature enough
 - 6% said they had all the children they wanted
 - 4% other reasons

Further more, these proponents of legalized abortion on demand told us abortion would cure all kinds of social problems which faced us at the time. We were told teenage pregnancy would go down...it continues to skyrocket except where parental notification laws are in effect. Child abuse and neglect were going to go down...both are at epidemic levels and rising. Women and children were going to find themselves in better financial position. Today they are the two largest and fastest growing, poverty groups in America. Divorce, wife abuse and the high school dropout rate were also going to go down but they haven't. These same protectors of women and children are now gathering together to oppose legislation aimed at aiding a woman in making an informed decision.

Abortion is unlike any other medical procedure in that when a women is making a decision about having one, she is actually deciding two different issues:

1. Is it medically safe for me...physically and emotionally?
2. Is it morally acceptable...am I killing a child?

I believe we need to protect women against making abortion decisions without the kind of information they need in order to decide both of these issues. Women are entitled to know whatever medical and scientific information best describes her unborn child at the time she is considering an abortion.

For example:

- * at this point will it experience pain?
- * does she have hair, finger nails, fingerprints
- * is it a girl; boy
- * can he or she suck its thumb
- * can he or she hear sound....etc.

I also don't think it's unreasonable that the mother should hear the baby's heartbeat and see a sonogram picture of it and/or photographs of other unborn babies at the same stage of development. If they are going to be making a life and death decision, we should make sure they do so with every single piece of information available. If having more knowledge causes them to change their mind, then abortion wasn't right for them in the first place. To oppose totally informed consent is also very patronizing to women. It's the same as saying there is certain information they are too frail to handle and therefore shouldn't see it or be informed of it.

Naturally, the radical pro-abortion fanatics don't want totally informed consent because they know in every state where laws have been passed requiring it, the abortion rate has gone down...and with it, profits from the sale of abortions. If abortion was the innocuous event they claim, all the factual information in the world wouldn't affect the abortion rate.

Of course, that's not the case and they know it. They know that when women are educated about exactly what the unborn is, they don't have abortions. Those who profit from abortion have always known their interests were best served if they could totally control the information women were given to make their "choice".

These abortion advocates ask us to believe them when they say they are not in business for money. However, if you study this situation, you quickly come to see they are lying. If they were really concerned for the well being of women, we wouldn't need a law requiring totally informed consent because abortionist would already be providing it voluntarily.

* If they really have a woman's best interest in mind why have they spent millions of dollars consistently lobbying and opposing:

1. Informed consent?
2. Parental Notification w/ judicial bypass?
3. Sex Selection abortions?
4. 24hr. waiting period?
5. Abortion Clinics having to meet the same standards as legitimate health care providers do?

WE, THE UNDERSIGNED, URGE STATE LEGISLATORS TO VOTE IN FAVOR OF
SENATE BILL # SB202 "A WOMAN'S RIGHT TO KNOW ACT" (without amendment).

Signatures collected at First Christian Church
Fort Benton, MT

Senate District #7 / House District #13

Registered to vote Y/N	Signature	Print Full Name	Print Address
Y	Roxanna W. Allen	Roxanna W. Allen	Box 1137, Fort Benton MT
2. Y	Hazel L. Richard	Hazel L. Richard	Box 1023, Fort Benton, MT.
Y	Elna Allen	Elna Allen	Box 942 Ft Benton
4. X	Charlotte Carver	Charlotte Carver	Box 1316 Ft Benton
X	Virginia M. Fox	Virginia M. Fox	Box 563 Fort Benton, MT.
6. X	Phyllis M. Worrall	Phyllis M. Worrall	Box 61 Loma, Mt.
X	Elinor J. Carver	Elinor J. Carver	RR East Ft Benton MT
8. X	Diana Fultz	Diana Fultz	Box 14 Ft. Benton
X	Rodger Fultz	Rodger Fultz	Box 14 Ft. Benton
0. Y	Kristine Honrud	Kristine Honrud	Box 32 Ft. Benton
X	Terry Allen	Terry Allen	Box 1137 Ft. Benton MT
Y	Richard Allen Honrud	Richard Allen Honrud	Box 32 Ft. Benton, MT.
Y	Rita Scheele	Rita Scheele	Box 1012 Ft Benton, MT
4. Y	William Scheele	William Scheele	Box 1012 Ft Benton, MT
Y	Deloris Clark	Deloris Clark	Box 234 Geraldine, MT.
6. Y	Velma L. Warehime	Velma L. Warehime	Box 612 Fort Benton, MT
Y	Vivian C. Honrud	VIVIAN C. HONRUD	Box 2, LOMA, MT

34
2-3-93
SB 202

This document is stored at the Historical Society at 225 North
Roberts Street, Helena, MT 59620-1201. The phone number is
444-2694.

