Bill as Introduced

HB 581-FN-LOCAL - AS INTRODUCED

2003 SESSION

03-0746
01/09

HOUSE BILL ***581-FN-LOCAL***

AN ACT requiring a death record for an aborted fetus.

SPONSORS: Rep. Gilman, Graf 9; Rep. Giuda, Graf 13; Rep. Boyce, Belk 31; Rep. Woods, Straf 69; Rep. Hagan, Hills 50; Sen. Prescott, Dist 23; Sen. Martel, Dist 18

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill requires the attending physician to fill out a death record for an aborted fetus.

Explanation: Matter added to current law appears in ***bold italics.***
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

HB 581-FN-LOCAL - AS INTRODUCED

03-0746
01/09

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Three

AN ACT requiring a death record for an aborted fetus.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 Death Record Required. Amend RSA 290:1-a to read as follows:

290:1-a Fetal Death Records. Whenever a fetal death shall occur, the attending physician shall fill out a fetal death record ***and shall also record the disposition of remains***. This will be solely a statistical report. ***This section shall apply to aborted fetal deaths.***

2 Effective Date. This act shall take effect 60 days after its passage.

LBAO
03-0746
1/16/03

HB 581-FN-LOCAL - FISCAL NOTE

AN ACT requiring a death record for an aborted fetus.

FISCAL IMPACT:

The Department of Health and Human Services stated this bill will increase state expenditures by $62,462 in FY 2004, $20,664 in FY 2005, $21,126 in FY 2006 and $22,926 in FY 2007. There will be no fiscal impact on state, county and local revenues or county and local expenditures.

METHODOLOGY:

The Department assumed this bill will become effective on October 1, 2003. The Department stated that in order to implement this bill they will require a part-time Statistician II, labor grade 19 and a part-time Statistical Clerk III, labor grade 12 with associated funds for office equipment, training, and supplies for both. Additional costs will include modifications to the vital records server software and database, modifications to the web-enabled software, additional software and forms for non-hospital based providers, additional training and technical support for providers using the system, and current expense money for postage, printing and reporting the information. The training, technical support and software modifications will be performed by contractors. The Department estimated the modifications to the vital records server software and the Web-enabled software would each require approximately 320 hours of contract work at a rate of $59.71 per hour or $19,107 for each modification. Training for 25 hospitals and 5 clinics would also be provided under contract at a rate of $50 per hour or a total of $4,500 . The annual costs are estimated as follows:

	FY 2004	FY 2005	FY 2006	FY 2007
Salaries	$13,700	$18,267	$18,696	$18,696
Benefits @ 7.65%	1,048	1,397	1,430	1,430
Current Expenses	2,200	1,000	1,000	1,000
Equipment	2,800	0	0	1,800
Contracted Services	42,714	0	0	0
Total	$62,462	$20,664	$21,126	$22,926

The New Hampshire Board of Medicine stated this bill will have no fiscal impact.

Speakers

SIGN UP SHEET

To Register Opinion If Not Speaking

Bill # HB581-FN-Local Date 2/19/03

Committee

** Please Print All Information **

Name	Address	Phone	Representing	(check one) Pro	Con
Joan Espinola	Box 1022,	603-893-3960	Myself	✓	
Rep. Gregory M. Sorg	(Dist 11, Grafton)			✓	
Rep. Pam Ingerson	Grafton 13			✓	
Rep. Phyllis Woods	1 Barry St. Dover,		District 9	✓	
Rep Neal Kurk	Hills 48				✓
Patricia Yosha	Exeter, NH	772-3782	Self		✓
Rep. Laurie J. Boyce	Alton, NH			✓	
Margaret Drye	PO Box 3	Plainfield NH 03781		✓	
Holly Johnson	P.O. Box 128	Cornish Flat NH 03746		✓	
Kevin Waterhouse	(Dist. 26 Windham)			✓	
Rep. Lori Mavsesian	Nashua	889-1669	Hills. Dist. 60		✓
Sheila Evans	Concord		NH Women's Lobby		✓
Ellen Kolb	5 Sharon Ave.	Merrimack	424-5336	X	
Valerie Sharp	34 Dunbarton Rd.	Da Manch.	03102	X	
Rep. Dan Itse	20 Kelsey Dr	Fremont	642 9403 Rock. Dist 80	X	
Rep. Fred Lynchard	Dist 13			X	
Rep. Michael Balboni	Dist 59			✓	
Ellen Graham	17 Brookfield Dr	Rochester	335-1844 Self		✓
Rebecca Barson	808 Alton Woods Dr.	Concord	03301 Self		✓

Hearing Minutes

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING ON HB 581-FN-LOCAL

BILL TITLE: requiring a death record for an aborted fetus.

DATE: February 19, 2003

LOB ROOM: 205 **Time Public Hearing Called to Order:** 9:00 am

Time Adjourned: 11:15 am

(please circle if present)

Committee Members: Reps. Batula, Dalrymple, Chabot, Joseph Manning, P. Katsakiores, Pilliod, Wendelboe, MacKay, S. Eaton, Barry, C. Brown, Daniels, McMahon, Price, Weldy, French, Seldin, Harris, Sokol, Shultis and Miller.

Bill Sponsors: Rep. Gilman, Rep. Giuda, Rep. Boyce, Rep. Woods, Rep. Hagan, Sen. Prescott, Sen. Martel

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

Representative Gilman (Graf 9) sponsor, introduced the bill and spoke in favor of its passage. I am a right to life advocate. I want that to be clear. I was concerned about the fetuses were discarded in Concord dump. Are there any record of third trimester abortions? I believe there are not. There is confession as to whether or not a federal rule is in effect. This bill requires a fetal death record and now the remains are disposed. Rep. Pilliod (Question): Isn't this presently in law? (Answer): Well, it isn't being done. Rep. Pilliod (Question): Wouldn't it be better to enforce the current law? (Answer): I have concern that it isn't being followed. Rep. Shultis (Question): Would a miscarriage require this information? (Answer): Yes. Rep. Harris (Question): Would this include the physicians name? (Answer): Covered under rule making. Rep. Harris (Question): I amvery concerned about protecting physicians? (Answer): I am not adverse to amend the bill that no doctors name be included. Rep. Eaton (Question): I have talked with OBGYN doctors at DHMC, records are being kept? (Answer): Records are not available to me. All I want to know is how many abortions are done after 20 weeks. Rep. Eaton (Question): What is the public purpose? (Answer): Don't have data to plan. Rep. Pilliod (Question): Where does 20 weeks show in the bill? (Answer): 20 weeks is a federal rule. Rep. Pilliod (Question): Why don't you state what you want? (Answer): Up to rule making. Rep. Sokol (Question): Wouldn't it be better to have some education to prevent pregnancy? (Answer): We don't know what the numbers are in NH. Rep French (Question): how are you going to extrapolate from number of abortions as to whether prevention is working? (Answer): Need the statistics. If they are disproportionalty low, then it indicates that something positive is happening.

Representative Woods of Dover, speaking in favor of this bill. In the past, Department of Health and Human Services felt that statistics could be useful. NH is only 1 of 3 states that has no requirement to report particularly about 3rd term abortions. Dover paper indicated that there was an increase in abortions. DHHS has some requirements as to reporting of fetal death but it doesn't include abortions. Repsentative Wendelboe had a bill last session that might be useful if an amendment is

needed. Rep. French (Question): What does DHHS currently collect? (Answer): Is it statistics or more? (Answer): What we want is the statistics. Not sure if a death certificate is required. Rep. Weldy (Question): Is the increase in abortions, due to an increase from out of state individuals? (Answer): Yes. That's quite possible.

Mark Andrew, Department of Health and Human Services, Public Health,Division of Epidemiology and Vital Statistics. He is available to answer any questions from the committee on the Fiscal Note. Rep. Wendelboe (Question): How many fetal death certificates are there presently? (Answer): 60 a year. Rep. Wendelboe (Question): How many if this bill passed? (Answer): Over 2,000 as it is no longer voluntary but required. Rep. Wendelboe (Question): Would this require a different form? (Answer): Yes. Rep. Wendelboe (Question): Does this require information as to dispostion? (Answer): Not familiar with that. Rep. Batula (Question): Are you aware that current legislation exists? (Answer): Yes, this bill amends RSA 290. Only change is what shows in the bill.

Dan Hogan of Nashua, Abstinence Education Resource Institute spoke in favor of this bill. Has prepared statement.

