MINUTES

SENATE STATE AFFAIRS COMMITTEE

DATE:	Monday, February 12, 2018
TIME:	8:00 A.M.
PLACE:	Room WW55
MEMBERS PRESENT:	Chairman Siddoway, Vice Chairman Hagedorn, Senators Hill, Winder, Lodge, Vick, Anthon, Stennett, and Buckner-Webb
ABSENT/ EXCUSED:	None
NOTE:	The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.
CONVENED:	**Chairman Siddoway** called the Senate State Affairs Committee (Committee) to order at 8:00 a.m. with a quorum present.
GUBERNATORIAL APPOINTMENT:	**The reappointment of Shane Gehring to the Bingo-Raffle Advisory Board**.

Shane Gehring, a current member of the Bingo-Raffle Advisory Board (Board), explained he resides in Nampa, Idaho, where he manages a bingo operation made possible by the partnership of the Knights of Columbus (KOC) Council 2014 and Giving Hand Charity (GHC).

Senator Hagedorn asked Mr. Gehring to identify one thing that could be improved by the Board. **Mr. Gehring** replied a change in the percentages sent to charity and the amount permitted for operations. Last year, KOC and GHC donated about $300,000 to charity. In 1996, the amount donated was about $900,000. **Mr. Gehring** attributed the decrease to fewer people participating. **Mr. Gehring** expressed his opinion that changing the percentage from 18 percent to 20-22 percent for operations would allow for advertising to attract more people.

Chairman Siddoway expressed the Committee's appreciation to Mr. Gehring for his service on the Board. He explained the Committee will vote on the reappointment at the next meeting.

RS 25954	**RELATING TO THE OFFICE OF THE INSPECTOR GENERAL to add a new chapter to Idaho Code to establish the Office of the Inspector General**.
RS 26146	**RELATING TO INSURANCE** to add a new section to Idaho Code entitled "Living Donor Protection Act" to protect living organ donors.
UNANIMOUS CONSENT:	**Senator Hill** asked for unanimous consent to send **RS 25954** and **RS 26146** to print. There were no objections.
S 1243	**RELATING TO ABORTION to require the dissemination of certain information**.

Senator Den Hartog, District 22, advised that **S 1243** adds a paragraph (f) to Idaho Code § 18-609(2), Idaho's informed consent statute for women considering abortion (see Attachment 1). She explained Idaho Code requires informed consent materials, provided by the Idaho Department of Health and Welfare (IDHW), be given by the physician to a woman considering abortion

24 hours prior to an abortion. **Senator Den Hartog** related that the proposed subsection directs IDHW to include in the informed consent materials, where to find information or a health care provider who can answer questions related to the potential to reverse a chemical abortion before taking the second dose. She provided support material regarding: the number of abortions and the percentage of which are chemical abortions; the types of drugs used in reversing chemical abortion, including progesterone, and how they are administered; research associated with the effectiveness of the drug; and a hotline established to help women wanting to reverse a chemical abortion (see Attachment 1).

Senator Den Hartog identified the following points:

- the U.S. Food and Drug Administration (FDA) concluded there is no risk of birth defects from progesterone;
- the American Association of Pro-Life Obstetricians & Gynecologists supports use of the abortion pill reversal (APR) protocol;
- the Idaho Medical Association is neutral on the proposed legislation;
- Right to Life Idaho, the Family Policy Council, and Idaho Chooses Life all support the proposed legislation (see Attachment 1).

Senator Den Hartog indicated the legislation also clarifies language related to a fetal heartbeat. it replaces "hear the heart tone" with "observing the heartbeat," thus permitting either seeing or hearing the heartbeat. **Senator Den Hartog** said, in summary, this legislation requires that a woman be informed the effects of the chemical abortion pill can potentially be reversed (Attachment 1).

Senator Stennett stated she wanted to be sure women were given complete information regarding their choices. She asked if all options would be available from every woman's health care provider. **Senator Den Hartog** replied such information would be in the informed consent materials required to be given to any woman considering abortion. She said she did not know if every woman's health care provider has the informed consent materials on hand, but all of the information is on the IDHW website.