NAME Christine PhillipsADDRESS 553 Spencer Helena MTHOME PHONE 443-1567 WORK PHONE 442-6615REPRESENTING myselfAPPEARING ON WHICH PROPOSAL? SB 202DO YOU: SUPPORT OPPOSE X AMEND

COMMENTS:

I urge you to not pass this bill - it is oppressive and regressive. It is an attempt to place barriers between a woman and a legally guaranteed option of Abortion. It is imperative that women have access to education and options, yet, this is a "big brother" (big, intrusive government) tactic to ~~intimidate~~ intimidate physicians and women seeking abortions. The third party provision for civil damages is an inappropriate intrusion - it says that a woman can not even take responsibility - that her husband or parents can sue ~~for~~ it is belittling and demeaning.

WITNESS STATEMENT

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY

2-3-93

NAME Sandra Boggis
ADDRESS 1957 Oro Fino, Helena MT 59601
HOME PHONE 442-7815 WORK PHONE 444-4219
REPRESENTING Self
APPEARING ON WHICH PROPOSAL? SB202
DO YOU: SUPPORT OPPOSE X AMEND

COMMENTS:

I urge this bill do not pass because of
the unnecessary regulations imposed upon
doctors, healthcare professionals, and women.
This places undue costs and travel requirements
for women. This is discriminatory. Do not
pass it.

WITNESS STATEMENT

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY

NAME Deborah Frandsen

ADDRESS 219 E. Main

HOME PHONE 728-7792 WORK PHONE 729-5490

REPRESENTING Planned Parenthood

APPEARING ON WHICH PROPOSAL? SB202

DO YOU: SUPPORT _____ OPPOSE ✓ AMEND _____

COMMENTS:

Reading Dr Acton's letter into record

[illegible]

WITNESS STATEMENT

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY

2-3-93

NAME Gail Gutschke

ADDRESS 219 E Main

HOME PHONE 728-0566 WORK PHONE 728-5490

REPRESENTING Planned Parenthood

APPEARING ON WHICH PROPOSAL? SB 202

DO YOU: SUPPORT _____ OPPOSE ✓ AMEND _____

COMMENTS:

Reading letter from Shirley Lenhart
in Owendive Family Planning (Director)

WITNESS STATEMENT

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY

DATE 2-3-93

SENATE COMMITTEE ON Judiciary

BILLS BEING HEARD TODAY: 202

Name	Representing	Bill No.	Check One	
			Support	Oppose
Debbie Bridges	self	202	✓	
Nelen Barber	self	202	✓	
Sue Hansen	self	202	✓	
Karen Vaillo	self	202	✓	
Jon Lombardi	MT NARAL / self	202	✓	✓
Clare Brisendine	self	202	✓	
Katie Wink	self	202	✓	
Anna Flury	self	202	✓	
Julie Daffin		202	✓	
Elise Murphy	self	202		✓
Debra D. Miller	Montana NOW	202		✓
Kristen B. David Kentner	Wibell, MT	202	✓	
Pamela Carlson	self	202		✓
Maggie Stuart	self	202	✓	
Jim Rivard	self	202	✓	

VISITOR REGISTER

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY

DATE 2-3-93

SENATE COMMITTEE ON

BILLS BEING HEARD TODAY:

Judiciary
202

Name	Representing	Bill No.	Check One	Support Oppose
LORETTA ARENDT	Self	SB202		X
Oliver H. Bartovich		SB202	X	
Kristine Thiffon	Self	SB202	X	
Arnell	Montana Right to Life	"	✓	
Cheryl Wick	Moia Right to Life	SB202	X	
Lynne Hobbs	Christian Coalition of MT	SB202	✓	
James D. Jensen				X
Clay Frank	MT. NARAL	SB202		X
Don SANDS	mt Women's Lobby			X
Debbie Nelson	Self	SB202		X
Devon Burkhead	Intermountain Planned Parenthood	SB202		X
DEAN RANDASH	Self	SB202	X	
Willa Craig	Blue Mtn Clinic	SB202		X
Barbara Burns	Blue Mtn Clinic	SB202		X
Douglas Wiedley	Blue Mtn Clinic	SB202	•	X
Bab Conyell	Self	SB202		X

