

MINUTES

MONTANA SENATE
54th LEGISLATURE - REGULAR SESSION

COMMITTEE ON PUBLIC HEALTH, WELFARE & SAFETY

Call to Order: By CHAIRMAN JIM BURNETT, on March 10, 1995, at
3:25 PM

ROLL CALL

Members Present:

Sen. James H. "Jim" Burnett, Chairman (R)
Sen. Larry L. Baer (R)
Sen. Sharon Estrada (R)
Sen. Arnie A. Mohl (R)
Sen. Mike Sprague (R)
Sen. Terry Klampe (D)

Members Excused: Sen. Steve Benedict, Vice Chairman (R)
Sen. Dorothy Eck (D)
Sen. Eve Franklin (D)

Members Absent: None

Staff Present: Susan Fox, Legislative Council
Karolyn Simpson, Committee Secretary

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

Committee Business Summary:

Hearing: HB 442
Executive Action: HB 121

{Tape: 1; Side: 1}

HEARING ON HB 442

Opening Statement by Sponsor:

REP. SUSAN SMITH, HD 84, E. Kalispell, said the abortion debate began 22 years ago in the United States and has polarized many in the communities. The emotional level continued to escalate, the leaders of Choice are profoundly for choice, and the leaders of Life defend life, with the loss from the debate being the health of the ones who have been the focal point of the debate, women. This bill is being presented because it is a health and safety issue. Abortion is a serious surgery from which serious complications can arise, but it has not always been treated as such. At present, Montana is the only state, other than Vermont, that allows Physician's Assistants to perform abortions.

Abortion is called a blind, invasive procedure. She read portions of letters from 2 physicians saying abortions are above the level of expertise of Physician's Assistants. She read a few procedures listed in the Montana Board of Examiners Physician's Assistants Utilization Plan, Level III procedures which are to be performed only in the physical present of a physician.

She said an abortion is far more serious than the procedures listed in the Level III procedures.

Proponents' Testimony:

TIM WHALEN, representing Montana Right to Life Association, spoke briefly from written testimony in support of HB 442. He talked about the conflict in the law for Physician Assistants. EXHIBIT 1 and 2.

Dr. Robert St. John, OB/GYN specialist, Butte, spoke in support of HB 442. During his 3-year training in California at Kaiser Foundation Hospital, he took care of many women who had complications from abortions. In addition to taking care of those complications, he was trained in the abortion procedure. In his Butte practice, he sees about 5-6 women per year who he has to admit to the hospital due to acute complications from abortions. The biggest problem he has seen over the years are chronic complications, and they are becoming an increasing problem as he sees women coming back who are irreversibly sterilized from the procedures. About a year ago he saw a 19-year old and a 21-year old women who were sterile, and the only thing in both their medical histories was having had an abortion.

He said it is a very difficult, complex procedure and without expertise, there can be serious complications. He said, as an OB/GYN specialist, he had 12 years of training learning how to do these kinds of procedures, and surgery can't be learned in a 1 or 2-year course. Without the proper training, doing a major operation like abortion can lead to complications and side effects. There isn't good data in the US, but European literature has documented abortion and complication information. In the Iron Curtain Countries, there was socialized medicine and they had few complications because of the police state, which forced them to see the physician for followup for a 100% recall rate, so they knew what their complication rate was. If these physicians were well trained and had been doing these procedures for a long time, the incidence of hemorrhage was 2%, if they were relatively poorly trained or inexperienced, there was a 15% hemorrhage rate. Hemorrhage is defined as serious enough to require a blood transfusion.

He said 15% of the 1,600,000 women in the United States having transfusions, which increases their risk for Hepatitis B and AIDS. If only 2% or 32,000 require a blood transfusion, that's a small complication rate. The big complication rate is infection and 25% (400,000) of women who have an abortion will show evidence, sometime in her life, that she had an infection at the time of the abortion. He said there are many other complications, which he talked about.

He then listed and talked about some of the Level III procedures that Physician's Assistants can do. He said the abortion procedure is dangerous, risky and has a high incidence of complications.

Laurie Koutnik, Executive Director, Christian Coalition, spoke in support of HB 442. She said it is common sense legislation, and it is wise to promote health for the citizens of Montana. She read a letter from a young woman, from Kalispell, who had an abortion. **EXHIBIT 3**. She said abortion should only be in the hands of responsible, certified doctors.

Sharon Hoff, representing the Montana Catholic Conference, read her written testimony in support of HB 442. **EXHIBIT 4**.

Arlette Randash, Eagle Forum, read her written testimony in support of HB 442. **EXHIBIT 5**.

Charles Lorentzen read his written testimony in support of HB 442. **EXHIBIT 6 A-D**.

Tammy Skogan, Ronan, spoke in support of HB 442. She said abortion is a major surgical procedure that men don't have to be worried about, it seems like have women have lesser quality for a major medical procedures, and no one in the Committee room would accept the lower quality of medical care for a major medical procedure. She urged the Committee to support HB 442, for quality, not equality.

Opponents' Testimony:

Jennifer Krueger, President, Montana Academy of Physician Assistants, spoke from her testimony in opposition to HB 442. **EXHIBIT 7 and 8**.

Simon Heller, Attorney, Center for Reproductive Law & Policy, New York, said he currently represents abortion providers in Montana. He spoke from written testimony in opposition HB 442. **EXHIBIT 9**. He said he wanted to address the legal issues raised by HB 442 and if HB 442 passes, it will be challenged in court.

Mindy Opper, Physician Assistant, Missoula, spoke in opposition to HB 442. She is concerned this bill presents another barrier to access to women seeking abortions in Montana, and concerned about questions raised about the quality of care offered by Physician Assistants. She talked about a study, done by the Vermont Department of Health in 1986, comparing complication rates from first trimester abortions performed by M.D's and P.A's. She said this study and others confirm the quality of care offered by Physician Assistants, in all realms of health care they provide, is equal to the care provided by physicians. She said the P.A.'s in Montana, as in Vermont, work under the supervision of a physician and Physician Assistants' scope of practice is limited.

She talked about the education, continuing education, and Board requirements for Physician Assistants. **EXHIBIT 10.**

{Tape: 1; Side: 2}

Kity Rich, Big Fork, spoke in opposition to HB 442 and read a letter she had written to **SENATOR BAER. EXHIBIT 11.** She spoke in support of Physician Assistant Susan Cahill in Kalispell and said this bill is against everything in which she believes.

Kate Cholewa, Montana Women's Lobby, read her written testimony in opposition to HB 442, saying it is a bogus bill, and does not increase the safety of abortions. She said abortion is being singled out, and this bill is anti-choice agenda. She passed out Myths and Facts about abortion. **EXHIBIT 12 and 13.**

Debbie Dominique, Kalispell, spoke in opposition to HB 442. She said obtained an abortion from P.A. Susan Cahill in 1978 and another in 1980. She said Susan Cahill is her primary health care provider and has been happy with the care she has received, and thinks this bill is a personal attack on Susan Cahill.

Sue Juhl, Big Fork, spoke in opposition to HB 442. She said there are 2 sides to every issue and feels this bill is a personal attack on P.A. Susan Cahill.

Tracy Mayer, Kalispell, spoke in opposition to HB 442. She said the sponsors of this bill are disguising their efforts to decrease and end abortion as a health and safety issue, and there are no womens' safety concerns with P.A.'s performing abortions. She talked about Physician Assistant State Boards and said this bill is about politics and the politics of abortion. She said when politicians are deciding who should be performing a medical procedure, under the guise of public health and safety, it's as though P.A.'s performing abortions represents a higher risk to the public. She talked about Susan Cahill being her health care provider.

Dr. Gordon Bell, Family Physician, Glasgow, said he was on the Board of Medical Examiners for 3 1/2 years and has been the supervising physician for 2 P.A.'s in Glasgow. He talked about Physician Assistants' training and the procedures they are qualified to do. He said the Physician Assistant training does not qualify them to do abortions, but they can get the extra training necessary, as has Susan Cahill, to be qualified.

Dr. James Bonnier, President, Board of Medical Examiners, said the Board does not have roll in nor takes a pro or con abortion stance, but the Board feels Physician Assistants are important health care providers in rural areas. It is important that the Board of Medical Examiners maintain its roll as a credentialling agent for health care providers. Both he and the Board is concerned this bill is a legislative move to isolate one group of health care providers, isolate people within that group, and to

remove from those providers procedures and activities they are qualified to do. He said there is a supervising physician with every Physician Assistant and wants the Board to be able to review the credentials of each to health care provider, make judgements for the appropriate procedures for those providers, issue licenses, and not single out a single group or issue that may have political, moral, or religious grounds.