Question: Rep. Miller (Question): What Division of Federal Government deals with out of wedlock pregnancy? (Answer): Department of Health and Human Services Rep. McMahon (Question): Where did you get these statistics? (Answer): I can get that information to you. Rep. Weldy (Question): Would statistics help in getting funds? (Answer): I believe it would make us much more competitive Rep. Shultis (Question): Is there federal money for abstinence? (Answer): For all out of wedlock pregnancies. Rep. Shultis (Question): Aer there discrepancies in federal and state statistics? (Answer): Yes.

Representative Hagan, Co-sponsor speaking in favor. Why is so much about this procedure secret and unlike other medical procedures. If it is legal why should it be secret. Rep. Harris (Question): Privacy issues are different for abortion procedures, would you agree? (Answer): I don't see how statistics violate privacy. Should be out in the open like everything else. Rep. Harris (Question): You do agree that abortion is legal? (Answer): Yes. Rep. Eaton (Question): Medical ethics require "do no harm". Do you believe this is contrary to that. (Answer): Should not be secret. Rep. Eaton (Question): Repeats question above. (Answer): Keeping everything secret continue the stigma. Rep. Weldy (Question): How do does this fall under right to know law? (Question): I don't believe it pertains to this. Rep. Daniels (Question): Are you of the opinion that if everything that is legal should be public? (Answer): I didn't say that. I am only interested in the statistics. Rep. Wendelboe (Question): This bill would require a new form that would not have any personal information on it? How does that effect privacy? (Answer): Maybe we are not making our point. We are not looking for personal information. Rep. Miller (Question): Would it be imortant to know if this is a NH or MA resident? (Answer): I don't need addresses, but I do think it is important information. Rep. Shultis (Question): Why would people come to NH for the procedure? (Answer): I think it is because there are no statisical requirements. No parental notification requirements. Rep. Shultis (Question): Do all the surrounding states have different laws than NH? (Answer): Not sure, I believe Massachusetts does have reporting requirements. Rep. Harris (Question): More woman feel safer and protected in NH than other states. Do you agree? (Answer): We should be responsible to NH people. She reiterates the importance of statistics. Suspect that there is money going to Massachusetts that should be used for NH residents.

Representative Waterhouse, spoke in support of this bill. I don't think the numbers should be present. The statistics are needed. Rep. Harris (Comment): The difficulty is keeping peripheral information secret.

Lisa Carpenter, NH Nurse Practitioner Association opposes this bill. We have worked many hours on providers bill. We feel strongly that providers need to be anonymous. We are willing to work with

the committee to ensure that providers are protected. Department of Health and Human Services did review the federal grant. It appeared that our numbers were low and therefore we would not qualify. No other providers have had their life threatened based on their practice. Rep. Wendelboe (Question): This says that a physician will report. Are ARNP's doing abortions? (Question): Yes. Rep Wendelboe (Question): In discussing my bill last year, DHHS felt that statistics were important. How do we get to a reasonable point on this issue? For example, Public Health would deal with this the same as HIV/AIDS. (Answer): We didn't disagree with mandatory reporting but DHHS could not guarantee confidentiality. That was a problem for us. Rep. Pilliod (Question): Would you be nervous if you knew that auto's licenses were being recorded? (Answer): That is of great concern. Rep. Pilliod (Question): Isn't this reporting of all fetal deaths without dinstinction? Doesn't this open the door to discovery and mistake? (Answer): Not sure about distinction. This bill would open up many questions around rule making. Rep. Weldy (Question): What is the problem? Does it include the Dr's name and residence? (Answer): Present form is very detailed. Some abortions are done in office that are not known. Rep. Wendelboe (Question): I am looking at report of fetal deaths. This information is already on the form about abortions? (Answer): I don't know why the items on that form were put there? Rep. Pilliod (Question): Does it bother you that we are so studied and regulated? (Answer): Having reliable data is important, but it must be done safely.

Representative Cady, spoke in favor of this bill. Gave personal experience in her family that underscores for her the importance of statistics on medical procedures.

Claire Ebel, Executive Director NHCLU was opposed to this bill. No one disagrees with the importance of public health statitics. The issue is the constitutional importance of secrecy around abotion procedures. What needs to be required is the anonyomity of provider and patient. The real danger is of hackers getting into medical records. RSA 290, wants to know after 20 weeks what happended. DHHS already has a form which is unacceptable. It can be done legally but you need to draft the form but not cede rule making to DHHS. Difference is that providers and patients are in danger.

Laura Thibault, NARAL-NH was opposed to this bill. I will be brief. Placed ephasis on the danger involved and gave statistics. What we do need is laws that protect physicians and patients.

Warren Goddard from Portsmouth and a former Representative supports this bill. Referred to existing laws and difference between statute and rule making. Wrote a letter to Attorney General Philip McLaughlin and said that DHHS is not enforcing the law. The AG responded. DHHS produced new rule making, including a note that AG supports the DHHS rules.

Representative Ahern was unable to speak due to other commitment but supported this bills passage.

Jennifer Frizzell, Planned Parenthood opposed this bill. NH abortion rate is half the National rate. Rep. Pilliod (Question): Do you believe that any segment of government can write a clear rule? (Answer): We can do better than HB 581. Rep. Weldy (Question): Don't doctor have ID numbers? (Answer): Yes, but they have several different numbers. Rep. Wendelboe (Question): Would you believe that I agree this form contains too much information? (Answer): Yes. Rep. Wendelboe (Question): Is it possible to make this useful? (Answer): It would require a lot of work. Rep. Wendelboe (Question): Isn't it probably better if a doctor who does very few procedures, doesn't do the procedure. (Answer): Don't agree.

Respectively Submitted,

Rep. James MacKay
Committee Clerk

Adhere to time organized by announced Representatives

Woods Boyce

HB 581-FN-LOCAL – AS INTRODUCED Rep. ~~Graf~~ Sorg Waterhouse ~~Hagan~~

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Woods ~~French~~ ~~Weldy~~ Rep. Cady

Andrew ~~Wendelboe~~ ~~Shaltis~~ ~~McMahon~~ Ebel

Hogan ~~Miller~~ ~~McMahon~~ ~~Weldy~~ ~~Shaltis~~ Thibault

Hasen ~~Harris~~ ~~Eaton~~ ~~Weldy~~ ~~Donnals~~ ~~Wendelboe~~ ~~Miller~~ ~~Shaltis~~ ~~Harris~~

~~Waterhouse~~ ~~Harris~~ Goddard

Carpenter ~~Wendelboe~~ ~~Pilliod~~ ~~Weldy~~ ~~Wendelboe~~ ~~Pilliod~~ ~~Frizzell~~ ~~Pilliod~~ FRIZZELL ~~Pilliod~~ ~~WELDY~~ ~~Wendelboe~~

12.1 per 1000 abortions in N.H. — national avg. 20

already have a Law regarding the statistics? HB 290

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Testimony

HB 581

Planned Parenthood® of Northern New England

SERVING MAINE, NEW HAMPSHIRE AND VERMONT

HB 581 **requiring a death record for an aborted fetus**

Position: **OPPOSE**
Committee: **House Health, Human Services and Elderly Affairs**
Hearing Date: **February 19, 2003**
Contact: **Jennifer Frizzell, Public Affairs Director**

HB 581 invades the privacy rights of women who seek abortion care from health care practitioners in New Hampshire. This legislation would require a death record to be completed and submitted to the Department of Health and Human Services for every abortion that occurs in the state of New Hampshire. The language of the bill does not differentiate between induced abortions and spontaneous abortions (miscarriages). The reporting form requires the names of the mother and the father, racial and economic information, the social security numbers and birth dates of both parents, and extensive medical history of the woman obtaining the abortion. Requiring the filing of this detailed personal health information so that DHHS can keep a record of every abortion performed is a serious violation of the confidentiality of New Hampshire women.

HB 581 endangers health care practitioners who provide abortion care and their office staff. Requiring practitioners that perform abortions to identify themselves in state collected reporting forms could easily lead to increased harassment and targeting of these professionals. Currently known providers of abortion and other reproductive health services are regularly subjected to protests and other attacks by groups opposed to abortion. Here in New Hampshire practitioners have faced anthrax letters, arson and other forms of criminal activity. HB 581 places these practitioners at tremendous risk.

HB 581 expands the scope of RSA 290:1-a far beyond its original scope. The original purpose for the enactment was to establish a process to collect data to report to the Center for Disease Control (CDC) about natural fetal deaths that occur in New Hampshire after 20 weeks of gestation.

Health care professionals and abortion providers have repeatedly expressed willingness to support data collection measures which ensure patient and provider anonymity. This bill does not satisfy these basic criteria.

Please vote "No" on HB 581

NH PUBLIC AFFAIRS OFFICE • 18 Low Avenue, Concord, NH 03301 • Phone: 603.225.2925 • Fax: 603.225.4195

TYPE/PRINT PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

REPORT OF FETAL DEATH

STATE FILE NUMBER

NAME - OPTIONAL — FETUS NAME: FIRST | MIDDLE | LAST

If disposition of fetus is to take place outside of hospital, name must be completed.