Senator Stennett expressed concern that providers are obligated to provide only that which has been proven and approved. She pointed out that, because this reversal has not been approved by the FDA, some large medical organizations are opposing this law. She expressed concern in promoting a procedure that has not been vetted. **Senator Den Hartog** replied that Dr. Harrison could provide more information on the status of the research. **Senator Stennett** asked how many doctors are conducting this research. **Senator Den Hartog** reported two primary doctors who pioneered the APR protocol, and over 300 physicians across the country are willing to provide the treatment – are registered with the hotline – and, are involved in the research. She reiterated that Idaho currently has five registered providers across all regions who are willing to provide the protocol. **Senator Stennett** inquired if this legislation has been passed in the states of the two doctors working on the research. **Senator Den Hartog** replied it has not.

PASSED THE GAVEL: Chairman Siddoway passed the gavel to Vice Chairman Hagedorn.

TESTIMONY: **Rebekah Buell** testified in support of **S 1243**. **Ms. Buell** shared her experience with the APR protocol (see Attachment 2).

Rev. Marci Auld Glass, Pastor, Southminster Presbyterian Church, testified in opposition to **S 1243**. She stated she works with women in crisis. She stated

her opinion there is sufficient informed consent information to assist a woman considering an abortion. **Ms. Glass** stated concern about sending women on a course that has only a 50 percent success rate, is not FDA approved, and is not medically proven.

Senator Stennett noted the bill requires information be provided about the right to observe the heartbeat of the unborn child and to provide further information about chemical abortions. She asked if requiring this, rather than having it as a list of options, would have more effect on alleviating their crisis or helping them make choices. **Ms. Glass** replied having medically-proven options available is helpful, but requiring a women to go through a procedure is not helpful.

Kerry Uhlenkott, Right to Life of Idaho, testified in support of **S 1243**. **Ms. Uhlenkott** emphasized it would still be the mother's choice to initiate the APR protocol or the abortion after receiving the information. This legislation requires only that she be given information about APR. She summarized information regarding the Idaho doctors chosen to provide the protocol, provided written information concerning laws on APR, and shared the views of various medical groups and doctors (see Attachment 3).

Senator Buckner-Webb asked how to know when it is too late to initiate an aborton. **Ms. Uhlenkott** replied it is left to the medical professionals who answer the hotline, they will conduct an ultrasound to determine if the baby is viable.

Julie Custer, Co-President of the American Association of University Women of Idaho (AAUW) testified in opposition to **S 1243**. **Ms. Custer** expressed the concerns of AAUW including: certain rights of women, the status of laws in other states regarding APR, and the promotion of preventative health and education to reduce unintended pregnancies (see Attachment 4).

Senator Vick asked if Ms. Custer was aware that Arizona negotiated a consent agreement and that law is operative. **Ms. Custer** replied she was not aware. **Senator Vick** pointed out that Arizona came to a negotiated agreement where a section of the law was struck down, but the portion regarding providing information is still law.

Terry Lennox, RN, Psy.D, Rachel's Vinyard Ministry, testified in support of **S 1243**. **Ms. Lennox** testified regarding the ethics of the nursing profession, the need to update informed consent information as medical advances are made, the mental state of women facing the decision regarding abortion, and the mental state of women for whom the APR was unsuccessful (see Attachment 5).

Senator Stennett inquired if Ms. Lennox regularly prescribed procedures which were not FDA approved. **Ms. Lennox** replied that nurses do not routinely do so. She added when a woman is referred for an APR protocol, she would receive informed consent information. **Ms. Lennox** observed, in dire situations, doctors routinely inform patients of the status of the protocol that may not be FDA approved. **Senator Stennett** asked if this is normal in a hospital setting. **Ms. Lennox** responded that this legislation refers to the clinic setting where the woman is receiving informed consent documents designed for APR.

Senator Buckner-Webb questioned if this legislation allows informed consent information for APR only with regard to a woman's options. **Ms. Lennox** stated the legislation allows APR as an additional consent to reflect advances in medical care. She indicated this informed consent information gives a woman another option if she has a change of heart. **Senator Buckner-Webb** asked if the woman is advised of possible risks involved with APR. **Ms. Lennox** replied that when discharged, the woman is given the appropriate telephone numbers for medical professionals she can contact with concerns.