Eliza Frazer, Executive Director, Montana NARAL, spoke in opposition to HB 442. **EXHIBIT 14**. She referred to Proponents' testimony talking about Nurse Practitioners providing abortions. She said they are not advocating any Nurse Practitioner or Nurse to perform abortions, and Physician's Assistants are different and is a different situation.

Randy Spear, Physician Assistant, Board of Medical Examiners member, spoke in opposition to HB 442. He talked about the procedures listed by **REP. SMITH** in her opening statement, and said there is nothing in the Physician Assistant's Utilization Plan that says a Physician must be present for clipping toe nails.

Susan Cahill, Physician Assistant, spoke in opposition to HB 442. She said she feels this bill is personally against her. She has worked with Dr. James Armstrong for 18 years and never has had a complaint lodged against her. She said she has been trained to do abortions.

Questions From Committee Members and Responses:

SENATOR KLAMPE asked **Jennifer Krueger** to give more information about the complications of abortions and the procedures that Physician Assistants are authorized to do.

Jennifer Krueger listed and described several procedures Physicians Assistants are allowed to do.

SENATOR KLAMPE asked about the supervision Physicians Assistants receive while working.

Jennifer Krueger said she practices under the supervision of a physician, but for various procedures, the physician may not present or even in the office.

SENATOR KLAMPE asked **Jennifer Krueger** if she performed abortions.

Jennifer Krueger said she does not perform abortions and deferred to **Susan Cahill**.

Susan Cahill said every Physician Assistant writes a Utilization Plan which must be accepted by the Board of Medical Examiners, and her Utilization Plan says she will never do an abortion unless Dr. Armstrong is present in the office at the same time.

SENATOR ESTRADA said she has read HB 442 and does not see Susan Cahill's name mentioned anywhere in the bill. She asked **Simon Heller** if he said this bill is directed at **Susan Cahill**.

Simon Heller said yes, it is directed at **Susan Cahill**.

SENATOR ESTRADA asked if there is only one Physician Assistant in Montana doing abortions.

Simon Heller said yes.

SENATOR SPRAGUE told **Susan Cahill** that he has to commend her and said he wants to be objective on this matter. He asked, if in her years of practice, has she had people protest at her practice.

Susan Cahill said there have been protestors at her office.

SENATOR SPRAGUE asked, as a Physician Assistant, was it a general degree, then concentrate on a particular field.

Susan Cahill said her field is in Family Practice with Dr. James Armstrong, and until 5 years ago, they delivered babies. She said doing abortions is only a part of her practice and she was hired by Dr. Armstrong because, when he performed abortions, there were so many that it took away from the other part of his practice.

SENATOR SPRAGUE asked to speak with the Legal Council for the Board of Medical Examiners.

Patricia England said she is the Legal Council for the Board of Medical Examiners.

SENATOR SPRAGUE asked if the Legislature had given the Board statutory rules to make decisions as to who could perform specific procedures.

Patricia England said in section 37-20-301, subsection 3 of the Montana Code, directs the Board to approve the Utilization Plan of Physician Assistants. As in the case of Susan Cahill and Dr. Armstrong, the Board found they were in the scope, training, and experience of practice.

SENATOR SPRAGUE asked for a copy of the Montana Code be submitted for the Committee members. Then he asked, legally, why this bill is here, isn't it really a legal question, an interpretation of the law, or is it an effort to develop law to interpret.

Patricia England said it is a legal question and, in time, will be addressed by the Board. She said there is a possible conflict between two laws and it will probably end up in court for a decision. She read from the Brief for Summary Judgement of a lawsuit and the Montana Code Annotated section 50-20-1091A as defined by 37-20-4013. She said apparently the Attorney General also construed this statute as requiring the Board to approve a

medical procedure that the 2 participants had demonstrated competency in.

SENATOR BURNETT said, as Legislators, bills are a response to public demands, and that's why there is legislation, and **REP. SMITH** was responding to her constituents.

SENATOR MOHL asked **Susan Cahill**, as an assistant, you said you never performed any abortions without Dr. Armstrong being present, and is that legal, and is that like a nurse assisting.

Susan Cahill said she is not a nurse, but is a Physician Assistant, has had training and does many of the same things medical doctors do and is always under the guidance of a supervising physician.

SENATOR MOHL asked if this is changed and whether a Physician Assistant can still perform certain procedure with the physician present.

Susan Cahill said if this law is passed, probably not.

SENATOR MOHL said, as he reads the bill, **Susan Cahill** can, at present, perform abortions without a licensed physician present, but if the bill passes, she could not.

Susan Cahill said she can't practice independently. There are guidelines in their Utilization Plan specifying what Physician Assistants can and can't do, either in the office on their own or under the guidance of or with a physician. They also have their own Utilization Plan that is OK'd by the Board of Medical Examiners. She said she is authorized to do first trimester abortions with a supervising physician present in the office.

SENATOR ESTRADA asked **Susan Cahill** if when performing an abortion and there were complications, could she handle it or would she call for help.

Susan Cahill said if she has any problems, she calls Dr. Armstrong.

SENATOR ESTRADA asked if Dr. Armstrong is always in the office.

Susan Cahill said he is there all the time.

SENATOR BAER asked **Simon Heller** if he is a member of the bar and which state.

Simon Heller said he is a member of the bar in New York and the District of Columbia.

SENATOR BAER asked if he was engaged in the active representation of **Susan Cahill**.

Simon Heller said he is not currently representing **Susan Cahill**, but is representing other abortion providers in Montana.

SENATOR BAER asked if he is licensed to practice law in Montana.

Simon Heller said he is not licensed to practice law in Montana, but is practicing, at present, under a motion made to the State District Court, for a current case.

SENATOR BAER asked under whose supervision is he practicing.

Simon Heller said the local attorney is Bruce Measure.

SENATOR KLAMPE asked about the medical ramifications of this issue.

James Bonnier said he is appearing as the President of the Board of Medical Examiners and would like to limit his testimony to the process. He said he does not do primary care, abortions, or obstetrics.

SENATOR KLAMPE asked to speak to another physician. He asked **Dr. Gordon Bell** about the Proponents references to complications of abortion and about the risks of a first trimester abortions.

Dr. Bell said he is a primary care physician, has some familiarity with these procedures but does not perform abortions. He does a wide range of obstetrics and is familiar with the literature dealing with updated abortion issues, and thinks the numbers quoted are outlandish.

SENATOR KLAMPE asked **Dr. St. John** about the risk of convulsions and death from injecting into a vein or artery in a first trimester abortion.

Dr. St. John said injection of a local anesthetic into a vein can lead to convulsions. It is a heart stopper. In 1966, there were 289 deaths reported to the CDC and for the last 6-8 years in the United States, there have been 10-20 deaths reported from all causes.

SENATOR KLAMPE asked about data.

Dr. St. John said there are about 10-20 deaths per year from the complications of abortion, and adding pregnancy deaths, the figure is higher.

SENATOR KLAMPE said he wants to see some data on risks from complications.

Debra Frandsen, Executive Director, Planned Parenthood, Missoula, said in the past 20 years in Montana, since abortion has been legal in Montana, there have been no reported deaths from abortion. The average rate for complications is 1-2%. There have

been 400 abortions at the Planned Parenthood clinic in Missoula, and have had no clients who needed a transfusion, and one woman was hospitalized for another cause, and have had no hospitalizations related to abortions. She said there are statistics to show abortion is a safe procedure, especially when performed in the first trimester of pregnancy, and is 10-14 times safer than delivering a baby.

SENATOR MOHL asked if the Board of Medical Examiners had been contacted by the podiatric group about extending their scope of practice to the ankle.

Dr. Bell said the Board of Medical Examiners heard some brief discussion on that subject, and had been informed there was Legislation introduced.

SENATOR MOHL asked if the Board of Medical Examiners made the decision that a physician has to be present when an abortion is performed, and why the Board doesn't make a decision about the podiatrists scope of practice.

Dr. Bell said the issue has not been brought before the Board. He said the Board deals with issues of a statutory nature, and have been fulfilling the requirement of the law, given them by the Legislature, regarding Physician Assistants. They do not have statutes regarding whether podiatrists can approach and have not been asked for an opinion on that. They do have statutes on file dealing with Physician Assistants.

SENATOR SPRAGUE asked how many abortionists are in the State of Montana.

Dr. St. John said he didn't know.

Debra Frandsen said, there are about 8-10, but there are no figures from private clinics and practices, which provide the majority of the abortions in the State.

SENATOR SPRAGUE asked how many men and how many women were doing abortions.

Debra Frandsen said there are about 3-4 women and 6-7 men.