FETUS

1. FACILITY NAME *(If not Institution, give Street and Number)*

2. CITY, TOWN, OR LOCATION OF DELIVERY | 3. COUNTY OF DELIVERY | 4. DATE OF DELIVERY *(Month, Day, Year)* | 5. SEX OF FETUS

PARENTS

6a. MOTHER'S NAME *(First, Middle, Last)* | 6b. MAIDEN SURNAME | 7. DATE OF BIRTH *(Month, Day, Year)*

8a. RESIDENCE STATE | 8b. COUNTY | 8c. CITY, TOWN, OR LOCATION | 8d. STREET AND NUMBER

9. FATHER'S NAME *(First, Middle, Last)* | 10. DATE OF BIRTH *(Month, Day, Year)*

11a. SOCIAL SECURITY NUMBER | 11b. SOCIAL SECURITY NUMBER

12a. OCCUPATION (Usual) | 12b. OCCUPATION (Usual)

12c. KIND OF BUSINESS OR INDUSTRY (As noted in 12a) | 12d. KIND OF BUSINESS OR INDUSTRY (As noted in 12a)

13a. RACE *(American Indian, Black, White, Etc. Specify)* | 13b. RACE *(American Indian, Black, White, Etc. Specify)*

13c. ANCESTRY *(English, French, Puerto Rican, Etc. Specify)* | 13d. ANCESTRY *(English, French, Puerto Rican, Etc. Specify)*

14a. EDUCATION *(Specify only highest grade completed)* Elementary or Secondary (0-12) | College (1-4 or 5 +)

14b. EDUCATION *(Specify only highest grade completed)* Elementary or Secondary (0-12) | College (1-4 or 5 +)

PREGNANCY HISTORY (Complete Each Section)

15a. LIVE BIRTHS — NOW LIVING NUMBER ___ ☐ NONE | 15b. NOW DEAD NUMBER ___ ☐ NONE

OTHER TERMINATIONS *(Spontaneous and Induced at any time after Conception)* — 15d. *(Do not include this fetus)* NUMBER ___ ☐ NONE

15c. DATE OF LAST LIVE BIRTH *(Month, Year)*

15e. DATE OF LAST OTHER TERMINATION *(Month, Year)*

16. MOTHER MARRIED? (At delivery, conception, or any time between) *(Yes or no)*

17. DATE LAST NORMAL MENSES BEGAN *(Month, Day, Year)*

18. MONTH OF PREGNANCY PRENATAL CARE BEGAN *(First, Second, Third, Etc.) (Specify)*

19. PRENATAL VISITS - TOTAL NUMBER *(If none, so state)*

20. WEIGHT OF FETUS *(Specify Unit)*

21. CLINICAL ESTIMATION OF GESTATION *(Weeks)*

22a. PLURALITY - *(Single, Twin, Triplet, Etc.) (Specify)*

22b. IF NOT SINGLE BIRTH BORN FIRST, SECOND, THIRD, ETC. *(Specify)*

23a. MEDICAL RISK FACTORS FOR THIS PREGNANCY (check all that apply)

- Anemia (Hct.<30/Hgb.<10) . . . (01)
- Cardiac Disease . . . . (02)
- Acute or Chronic Lung disease . . . . . (03)
- Diabetes . . . . . (04)
- Genital Herpes . . . . . (05)
- Hydramnios Oligohydramnios . . . . (06)
- Hemoglobinopathy . . (07)
- Hypertension, Chronic . . . . . (08)
- Hypertension, Pregnancy associated . . . . . (09)
- Eclampsia . . . . . (10)
- Incompetent cervix . . (11)
- Previous infant 4000+ grams . . . . . (12)
- Previous preterm or small-for-gestational -age infant . . . . . (13)
- Renal disease . . . . . (14)
- Rh sensitization . . . . (15)
- Uterine bleeding . . . . (16)
- None . . . . . (00)
- Other (specify) . . . . . (17)

23b. OTHER RISK FACTORS FOR THIS PREGNANCY (complete all items)

- Tobacco use during pregnancy ☐ 1 - Yes ☐ 2 - No
- Average number cigarettes per day _____
- Alcohol use during pregnancy ☐ 1 - Yes ☐ 2 - No
- Average number drinks per week _____
- Weight gained during pregnancy _____ lbs.

24. OBSTETRIC PROCEDURES (check all that apply)

- Amniocentesis . . . . . (01)
- Electronic fetal monitoring . . . . . (02)
- Induction of Labor . . . . . (03)
- Stimulation of Labor . . . . . (04)
- Tocolysis . . . . . (05)
- Ultrasound . . . . . (06)
- None . . . . . (00)
- Other (specify) . . . . . (07)

25. COMPLICATIONS OF LABOR AND OR DELIVERY (check all that apply)

- Febrile (>100 F. or 38 C.) . . . . (01)
- Meconium, Moderate/heavy . . . . . (02)
- Premature Rupture of Membrane (>12 hours) . . . . . (03)
- Abruptio placenta . . . . (04)
- Placenta previa . . . . . (05)
- Other excessive Bleeding . . . . . (06)
- Seizures during labor . . . . . (07)
- Precipitous labor (<3 hours) . . . . . (08)
- Prolonged labor (>20 hours) . . . . . (09)
- Dysfunctional Labor . . . . . (10)
- Breech . . . . . (11)
- Cord Prolapse . . . . . (13)
- Anesthetic complications . . . . . (14)
- Fetal distress . . . . . (15)
- None . . . . . (00)
- Other (specify) . . . . . (16)

26. METHOD OF DELIVERY (Check one)

- Vaginal . . . . . [01]
- Vaginal Birth after previous C-section . . . . . [02]
- Primary C-section . . . . [03]
- Repeat C-section . . . . [04]
- Forceps . . . . . [05]
- Vacuum . . . . . [06]
- Hysterotomy/ Hysterectomy . . . . . [07]
- Other (specify) . . . . . [08]

27. CONGENITAL ANOMALIES OF FETUS (check all that apply)

- Anencephalus . . . . . (01)
- Spina bifida/ meningocele . . . . . (02)
- Hydrocephalus . . . . . (03)
- Microcephalus . . . . . (04)
- Other central nervous system anomalies (specify) . . (05)
- Heart malformations . . . . . (06)
- Other circulatory/ Respiratory anomalies (specify) . . . . . (07)
- Rectal Atresia/ stenosis . . . . . (08)
- Tracheo-esophageal fistula/Esophageal atresia . . . . . (09)
- Omphalocele/ Gastroschisis . . . . . (10)
- Other gastrointestinal anomalies (specify) . . (11)
- Malformed genitalia . . . . . (12)
- Renal Agenesis . . . . . (13)
- Other Urogenital anomalies (specify) . . (14)
- Cleft lip/palate . . . . . (15)
- Polydactyly/ Syndactyly/ Adactyly . . . . . (16)
- Club foot . . . . . (17)
- Diaphragmatic hernia . . . . . (18)
- Other musculoskeletal/ integumental anomalies (specify) . . . . . (19)
- Down's syndrome . . . (20)
- Other Chromosomal anomalies (specify) . . (21)
- None (00)
- Other (specify) (22)

CAUSE OF FETAL DEATH

28. PART I — Fetal or maternal condition directly causing fetal death. Fetal and/or maternal conditions if any giving rise to the immediate cause (a), stating the underlying cause last.