VISITOR REGISTER

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY

DATE 2-3-93

SENATE COMMITTEE ON JUDICIARY

BILLS BEING HEARD TODAY: SB 202

Name	Representing	Bill No.	Check One	
			Support	Oppose
Steve Whit	Self	202	X	
Tiffany Donaldson	concerned citizen	202	X	
Tracy Donaldson	self	202	X	
Deborah Frandsen	Planned Parenthood	202		X
Amy McCurdy	Self	202	✓	
Melanie Reynolds	Planned Parenthood	202		X
Gail Gishore	Planned Parenthood	202		X
Terri Donaldson	self & family of 7	202	X	
Ann Brooksby	self	202		X
Martha Newell	self & my baby	202		X
Tootie Welker	self	202		X
Pat McCurdy	self	202	✓	
Eliza Lake	MT women's lobby	202		X
Jennifer Bottomly	Self	202		X
Bonnie Heller	Self	202	X	
Redee Mullings	self	202	X	

VISITOR REGISTER

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY

DATE 2-3-97
 SENATE COMMITTEE ON Judiciary
 BILLS BEING HEARD TODAY: SB 202

Name	Representing	Bill No.	<div> Check One <input type="checkbox"/> Support <input type="checkbox"/> Oppose </div>	
Shila Chaffee	self	202	<input checked="" type="checkbox"/>	
Heather Herrin	self	202	<input checked="" type="checkbox"/>	
Aubrey Dziekonski	self	202	<input checked="" type="checkbox"/>	
Russ Quinby	self	202	<input checked="" type="checkbox"/>	
Lindsey Dziekonski	self	202	<input checked="" type="checkbox"/>	
Stacy Parmer	self	202	<input checked="" type="checkbox"/>	
Dwight J. Lamm	self	202	<input checked="" type="checkbox"/>	
Tyler Harding	self	202	<input checked="" type="checkbox"/>	
W. Greg Harding	self	202	<input checked="" type="checkbox"/>	
V. Ann Berg, Pastor	Helena Church of the Nazarene	202	<input checked="" type="checkbox"/>	
José Qui	self	202	<input checked="" type="checkbox"/>	
Cathy Lakin	self	202	<input checked="" type="checkbox"/>	
Shirley Herrin	self	202	<input checked="" type="checkbox"/>	
Stacy Fraser	Not for a Republican For choice	202		<input checked="" type="checkbox"/>
Ross Plambeck	SELF	202		<input checked="" type="checkbox"/>
Scott Galt	REPUBLICAN	202		<input checked="" type="checkbox"/>

VISITOR REGISTER

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY

DATE 2-3-93

SENATE COMMITTEE ON Judiciary

BILLS BEING HEARD TODAY: SB 202

Name	Representing	Bill No.	<div> Check One Support Oppose </div>	
Crystal A Krapp	self	202	X	
Nate A Brown	self	202	X	
Eric O. G. Idersleeve	self	202	X	
Lee Ann J. Clark	self	202	X	
Joe Durdick	self	202	X	
Minna Wallie	self	202	X	
Renee E. Guimly	self	202	X	
Jana Warner	self	202	X	
Lintsey Kelley	self	202	X	
Ben Warham	self	202	X	
Chance Sziekowski	self	202	X	
Louisa Warham	self	202	X	
Annie Leaf	myself	202	X	
HO ZIN MAN	self	202	X	
Scott Palk	self	202	X	
Kevin Ferebee	self	202	X	

VISITOR REGISTER

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DATE 2-3-97

SENATE COMMITTEE ON Judiciary

BILLS BEING HEARD TODAY: SB 202

Name	Representing	Bill No.	<div> Check One </div> <div> Support Oppose </div>	
		202		
<i>Shane Sabarison</i>	<i>MSUSN</i>		X	
<i>Shirley</i>	<i>MSU Nursing School</i>			X
<i>Todd Kint</i>	<i>MSU Nursing School</i>		X	
<i>Blair Mrs. Benji Lorette</i>	<i>self</i>	202	X	
<i>Mrs. Barry Webb</i>	<i>self</i>	202	X	
<i>Mr. Daniel Webb</i>	<i>self</i>	202	X	
<i>Elizabeth S Webb</i>	<i>self</i>	202	X	
<i>Mark Alcala</i>	<i>UM Student</i>	202	X	
<i>Emile Maus</i>		202	X	
<i>Mike Pelt</i>	<i>self</i>	202	X	X
<i>Ami J. Green</i>	<i>self</i>	202	X	X
<i>Larry B. Mataschak</i>	<i>self</i>	202	X	X
<i>Tricia J. Wernon</i>	<i>self</i>	202	X	X
<i>Reagan Kelley</i>	<i>self</i>	202	X	X
<i>Dugan Kelley</i>	<i>self</i>	202	X	X