SENATOR BAER asked **REP. SMITH**, when she agreed to sponsor this bill, was there any conception on her part that it address any particular person or place.

REP. SMITH said the bill was addressing an access issue, and not anyone in particular.

SENATOR SPRAGUE asked if this bill was brought to her by someone or was it of her own creation.

REP. SMITH said **REP. DAN McGEE** was going to carry this bill, but she decided to do so. She said this bill is not person specific, but is a women's health issue.

SENATOR SPRAGUE asked how this bill came to be and how it developed.

REP. SMITH said Section 50-21-109 is the existing language. She read the version before it was changed, stating abortions can be performed in Montana only by a licensed physician.

SENATOR SPRAGUE said the Physician Assistant, **Susan Cahill**, is performing abortions and it's legal. He asked if there was another statute that makes it legal and illegal simultaneously.

REP. SMITH said it may fall under the category of rule-making authority.

SENATOR KLAMPE asked **Patricia England** to respond to the statute issue that abortion is an illegal act unless performed by a physician.

Patricia England said she is not an expert in this area of the law. She said there is tension because one law that says you can and another says you can't. As the Attorney General's statement in his brief and federal law states, she thinks the statement of restriction to physicians only cannot prevail.

SENATOR KLAMPE asked about the statute.

Dr. James Bonnier said he did not know, and is totally dependent on their counsel.

Simon Heller said in 1993, Chief Judge Hatfield of the United States District Court, signed an order stating that the "physician only" statute took out the reference to "physician's assistants" who were performing abortions under the supervision of a physician and under the utilization plan as approved by the Board, so the law saying physicians only doesn't mean any Physician Assistant could start performing abortions. That law is still in effect, except as to those Physician Assistants who have proved themselves to the Board.

SENATOR KLAMPE asked **Tim Whalen** for his interpretation of the statute, and whether he disagreed with **Simon Heller**.

Tim Whalen said he does disagree with **Simon Heller**. He said it was stated that this law would be held unconstitutional in both Federal and State law. The Supreme court addressed the issue, whether the "physicians only" laws are constitutional, and it's felt they are constitutional. As far as Montana State Constitution, the abortion issue, under the privacy provision of the Montana State Constitution has never been addressed in Montana. Any statement made, with respect to how this issue would

be dealt with, in his view, is complete speculation. He said talked about the current privacy provision in Montana law and about opinions at the Federal level, and the abortion right is on shifting ground.

Closing by Sponsor:

REP. SMITH referred to the Vermont study statistics stated in previous testimony, and to **Simon Heller's** statement that this bill was brought to the Legislature by the terrorists who burned the offices in Kalispell. She said she strongly objects to that inference because she had nothing to do about burning down a building, nor does she want to associate with anyone who does.

{Tape: 2; Side: 1}

She said this is about womens' health and is not an anti-abortion bill. She said abortion is legal in Montana and all 50 states. If the law is made more lenient because of access, there could be health care providers performing various procedures for which they are not trained. There needs to be access to quality health care. This is a womens' health and safety issue. She read a paragraph by Jane Hodgson, a doctor who does abortions. She said, "When I first started doing abortions, I took my Boards in Obstetrics and Gynecology. Therefore, I knew I was competent to do abortions. When I did my first few hundred, I realized how silly I had been in my previous view point. At this point, having done somewhere around 12,000 procedures, I'm beginning to think I'm reasonably competent. I don't think you can train someone to do first trimester procedures quickly." She quoted President Clinton saying abortions should be safe, legal and rare.

{Comments: lost 10 minutes Executive action, microphone not working.}

EXECUTIVE ACTION ON HB 121

Motion: SENATOR MOHL moved HB 121 BE TABLED.

Discussion: SENATOR MOHL said he wants the bill tabled because he thinks the Board of Medical Examiners should make this decision. He said he didn't think he was capable of making this decision.

SENATOR SPRAGUE referred to the Board of Medical Examiners and said there needs to be a starting and stopping point on this issue. The Board needs to define limitations and scope of expertise. He posed the question, if they have the skill, do they have the right.

SENATOR BAER said the bill was drafted in good faith, but he criticized the Board of Medical Examiners who are supposed to

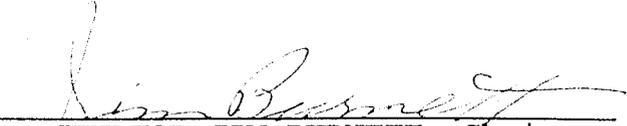
make this kind of judgement. He agreed with **SENATOR MOHL**, saying, it's a difficult decision to make without foundation, and the Board must decide whether Physician Assistants are qualified to do the procedure. He wondered why there are not better guidelines.

SENATOR KLAMPE said he thinks there needs to be an interim study of the Board's competency. This is a turf issue and it's time to make a change in the process. He supports tabling the bill.

Vote: The motion for HB 121 BE TABLED PASSED, 5-4 ROLL CALL VOTE.

ADJOURNMENT

Adjournment: 5:40 pm



SENATOR JIM BURNETT, Chairman



KAROLYN SIMPSON, Secretary

JB/ks

MONTANA SENATE COMMITTEE PROXY

DATE 3/10/95

I request to be excused from the Public Health
Committee meeting this date because of other commitments. I desire
to leave my proxy vote with ~~Dorothy Eck~~.

Indicate **Bill Number** and your vote **Aye** or **No**. If there are **amendments**, list them by name and number under the bill and indicate a **separate vote** for each amendment.

HOUSE BILL/AMENDMENT	AYE	NO
HB 421	✓	
HB 121		✓
HB 407		✓

SENATE BILL/AMENDMENT	AYE	NO
SB 110		
SB 410		✓

rep. Sen. Eve Sprenkel
(Signature)

MONTANA SENATE COMMITTEE PROXY

DATE 3-

I request to be excused from the P. H.

Committee meeting this date because of other commitments. I desire

to leave my proxy vote with Karolyk Simpson.

Indicate Bill Number and your vote Aye or No. If there are amendments, list them by name and number under the bill and indicate a separate vote for each amendment.

HOUSE BILL/AMENDMENT	AYE	NO
<u>HF 407</u>		<u>X</u>
<u>HF-121</u>		<u>X</u>

SENATE BILL/AMENDMENT	AYE	NO

Rep. Chris A. Wolf
(Signature)

MONTANA SENATE COMMITTEE PROXY

DATE 3/8/95

I request to be excused from the Public Health Committee Committee meeting this date because of other commitments. I desire to leave my proxy vote with _____.

Indicate **Bill Number** and your vote **Aye** or **No**. If there are **amendments**, list them by **name and number** under the bill and indicate a **separate vote for each amendment**.

HOUSE BILL/AMENDMENT	AYE	NO
SB 121	X	
SB 410		X
SB 487		X

SENATE BILL/AMENDMENT	AYE	NO

Rep. Donnelly Esk
(Signature)



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MONTANA RIGHT TO LIFE TESTIMONY ON H.B. 442
Before the Senate Committee On Public Health
March 10, 1995

Mr. Chairman, Members of the Committee:

For the record my name is Tim Whalen. I represent ;the Montana Right to Life Association. Montana Right to Life is a state affiliate of the National Right to Life Committee, the oldest and largest such organization in America. We wish to go on record in strong support of H.B. 442, drafted and introduced at our request, which would make it mandatory that physicians only may perform abortions in Montana.

As a matter of some history, shortly after all of the State Abortion Laws were struck down by the Supreme Court in 1973, Montana passed the Abortion Control Act in 1974. The Act provided that only physicians could perform abortions. A couple of sessions ago the Montana Legislature passed legislation designed to help undeserved rural areas by allowing Physician Assistants to do things a doctor would normally do, so long as a utilization plan was filed and approved by the Board of Medical Examiners.

With no express intention on the part of the Montana Legislature that they be allowed to do so, physician assistants began performing abortions in Montana. Only one other state in the Union allows non-doctors to perform abortions and that is Vermont.

Because of the apparent conflict between the Abortion Control Act Provision providing that only doctors can perform abortions and the physicians assistant law just recited, a number of abortion providers filed suit asking that the Montana Abortion Control Provision be ruled unenforceable. The Attorney General's office instead entered into a stipulation with the abortion providers to the effect that the Abortion Control Act Provision would not be enforced. H.B. 442 clarifies the longstanding law in Montana that only physicians should be allowed to perform abortions in Montana.