IMMEDIATE CAUSE *(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)* — Specify Fetal or Maternal

(a) _____ DUE TO OR AS A CONSEQUENCE OF — Specify Fetal or Maternal

(b) _____ DUE TO OR AS A CONSEQUENCE OF — Specify Fetal or Maternal

(c) _____

PART II — OTHER SIGNIFICANT CONDITIONS OF FETUS OR MOTHER. Conditions contributing to fetal death but not related to cause given in (a)

29a. FETUS DIED BEFORE LABOR, DURING LABOR OR DELIVERY, UNKNOWN *(Specify)*

29b. AUTOPSY YES ☐ NO ☐

29c. IF YES, WERE FINDINGS CONSIDERED DETERMINING CAUSE OF DEATH YES ☐ NO ☐

30. ATTENDANT'S NAME AND TITLE *(If other than Certifier Type or Print)*

NAME _____

☐ M.D. ☐ D.O. ☐ C.N.M. ☐ MIDWIFE (NON C.N.M.) ☐ FATHER

☐ OTHER *(Specify)* _____

31. NAME AND TITLE OF PERSON COMPLETING REPORT *(Type/Print)*

Name _____

Title _____

DISPOSITION

32. ☐ BURIAL ☐ CREMATION ☐ INTERNAL DISPOSITION ☐ OTHER (Specify) _____

33. NAME OF CEMETERY OR CREMATORY

34. LOCATION (CITY OR TOWN AND STATE)

35a. NAME OF FUNERAL HOME

35b. LOCATION (CITY OR TOWN AND STATE)

36a. FUNERAL DIRECTOR *(Signature)*

36b. LICENSE NUMBER

37. DATE SIGNED *(Month, Day, Year)*

38. COUNTERSIGNED AGENT *(Hospital Administrator or Designee)* SIGNATURE

39. DATE SIGNED *(Month, Day, Year)*

FOR VITAL RECORDS AND HEALTH STATISTICS USE ONLY

HOSPITAL	PLACE OF DELIVERY	DATE OF DELIVERY	SEX	MOTHER'S DOB	MOTHER'S RESIDENCE	FATHER'S DOB	MOTHER'S RACE	MOTHER'S ANCESTRY	MOTHER'S ED
FATHER'S RACE	FATHER'S ANCESTRY	FATHER'S ED	BORN ALIVE - NOW ALIVE	BORN ALIVE - NOW DEAD	DATE LAST LIVE BIRTH	DATE LAST OTHER TERM	MARITAL STATUS	LAST NORMAL MENSES	PRENATAL CARE BEGAN
NAMED MONTH	PRENATAL VISITS	WEIGHT	EST. OF GEST.	PLURALITY	PLURALITY	CAUSE OF DEATH	MEDICAL RISKS	OTHER RISKS	ATTENDANT
OB PROCEDURES	COMPLICATIONS	METHOD DELIVERY	CON. ANOMALIES	12	12 d	MOTHER'S SS#	FATHER'S SS#		AUTOPSY

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NEW HAMPSHIRE NURSE PRACTITIONER ASSOCIATION

HB 581 **requiring a death record for an aborted fetus**

Committee: **Health, Human Services and Elderly Affairs**
Hearing Date: **February 19, 2003**

Position: **OPPOSE**

The New Hampshire Nurse Practitioner Association (NHNPA) opposes this bill because it endangers clinicians and their patients.

NHNPA supports the collection of abortion-related data for the purpose of analyzing demographic information, upon which sound public health policy might rely. Safe data collection around abortion statistics is an attainable goal; however, NHNPA strongly opposes *this* initiative, because it places the personal safety of abortion providers and their patients at considerable risk.

Presently, the fetal death record is utilized to capture data involving miscarriages – the unintended and undesired death of a fetus after a certain gestational age and of a certain gestational weight. This bill expands the reporting mandate to include all aborted fetal deaths, which exposes clinicians who perform the abortions, and their patients, to unacceptable risk from individuals and groups who advocate violence against those involved in legal abortion.

The form used today for the fetal death record requires the identity of the clinician and facility, and a great deal of information about the biological parents of the fetus, including their names, addresses, social security numbers, occupations, and educational and medical histories. While this data may be important for tracking certain public health concerns in the context of miscarriages, it is unnecessary and dangerous in the context of legal abortion. Abortion providers, their office staff and patients are placed at tremendous risk should their identities become public knowledge. This information, once collected, cannot be guarded to the extent necessary to ensure safety.

These are unsafe times. One clinician or patient death is an unacceptable risk. NHNPA does not support any proposal that fails to ensure patient and clinician anonymity around legal abortion.

We urge you to vote NO on HB 581.

P.O. Box 833 • Concord, New Hampshire 03302-0833 • 603/648-2233

ROOM 205 9:00 a.m.

State of New Hampshire

HOUSE OF REPRESENTATIVES

CONCORD

HB 581

February 19, 2003

Dear Mr. Chairman and Members of the Committee on Health, Human Services & Elderly Affairs:

On June 25, 1989, the Union Leader carried several stories about the bodies of aborted babies discovered in the Concord Landfill. Then-Governor John Sununu called "for the Legislature to tighten a state law that requires reporting the deaths of fetuses."

Although nearly fourteen years have passed, this legislature has still not acted. It was found that the Concord OB/GYN Assoc. was guilty of the dumping and of other such disposal over the years. They were fined $5,000 and ordered not to continue the practice. Mr. Eugene Blake, the City of Concord Health Officer, issued a memo to "all personnel involved in the handling of medical waste," cautioning them to be aware of proper disposal methods.

Citizens across the state were outraged to find that the remains of these tiny humans had been just thrown in with the trash. But, the legislature never acted.

Now, we have an opportunity to reassure the citizens that such reprehensible acts are not continuing. HB 581 calls for a death certificate for an aborted fetus and a record of his/her disposal. HB 581 requires statistical reporting only and is certainly the very least this legislature can do.

TDD Access: Relay NH 1-800-735-2964

Sincerely,

Kathleen Souza, Hills.51

Roe's 30th Anniversary . . .

HB581

Courts And Witnesses Show The Ruling's Falsity

By FR. ROBERT G. FIN

A woman who said she was told her first-trimester abortion did not end a human life can sue her doctor for severe emotional distress, a New Jersey appeals court ruled October 29. The woman, Rosa Acuna, said she has suffered depression, post-traumatic stress disorder, and psychosexual dysfunction since the 1996 abortion.

According to court documents, Dr. Sheldon Turkish advised Acuna, then a 29-year-old mother of two, to have an abortion when she was seven weeks pregnant, because the pregnancy was causing damage to her kidneys. Acuna said that when she asked the doctor if human life had already formed in her womb, she claims he told her, "Don't be stupid, it's only blood." Turkish testified that he did not remember that question, but acknowledged that he would have answered that a "seven-week pregnancy is not a living human being."

The trial court had initially dismissed Acuna's lawsuit, saying she had no basis to seek damages because on January 22, 1973, the U.S. Supreme Court declared that the unborn baby was not a person, therefore was not protected by the Constitution.

On the other hand, many of our laws, legal precedents, and medical practices affirm the very personhood and humanity of the unborn. Here are some pertinent facts:

• The Social Security Act has accepted the personhood of unborn babies. A single mother can get benefits for any of her children under age 18, including any she carries in her womb. For instance, a pregnant woman with three youngsters may list four children on her application, because all are deemed persons under the law — even the one in utero.

• The inheritance laws of several states also treat the unborn as persons. For example, if grandpa dies and wills each grandchild $1,000, and two of his daughters are pregnant — then $1,000 must be set aside for each unborn baby. It means the law regards them as persons, and not mere "disposable things" as the Supreme Court would have us believe.

• Moreover, unborn babies have the right to medical treatment — even if their pregnant mothers object. Therefore, when pregnant Jehovah's Witnesses refuse to get a blood transfusion, a procedure they view as forbidden by Scripture, the courts order the needed blood, in order to save the baby in utero. It means the mother may refuse blood for herself, but not for the baby. Once again, the courts see the unborn as a human being.

• "Fetal homicide" is a felony in many states. Therefore, if a drunk driver kills a pregnant mother, he/she will face two charges of "vehicular homicide" — one for the mother, the other for the dead baby.

• Arkansas' Fetal Protection Law made history when three men killed Shawana Pace's unborn daughter by violently kicking the pregnant woman in the belly. Though she survived the attack, the three men hired by Shawana's boyfriend were charged with capital murder (*The Syracuse Post Standard*, September 3, 1999).

• Speaking of the death penalty, all 38 states which impose capital punishment have a very significant passage in their laws: "No pregnant woman may be put to death. Only after she gives birth, may the sentence be carried out." Once again, the message is obvious. The unborn child is a person. He/she is innocent of any crime and should not be killed.

The late John Cardinal O'Connor of New York was a staunch pro-lifer. When he learned that the National Health Care Reform measure might include abortion as a benefit, he announced he would rather close down the Catholic hospitals in New York before submitting to any regulations requesting Catholic doctors and nurses to collaborate in abortions.

Of course, O'Connor was not an extremist Puritan, but a concerned spiritual leader doing his job. One of the reasons behind his stance was that he was bound by the canon law, which considers abortion a voluntary homicide (canon 1047).

Consequently, anyone who effects an abortion or in any way cooperates in effecting one, is excommunicated, even if the individual is a member of the hierarchy (canons 1398, 1044, 1046, 1048, and 1049).

Therefore, O'Connor was no more a zealot or a freak than the Muslims and Jews who take the Koran or the Ten Commandments seriously.

According to O'Connor, the disheartening fact was that in addition to the babies destroyed, the would-be mothers, too, became tormented casualties.