Senator Winder asked for clarification of Ms. Lennox's referral to coercion. **Ms. Lennox** explained that, in counseling women, she heard stories of coercion to seek an abortion from family members or others in a variety of circumstances.

Senator Hill inquired if Senator Buckner-Webb was discussing all options available after a woman has taken the first pill. **Senator Buckner-Webb** answered that the woman would need to know all of the ramifications of taking the second pill, and of using the APR protocol. She emphasized she did not want a woman to be coerced one way or the other.

Samantha Katana testified in opposition of **S 1243**. **Ms. Katana** stated, although she trusts doctors, she is concerned about **S 1243** requiring physicians to provide false information. She voiced her concern that the bill inhibits Idaho patients from receiving medically accurate and consistent information.

Senator Winder inquired how Ms. Katana knows when information is false. **Ms. Katana** responded that Mistie Tolman, of Planned Parenthood (PP) would better answer that question. She also alluded to Senator Stennett's comment on the lack of clinical trials. **Ms. Katana** indicated there were doctors present who could explain this concern. **Senator Winder** asked, if the facts indicated the information was not false, would Ms. Katana have a different opinion. **Ms. Katana** answered if a potential procedure undergoes accurate clinical studies, she would consider those results.

Angie Dwyer, Stanton Boise Mobile Clinic, explained her background in clinics, and testified in support of **S 1243**. She shared written testimony from Dori Sanstrom, Executive Director, Stanton Healthcare Magic Valley, Pregnancy Resource Center in Twin Falls (see Attachment 6). **Ms. Dwyer** related information regarding the following: the lack of pertinent medical information about abortion options for a woman from her medical provider; the need for an informed option such as APR for women changing their mind; and the number of successful reversals to debunk the characterization of APR as "junk-science".

Ms. Dwyer, quoting Ms. Sanstrom, commented that Idaho women have the right to terminate a pregnancy; should also have the right to choose to save a baby; and should have the right to be fully informed concerning their health (see Attachment 6).

Senator Stennett asked Ms. Dwyer how many procedures have been recommended at Stanton Healthcare that are not approved by the FDA . **Ms. Dwyer** replied, None.

Senator Buckner-Webb asked if there are longitudinal studies showing the number of healthy children born after the APR protocol. She wondered if they remain healthy. **Ms. Dwyer** deferred to Dr. Harrison.

Senator Hill stated he has many medical questions. He asked if there was a medical doctor in the audience who performs abortions. There were none.

Alex Davis testified in opposition to **S 1243**. She said women in this situation can get the information they need; there was no need for further government involvement.

Christian Welp testified on behalf of Bishop Peter F. Christensen and the Roman Catholic Diocese of Boise in support of **S 1243**. He addressed the issue of choice, commenting that if a woman changes her mind during a two-part chemical abortion, she should have the choice to keep the baby. He believed this to be especially true since the APR protocol uses progesterone; a hormone used to prevent miscarriages. He stated it is also produced naturally in a woman's body.

Senator Stennett said she is aware of side effects associated with progesterone therapies. She asked if Mr. Welp has seen documentation proving there are no side effects to this protocol. **Mr. Welp** deferred to Dr. Harrison.

Sonia Gonnella testified in opposition to **S 1243**. **Ms. Gonnella** stated her belief that abortion is focused on women's rights, and not the rights of the pre-born child; laws dealing with abortion encourage murder with impunity. She discussed abortion as it relates to religion. She felt the State should revoke existing abortion laws and cease to be involved in such laws.

Julie Lynde, Policy Director, Family Policy Alliance of Idaho, testified in support of **S 1243**. **Ms. Lynde** discussed the mental state of pregnant women, the APR protocol, and having access to all relevant information regarding decisions about health (see Attachment 7).

Senator Buckner-Webb stated if there was verifiable proof that this procedure is safe, she would probably have a different opinion. **Ms. Lynde** recognized that no one wants to support something that would be harmful to women. She stated Dr. Tom Coburn, former U.S. Senator from Oklahoma, agreed. He looked into the current status of the protocol and supports the procedure.

Kacee O'Connor, Southwest Idaho Chapter of the National Organization of Women (NOW), testified in opposition to **S 1243**. **Ms. O'Connor** asserted that the bill:

- is based on one study, the Delgado Study, which is unreliable, unsubstantiated, and invalid;
- allows the State to intrude into the sacred relationship between physician and patient; and
- has the potential to have a substantial cost to Idaho taxpayers.