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DATE 2-3-93

SENATE COMMITTEE ON Judiciary

BILLS BEING HEARD TODAY: SB 202

Name	Representing	Bill No.	Check One	
			Support	Oppose
KIP BURDICK	self	262	X	
Meghan Biggs	self	202	X	
Jessica Lhoen	self	202	X	
Cherie Finckh	self	202	X	
Chrissy Warham	self	202	X	
Trinity Vandenaere	self	202	X	
Sam Dickowski	self	202	X	
Dustin Burdick	self	202	X	
MIKE ERDAHL	SELF	202	X	
Jason Burdick	Self	202	X	
Jason Burdick	Self	202	X	
Stacy Riley	Self	202		X

VISITOR REGISTER

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DATE 2-3-93

SENATE COMMITTEE ON Judiciary

BILLS BEING HEARD TODAY: SB 202

Name	Representing	Bill No.	Check One	
			Support	Oppose

Jodie Ann Foley	myself	SB 202		X
Diana H. Wilkison	myself	SB 202		✓
Ulrican Nguyen	myself	SB 202		✓
Janet Spry	myself	SB 202		✓
Christine Phillips	myself	SB 202		X
Colleen Lippke	myself	202		X
Sidney A. Stuart	self	SB 202	X	

VISITOR REGISTER

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DATE 2-3-93

SENATE COMMITTEE ON Judiciary

BILLS BEING HEARD TODAY: SB 202

Name	Representing	Bill No.	Check One Support Oppose	
Joseph Bridges	Self	202	✓	
Virginia Denny	Self	202	✓	
Betty Carroll	Self	202	✓	
Eileen Boyle	self	202	✓	
Paula Montague	self	202		✓
Cheryl Rees	Self	202	✓	
Joanne Kauzlarich	Self	202	✓	
Sue Aleksich-Akey	Self	202		✓
Carrie Wallin	Self	202	✓	
Mary Derry	Self	202	✓	
Jeanna Starnman	Self	202	✓	
[Signature]	Self	202	✓	
[Signature]	Self	202	✓	
ROCK DE MATO	Self	202	✓	
JUDITH CARLSON	MT. C. NASH	202		X
Susan Anderson	Self	202		X

VISITOR REGISTER

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY

DATE 2-3-92

SENATE COMMITTEE ON SB Judiciary

BILLS BEING HEARD TODAY: SB 202 - Informed Consent
Sen. Harding

Name	Representing	Bill No.	Check One	
			Support	Oppose

Syd Grosfield	self	202	✓	
Nik Grosfield		202	✓	
Zak Grosfield		202	✓	
Pamela Olsen	self	202	✓	

VISITOR REGISTER

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DATE 2-3-93

SENATE COMMITTEE ON

Judiciary

BILLS BEING HEARD TODAY:

SB 202 - Harding

Name	Representing	Bill No.	Check One	
			Support	Oppose
Thelma Barty		202	✓	
Terry Barnhart		202	✓	
Marian Barber	self	202	✓	
Yvonne Dwyer		202	✓	
Allen Cook	self	202		
Laura Barry	self	202	✓	
Kara Wilson	self	202		✓
Clarice J. Desk	self	202		✓
Diane Cottrell	self	202		✓
Gene Barco		202		
Bill Harris	self	202	✓	
Tamara Braithwaite	Self		✓	
Susan Bartoch	Self	202	✓	
Barlene Lloyd	Self	202	✓	
Debra Smith	Self	202		✓
Edy. L.	MT Women's Lobby	202		✓

VISITOR REGISTER

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DATE 2-3-93

SENATE COMMITTEE ON Judiciary

BILLS BEING HEARD TODAY: SB 202

Name	Representing	Bill No.	<div> Check One Support Oppose </div>	
Tom Cohn	GC HS	202		X
Tracey Hoffmann	Voter	202	X	
Donna A. Jerome	self	202	X	
Carol M. Calkins	self	202	X	
Wyn D. Solomon	self	202		X
Bill Smith	self	202		
Barb Zacher	Alt. Juror Assoc.			
Jan Allen	GC HS	202	X	
Shannel Robinson	GC HS	202	X	
Karetha Loomis	GC HS	202	X	X
Kayla Chamberlain	GC HS	202	X	
Dorel McDonald	GC HS	202	X	
Debra Imboden	GC HS	202	X	
John O'Leary	GC HS	202	X	
Matt Blinn	GC HS	202	X	
Carol Park	GC HS	202	X	