There are now many voices testifying to that mournful reality. Dr. Susan Stanford of Northwestern University, for instance, in her book *Will I Cry Tomorrow?* tells her own abortion story and that of many of the young women she has counseled, and for whom the consequences of abortion were devastating. Among the physiological complications are: perforation of the uterus; tearing of the cervix due to dilation; bleeding; pelvic inflammatory disease; blocking of the Fallopian tubes; and uterine incompetence which results in the miscarriage of future "wanted" babies.

In addition to the severe physiological consequences, there are emotional aftereffects, too. The common reactions are: insomnia, nightmares, nervousness, anxiety, and fear of touching babies.

Dr. Stanford's findings were confirmed by Dr. Nancy Jo Mann and Dr. David Reardon of Loyola University, in their sociological study, *Aborted Women: Silent No More*. According to them: "The price women pay is extremely high. Abortion is not nearly as safe and easy as pro-abortionists would have us believe."

Unconditional Protection

Recently, Dr. Landrum Shettles joined Stanford and company. He is the leading authority on human embryology and fertility at Columbia University's Medical Center in New York City. His contributions to reproductive science appear in 52 medical books, and are displayed in the medical exhibits of Boston, New York, and Moscow.

Dr. Shettles tells the story of human life in its earliest, most delicate, and vulnerable stages, in a book coauthored with the former medical reporter of *Time* magazine, David Rorvik. The book is titled *Rites of Life*, and is published by Zondervan (Grand Rapids, Mich.). Its central thesis is that on purely scientific and medical grounds, during the awesomely complex earlier stages, the fetus, which is able to feel pain, deserves our unconditional protection.

He also rejected the Supreme Court's 1973 *Roe v. Wade* decision as scientifically misinformed, since at that time, "it was simply unscientific and preposterous to declare that it was not possible to determine when human life begins.".

The U.S. Supreme Court's *Roe v. Wade* ruling was reviewed in Dr. Thomas A. Glessner's essay, "Curbing Raw Judicial Power: A Proposal for the Checks and Balances Amendment," published by the *Regent University Law Review* (volume II, number 2, 1999). He pointed out that the court has made mistakes in other critical moments in our nation's history, and it has never completely lived them down: the *Dred Scott* decision in 1857, upholding slavery; and *Koramatsu v. the United States*, which approved the internment of Japanese-Americans during World War II.

McCorvey's Story

One person who would wholeheartedly agree with Dr. Glessner is Norma McCorvey, whose suit as "Jane Roe" led to the Supreme Court's 1973 ruling legalizing abortion.

After the ruling was handed down, McCorvey became an instant celebrity in "pro-choice" circles, receiving standing ovations wherever she spoke. For years she remained avidly "pro-choice," and in 1991 she put herself on the front lines, taking a job at a Dallas abortion facility.

But what she saw there, made her sick. She noted that workers weren't allowed to speak of the unborn child as a baby, only as a "tissue" or as a "cluster of cells." The baby was never destroyed or killed, rather the "pregnancy was terminated," or "the growth of the embryo was suppressed." Such euphemisms were seemingly endless.

Her contact with the patients convinced her that the popular slogan "freedom of choice" was misleading, since abortion was seldom, if ever, a categorically "free" choice. Many women were forced to abort by boyfriends who cajoled them to do the "sensible thing." Some were coerced by insistent parents. Others were intimidated by "dedicated" social workers seeking to reduce the welfare roll.

The case of one of the young women was quite characteristic. Her justification was: "As a graduate from college with neither husband nor job, I discovered that I was pregnant. Being pressured by my boyfriend, I decided that abortion would be the only choice for me."

In her case, according to McCorvey, the other side of the coin would be: Here is a young woman, old enough to vote, and smart enough to earn a college degree, but shallow enough to abdicate all responsibilities for the sexual encounter which put a child in her womb.

Recently, McCorvey made a video entitled *Reversing Roe*. It tells the story of her 1995 conversion. In that year she became a Christian, repudiated her abortion advocacy, and became an active pro-life volunteer.

In 1997, she was received into the Catholic Church in Dallas, and joined the city's Operation Rescue.

When world leaders assembled in Cairo in September 1994 for the scheduled enthronement of abortion mentality, our Holy Father condemned the UN gathering's anti-life trend. In his encyclical, *The Gospel of Life*, he affirmed that the "laws" allowing abortion are not morally binding. He declared: "Those who justify their actions on the grounds that abortion is *the law of the land*, need to recognize that there is a higher law, the law of God. No human law can validly contradict the Commandment: 'Thou shall not kill'!"

In order to defend society's weakest, the encyclical recalls God's rebuke to Cain, who asked after killing Abel: "Am I my brother's keeper?" And the Holy Father's answer is a resounding "Yes!"

He called abortion a "silent holocaust" in a "pagan" culture where contraceptive acts — which in most former civilizations were branded perversions — are hailed by recent governments as legal and prudent solutions.

Finally, to the basic medical and social considerations we should add some moral aspects. Sincere and honest concern for children cannot coexist with the distorted ethic which makes "choice" the only source of parental obligation.

Most of all, we should defend the traditional, marriage-based family as the foundation of our society, because what we need today are healthier and more stable families, not moral chaos created by government-sponsored infanticide.

KB 581

The Administration for Children and Families, DHHS

Comment On Bonus to Reward Decrease in Illegitimacy

The proposed rule and the comments received electronically are available for viewing. There is an on-line registration process to be completed before commenting. The open period for accepting comments is March 2, 1998 through May 1, 1998.

The proposed rule is provided for commenters' convenience:
The full text of the regulation as it appears in the Federal Register (Published in the Federal Register March 2, 1998 (Volume 63, Number 40)

Comment online on the Proposed Rule Implementation of Section 403(a)(2) of the Social Security Act Bonus to Reward Decrease in Illegitimacy:

- View and Comment on the full text of the Regulation as it appears in the Federal Register.

Should you wish to submit your comment in writing, please send it to the Office of Planning, Research and Evaluation, Administration for Children and Families, 370 L'Enfant Promenade, SW., 7th Floor, Washington, DC 20447, Attention: Ken Maniha.

Home Registration Library ACF Home Page

> Therefore, in light of this demonstration of the crisis in our Nation, it is the sense of the Congress that prevention of out-of- wedlock pregnancy and reduction in out-of-wedlock birth are very important Government interests and the policy contained in Part A of title IV of the Social Security Act (as amended by section 103(a) of this Act) is intended to address the crisis.

Congressional concern is also reflected in the goals of the TANF program and the provision entitled Bonus to Reward Decrease in Illegitimacy. One purpose of the TANF program, as stated in section 401(a)(3) of the Social Security Act, is to ``prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies."

In enacting this separate bonus provision to reward decreases in out-of-wedlock childbearing, Congress intended to provide greater impetus to State efforts in this area and encourage State creativity in developing effective solutions.

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B. The Bonus Award

This rulemaking addresses the provision in the new law to reward States for high performance through the ``Bonus to Reward Decrease in Illegitimacy." (See section 403(a)(2) of the Social Security Act (the Act)).

In this Notice of Proposed Rulemaking, the ``Bonus" refers to the Bonus to Reward Decrease in Illegitimacy and the ``ratio" refers to the ratio of out-of-wedlock births to total births.

As specified in section 403(a)(2) of the Act, we will award a total of $100 million annually, in each of fiscal years 1999 through 2002. The amount of the bonus for each eligible State in a given year will be $25 million or less. For the purposes of this award, States include the 50 States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam and American Samoa, (as provided in section 419(a)(5)). However, the criteria for determining eligibility and size of the bonus for Guam, American Samoa and the Virgin Islands are different than the criteria for the remaining States, as specified in section 403(a)(2).

We would base the bonus award on birth and abortion data for the State population as a whole, not on data for TANF or other more limited populations.

Briefly, we propose to award the bonus as follows:

- We would calculate the ratio of out-of-wedlock births to total births for each State for the most recent two-year period for which data are available and for the prior two-year period. To compute these ratios, we would use the vital statistics data reported annually by States to the National Center for Health Statistics.
- For States other than Guam, American Samoa or the Virgin Islands, we would identify the five States that had the largest proportionate decrease in their ratios between the most recent two-year period for which data are available and the prior two-year period. These States would be potentially eligible.
- For Guam, American Samoa and the Virgin Islands, we would identify which had a comparable decrease in their ratios (i.e., a decrease at least as large as the smallest decrease among the other

eligible for the bonus.

If a State Wants To Be Considered for Bonus Eligibility, What Data on Abortions Must It Submit? (Sec. 283.6)

This section of the proposed rule describes the data a State also must submit on abortions in order to qualify for the bonus. As noted above, only those States that are potentially eligible based on their ratios would need to submit abortion data in each year. Other States cannot be eligible and, therefore, do not need to submit abortion numbers.