She discussed the Delgado study, the view of medical groups, the state of mind of women who receive abortions, and the ethical dilemma for physicians (see Attachment 8).

Mistie Tolman, Legislative Director PP Votes, Northwest and Hawaii, testified in opposition to **S 1243**. She discussed the sharing of inadequate and misleading information; access to safe, evidence-based medical care; and the need to improve access to health care which would reduce the need for abortions (see Attachment 9).

Senator Hill commented people on both sides of this issue are mistrusting of those on the opposite side. He stated physicians are well-respected and trusted because they usually do tell patients the truth. **Senator Hill** observed that both sides want doctors to provide accurate and comprehensive information. He used the example of his son who had been diagnosed with cancer, explaining that the doctor described procedures that were in clinical trials and had not been approved, as well as procedures that had been approved. **Senator Hill** related that the doctor explained the risks and the concerns of these procedures; he was glad those all had been explained.

Senator Hill expressed his belief that many doctors who perform abortions tell patients about the abortion pill, the risks, the lack of FDA approval, and other known information about the procedure because they want their patients to make informed decisions. **Senator Hill** asked Ms. Tolman why PP is opposed to a mandate that doctors discuss this option and explain the risks involved. He pointed out that **S 1243** does not require a doctor to recommend the protocol, only to discuss it. **Senator Hill** asserted the more information a person has, the better chance that person has to make a good decision.

Ms. Tolman stated PP does not have physicians who perform abortions available to testify because the physicians do not feel safe to testify in public. **Ms. Tolman** commented that physicians associated with PP regularly review the most recent medical advances. She declared that if the data exists and has been peer-reviewed, and published in a scientific medical journal, those physicians would provide their patients with that information.

Senator Buckner-Webb asked if there have been adverse outcomes that have been noted with APR. **Ms. Tolman** responded that because there is no credible peer-reviewed research, it is unknown what the side effects may be.

Senator Vick asked Ms. Tolman if she was aware that a doctor does not have to discuss APR with the patient. **Ms. Tolman** responded she understood **S 1243** would only mandate the physician direct the patient to a website providing more information, but she felt the patient would assume the website is being endorsed by the doctor. **Senator Vick** inquired if Ms. Tolman thought the doctors would discuss the risks of APR. **Ms. Tolman** replied at that point it would be out of the doctor's hands. **Senator Vick** asked if she considered the 400 children alive because of the procedure as evidence of efficacy. **Ms. Tolman** stated she did not think it is evidence that it works, but the same thing may have happened if the woman did not take the second dose.

Senator Stennett inquired if Ms. Tolman knew how rigorous the clinical trials were that have been conducted, but not yet released. **Ms. Tolman** said she was not aware. She stated they have not been able to find any data that could be considered scientifically or medically sound. **Senator Stennett** asked if the hotline is staffed by doctors 24/7. **Ms. Tolman** answered she was not aware.

Dr. Matthew Harrison testified in support of **S 1243**. **Dr. Harrison** stated that he, like most physicians, does not want to be told how to practice medicine by the government. He expressed an understanding of the Legislature's role to ensure the protection and safety of Idaho's citizens. He reaffirmed that APR creates a network of providers to help women who have changed their minds and want to save their unborn child. **Dr. Harrison** provided his credentials and experience in medical practice and research (see Attachment 10, page 1).

Dr. Harrison described the functions of mifepristone and progesterone; he explained how these substances work in abortion and abortion reversal. He related how he first used progesterone and the successful results. **Dr. Harrison** referred to a 2012 case study report from the *Annals of Pharmacology and Pharmaceutics* that detailed six case reports of women who had attempted to rescue their embryos after a medical abortion attempt. He reported that four of the attempts were successful and two were carried to a completed abortion. Since the 2012 study, he was aware of 350 healthy babies born using the protocol. Over 100 mothers are currently continuing their pregnancies. He related the overall success rate is 55-70 percent. **Dr. Harrison** referred to a second case study which was published in Europe in December 2017, that concluded progesterone should be studied.