VISITOR REGISTER

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DATE 2-3-93

SENATE COMMITTEE ON Judiciary

BILLS BEING HEARD TODAY: SB 202

Name	Representing	Bill No.	<div> Check One Support Oppose </div>	
Todd Fuhman	GCHS	202	X	
Frankie Fitzgerald	LCHS	202	✓	
Becky Murnion	GCHS	202	X	
John Lorkie	GCHS	202		X
Emmanuel Ellhardt	LCHS	202	X	
Elias P. Wipf	Chateau Mont			
Wes Lomax	LIVINGSTON, MT.			X
Mark S. Wahlers	Gold Creek, MT	202	X	
Sheryl Dunsen	MSU College of Nursing	202	✓	
Suzie Avery	MSU College of Nursing	202	X	
Shawn L. Bauer	MSU College of Nursing	202	X	
Debra M. Zaccaria	MSU College of Nursing	202	X	
Elisabeth Heimlich		202		X
Bill Traeger	Myself	202		X
Theresa Sanders	INT.			
Anna "Luk" Leating	Myself	202	X	

VISITOR REGISTER

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DATE 2-3-93
SENATE COMMITTEE ON Judiciary
BILLS BEING HEARD TODAY: 202

Name	Representing	Bill No.	Check One	
			Support	Oppose
Laura O'Keefe	Self	202	✓	
Patricia Schreiber	Self	202	✓	
Cindy Bright	Self	202	✓	
DeAnne Liberson	Self	202	✓	
Rep Ted Schye	Self			✓
James Asbury	Self	202	✓	
Fawn Folk	Self	202	✓	
SHARON HOFF	MONT CATH. CONFERENCE	202	✓	
Reggie Wagner	Self	202	✓	
Doree Hick	Self	202	✓	
Glenn Kewantay	Post (with family)	202	✓	
Anita Sherday	Self	202	✓	
GABOR SENDA	Self	202	✓	
Vicki Hampson	Self	202	✓	
Margaret V. Orender	Self + family	202		✓
Jan Beth Brucki Mann	Self	202	✓	

VISITOR REGISTER

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DATE 2-3-93SENATE COMMITTEE ON JudiciaryBILLS BEING HEARD TODAY: SB 202

Name	Representing	Bill No.	Check One	
			Support	Oppose
FRANCIS KOEHNKE	SELF	202	✓	
Teresa Schreiner	SELF	202	✓	
Victoria Withrow	self + Planners Parenthood	202		✓
Gail Krautter	self	202	✓	
Patty Smith	self	202	✓	
Helen Moore	ETernal Life	202	✓	
Chiff Stocker	SELF			✓
Suzanne Black	Self		✓	
Yvonne Marcheseault	self		✓	
Holly Franz	self	202		✓
Angie Glick	Montana + Democ. PARTY	202		✓
LEE BRIDGE	SELF	202		✓
Justine Corcoran	self	202		✓
James S. VanRiper	ACLU	202		✓
Garn G. Spears	SELF	202		✓
Oliver McEachern	Self	202	✓	

VISITOR REGISTER

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DATE 2-3-93

SENATE COMMITTEE ON TUOULUARY

BILLS BEING HEARD TODAY: SB 202

Name	Representing	Bill No.	Check One	
			Support	Oppose
MSA BAY	SELF	202		X
Tracy Sorensen	self	202	X	50
Mike Sorensen	Self & Family	202	X	
Bob Denny (Denny)	Crossroads Christian Church	202	X	
Cheryl Hargrave	self	202	X	
Gail Speck	self	202		X
Lorna Milne	self	202		X
David Polk	self	202		X
VIVIAN BROCKE	Catholic Church	202		X
JANA MAIER				X

VISITOR REGISTER

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DATE 2-2-93

SENATE COMMITTEE ON JUDICIARY

BILLS BEING HEARD TODAY: SB 202

Name	Representing	Bill No.	Check One	
			Support	Oppose
Constance Bergum		202		X
Joan Haefen				X
Rachelle Fenger	NAACP	202		X
Jammi GATES		202	X	
Andrea J. Olsen	Attorney at Law	202		X

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