Under the proposed definitions at Sec. 283.2, the term ``abortion" includes both medically and surgically induced pregnancy terminations. In most cases, States already collect these data.

To be considered for the bonus, we propose, in paragraph (a), that States must submit to ACF data and information on the number of abortions for calendar year 1995 within two months of notification by ACF that they are potentially eligible. Under section 403(a)(2) of the Act, their data must count all abortions; it cannot be based on sub- populations, such as recipients of public assistance or Medicaid.

In paragraph (b), we propose that the potentially eligible States must also submit documentation demonstrating when they obtained their 1995 data on abortions. An eligible State must have obtained its 1995 abortion data by the end of 1997, or within 60 days of final rule publication, whichever is later. Prompt collection of these data should help to improve the reliability of the abortion data submitted for 1995.

For comparison and calculation purposes, in paragraph (c) we propose that potentially eligible States also must submit data on the number of abortions for the most recent year for which abortion data are available. We define the term ``most recent year for which abortion data are available" in Sec. 283.2(e) to mean the year that is two calendar years prior to the current calendar year. For example, if we are determining bonus eligibility in calendar year 1999, the State would need to submit abortion data for calendar year 1995 and calendar year 1997. We define the period this way in order to measure the same year for all States. Based on information received during the consultation phase, we concluded that two years was a reasonable time frame in which to obtain the data. A time frame of longer than two years would not result in timely data, and a time frame shorter than two years could be difficult for some States to meet.

The information the State must submit for 1995 and the most recent year is either the number of all abortions performed within the State, or the number of all abortions performed within the State on in-State residents. We would accept either measure. However, we prefer the second measure because the population of in-State residents is more relevant for the intent of this provision. We assume that State policies to reduce out-of-wedlock childbearing will affect in-State residents most directly. We received numerous comments during our external consultation that the measure should be based on in-State residents, if possible.

We understand, however, that some States collect data only on total abortions that occurred within the State and do not separately identify abortions provided to in-State or out-of-State residents. While such States could begin to collect the data on a State-resident basis in the future, their 1995 data would not be collected on this basis. We investigated whether a State could adjust its 1995 data to make it comparable to future data based on in-State residents. After extensive consultation, we concluded this would not be technically feasible.

Therefore, this proposed rule offers potentially eligible States the option to measure either total abortions that occurred within the State or abortions only among in-State residents that occurred within the State. However, the State must use the same definition to measure abortions in later years as it chooses for 1995. For example, if a State submitted data on total abortions performed in the State in 1995, it also must submit data on total abortions performed in the State in 1999.

While a State would be ineligible for the bonus if it changed its number of reported abortions in this respect, it could change its reporting in other respects and still be potentially eligible. For example, a State could change its procedures for contacting abortion providers. This flexibility would allow States to improve their abortion reporting systems without making them ineligible for the bonus.

Under this proposed rule, States would also have flexibility to choose the source of the abortion data they submit. This flexibility would allow States that do not already have their own reporting system in place to compete for the bonus using data from other sources.

While the States would have some flexibility to change their abortion reporting over time, the State would have to adjust for effects of these changes. In paragraph (d), as provided in section 403(a)(2)(C)(i)(II)(bb) of the Act, we propose that States must adjust the measure (the number of abortions) so as to exclude increases or decreases that result from changes in data reporting relative to 1995, i.e., changes in the source of the data or the methodology. We propose also that the Governor, or his or her designee, must certify that the State has made the appropriate adjustments.

These abortion reporting restrictions, including the need to adjust for changes in data reporting and the need to define the population consistently over time, apply only to the number of abortions reported to ACF for purposes of this bonus. Therefore, the number of abortions reported for purposes of the bonus might or might not equal the number of abortions reported in public health statistics.

This proposed rule does not specify what methodology States must use to adjust for changes in data collection. After extensive consultation, we do not believe it is feasible to design a single methodology that would address all possible changes in data reporting. In addition, based on comments from our

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external consultation, we understand that some State privacy laws restrict the types of abortion provider information that can be reported. We considered more specific reporting requirements as a way of ensuring a more uniform methodology, but they appeared to conflict with these State confidentiality laws.

Our aim in this section of the NPRM is to obtain from States the best quality and most standard abortion data possible. We believe this is necessary for the fair and equitable distribution of these bonus awards. We also believe, however, that this proposed rule provides States with important flexibility that would make it technically feasible for States to submit the necessary data if they choose to compete for the bonus. We believe that this flexibility would better incorporate State program knowledge and expertise in measuring abortions.

This flexibility could introduce variation in measurement of abortions across States for purposes of the bonus and could raise concern about fair competition for the bonus. However, these concerns are greatly mitigated by the fact that States are not competing with each other on their abortion rates. As noted above, a State's abortion rate affects its own qualification only, not the qualification of any other State. Furthermore, the disqualification of any State, based on its abortion data, does not result in additional States becoming eligible.

A State cannot be eligible for the bonus unless it submits the necessary abortion data. However, as competition for the bonus is voluntary, this provision places no requirement on States to submit these data.

How Will We Use These Data on Abortions To Determine Bonus Eligibility? (Sec. 283.7)

This section of the proposed rule describes how we would use the abortion data to identify which States are eligible for the bonus. To be eligible, a State must meet all the requirements noted above and must demonstrate a decrease in its abortion rate as described below.

In paragraph (a), we propose to use the abortion data that States provide to calculate a rate of abortions. This rate would equal the number of abortions in a State for the most recent year, divided by the number of total resident births for the same year as reported by NCHS. This statistic is also known as the ``abortion to live birth ratio.'' It is a standard statistic used to measure abortions and incorporates the same denominator as the ratio. We would calculate the rate to three decimal places.

In paragraph (b), we propose to compare this rate for the most recent year to the rate for 1995, calculated in the same way, and to identify which of the potentially eligible States experienced decreases in their abortion rates relative to 1995. Only those States experiencing decreases relative to 1995 would be eligible for the bonus. We would always compare a State's abortion rate to its 1995 rate, as specified in section 403(a)(2)(C)(i)(I)(bb) of the Act.

What Will Be the Amount of the Bonus? (Sec. 283.8)

This section of the proposed rule explains how we would determine the amount of the bonus for eligible States. These amounts are specified in section 403(a)(2)(B) of the Act. For Guam, American Samoa or the Virgin Islands, the award would be 25 percent of their mandatory ceiling amount as defined in section 1108 of the Act. Any bonuses paid to the these States would be subtracted from the total award of $100 million, and the remainder would be divided among the other qualifying States up to a maximum award of $25 million. If Guam, American Samoa and the Virgin Islands were not among the qualifying States, the bonus for each State would be $20 million if five States qualified and $25 million if fewer States qualified. If Guam, American Samoa or the Virgin Islands were among the qualifying States, the award for each State would be some lesser amount. The bonus amount for any State will never exceed $25 million per year.

What Do Eligible States Need To Know To Access the Bonus Funds? (Sec. 283.9)

This section of the proposed rule provides additional details on how we would pay the bonus and how States may use the bonus award. We propose in paragraph (a) to pay the award to the Executive Office of the Governor. We believe that the Governor, as Chief Executive Officer of the State, is responsible not only for the TANF block grant program but for the well-being of all citizens of the State, including efforts related to reducing out-of-wedlock childbearing for the population as a whole.

Since a bonus is part of a State's Family Assistance Grant, a State may use these funds only for purposes listed in sections 404 (use of funds) and 408 (prohibitions; requirements) of the Act. These sections of the law, including their constraints and limitations, apply to all funds received under section 403 of the Act.

V. Regulatory Impact Analyses

Healing the Hole in America's Heart

HB581

My answer was Churchillian — we'll never give up, never give up, never!

The reporter's question was the inevitable: "Abortion is still legal 30 years after *Roe v. Wade*, so when is the pro-life movement going to face reality and change its focus?"

In 1973 *Roe v. Wade* elevated abortion from its historical place of shame to the supreme law of the land. *Roe* and the case of *Doe v. Bolton* effectively made abortion legal in every state, at any time in pregnancy. Abortion is a hole in the heart of our great nation, and pro-life people will never stop working for the day when all human lives are protected by law.

Unlimited abortion is a social experiment, now running for 30 years. Millions of children have lost their lives, and countless women have suffered physically, emotionally and spiritually. But we don't know with certainty abortion's effect on women's health, on the family or society, or even how many children have perished because proponents of abortion have opposed any systematic scrutiny of their experiment.



CATHLEEN A. CLEAVER

Instead, we've had a public debate for three decades that is dominated by an utterly false dichotomy — that abortion is a contest between women and children. Pro-lifers are seen as those who fight for unborn children, pro-choicers as those who fight for women. Women and children are of course natural allies, not enemies, and pro-lifers fight for women every day — but the terms of the debate have been set, and they have held.