Dr. Harrison discussed how research is performed and how new drugs or protocols transpire. He indicated, in this instance, the data must be collected retrospectively; it would be unethical to conduct a study using a control group, as is normal procedure. He described how he and his colleagues use known science, and how they apply it in a new way.

Dr. Harrison specified the chances of birth defects in cases of a failed abortion when both abortion pills were used, when only one abortion pill was used, and when progesterone was used after the first abortion pill. The results from these comparisons indicated an increased risk of birth defects with the use of the second abortion pill, but not when stopped after the first pill or with progesterone (see Attachment 10, pages 2-3).

Dr. Harrison asserted that APR is based on good science and is safe. He emphasized that **S 1243** provides women with full informed consent information regarding reversal of the abortion if they change their minds.

Senator Stennett reviewed the material regarding an embryo surviving the combination of mifepristone and misoprostol and resulting birth defects (see Attachment 10, page 3); she requested further information. **Dr. Harrison** explained the two abortion pills are: first, mifepristone to abort the pregnancy; and second, misoprostol to induce labor to expel the fetus. He pointed out that the second pill is the one that would cause Moebius syndrome. Progesterone is used in the APR protocol before the second pill is taken. **Dr. Harrison** reiterated there have been no side effects.

Senator Hill asked for clarification regarding the possibility of birth defects if the woman takes only the mifepristone before the anti-abortion pill takes effect. **Dr. Harrison** replied the studies show there have been no side effects if only the first pill is taken.

Senator Winder requested information regarding fertility treatment and the use of this drug. **Dr. Harrison** explained fertility treatments were being conducted in his office using progesterone for women having low progesterone levels, and normalized their levels. He noted that fertility treatments using progesterone have been conducted since the 1950's and 1960's, and those treatments have been shown to be safe and effective. **Senator Winder** inquired if other countries use the APR procedure, and if so, is there documentation that can be considered in developing a proper protocol. **Dr. Harrison** responded he was unable to list all 14 at this time, but he could get the information to the Committee. He stated they include France, Australia, Germany, and South Africa. He noted Australia uses the same protocol and has recently published a paper covering several new case studies.

Senator Winder asked if Dr. Harrison has seen any birth defects in the successful APR procedures. He wondered if the procedure requires FDA approval since these are all drugs that have been previously approved. **Dr. Harrison** reported his group has a study that has been accepted for publication and is in the peer-review process. The study shows there is less than a three percent birth defect rate, which is the same as the national average. The birth defects are usually moles or port wine stains which would not be attributed to progesterone. **Dr. Harrison** observed that mifepristone was approved in the United States in 2000 at 600 mg for 7 weeks. Noting side effects, and without FDA approval, doctors changed the protocol to 200 mg for up to 10 weeks. He stressed that non-FDA approved protocols have been used for abortions. In 2016, the FDA approved 200 mg through 70 days gestation. **Senator Winder** inquired if this protocol would eventually require FDA approval. **Dr. Harrison** remarked it doesn't necessarily require FDA approval, but many doctors would not feel comfortable using it until it was FDA approved.

Vice Chairman Hagedorn asked why those doctors would not feel comfortable. **Dr. Harrison** said some doctors are reluctant if they are unfamiliar with the research.

Senator Stennett asked Dr. Harrison where he practices. **Dr. Harrison** named the six facilities where he has privileges. **Senator Stennett** inquired if the facilities allow other experimental procedures. **Dr. Harrison** commented he works in an intensive care unit, and they constantly use off-label procedures and protocols. He emphasized, in attempts to save lives when family members and patients understand the risks, doctors do things that are not FDA approved. **Dr. Harrison** pointed out that using unapproved medications is different; progesterone is FDA approved as a medication. **Senator Stennett** inquired if Dr. Harrison has written results of his studies available to the public. **Dr. Harrison** specified that it is not ready for the public until it is peer-reviewed by the journal that has accepted it.

Senator Vick asked what negative side effects patients might encounter, and if Dr. Harrison encourages doctors he trains to explain negative side effects to their patients. **Dr. Harrison** related common side effects include: pain when having an injection, a knot at the injection site, and redness and irritation. Additional risks discussed with the patients are clots, stroke, and other conditions that may occur whenever someone is using progesterone treatments. He explained nursing staff are trained to give the injections. Family members are also trained in cases where the patient wants to do the injections at home.