When the U.S. Supreme Court legalized abortion on demand through all 9 months of pregnancy for any reason in their Roe & Doe Cases issued in 1973, they specifically found that the right to an abortion is not a right that the woman possesses individually, but only in concert with her physician. The right to an abortion arises out of the Right to Privacy inherent in the physician patient relationship. The court in Connecticut v. Menillo stated

"Jane Roe had sought to have an abortion performed by a competent, licensed physician, under safe, clinical conditions,'.....and our opinion recognized only her right to an abortion under those circumstances.....As far as this Court and the federal Constitution are concerned, Connecticut's statute remains fully effective against performance of abortions by non-physicians."

Furthermore, Montana's Constitutional Provision on privacy was drafted before the U.S. Supreme Court declared that the Abortion Right was encompassed under that provision. Consequently, it is highly unlikely that the practice of physician assistants performing abortions in this state could be sustained under either constitutional provision if challenged.

It must also be remembered that abortion is an elective procedure with the potential for a high complication rate, likely to occur if non-physicians are allowed to perform abortions. Although hard statistics are difficult to come by for a variety of reasons, the evidence suggests that a significant number of major complications occur as a result of elective abortions, including: infection, excessive bleeding, embolism, ripping or perforation of the uterus, anesthesia complications, convulsions, hemorrhage, cervical injury, and endotoxin shock.

In addition secondary sterility or the inability to conceive wanted children later in life is common as a result of the abortion procedure. The Center for Disease Control reports that the rate of ectopic pregnancies in the United States has increased 300% since the legalization of abortion in 1973. One of the biggest causes of death to women in pregnancy is due to rupture of the fallopian tube during an ectopic pregnancy. For every 100,000 ectopic pregnancies in the United States 300 women die.

In Japan, the country with the longest experience with legal abortion, 9% of women undergoing abortion are rendered sterile; 14% suffer from recurring miscarriages in late pregnancies; 17% experience menstrual irregularities; 20-30% report abdominal pain, dizziness, headaches, etc; and the rate of ectopic pregnancies went up by 400%.

In his book Aborted Women Silent No More, David Reardon states as follows:

"Because the abortionist operates blindly, by sense of feel only, the cutting/suction device is potentially deadly. Perforation of the uterus is one of the most common complications (this can occur during dilation or evacuation) which leads to severe hemorrhage and can occasionally result in damage to other internal organs. In a few recorded cases, abortionists have inadvertently sucked out several feet of intestines in a matter of only a few seconds."

EXHIBIT 1
DATE 3-10-95
HB 442

-3-

H.B. 442 brings Montana back into line with what the legislature has always understood the law to be, and with what the law is in virtually every other state in the Union. H.B. 442 also insures that women seeking and obtaining abortions are given at least the level of care that a physician should be able to provide.

Please vote yes on H.B. 442.

The Physical Risks of Abortion

Abortion is a surgical procedure in which a woman's body is forcibly entered and her pregnancy is forcibly "terminated." Because it is intrusive, and because it disrupts a natural process (pregnancy), abortion poses both short-term and long-term risks to the health and well-being of the aborted woman. Abortion is never without risks.

A few abortion advocates continue to insist that abortion is so safe as to be virtually "risk free," but such claims are exaggerations resulting from some blind belief in the slogans and clichés fostered by the early abortion reformers.¹ In contrast to these few abortion zealots, most defenders of abortion, particularly those in the health fields, admit that there are inherent risks to abortion. Within the medical profession the intense debate is not over whether there are risks or not but over how often complications will occur. Some claim the risks are "acceptable," while others insist they are not.

Answering the question "How safe is abortion?" is crucial to any public policy on abortion; but it is even more crucial to the women facing the abortion decision. Unfortunately for hundreds of thousands of women, their "safe and easy" abortions proved to be neither safe nor easy. Even more outrageous is the fact that almost none of these women were given a realistic assessment of the risks of abortion.

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

March 8, 1995

Senate Public Health / HB 442

I am writing for the purpose of sharing my experience involving an abortion I had in approximately June of 1989, done by Susan Cahill, a nurse practitioner with Dr. James Armstrong, Kalispell, Montana. I would have thought that nurse practitioners and doctors assistants be required to consult with the doctor on staff for diagnosis and treatment. My experience involves one nurse practitioner only as it relates to the following incidents.

Prior to my abortion, a decision which was painstaking, I was not informed of what the procedure would involve nor any consequences which may come from such a procedure. Although I do not remember specifically what was said at each visit, I do recall getting the distinct feeling of disapproval from Ms. Cahill. She made reference to "inappropriate" sexual activities which "created this situation." I explained that the father was my husband, that we were separated and already had two small children, maybe in an attempt to justify my choice to abort.

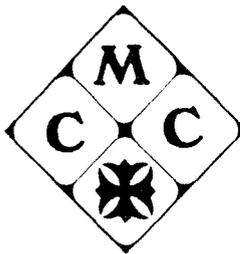
During the procedure, when it hurt, Ms. Cahill made a comment to the effect of "getting myself in this situation." I felt there was no compassion and at the time felt I didn't deserve any. Today I know differently. At one point, she left the room without saying anything to me. When she returned a few moments later, she snapped, "Why aren't you dressed?" I was still laying on the table in a very vulnerable position, as I was unaware that she was done. I proceeded to get up and get dressed. I do not recall seeing the doctor at any time during the procedure.

At this point, I was sent on my way home. I do not recall being advised about possible complications or what to expect. In the spring of 1990, I again went to see Susan Cahill for a pap smear and vaginal infection. I had itched for a couple of days prior to scheduling an appointment. When I saw her, she advised me that I probably had herpes, did have a large cyst that could burst if I had intercourse and she did a pap smear. She gave me a prescription for medication that she said would clear the itching and determine if it was herpes. I asked if it would clear only if it was herpes or if this medication would clear other infections also? She indicated if it cleared up with this particular medication that it was most likely herpes. She asked about my sexual partner and advised me to talk with him. Each time I saw Ms. Cahill, she made comments about my sex life which made me feel she disapproved. I did not take her comments too seriously, as I did not feel she had to agree with or approve of my sexual habits. I was uncomfortable with the comments being made at all, however.

On my follow up visit, I was advised that I did have herpes and my pap smear was "insignificant." After discussion with friends and family about my uncomfortableness with Ms. Cahill and the diagnosis, I sought other medical advice. When I returned to my current OB-GYN, I was advised that the diagnosis of herpes could not be made the way she had. I was also told my cyst was very small and would *not* burst with intercourse. My doctor requested my records from Susan Cahill and was at first refused. With persistence, we obtained my pap records. It was at that time that I found out I had actually had a yeast infection not herpes. He also discovered that my pap results were *not* insignificant. My doctor immediately proceeded with a D&C in hopes of curing the problem. Within 3-5 months, on my next checkup, I was told it had progressed to a pre-cancerous condition. I was advised that I had two options--laser cone or removal of the uterus and cervix. The condition had progressed to this pre-cancerous condition within six months of my original pap smear in spite of the D&C done.

In closing, I want to restate that I did not find that the nurse practitioner consulted with the doctors on staff for diagnosis and treatment. I do not believe that was true in either of my experiences shared above. I did not get the quality of medical care from Ms. Cahill as I have since received from my doctor.

Cheryl Grefsrud
402 5th Ave. W.
Kalispell, MT 59901
752-0570



Montana Catholic Conference

EXHIBIT NO. 4
DATE 3/10/95
BILL NO. HB 442

March 10, 1995

Mr. Chairman, members of the committee, my name is Sharon Hoff, representing the Montana Catholic Conference. I act as liaison for Montana's two Roman Catholic Bishops on matters of public policy.

The Montana Catholic Conference supports HB442 which restricts abortion performance to physicians only. It is odd for us to be standing here before you supporting abortion by any party, yet we recognize that abortion is legal and we agree with President Clinton that abortion should be safe and rare.

Allowing persons other than physicians to perform abortions make abortion neither safe nor rare. The real agenda by the abortion industry is to make abortion more and more routine, and more and more available by allowing that this invasive surgical procedure be performed by a non-physician.

In the *Doe v. Bolton* case, which was a companion to the 1973 *Roe v. Wade* decision, the U. S. Supreme court upheld that states could limit abortion to physicians only. Montana has chosen to restrict abortion to physicians only. There is nothing unconstitutional about the states regulating the practice of abortion to physicians only. Why should Montana change its Abortion Control Act for one physician's assistant?

We find it puzzling that the Accreditation Council for Graduate Medical Education recently voted to require that every obstetrics and gynecology residency program in the U.S. provide abortion training for their residents. Part of the ACGME statement reads "Experience with induced abortion must be part of residency training....Experience with management of complications of abortion must be provided to all residents." The ACGME claim is that they are requiring this training because they need highly skilled professionals trained in abortion techniques to perform the procedure correctly to prevent people from being harmed. If this procedure is so trivial that a physician's assistant can perform it, then why is the ACGME so insistent on including the procedure in all residency training?