Because of the sustained efforts of the pro-life movement — and some marvelous developments in science and technology — fewer people now question the humanity of the unborn child. People generally accept the fact that abortion takes the life of an unborn child. Even proponents of abortion will admit it — in 1996, for example, abortion activist Naomi Wolf called upon her peers to recognize the "full humanity" of the unborn child.

Still, abortion is accepted in our culture. Why?

One reason is the profound misunderstanding about abortion that persists in our country. Most people do not understand the breadth of the *Roe/Doe* edict. Polls show that people think abortion is legal only in the first trimester of pregnancy, and most believe abortion should not be legal beyond that point. Abortion law is extreme, but most people don't know it.

People also misunderstand the reality of abortion practice. The fact that almost half of all abortions today are repeat abortions is inconceivable to most people. Abortions for health reasons or rape, themes that appear so often in the public debate, account for only a tiny fraction of abortions today.

Above all, abortion persists because its proponents have offered up the false assumption that abortion is good for women, and the culture has swallowed it.

It is time to challenge this assumption head-on.

Women choose abortion as a last resort, not as a free choice. Women turn to abortion because they feel alone and helpless, or abandoned, or pressured by boyfriends or family members. Abortion is not the act of empowerment it was promised to be. Even the Alan Guttmacher Institute, Planned Parenthood's research affiliate, reports that the primary reasons women have abortions are a lack of financial resources and of emotional support.



"I can't stop crying" is the type of message that appears regularly on the message boards of the Web site www.afterabortion.com, a forum for women who are having trouble coping with their abortions.

While this is not a pro-life site, the stories shared here give the lie to the pro-choice argument. Their families pressured them, their boyfriends abandoned them, they had nowhere to turn.

Some had their abortions many years ago but feel the pain as intensely as if it were yesterday. Many speak of clinical depression and medication. Women on this site share their feelings of rage and regret and try to help each other deal with severe grief.

Their profound loneliness is palpable. You cannot visit this site and be unmoved. It should be required reading for anyone considering supporting Planned Parenthood.

No compassionate person wants a woman to suffer through the personal tragedy of abortion. No teen-age girl should have to drop out of school because she became pregnant. No young woman should have to face the prospect of a life of poverty. No one should feel abandoned by her family and friends. And no person should ever have to suffer the pain and anguish of abortion. Pope John Paul II in *Evangelium Vitae* said that we are called to "a radical solidarity with the woman in need." Each woman's struggle with an untimely pregnancy is our struggle. The problems she faces are ours to help solve.

Women deserve better than abortion. This month marks the first major public education effort of the Women Deserve Better campaign, a campaign supported by a number of pro-woman and pro-life groups to refocus the nation on the reasons why women feel pressured into abortion and to promote women-centered solutions to these problems. Advertisements will appear in Washington, D.C., subway trains, buses and commuter trains, in newspapers and periodicals.

Their message: "Abortion is a reflection that we have not met the needs of women. Women deserve better than abortion." (For more information on the campaign, visit www.womendeservebetter.com.)

Roe v. Wade created the lie that abortion is moral and acceptable because it is legal. *Roe* must be reversed, and we will never stop working for an end to legalized abortion. While we do, we must also strive to eliminate the reasons why women turn to abortion. R

Cathleen A. Cleaver, Esq. is director of planning and information for the secretariat for pro-life activities at the U.S. Conference of Catholic Bishops.

▶ NOTICE: This website will be down for maintenance activities on October 4-6 and 11-13.

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HB581

HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOR IMMEDIATE RELEASE Contact:
ACF Press Office
Friday, October 4, 2002 (202) 401-9215

HHS AWARDS $100 MILLION IN BONUSES TO STATES FOR REDUCTIONS IN OUT-OF-WEDLOCK BIRTHS

HHS Secretary Tommy G. Thompson today announced the awarding of $100 million in bonuses to four states, the District of Columbia and the Virgin Islands for achieving the nation's largest decreases in out-of-wedlock births between 1997 and 2000. This is the fourth award of bonuses for reductions in out-of-wedlock births, as provided for in the welfare reform law of 1996.

Alabama, Colorado, Michigan, Texas and the District of Columbia will each receive a bonus of about $19.9 million, while the Virgin Islands will receive $888,500.

"Reducing out-of-wedlock births can significantly and positively affect the lives of our children and youth," Secretary Tommy G. Thompson said. "We encourage all states to continue to develop programs that will have a positive effect on encouraging marriage and the formation of stable families as a part of the President's healthy marriage initiative."

The out-of-wedlock birth rate fell 3.5 percent in the District of Columbia; 2.6 percent in the Virgin Islands; 1.2 percent in Michigan; 0.7 percent in Colorado; 0.6 percent in Texas; and 0.5 percent in Alabama. This is the fourth year that Michigan, Alabama and the District of Columbia have received this award.

The welfare reform law of 1996 required all states to develop strategies and goals for reducing out-of-wedlock births. Under the law, the annual bonuses are awarded to as many as five states and three territories if eligible, with the largest reduction in the proportion of out-of-wedlock births to total births. HHS' National Center for Health Statistics compiles the birth data based on records submitted by the states and compares the proportion for the most recent two-year period to that for the preceding two-year period.

"President Bush's healthy marriage initiative, which is pending before Congress, will enable our state partners to continue this important work by emphasizing the importance of marriage first," HHS Assistant Secretary for Children and Families Wade Horn said. "In addition, continued funding for abstinence education can also be an important component in promoting healthy marriages."

In order to receive the bonuses, the top states also are required to show a decrease in their abortion rate between the most recent year and 1995. The abortion rate is measured as the number of abortions divided by the number of births.

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Note: All HHS press releases, fact sheets and other press materials are available at

Percent of births to unmarried women, 1997-98 average and 1999-2000 average, and percent change in the percent of births to unmarried women, 1997-98 to 1999-2000, and rank order of States with respect to their change (in order of largest decline to largest increase) and rank order of territories (ranked separately from States)

State	Percent unmarried 999-2000	Percent unmarried 1997-98	Percent change in percent unmarried, 1997-98 to 1999-2000	State
United States 1/	33.120%	32.574%	1.674%	United States 1/
Alabama	33.797%	33.972%	-0.515%	Alabama
Alaska	33.086%	30.876%	7.157%	Alaska
Arizona	39.021%	38.005%	2.673%	Arizona
Arkansas	35.460%	34.617%	2.436%	Arkansas
California	32.788%	32.765%	0.070%	California
Colorado	25.224%	25.407%	-0.720%	Colorado
Connecticut	**29.134%**	**28.616%**	**1.808%**	**Connecticut**
Delaware	38.385%	36.568%	4.977%	Delaware
District of Columbia	61.022%	63.249%	-3.521%	District of Columbia
Florida	37.864%	36.315%	4.265%	Florida
Georgia	36.777%	35.808%	2.708%	Georgia
Hawaii	32.528%	30.724%	5.871%	Hawaii
Idaho	21.606%	21.365%	1.129%	Idaho
Illinois	34.306%	33.753%	1.641%	Illinois
Indiana	34.565%	33.067%	4.529%	Indiana
Iowa	27.750%	26.719%	3.859%	Iowa
Kansas	28.803%	27.654%	4.154%	Kansas
Kentucky	30.713%	29.755%	3.220%	Kentucky
Louisiana	45.240%	44.429%	1.825%	Louisiana
Maine	31.162%	30.133%	3.416%	Maine
Maryland	34.733%	33.918%	2.404%	Maryland
Massachusetts	26.533%	25.990%	2.087%	Massachusetts
Michigan	33.190%	33.595%	-1.207%	Michigan
Minnesota	25.853%	25.338%	2.032%	Minnesota
Mississippi	45.958%	45.413%	1.202%	Mississippi
Missouri	34.348%	33.591%	2.252%	Missouri
Montana	30.402%	29.334%	3.642%	Montana
Nebraska	26.513%	26.015%	1.914%	Nebraska
Nevada	36.045%	35.224%	2.332%	Nevada
New Hampshire	24.440%	23.958%	2.011%	New Hampshire
New Jersey	28.737%	28.138%	2.129%	New Jersey
New Mexico	45.343%	43.789%	3.548%	New Mexico
New York	36.591%	35.069%	4.341%	New York
North Carolina	33.289%	32.502%	2.423%	North Carolina
North Dakota	27.894%	26.509%	5.225%	North Dakota
Ohio	34.378%	33.948%	1.264%	Ohio
Oklahoma	33.713%	32.838%	2.664%	Oklahoma
Oregon	30.264%	29.287%	3.339%	Oregon
Pennsylvania	32.817%	32.800%	0.054%	Pennsylvania
Rhode Island	34.888%	33.516%	4.095%	Rhode Island
South Carolina	39.421%	38.424%	2.596%	South Carolina
South Dakota	32.632%	31.582%	3.325%	South Dakota
Tennessee	34.613%	34.490%	0.356%	Tennessee
Texas	30.902%	31.088%	-0.598%	Texas
Utah	16.988%	16.872%	0.688%	Utah
Vermont	28.530%	27.045%	5.489%	Vermont
Virginia	29.809%	29.553%	0.866%	Virginia
Washington	28.133%	27.512%	2.254%	Washington
West Virginia	31.710%	31.849%	-0.437%	West Virginia
Wisconsin	29.253%	28.296%	3.384%	Wisconsin
Wyoming	28.913%	28.460%	1.593%	Wyoming
Puerto Rico	48.921%	46.348%	5.551%	Puerto Rico
Virgin Islands	66.893%	68.666%	-2.582%	Virgin Islands
Guam	55.349%	51.780%	6.893%	Guam
American Samoa	35.477%	34.467%	2.931%	American Samoa
Northern Marianas	—	—	—	Northern Marianas