Senator Stennett referred to doing home injections and asked how many injections are required for the reversal. **Dr. Harrison** related the first three injections are done in the doctor's office after examining the mother to confirm the viability of the pregnancy and to ensure there is not an ectopic pregnancy. The procedure is daily injections for three days, then an injection every other day for five days, and then twice a week until the end of the first trimester. There are 10-12 injections. Other physicians have recently addressed the fear of injection by giving an oral medication, Prometrium, through the first trimester. This procedure has proven to be as successful as injections, has less side effects, and is easier for women to take at home.

Vice Chairman Hagedorn inquired what the medication is normally used for, and if it is FDA approved. **Dr. Harrison** responded it is FDA approved, and is usually used for menstrual cycle regulation or to control menopausal symptoms.

Kathy Greismyer, Policy Director, American Civil Liberties Union (ACLU) of Idaho, testified in opposition to **SB 1243**. **Ms. Greismyer** pointed out that she has sent her written testimony (see Attachment 11). She reiterated that the study has not been peer-reviewed or published; is not conclusive regarding the results being exclusive based on the injection; and the procedure has been rejected by Louisiana Office of Public Health (see Attachment 11, pages 1-2).

Senator Anthon asked for clarification regarding similar legislation in New Mexico and Louisiana. **Ms. Greismyer** stated she did not know about such legislation in New Mexico. She explained Louisiana was considering similar legislation; instead, they passed a concurrent resolution to study the effects of abortion reversal. The study concluded there was not scientific evidence that APR was scientifically appropriate or medically accurate, so the Louisiana legislature chose not to introduce the legislation.

Senator Vick asked if the ACLU took a position on Idaho legislation from a few years ago considering the use of cannabidiol (CBD) oil for children with epilepsy. **Ms. Greismyer** declared that ACLU did not take a public position, but they are supportive of access to medication deemed appropriate. **Senator Vick** inquired as to the difference when using progesterone for abortion reversal. **Ms. Greismyer** noted there are numerous studies indicating the efficacy of medicinal marijuana, including CBD oil which helps alleviate pain connected to a number of

medical conditions. The difference is APR has not had published research.

David Ripley, Executive Director, Idaho Chooses Life, testified in support of **S 1243**. **Mr. Ripley** recognized the excellent testimony with respect to the medical research that has gone into this legislation. **Mr. Ripley** emphasized the urgency of this legislation.

PASSED THE GAVEL:

Vice Chairman Hagedorn passed the gavel to Chairman Siddoway.

Elyse Durand testified in opposition to **S 1243**. **Ms. Durand** reiterated earlier testimony regarding accuracy and scientific legitimacy of APR.

Senator Winder asked Ms. Durand if she had any information that would substantiate her testimony. **Ms. Durand** commented the sample size was discredited. There is evidence progesterone is not inherently harmful, but there is no evidence it is beneficial. **Senator Winder** asked if the information she shared is from a study. **Ms. Durand** said she would give them the information.

Amber Labelle testified in opposition to **S 1243**. **Ms. Labelle** gave her credentials in veterinary medicine and in comparative ophthalmology. She taught graduate courses in scientific research and study design. **Ms. Labelle** summarized: how science is conducted; how studies are designed; and how medical professionals evaluate evidence.

Senator Winder commented science changes from time to time, as does medicine. He asked Ms. Labelle, if the study is found to be wrong, and then new evidence is brought forward, would that impact her opinion?**Ms. Labelle** suggested the study Dr. Harrison has should go through the peer-review process, allowing medical professionals and scientific experts to evaluate the study. She stated, in her opinion, the legislative body could then make scientifically sound health policy.

Neysa Jensen testified in opposition to **S 1243**. **Ms. Jensen** expressed her trust in trained medical advisors to share what is medically sound and what they know to provide the basis for her own decisions. She stated her desire for a private doctor-patient relationship without the government. She emphasized her feeling that it is not the Legislature's job to require a doctor to do one thing or another with their patients. **Ms. Jensen** concluded that doctor-patient confidentiality is the most important consideration.

Senator Winder noted this bill does not change any confidentiality or the right of privacy. He pointed out that the reason women have the right to abortion in this country is because of a government action.