Women continue to die from safe and legal abortions. From 1972 through 1985, 213 legal abortion-related deaths occurred in the U.S. Let's keep abortion safe and rare in Montana--assign a do pass to HB442. Thank you.

March 10, 1995

Senate Judiciary / HB 442
Arlette Randash

When abortion was illegal those pushing for its legalization said then that bonafide physicians performing abortions would reduce the risk for women seeking abortions. President Clinton has said he wants to make abortions safe, legal, and rare. Yet in Montana where we are one of only two states that has permitted abortions to be performed by a non-physician the very abortion providers themselves who clamor for safe abortions filed a law suit when a non-physician was threatened with prosecution. And today you will hear them testify at length why non-physicians should be permitted to do abortions.

Roe v. Wade, the Supreme Court decision that ushered in abortion on demand, explicitly states that a state "may proscribe any abortion by a person who is not a physician." No Supreme Court decision since has changed that position.

In a nation where abortion is the most commonly performed surgery, and in a state where last year 2,644 were performed, women deserve the best possible care because in spite of what you hear here today abortions, as do all medical procedures, involve some risk. To the best of my knowledge, an exhaustive Centers for Disease Control morbidity study has never been done because it is not politically correct to admit there are risks involved with the procedure. However, a study released in November by the Fred Hutchinson Research Center in Seattle was yet one more *private* study that indicates an increased risk for breast cancer. What made this study significant and the reason it was picked up by the media, was that it was done by an ardent supporter of abortion, Janet Daling. After studying 1,800 women over a seven-year period the research team found that for those under the age of 45 who had one abortion, the risk of developing breast cancer increased by 50 percent. However, for those who had an abortion before they were 18 and after the 8th week of pregnancy the risk of breast cancer went up 800%. Last year 298 women aborted prior to being 18 years old in Montana. A physician is much more likely to share the risks involved than a non-physician particularly if SB 292 passes.

You will probably hear the Montana Board of Medical Examiners testify that this bill encroaches on their rulemaking authority. However, I submit to the committee that rulemaking should be consistent with legislative intent and statutory code. It was the legislature's intent that only physicians perform abortions in Montana and it is in statutory code. The Montana Board of Medical Examiners has violated their rulemaking authority. Moreover, in this session we have seen careful scrutiny taken when medical personnel wanted to expand their practice. For example, denturists and whether podiatrist should be able allowed to include ankles in their scope of practice. The legislature did not abdicate that responsibility to the Board of Medical Examiners.

You will probably hear the Montana Academy of Physician Assistants testify that because fewer M.D.s are taught how to perform abortions that P.A.s should be allowed to be perform them to permit accessibility to Montana's women who want abortions. We don't permit P.A.s to do brain

surgery or cardiac care because brain surgeons and cardiac specialists are not available across Montana. Accessibility is not heralded in those cases over quality care and it shouldn't be for women when abortions are concerned either.

You will probably hear NARAL testify that the abortion morbidity rates in Montana do not warrant physicians only doing abortions. Abortion morbidity rates in Montana are simply unreliable because of the way those statistics are collected. Unless a woman specifically requests that her complications be registered as abortion related they are attributed to maternity complications and because of the shame and privacy issues surrounding abortion few if any ever make such a request.

Other reasons why morbidity rates are eschewed is that most out patient abortion clinics do not provide follow-up examinations. If women do have complications they rarely return to the abortionist but will go to a physician practicing in another community or perhaps their own doctor. For professional and liability reasons those doctors do not report the complications. Because of my long time involvement with this issue I know from talking to dozens of women that this is the case. Secondly, long term complications such as sterility or incompetent uterus are only now beginning to be linked back to an earlier abortion.

Numerous private studies have been done concerning the physical complications for abortions. The best have been documented in the book Aborted Women, Silent No More. I believe Tim Whalen has distributed copies to you. David Reardon says that after examining the evidence the minimum rate of short term complications is 10%. In Montana that means approximately 264 women suffered from short term complications last year. Because most women who have abortions are silenced by shame, because at this time only one physician assistant is performing abortions, and because of the manner in which statistics are gathered in Montana definitive statements as to the impact of non-physicians performing abortions are not easily made. However, public health demands that the state legislate on the side of quality care and especially when those on both sides of this issue would agree that a woman seeking that care is at a most difficult time in her life. If we are going to permit abortion, the least we can do is guarantee in a rural state like Montana the utmost safety of the woman seeking that service.

Charles J. Lorentzen
418 4th St. E
Kalispell, MT 59901

The Honorable Jim Burnett
Capital Station
Helena, MT 59620

Re: HB 442

March 10, 1995

Chairman Burnett and members of the committee,

We control asbestos,	why?	For health & safety.
" " air & water quality	"?"	" " "
" " buildings & sewers	"?"	" " "
" " roads & bridges	"?"	" " "
" " food processing	"?"	" " "
" " airplanes & pilots	"?"	" " "

We control ABORTIONISTS, why? For HEALTH & SAFETY.

Compared to the requirements of training, educating, licensing, and controlling these and many other professions, physicians are required to meet much, much, much higher standards because they attend directly to our personal physical well being and health. This should be clear to us all.

I ask you, why should we consider lowering our medical safety standards to allow the major surgical procedure of abortion to be this glaring medical exception, while at the same time we readily increase safety standards whenever we find new potential dangers in apples, hamburger, airplanes and even endangered species of insects and worms. It is becoming an obviously apparent political absurdity.

We are turning a blind eye to tragic consequences in a growing number of young women's lives. Even much more qualified physicians experience operating room emergencies they can not handle such as death, sterilization and dismemberment of living babies in botched abortions such as what happened to Ana Rosa Rodriguez in New York in 1991. Her mother was 7½ months pregnant and the convicted doctor is Abu Hayat.

I believe Montana can soon expect a multi-million dollar suit if we insist on pioneering this foolish experimental ruling in company with only one other State, Vermont. Let's be sensible and medically intelligent in Montana. Let's not continue to ignore these glaring inconsistencies.

We spend billions of dollars to strive for an accident rate of zero in the airline industry. Let's not continue to compromise medical practices any longer, but let us rather insist upon the highest standard of medical safety we can achieve for the sake of the health and safety of women having this major operation. Our highest standard is a physician not a physician's assistant.

The abortionists sponsor risk management seminars and attend risk management seminars. Why? Because they have learned there is risk involved in abortion. If you don't think there is risk involved then consider the brief description of the Suction Machine method of abortion briefly described on page 4 of the little paper America Must Decide. It says,

"Suction Machine

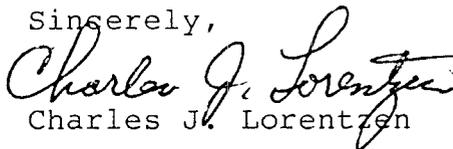
First used by the Communist Chinese and 27 times more powerful than a domestic vacuum cleaner, the suction machine (with a tube inserted thru the cervix) tears the plecenta from the uterus, dismembers the child, and draws its remains into an attached jar. Unremoved body parts can cause infection and hemorrhage."

America must decide and today 9 people in America are sitting on this committee deciding if there is risk enough to require our most highly trained physicians to do it. If it was your daughter involved would you not look for the very best qualified person for her? Review the other five methods of abortion described in this same paper and consider whether a future committee may be asked to expand the duties of a physicians assistant once we start down this slippery slope.

On February 14th I went to the Attorney General's office and talked to Attorney Clay Smith who handled last year's law suit when Dr. Armstrong sued the State of Montana and I asked him why the State gave up in the middle of it when our Montana Law says "Physicians only" shall perform this procedure. He agreed that they gave up because Montana is sending a mixed message since the Montana Medical Review Board is giving Susan Cahill permission anyway. I asked Clay Smith which is more important, 150 legislators passing a law in 1974 or the action of few people on an appointed medical board 10 years later. He said it was an embarrassing position to be in but that the legislature is in session right now and they can clarify what they meant. I told him that I had testified in the House Human Services and Aging Committee just 4 days before on February 10th in support of this HB 442 and I was confident you would clarify what you meant. So it appears to me this vote is your perfect opportunity to reiterate Section 50-20-109, MCA .

This bill is easy to find hundreds of people willing to sign their names strongly in support and I want to give the committee 28 pages of signatures collected on Feb 17, 18 and 19 in Kalispell, Montana. There are about 480 names. I urge you, we all urge you to vote to pass HB 442.