Rank order of states by largest decline in percent unmarried, 1997-98 to 1999-2000

Rank	State	Percent change
	United States 1/	1.674%
1	District of Columbia	-3.521%
2	Michigan	-1.207%
3	Colorado	-0.720%
4	Texas	-0.598%
5	Alabama	-0.515%
6	West Virginia	-0.437%
	Pennsylvania	0.054%
	California	0.070%
	Tennessee	0.356%
	Utah	0.688%
	Virginia	0.866%
	Idaho	1.129%
	Mississippi	1.202%
	Ohio	1.264%
	Wyoming	1.593%
	Illinois	1.641%
	Connecticut	**1.808%**
	Louisiana	1.825%
	Nebraska	1.914%
	New Hampshire	2.011%
	Minnesota	2.032%
	Massachusetts	2.087%
	New Jersey	2.129%
	Missouri	2.252%
	Washington	2.254%
	Nevada	2.332%
	Maryland	2.404%
	North Carolina	2.423%
	Arkansas	2.436%
	South Carolina	2.596%
	Oklahoma	2.664%
	Arizona	2.673%
	Georgia	2.708%
	Kentucky	3.220%
	South Dakota	3.325%
	Oregon	3.339%
	Wisconsin	3.384%
	Maine	3.416%
	New Mexico	3.548%
	Montana	3.642%
	Iowa	3.859%
	Rhode Island	4.095%
	Kansas	4.154%
	Florida	4.265%
	New York	4.341%
	Indiana	4.529%
	Delaware	4.977%
	North Dakota	5.225%
	Vermont	5.489%
	Hawaii	5.871%
	Alaska	7.157%
1	Virgin Islands	-2.582%
	American Samoa	2.931%
	Puerto Rico	5.551%
	Guam	6.893%
	Northern Marianas	—

—Data not available

1/ Excludes data for the territories.

Connecticut data are shown in bold type because the State provided adjusted birth data to account for changes in methodology and procedures for reporting the mother's marital status. Calculations for all other states were done on the basis of data files provided by each State to the Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS) which has tabulated the entire national birth file by mother's place of residence. A separate table is available from CDC/NCHS for the adjusted birth data for Connecticut.

Prepared in the Division of Vital Statistics, NCHS, CDC, from published birth data and special tabulations provided by Connecticut.

Voting Sheets

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on HB 581-FN-LOCAL

BILL TITLE: **requiring a death record for an aborted fetus.**

DATE: February 19, 2003

LOB ROOM: 205

Amendments:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. Harris

Seconded by Rep. French

Vote: 13-3 (Please attach record of roll call vote.)

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE: N/A

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep. James R. MacKay, Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

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Vote: 13-3 (Please attach record of roll call vote.)

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE: N/A

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep. James R. MacKay, Clerk

OFFICE OF THE HOUSE CLERK 2003 SESSION

HEALTH, HUMAN SERVICES & ELDERLY AFFAIRS

Bill #: HB 581-FN-L **Title:** Requiring a death record for an aborted fetus

PH Date: 02/19/03 Exec Session Date: 02/19/03

Motion: I.T.L. Amendment #:

MEMBER	YEAS	NAYS
Batula, Peter L. Chairman	Not voting	
Dalrymple, Janeen A. V Chairman	✓	
Chabot, Robert F	absent	
Manning, Joseph P		✓
Katsakiores, Phyllis M	✓	
Pilliod, James P	✓	
Wendelboe, Fran		✓
MacKay, James R	absent	
Eaton, Stephanie	absent	
Barry, J Gail	absent	
Brown, Carolyn A	✓	
Daniels, Eric M	✓	
McMahon, Charles E	✓	
Price, Pamela G	✓	
Weldy, Norman E		✓
French, Barbara C	✓	
Seldin, Gloria	✓	
Harris, Sandra C	✓	
Sokol, Hilda W	✓	
Shultis, Elizabeth C	✓	
Miller, Joseph M	✓	
TOTAL VOTE: Printed: 1/6/2003	13	3

Committee Report

COMMITTEE REPORT

COMMITTEE: **Health, Human Services and Elderly Affairs**

BILL NUMBER: **HB 581-FN-LOCAL**

TITLE: requiring a death record for an aborted fetus.

DATE: February 19, 2003 CONSENT CALENDAR YES ☐ NO ☒

☐ OUGHT TO PASS

☐ OUGHT TO PASS WITH AMENDMENT

☒ INEXPEDIENT TO LEGISLATE

☐ REFER TO COMMITTEE FOR INTERIM STUDY
(Available only in second year of biennium.)

STATEMENT OF INTENT
(Include Committee Vote)

The committee felt that fetal death statistics could be collected without the use of a fetal death certificate. Given the information currently asked on a fetal death certificate, the committee felt it was much too invasive. Testimony expressed a concern for the safety of those in the medical profession. Much work was done last session by this committee on this question of fetal statistics. While all agreed that such statistics would be helpful, the committee felt that there were too many questions regarding privacy and anonymity.

Vote 13-3.

Rep. Sandra C. Harris
FOR THE COMMITTEE

Original: House Clerk
cc: Committee Bill file

Health, Human Services and Elderly Affairs

HB 581-FN-LOCAL, requiring a death record for an aborted fetus. **INEXPEDIENT TO LEGISLATE**

Rep. Sandra C. Harris for Health, Human Services and Elderly Affairs: The committee felt that fetal death statistics could be collected without the use of a fetal death certificate. Given the information currently asked on a fetal death certificate, the committee felt it was much too invasive. Testimony expressed a concern for the safety of those in the medical profession. Much work was done last session by this committee on this question of fetal statistics. While all agreed that such statistics would be helpful, the committee felt that there were too many questions regarding privacy and anonymity. **Vote 13-3.**

* DRAFT

COMMITTEE REPORT

COMMITTEE: **Health, Human Services and Elderly Affairs**

BILL NUMBER: **HB 581-FN-LOCAL**

TITLE: requiring a death record for an aborted fetus.

DATE: February 19, 2003 CONSENT CALENDAR YES ☐ NO ☒

☐ OUGHT TO PASS

☐ OUGHT TO PASS WITH AMENDMENT

☒ INEXPEDIENT TO LEGISLATE

☐ REFER TO COMMITTEE FOR INTERIM STUDY
(Available only in second year of biennium.)

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Vote 13-3.

Rep. Sandra C. Harris
FOR THE COMMITTEE

Original: House Clerk
cc: Committee Bill file

USE ANOTHER REPORT FOR MINORITY REPORT

P.L.B.

COMMITTEE REPORT

COMMITTEE: **Health, Human Services and Elderly Affairs**

BILL NUMBER: **HB 581-FN-LOCAL**

TITLE: requiring a death record for an aborted fetus.

DATE: February 19, 2003 CONSENT CALENDAR YES ☐ NO ☒

☐ OUGHT TO PASS

☐ OUGHT TO PASS WITH AMENDMENT

☒ INEXPEDIENT TO LEGISLATE

☐ REFER TO COMMITTEE FOR INTERIM STUDY
(Available only in second year of biennium.)

STATEMENT OF INTENT
(Include Committee Vote)

Vote .

Rep. Harris
FOR THE COMMITTEE

Original: House Clerk
cc: Committee Bill file

USE ANOTHER REPORT FOR MINORITY REPORT

HB 581 - FN

Sandra C Harris ITL Yes 13 No 3

Requiring a death record for an aborted fetus.

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Sandra C Harris

P.B.