Lori Burelle testified in opposition to **S 1243**. **Ms. Burelle** asserted if Dr. Harrison's research is peer-reviewed, published, and approved by the FDA, the study would become part of the medical record. **Ms. Burelle** stated this legislation is not necessary and will be costly to the State. She declared there should be no action and the State should let the science play out.

Vice Chairman Hagedorn specified this bill does not take away a woman's right to an abortion. **Ms. Burelle** replied the bill forces her doctor to lie about the efficacy of a procedure, thereby coming between a woman and her doctor. **Senator Vick** pointed out that the bill does not force the doctor to say anything.

Senator Den Hartog assured the Committee this legislation is Idaho-driven. She explained that Dr. Harrison traveled from North Carolina to provide details from someone pioneering the APR protocol. She pointed out this legislation would not require doctors to say something they do not believe. The bill provides

additional informed consent information to be given to a woman 24 hours prior to an abortion, but the doctor is not required to say anything about it. **Senator Den Hartog** urged support for **S 1243**.

Senator Buckner-Webb stated thalidomide, a medication used around 1960, was considered safe in 46 countries. The results of the use of thalidomide caused more in-depth studies to be required on medications. She commented it is vital we use only safe procedures.

MOTION: **Senator Vick** moved to send **S 1243** to the floor with a **do pass** recommendation. **Senator Hagedorn** seconded the motion.

Senator Stennett noted the APR information is already provided. She expressed concerns about the lack of information regarding who is operating the website for emails or the hotline; she is unsure whether they are certified doctors or other less informed people. She noted that the doctor has stated there is currently no documentation for public consumption. **Senator Stennett** indicated, because the APR protocol is being used, the bill is premature. She stated she will vote against the motion.

Senator Anthon spoke in favor of the motion. There has been testimony about protocol and he understood this is important to people. **Senator Anthon** specified that the proposed bill does two things:

1. It changes language from "hear the heart tone" to "observe the heartbeat."
2. It requires those providing abortions to provide "information directing the patient where to obtain further information and assistance in locating a health care provider whom she can consult about chemical abortion, including the interventions, if any, that may affect the effectiveness or reversal of a chemical abortion."

Senator Anthon noted the language does not advance any specific protocol or support any particular protocol. The bill further reads, "informs the patient that if she wants to consult with such health care providers, she should contact those health care providers before she takes the abortifacient", which gives the woman a choice. **Senator Anthon** advised that is all the bill requires. There is no requirement for any doctor to say anything, no requirement for anyone to have any procedure, and no statement that one procedure works over another. It does not require any false information. He stated he understands the passion, but he does not see in the bill all the concerns he has heard today. **Senator Anthon** stated he would support the motion.

Senator Vick reviewed a concern that women were getting too much information. He stated his opinion that was not the case; women can make good decisions. He perceived that a woman in this situation needs hope, and he believed this bill would give women hope. **Senator Vick** stated his understanding that the hotline is staffed by licensed medical professionals, 24 hours a day and 7 days a week. He stated he would support the legislation.

Vice Chairman Hagedorn stated the bill does not take a stand regarding the procedure. He noted if the result of the evaluation is that the protocol is not good, then that will be included in this information. The objective is to inform. **Vice Chairman Hagedorn** stated he will be voting for the bill.

Senator Winder commented he wanted to hear the testimony regarding this bill before deciding how to vote. He reiterated that medicine does change and has to start somewhere. He remarked the abortion issue has been a challenging concept for our State to address. He felt this is a reasonable approach to provide information for informed choice. **Senator Winder** stated he would support the bill based on testimony.

Senator Buckner-Webb stated her belief that it is important to consider what is good information and valuable to a woman to make her choice. She considered the information regarding the safety of the procedure inadequate. She indicated concern about the health of the woman and the child. **Senator Buckner-Webb** stated she will oppose the bill.

VOTE: The motion carried by **voice vote**. **Senator Buckner-Webb** and **Senator Stennett** were recorded as voting **nay**.

ADJOURNED: There being no further business at this time, **Chairman Siddoway** adjourned the meeting at 10:32 a.m.

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Senator Siddoway
Chair

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Twyla Melton
Secretary

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Carol Cornwall
Assistant Secretary