Sincerely,


Charles J. Lorentzen

Everyone
would agree
that what
happened
to Ana Rosa
should never
happen again.

Ana Rosa Rodriguez,
16 months old.

Ana's right arm was severed by
an abortionist during an abortion
attempt when her mother was
7½ months pregnant...

Photo © New York Post 1993

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Street, Helena, MT 59620-1201. The phone
number is 444-2694.

Language Fuels America's Holocaust

Fifty years ago, much was written about the use of euphemism by Nazi officials who controlled Germany's death centers. More recently, Professor William Brennan of St. Louis University has explained how language tranquilized the German populace while 12 million people were put to death—and how it has tranquilized America while 30 million unborn children have been mercilessly killed and dehumanized.

In *The Abortion Holocaust*, a 200-page comparison between German Nazi and American killing practices, Professor Brennan notes that the perpetrators' strategy in any holocaust is to degrade their victims to a level of nonpersons and then provide a positive account of what happens to them. The process begins with "choice," an esteemed democratic term, and ends with "evacuation" (of "congenital defectives" to German death camps—and of "uterine content" in American abortuaries). The process, we are told, is a "service" that's "safe and legal" and carried out "humanely," with "manifest cleanliness," for the "welfare" of society.

In *Choicespeak: Language to Abort the Conscience*, Robert Evangelisto explains how abortion proponents



Zachary, 5 months old, escaped abortion and now lives happily with his grandparents. As other American children, he could have been legally aborted on the day of his birth.

focus not on the killing of children but on "choice" and accuse life defenders not of being pro-life, but of being "anti-choice," and thereby anti-American. Notes Evangelisto, via choicespeak, a baby becomes the "product of a pregnancy; abortion is the 'termination' of a child."

California Medicine, official journal of the California Medical Association, editorialized in 1970 (Vol. 113, No. 3): "The very considerable semantic gymnastics which are required to rationalize abortion as anything but taking a human life would be ludicrous if they were not often put forth under socially impeccable auspices. It is suggested that this schizophrenic sort of subterfuge is necessary because while a new ethic is being accepted, the old one has not yet been rejected." It is therefore the duty of linguistic corruption to disassociate "killing" from the practice of abortion. Wrote the prophet Isaiah [Isaiah 5:20]:

"Woe to those who call evil good, and good evil, who change darkness into light and light into darkness, who change bitterness into sweet, and sweet into bitterness."

Woe to the perpetrators of choicespeak. ☐

Methods of Abortion

Suction Machine

First used by the Communist Chinese and 27 times more powerful than a domestic vacuum cleaner, the suction machine (with a tube inserted through the cervix) tears the placenta from the uterus, dismembers the child, and draws its remains into an attached jar. Unremoved body parts can cause infection and hemorrhage.

D&C—Dilation and Curettage

The abortionist inserts a loop-shaped knife into the mother's dilated cervix and, by scraping the uterus wall, cuts the child into pieces. To ensure that the uterus is empty, the abortionist or nurse must reassemble the body parts.

D&E—Dilation and Evacuation

The abortionist uses forceps to grasp and pull apart the rapidly growing child and to remove the placenta from the uterus. The procedure is bloody and ghastly. Many nurses refuse to assist.

Saline Injection or Salt Poisoning

To kill and remove fetuses after sixteen weeks, the abortionist inserts a needle through the mother's abdomen, draws off a volume of amniotic fluid, and replaces it with a saline (salt) solution that poisons the child (through swallowing) and burns away the child's skin. After the child's agonizing death, the mother goes into labor and delivers her dead infant.

Prostaglandin Abortion

Prostaglandin, a chemical hormone, is injected into the amniotic sac to induce violent labor and premature birth. Since this method of abortion can produce live births, the abortionist first injects a toxin to kill the child.

Hysterotomy

Equivalent to a Caesarean section, this late-term abortion method enables the abortionist to remove the child from the uterus and allow it to die by starvation and neglect or by way of a death-inducing act such as drowning, suffocation, or strangulation.

Effects of Abortion

(Prepared by WEBA, Women Exploited by Abortion, as a warning to other women to avoid the risks of abortion surgery)

Physical Effects

- Sterility
- Miscarriages
- Ectopic pregnancies
- Stillbirths
- Bleeding and infections
- Shock and comas
- Perforated uterus
- Fever/Cold sweat
- Intense pain
- Loss of body organs
- Crying/Sighing
- Insomnia
- Loss of appetite
- Exhaustion
- Weight loss
- Nervousness
- Decreased work capacity
- Vomiting
- Gastro-intestinal disturbances

Psychological Effects

- Guilt
- Suicidal impulses
- Mourning/Withdrawal
- Regret/Remorse
- Loss of confidence
- Low self-esteem
- Preoccupation with death
- Hostility/Rage
- Despair/Helplessness
- Desire to remember birth date
- Intense interest in babies
- Thwarted maternal instincts
- Hatred for persons connected with abortion
- Desire to end relationship with partner
- Loss of sexual interest/Frigidity
- Inability to forgive self
- Nightmares
- Seizures and tremors
- Feeling of being exploited
- Horror of child abuse

DATE 3/10/95
BILL NO. HB 442
6C



MESSAGE to MONTANA LEGISLATORS

DATE OF PRINTING & MAILING

Bill NO. 60

(Please Distribute)

DATE 3/10/79 of 27

BILL NO HB 442

Honorable Senators

Baer, Brown, Harp and Mohl

Honorable Representatives

Boharski, Fisher, Herron, Keenan, Sliter, S. Smith, Somerville and Wagner

SB 292 "Woman's Right-To-Know Act" Giving women considering abortion complete information on alternatives.

HB 442 Physicians Only Clarifying that only physicians are allowed to perform abortions in Montana.

HB 482 Parental Notification Requiring parents be told before a minor be given an abortion in Montana.

The undersigned strongly urge you to PASS the above bills as they come before you in the weeks ahead:

Name

Residential Address

CHARLES J. LORENTZEN 418 4TH ST. E. KALISPELL, MT 59901

Thomas Perr cell Mt. 59901

Lois Haag MT 59901

JOHN R. KALISPELL, MT. 59901

Suzanna . Kalispell

Debbie E. Houtz 318 Harrison Blvd. Kalispell

Bonnie A. Fox 904 - 5th Ave. W., Kalispell

Barlene Gardner 809 3 ave W. Col. Falls

Beverly J. Brandt 635 6th St. West Apt. #11 Kalispell, MT 59901

Brenda Schrock 2325 Whitefish Village Rd, Kalispell

Tanet McCreary 469 2ND AVE E.W. KALISPELL

Antony Burt 720 Riverside Rd. Kalispell, MT 59901

Robert Burt " "

Mary Kense 1125 Sunnyside Dr. Kalispell. 59901

Donald H. Kense 1125 Sunnyside Dr. Kalispell, MT 59901

Fred Striipp 680-3rd Ave W.N. Kalispell

James A. Talge 340 - 4th Ave E. #4 - Kal. MT

Harry Waller Box 171 Kula Mt.

C. Maloney 310 - STEEL BRIDGE RD - KAL 59901

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DATE 3/10/95

BILL NO. HB 442

A Constituent Chapter of the American Academy of Physician Assistants

TESTIMONY REGARDING HB 442

March 10, 1995

My name is Jennifer Krueger - I'm the president of the Montana Academy of Physician Assistants (MAPA). I am representing MAPA in opposition to HB 442. I am not here to debate the issue of abortion nor am I stating that MAPA is either pro or anti-abortion. I am here representing over 100 members of MAPA to protest an attempt to restrict our practice.

PA's provide quality medical care. We are trained by physicians. We have to graduate from a nationally accredited program, we have to successfully pass national medical boards, and we have to obtain licensure in our state of practice. Our utilization plans are established between the PA and the individual physician in accordance with the established rules and regulations of the Montana Board of Medical Examiners.

No matter what the individual feelings, abortion is a legal medical procedure. PA's are legally allowed to perform this procedure. To restrict that right is unconstitutional and an issue of restraint of trade. Most important, to restrict that right puts our patients at risk and jeopardizes access to safe, quality care.

I have had feedback from the PA representative on the Board of Medical Examiners and the Executive Committee of the Board of Medical Examiners. Their unanimous opinion is that HB 442 is inappropriate and lacks any scientific or medical merit. I have talked with numerous Montana PA's on both sides of the abortion debate. The feedback is unanimous that this bill is inappropriate and that includes members who are anti-abortion. I have talked with the legal counsel for the American Academy of Physician Assistants (AAPA). They sent a statement in support of MAPA which I have included today.

There is no scientific, medical, or legal evidence to warrant removing PA privileges to perform this legal medical procedure. This is nothing more than an attempt to use PA's in order to promote the agenda of a special interest group.

I urge you to defeat HB 442 and continue to allow Montana citizens access to safe, quality care. I appreciate your attention and the opportunity to speak today. Thank you for your time.



SERVICES HEALTH & WELFARE
EXHIBIT NO. 8
DATE 3/10/95
BILL NO. HB 442

American Academy of Physician Assistants

950 North Washington Street, Alexandria, Virginia 22314
(703) 836-2272 FAX: (703) 684-1924

STATEMENT OF OPPOSITION TO HB 442

The American Academy of Physician Assistants (AAPA) is a professional organization of over twenty thousand physician assistants with members in fifty states, the District of Columbia, Guam, the armed forces and the Public Health Service. AAPA is dedicated to enhancing the role and utilization of physician assistants and to promoting the profession of physician assistant to the public. AAPA's mission is to promote quality, cost-effective and accessible health care by promoting the professional development and appropriate utilization of physician assistants.

The AAPA is committed to the principle that a physician assistant should be allowed to perform any medical task, including abortion, which is delegated by a physician under whose supervision the task will be performed. Studies have documented the technical ability of physician assistants to safely and competently perform abortions. The American College of Obstetricians and Gynecologists recommends that non-physicians such as physician assistants be utilized to provide abortion services in collaborative settings.

Restricting the ability of physician assistants practicing under appropriate supervision to perform a legal medical procedure impedes the public's access to health care. In the interest of promoting public health and protecting the right of its members to practice their profession, the AAPA joins the Montana Academy of Physician Assistants and members of the Montana Board of Medical Examiners in opposing HB 442

The
Center for
*Reproductive
Law & Policy*

120 Wall Street
New York, New York 10005
212-514-5534 • 212-514-5538 fax

**TESTIMONY OF SIMON HELLER
THE CENTER FOR REPRODUCTIVE LAW & POLICY
IN OPPOSITION TO HB 442
MARCH 10, 1995**

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Comparison of Complication Rates in First Trimester Abortions Performed by Physician Assistants and Physicians

MARY ANNE FREEDMAN, MA, DAVID A. JILLSON, PHD, ROBERTA R. COFFIN, MD,
AND LLOYD F. NOVICK, MD

Abstract: The outcomes of 2,458 first trimester abortions performed in a freestanding clinic in Vermont were studied. Procedures were performed by physician assistants and by physicians. Demographic information, medical history, and data relevant to the abortion were recorded. Both immediate and delayed (up to four weeks post-abortion) complications were noted. Direct follow-up four weeks after the procedure by clinic visit, letter, or telephone

contact was achieved for 96 per cent of all patients. An overall rate of 29.1 complications per 1,000 procedures was observed, with a rate of 27.4 for abortions performed by physician assistants and 30.8 for physicians. The incidence of immediate complications was 6.1 per 1,000 procedures; delayed complication incidence was 23.2 per 1,000 procedures. Overall complication rates varied according to operative procedure used. *Am J Public Health* 1986; 76:550-554.)

Introduction

Abortion is one of the most performed on women. In 1981, 1.2 million abortions in the United States were performed, most in first trimester procedures performed in such as clinics or physicians' offices.

Issues pertaining to the safety of abortion are an important public health concern. Several studies have evaluated the rates and complications resulting from abortions performed by physician assistants. Grimes, *et al*,³ determined that the risk of abortion-related death from procedures performed during the first trimester was identical for hospital and outpatient abortions (0.7 per 100,000 procedures) when the rates were adjusted for the presence of pre-existing medical conditions and for the concurrent performance of sterilizations. An overall complication rate of 15.4 per 1,000 procedures was observed by Wulff and Freiman⁴ in their study of first trimester outpatient abortions. One-third of these complications (4.8 per 1,000 procedures) were severe enough to require hospitalization. Bozorgi's study⁵ demonstrated an immediate complication rate of 6.9 per 1,000 procedures in a surgical center. He also detected a positive correlation between complications and gestational age and a significant inverse relationship between complication rates and provider experience.

These studies and others⁶ indicate that abortion in an outpatient setting is a safe procedure when performed by an experienced physician early in pregnancy. However, little is known about the complication rates of abortions performed by physician assistants. This issue is of particular interest in Vermont since physician assistants perform more than 20 per cent of the 3,500 abortions per year occurring in the state.

Approximately half of the abortions in Vermont take place at the Vermont Women's Health Center, a nonprofit independent clinic located in Burlington, Vermont. This paper describes the results of a two-year prospective study, conducted by the Vermont Department of Health and the Women's Health Center, to evaluate the relative complica-

tion rates of physician—versus physician assistant-performed abortions in an outpatient setting.

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All women who obtained abortions from a physician assistant at the Women's Health Center during the two-year period ending December 31, 1982. Physician assistants performed a number of procedures

at this clinic under supervision of a physician. Those procedures were excluded from this study.

When a patient presented at the Women's Health Center she was seen by the next available provider. There were no differential allocations of patients between provider types. A patient could request a particular provider if she desired. Less than 5 per cent of clinic patients availed themselves of this option.

Two abortion methods were utilized at the facility: early uterine evacuation, and suction curettage. These procedures differ in that the contents of the uterus are evacuated using a hand syringe with early uterine evacuation, whereas in suction curettage a vacuum aspirator is utilized. The decision regarding the appropriate technique for a given patient was made by the provider. Clinic protocol required that early uterine evacuations not be performed later than eight weeks following the patient's last menstrual period provided that this measure of gestational age was consistent with uterine size as estimated by pelvic examination. Contraindications for either procedure included uterine sizing beyond 12-weeks gestation, current use of anticoagulants, hematocrit less than 30 per cent, prolonged bleeding time, and active pelvic inflammatory disease. Only procedures utilizing local anesthetics were performed at this clinic.

Patient participation in the study was voluntary. Upon discharge after abortion, each study participant was instructed to return to the clinic or to her personal physician for a follow-up visit within four weeks. A patient who elected to see her personal physician was given a copy of her medical record and a questionnaire regarding delayed complications to present to her doctor. Patients whose physicians did not return the questionnaire were queried by telephone and/or mail.

Demographic information, medical history, and data relevant to the patient's abortion were recorded on an abstract form by the provider on the day of the procedure. Information regarding delayed complications was added to

From the Vermont Department of Health, Burlington. Address reprint requests to Mary Anne Freedman, MA, Director, Public Health Statistics, Vermont Department of Health, P.O. Box 70, Burlington, VT 05403. Dr. Lloyd F. Novick, formerly with the Vermont Agency of Human Services, is currently with the Arizona Department of Health Services. This paper, submitted to the *Journal* March 11, 1985, was revised and accepted for publication September 11, 1985.

Larry Baer,

I am writing in regards to H.B. 442, and urging you to vote against this bill.

I have lived in the Flathead Valley for the last 15 years and have had the privilege of having Physician Assistant Susan Cahil as my primary health care provider. Over the years Susan has been there for me during times of crisis and need, and treated with compassion and skill. She has always been professional and non-judgemental. Recently she's gone back to school and recieved her M.S.W., improving her skills and knowledge for her patients needs

I feel that this bill is personally directed at Physician-Assistant Susan Cahil and Dr. Armstrong. I have always been of the opinion that governmental decisions should not be about personal agendas and vendettas. These two individuals have served their community with their patients needs as their priorities, I hope that you can do the same.

Sincerely,

Kitty Rich
P.O. Box 24
Bigfork, mt
59911

406 837-1061

MONTANA WOMEN'S LOBBY

P. O. BOX 1099 HELENA, MT 59624 406-449-7917

Kate Cholewa

SENATE HEALTH & WELFARE

EXHIBIT NO. 12

DATE 3/10/95

HB 442 is, simply put, a bogus bill. Here's why: BILL NO. HB 442

1. It does not increase the safety of abortion. By eliminating an experienced, competent provider, access to abortion is restricted. As all evidence has indicated, limiting access to abortion leads to an increase in second trimester abortion wherein the risk of complications is increased. Limiting and obstructing access to abortion has always led only to higher risk procedures and, in the extreme, death.

2. Supporters of this bill purport that abortion is too risky or difficult a procedure for P.A.s to perform. On what do they base these claims? It was not the medical profession or public outcry that brought you this bill. It was opponents of reproductive rights whose specialty is obstructing a women's reproductive choices. On the other hand, medical safety is the specialty of the Board of Medical Examiners, and they have found that the performance of abortion is within the scope of practice for P.A.s. Besides, we are not talking about all the procedures of equal risk to that of abortions being eliminated from a P.A.s scope of practice. Abortion has been singled-out. It is the equivalent of a group who didn't believe in divorce bringing a bill to this legislature to limit the practice of attorneys so that there would be less attorneys who could do divorces because of potentially dangerous outcomes for the parties.

3. This bill is the clearest example of the session of how the religious right is insinuating its agenda into every aspect of the personal, professional, and public lives of all Montanans. In the past, abortion obstruction bills have targeted women. Increasingly, they target doctors, and not just those doctors who perform abortions are effected. In the legislation of this session, they have targeted the insurance industry, family relationships, health care, physicians assistants, just to name the areas I'm aware of. Is the goal to obstruct women from receiving a legal procedure so great that this legislature will pass irresponsible, based on lies legislation in order to achieve this end? Is government ready to extend the interference usually reserved for women to medical practice and business to appease special interests? Will this legislature kill any competent legislation that vaguely recognizes reproductive rights?

We truly fear that the answers to these questions are yes.

We urge integrity and responsibility on the part of this committee. We urge you to bring an end to this interference into medical safety and women's lives.

HB 442 restricts the practice of Physicians Assistants Certified (P.A.s) based on POLITICS instead of SOUND MEDICAL JUDGEMENT.

In MT, physicians and P.A.s may perform abortions. HB 442 restricts the performing of abortions to physicians only. The justification for this bill is based on MYTHS. Here are the FACTS:

HB 442 MYTHS & FACTS

MYTH:P.A.s are not qualified to performs abortions.

FACT: P.A.s are educated in a medical program similar to physicians, requiring 102 weeks compared to 153 for an M.D. P.A.s must pass a national certifying exam. To maintain certification, P.A.s complete 100 hrs. of continuing ed. every 2 yrs and are re-examined every 6 yrs. All P.A.s are supervised by a physician.

MYTH:The Abortion Control Act prohibits P.A.s from performing abortions.

FACT: The P.A.s Bill went into effect after the Abortion Control Act, thus the P.A.s code is construed as having precedence. This was challenged in Doe v. Esch. The '93 decision stipulated that the term "Licensed Physician" in the Abortion Control Act includes P.A.s-Certified supervised by a licensed physician.

MYTH:It is outside the scope of the Board of Medical Examiners to approve the performance of abortions in a P.A.s utilization plan.

FACT: 37-20-202 authorizes the BOME to adopt admin. rules to address the issues of supervision and utilization of P.A.s, address P.A. training in MT, and approve utilization plans; 37-20-301 stipulates that BOME approved utilization plans set forth the scope of practice of the P.A.

MYTH: It endangers women to have P.A.s performing abortions.

FACT: The MT Board of Medical Examiners states in a letter to the Human Services and Aging Committee "given appropriate education and training as evaluated by the Board of Medical Examiners, there is no medical reason for excluding physician assistants-certified from those persons authorized to perform abortions." In addition, a VT study shows that while both physicians and P.A.s demonstrated minuscule complication rates, the P.A.s' rate was even lower than the M.D.s.

MYTH: Abortions are the only invasive medical procedure performed by P.A.s.

FACT: P.A.s perform many equally as invasive procedures, and riskier procedures as well. These include proctosigmoidoscopies; administering medications, child delivery, joint aspiration; inserting catheters, nasogastric tubes, peripheral intravenous catheter, & oral airways; removing and inserting IUDs and cauterizing the cervix. Clearly abortion is being singled out because of political interests, not safety interests.

MYTH: Nationally, there is not support for P.A.s performing abortions.

FACT: In order to address the shortage of health care providers, the American College of Obstetricians and Gynecologists encourages that programs train physicians and other licensed health care professionals to provide abortion services in collabor-ative settings. 1994.

To date, testimony for HB 442 has consisted of anonymous and demonstrably false testimony and personal attacks on the only P.A. in the state who performs abortions. Let's be responsible! Political maneuvering does not make for good medical policy. Vote NO on HB 442.



TESTIMONY ON HB 442
SENATE PUBLIC HEALTH COMMITTEE

Chairman Burnett and members of the committee, my name is Eliza Frazer and I am the Executive Director of the Montana affiliate of the National Abortion and Reproductive Rights Action League. Thank you for this opportunity to testify against HB 442.

There is no medical basis to be found for this bill anywhere. It is clearly one more example to politicize and segregate from the rest of medicine a safe medical procedure.

Montana vital statistics show that there have been very few complications resulting from the procedure. In 1992, the most recent available, 99.4% of patients experienced no complication; in 1991 it was 99.3% and in 1990 99.6% had no complications. Since abortion has been legal and reporting began, there have been no deaths to women receiving abortion in Montana.

There is much talk among the proponents that they are concerned about protecting women's health. However, there is not one shred of evidence to suggest that the current practice of allowing Physician's Assistants to perform abortions endangers women's safety. PA's with specialized training in surgical abortion can and do safely perform them with physician back-up and supervision. This is in fact a great service to women. What endangers their safety is lack of access to safe and legal abortion.

Passing this bill would endanger women's health. Women would be denied the opportunity to see Susan Cahill and any future PA that is qualified and certified to perform abortions. Montana has a severe shortage of providers from the continual pressure including arson and death threats.

There will always be controversial areas of medicine. I urge you to take your responsibilities to the citizens of Montana seriously and not create bad public policy and medical precedent by allowing this bill to progress. Please look at the facts.

DATE 3/10/95

SENATE COMMITTEE ON Public Health

BILLS BEING HEARD TODAY: HB 442

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Check One

Name	Representing	Bill No.	Support	Oppose
Scott Croot	ACLU / MT			<input checked="" type="checkbox"/>
W ^m D. Wise MD	mt Health alliance	-		
Ann Broelsky	self			<input checked="" type="checkbox"/>
JOHN VANDENACRE	SELF	442	<input checked="" type="checkbox"/>	
Richard TADPE	Montana Right To Life	442	<input checked="" type="checkbox"/>	
LARRY SPEAR	self	442		<input checked="" type="checkbox"/>
Sandra Hale	SELF	442		<input checked="" type="checkbox"/>
Gordon Bell MD	BOME - Dept Comm	442		<input checked="" type="checkbox"/>
James Bonnet MD	BOME - Dept of Comm	442		
Deborah Frandsen	Planned Parenthood	442		<input checked="" type="checkbox"/>
DAVID HEALOW MD	SELF	442		<input checked="" type="checkbox"/>
Jean Ruppert	Self	442	<input checked="" type="checkbox"/>	
Pat England	Bd. of Med. Ex.			
JOHN BELBLER	PODIATRIST	121	<input checked="" type="checkbox"/>	

VISITOR REGISTER

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY

DATE 3/10/95

SENATE COMMITTEE ON Public Health

BILLS BEING HEARD TODAY: HB 442

< ■ > PLEASE PRINT < ■ >

Check One

Name	Representing	Bill No.	Support	Oppose
Tammy Skopen	self	442	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Robin Ammons	self		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tim Whalen	Most Right to Life	442	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lauree Kutnik	Christian Coalition of MT	442	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kathy Collins	self	442	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bryan Collins	Self	442	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Simon Heller	Center for Reproductive Law + Policy	442	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Susan Cahill	self	442	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Syd Grosfield	self	442	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sandy Hardin	Self	442	<input type="checkbox"/>	<input type="checkbox"/>
Eliza Frazer	mt naral	442	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lizah Nam	SELF	442	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Edna Mae Leonard	LWV		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Linda Gryczan	Women's Lobby	442	<input type="checkbox"/>	<input checked="" type="checkbox"/>

VISITOR REGISTER

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DATE 3-10-95

SENATE COMMITTEE ON Public Health

BILLS BEING HEARD TODAY: HB 442

< ■ > PLEASE PRINT < ■ >

Check One

Name	Representing	Bill No.	Support	Oppose
Charles J. Loventon	SELF	442	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ordys Swelt		442	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tracy Meyer	self	442	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Debbie Dominick	self	442	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Kitty Rich	self	442	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SUE JUHL	SELF	442	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Kate Cholewa	MT Women Lobby	442	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Holly Franz	MT Academy of P.A.	442	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Jennifer Kreegipk	PRESIDENT MT ACADEMY OF P.A.	442	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MINDY OPPER	DIRECTOR AT LARGE MT. ACADEMY OF P.A.S	442	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Margaret E. St. John	SELF	442	<input checked="" type="checkbox"/>	<input type="checkbox"/>
R. M. St. John, M.D.	Self	442	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sharon Hoss	MT Catholic Care	442	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Arlette Ash	EAGLE Forum	442	<input checked="" type="checkbox"/>	<input type="checkbox"/>

VISITOR REGISTER

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY