Attachment 3
3/13/17

MINUTES

HOUSE STATE AFFAIRS COMMITTEE

DATE: Monday, February 23, 2015

TIME: 8:30 A.M.

PLACE: Room EW40

MEMBERS: Chairman Loertscher, Vice Chairman Batt, Representatives Andrus, Luker, Crane, Palmer, Sims, Barbieri, Holtzclaw, McMillan, Bateman, Cheatham, Nielsen, Smith, Jordan, McCrostie, Wintrow

ABSENT/ EXCUSED: None

GUESTS: The sign-in sheets will be retained with the minutes in the committee secretary's office until the end of session. Following the end of session, the sign-in sheets will be filed with the minutes in the Legislative Services Library.

Chairman Loertscher called the meeting to order at 8:32 a.m.

RS 23550: **Rep. Wills** presented **RS 23550**, a proposed Concurrent Resolution that rejects Rule 11.11.01.052.02 of the Idaho Peace Officers Standards and Training contained in Docket 11-1101-1403 relating to applicants who are home schooled. He stated Idaho State Police has no objections with the legislation.

MOTION: **Rep. Batt** made a motion to introduce **RS 23550**. **Motion carried by voice vote.**

RS 23649: **Tim Olson**, Pinnacle Business Group, presented **RS 23649**, proposed legislation that excludes consumer operated and oriented health plans (CO-OPs) established under the Affordable Care Act (ACA) from coverage by the Idaho Life and Health Insurance Guaranty Association. CO-OPs are unique entities created under a special provision of the ACA, and are similar to other entities that are already excluded from Idaho's guaranty association. CO-OPs are eligible for funding from the federal government to cover costs associated with start-up and operations. The bill also adds wording found in the NAIC Model Life and Health Insurance Guaranty Association Act that permits the guaranty association to exclude from membership entities that are similar to entities excluded by the law.

In response to committee questions, **Candie Kinch**, Idaho Health Insurance Guaranty Association, stated all members must pay a membership fee unless they are included on the excluded entities list. She stated the legislation determines who is a member and who is not required to pay. She also stated it is not optional in any state or under the NAIC model law.

MOTION: **Rep. Smith** made a motion to introduce **RS 23649**. **Motion carried by voice vote.**

H 154: **David Ripley**, Right to Life of Idaho, presented **H 154**, legislation that requires a physician to conduct an in-person examination and counseling of a pregnant woman prior to prescribing abortion-inducing drugs.

Kerry Uhlenkott, Right to Life of Idaho, spoke **in support** of **H 154** and stated Planned Parenthood of the Great Northwest plans on using web-cams to conduct abortions in Idaho in the near future. She stated web-cam abortions would replace any face to face exams by a doctor. She stated chemical abortions carry significant physical and emotional risks to women and a doctor should be involved in the process hands-on. She said 17 states have already passed this type of legislation requiring a physical exam to be done in person.

Dr. Randall O'Bannon, spoke **in support** of **H 154** and stated he has researched chemical abortions for over 20 years. He said that in a report released in 2011, the U.S. Food and Drug Administration indicated they had received more than 2,200 reports of adverse effects or complications associated with use of mifepristone, the abortion inducing drug, in the U.S. More than 600 women were hospitalized, with more than half that many losing so much blood as to require blood transfusions. He said 256 women reported infections, with 48 of those being so severe they required hospitalization for at least 2 days, IV antibiotics for at least 24 hours, or other clinical findings or surgery. He stated these cases are more than random, minor aggravations. They represent real, tangible risks clearly associated with this method and a doctor's presence is definitely needed before and after.

He stated it is not enough to simply have the equipment to date or locate a pregnancy in the womb, it is essential to have someone who has the training to read an ultrasound, to do a pelvic exam, a blood test, and to recognize the signs of ectopic pregnancy which these drugs will not treat. He stated that women who chemically abort bleed four times as much as a woman having a simple, first trimester surgical abortion, and sometimes the bleeding goes on for days or weeks. He said that when the bleeding gets out of control what a woman needs is not someone on the phone or a computer screen, but a doctor close by who can examine her, evaluate her condition, and provide emergency surgery if necessary. He said the side effects of the chemical abortion process are the same as an ectopic pregnancy, a hemorrhage, or a serious reproductive tract infection which is why a doctor needs to be personally responsible for monitoring the health and well being of his/her patients.

He stated Planned Parenthood is trying to add web-cam abortions to their innovations and they do not promise to make women's lives any safer. He stated in a study by Grossman in the August 2011 Edition of "Obstetrics and Gynecology", 58 women, or 21% of telemedicine study participants were "lost to follow-up". He stated the report highlights the problem with chemical abortions. He said there are the women who dutifully check in reporting they survived the chemical abortions and then there are the women who don't, those who disappear, who go through the arduous, dangerous, bloody process without ever meeting the doctor in person who is charged with their care. He urged the committee to protect women's health and make sure the doctors are doing their jobs.

In response to committee questions, **Dr. O'Bannon** stated his research includes many different mainstream news reports which spoke about victims and various medical reports as well.

Terry Lennox, Rachel's Vineyard Post Abortion Healing Ministry, spoke **in support** of **H 154** and stated the physical contact with a doctor is critical for women in dealing with these important decisions. She stated that 56% of women are pressured by others or circumstances when deciding to have an abortion. She said women who have chemical abortions are particularly vulnerable. She said many women have told her they felt regret and even horror and the feeling of the baby dying by her own hand after a chemical abortion. She said the follow-up appointment is essential in providing early intervention, support, and appropriate counseling referrals that may help many women to begin the process of healing as they move forward. She urged the committee to protect women and to encourage their attendance in counseling after procedures like these.

Sue Thayer, representing herself, spoke **in support** of **H 154** and stated she was employed at Planned Parenthood for years. She said that in 2007, Planned Parenthood made a plan to make every center a web-cam abortion facility. They said it was a solution to the shortage of doctors willing to travel the state doing surgical abortions. She said transvaginal ultrasounds are done by entry-level and non-medical staff.

In response to committee questions, **Ms. Thayer** stated the web-cam abortion consists of the pills being taken by the woman at the clinic and viewed by a doctor watching online, then the woman takes the second set at home by herself after which the fetus is expelled.

Sue Philly, Transform Idaho, spoke **in opposition** to **H 154** and stated women are only safe when there are not laws that interfere with the relationship between a woman and her doctor. She said that allowing telemedicine will save women money and time by not having to drive to a doctor's office.

In response to committee questions, **Ms. Philly** stated telemedicine is a positive mechanism in place to give patients advice when they can't travel.

Mistie Tolman, representing herself, spoke **in opposition** to **H 154** and stated women should decide what to do with their own health. She stated women should have the right to make decisions with their doctors alone and not be forced to standards set by law. **Muriel Roberts**, League of Women Voters of Idaho, spoke **in opposition** to **H 154** and stated women should make their own decisions with their doctor and legislators should not be involved in making these decisions.

Rev. Barbara Harrison Condon, Evangelical Lutheran Church-Idaho Falls, spoke **in opposition** to **H 154** and stated abortions have been done safely and successfully for years. She stated women should make the decision themselves.

In response to committee questions, **Ms. Harrison-Condon** stated she has ministered to many women on both sides of the abortion issue and she believes it should be the woman's choice. She stated Jesus advocated for women above the unborn child. She said sometimes women end their life because they couldn't get an abortion. She stated web-cam abortions are helpful for women who live in rural areas where it's easier to have online access to a doctor instead of going in to an office.

Marilyn Scott-Francis, former Executive Director, Pregnancy Crisis Center of Idaho, spoke **in support** of **H 154** and stated she worked at the crisis center for 25 years and received many phone calls from women who had chemical abortions, who were told it wasn't a baby but a small mass of tissue. She stated we need to give women the facts on this issue so they can make informed decisions. It is important they get the best medical care possible. She said for a woman to undergo this procedure by web-cam is further victimization because she is not allowed the common expectation of meeting with a doctor face to face.

Dr. Julie Madsen, representing herself, spoke **in opposition** to **H 154** and stated the legislation can cause problems with doctors being sued, especially in emergency care. She said medicine should not be governed by legislation but by doctors and medical research. She stated the legislation negatively affects physician standards. This could cause women to get surgical abortions over chemical abortions, which are both safe options but women should be able to decide that for themselves. She stated she has used telemedicine and supports it because it increases access of services to patients.

In response to committee questions, **Dr. Madsen** stated the statute currently leaves the standard of care up to the physician. She stated there is no procedure in Idaho that codifies a standard of care for one particular procedure. She stated the doctor is not there when the fetus is expelled in a chemical abortion. Telemedicine would not work the same in abortion procedures with the use of internal cameras, etc. She said telemedicine is rapidly expanding in Idaho. She stated gynecology is not her area of expertise, she is an emergency doctor. She said the legislation would add restrictions on doctors and extra costs.

Angela Dwyer, Stanton Healthcare, spoke **in support** of **H 154** and stated the legislation provides baseline care for women who are considering a chemical abortion. She stated that accurate exams of gestation and follow-up care is critical. She said the drugs used are very strong and many factors come into play- the mixing with other medications and blood pressure. She stated self-diagnosis is a problem. Language barriers also exist now with people coming in from other cultures and countries. Explaining their options and the process to these women is already difficult.

Brenda Saltzer, Right to Life of Idaho, spoke **in support** of **H 154** and stated the legislation does not limit or stop chemical abortions from happening in Idaho. She stated that in a telemedicine chemical abortion women do not receive pre or post appointments or exams by a doctor. The current standard for a pregnant woman is a physical exam and transvaginal ultrasound and we need to keep practicing that. She said these steps help to determine an ectopic pregnancy, which are life threatening. She said if a woman receives the chemical abortion pills and starts bleeding heavily and believes the bleeding is normal and its an ectopic pregnancy or there are other problems, she could die because of it. She stated young people could suffer from psychological problems if they do not have proper exams and counseling prior to and after chemical abortions. She said the legislation protects women, it doesn't stop them from getting an abortion.

In response to committee questions, **Ms. Saltzer** stated the Iowa Medical Association stated abortion is not an appropriate use for telemedicine.
Astrig Wilde, representing himself, spoke **in opposition** to **H 154** and stated the legislation is designed to protect women but it limits access to them for abortion services. He urged the committee to leave the decision to the medical professionals. **Dr. Carolyn Abbott**, representing herself, spoke **in opposition** to **H 154** and stated women don't need protection by the legislature. **Avery Roberts**, representing herself, spoke **in opposition** to **H 154** and stated she has the right to make her own reproductive decisions. She stated when she went to Planned Parenthood she was treated with respect. **Cindy Gross**, representing herself, spoke **in opposition** to **H 154** and stated legislation should not decide what doctor's and patients do.

Hanna Brass-Greer, Planned Parenthood, spoke **in opposition** to **H 154** and stated the current chemical abortion procedure is, the office administrative persons will give the woman the first pill in the office, the second pill is administered at home by the patient, and then a follow-up visit is scheduled. She stated that with a telemedicine abortion, the doctor would review the patient's chart and ultrasound and speak to her via web-cam about any issues. She said chemical abortions are safe and this bill does not make women in Idaho any safer. She stated by placing restrictions on doctors is just another way of bullying abortion providers.

In response to committee questions, **Ms. Brass-Greer** stated Planned Parenthood has talked about taking over family planning services in some areas but that web-cam abortions would not be happening. She also said they do not oppose abortions via telemedicine. She stated if the legislation is going to put restrictions on the standard of care for abortions than they should put restrictions on other medical procedures and/or drugs as well. She stated Planned Parenthood does not want to be regulated by the legislature, they already adhere to the current standard of care. She stated she did not have a doctor who performs these procedures with her today because they receive threats and are uncomfortable coming to testify.

Julie Lynde, Cornerstone Council of Idaho, spoke **in support** of **H 154** and stated the legislation is needed because chemical abortions have many risks associated with the health of women. She stated the bill does not infringe on a woman's right to choose to have an abortion or the relationship between a woman and her doctor. It simply makes it such for the doctor to be in the room, which reaffirms the relationship between her and the doctor.

Kathy Griesmyer, ACLU, spoke **in opposition** to **H 154** and stated the legislation restricts chemical abortions with unnecessary restrictions. She stated that less than .05% of women need medical care after having a chemical abortion. This causes unnecessary burdens on women and physicians.

In response to committee questions, **Ms. Griesmyer** stated the legislation restricts chemical abortions by placing extra requirements and obstacles on doctors.

Rev. Marci Glass, Pastor, spoke **in opposition** to **H 154** and stated more funding needs to go to affordable healthcare for women and raising the minimum wage if we want to reduce abortions. She stated having an abortion should be a woman's choice. **Lauren Bramwell**, representing herself, spoke **in opposition** to **H 154** and stated, as a woman living in a rural community, it is difficult to get medical services. She stated there is limited access to abortion services in Idaho. She stated the bill is an intrusion of the patient/doctor relationship and it restricts the rights of women to make their own decisions. **Jaclyn Perez**, spoke **in opposition** to **H 154** and stated medical abortions are safe and women have the right to choose whether to have one or not.

David Ripley was recognized to present closing testimony. He stated that when abortions were made legal, the FDA required that emergency medical services were available to everyone. He stated the legislation is aimed at protecting young girls and women's health.

In response to committee questions, **Mr. Ripley** stated the legislation is designed to change the protocol as to how the chemical abortion drug is administered and to emphasize the doctor/patient relationship.

ORIGINAL MOTION:

Rep. Crane made a motion to send **H 154** to the floor with a **DO PASS** recommendation.

Rep. Barbieri spoke **in support** of the motion and stated telemedicine could have great positivity in the medical field but this is a situation in which the physical presence of a doctor is needed.

SUBSTITUTE MOTION:

Rep. Wintrow made a substitute motion to send **H 154** to General Orders with amendments. She spoke to the motion and stated any prescription over 1% should be restricted from telemedicine if we are to start regulating the administration of abortion drugs.

Rep. Smith spoke **in support** of the substitute motion and stated she believes in women's rights in health care and the legislation is an overreach on women's health.

Rep. Andrus spoke **in support** of the original motion and stated he believes women have the right to do what they want with their bodies except in the case of unborn babies. He said it is the responsibility of the legislature to legally protect that life.

Rep. Bateman spoke **in support** of the original motion and stated there is no way for children to challenge the forces that harm them and he believes **H 154** will reduce the number of abortions so this is a way to step up and protect children.

VOTE ON SUBSTITUTE MOTION: A roll call vote was requested on the substitute motion. **Motion failed by a vote of 4 AYE and 13 NAY. Voting in favor** of the motion: **Reps. Smith, Jordan, McCrostie and Wintrow. Voting in opposition** to the motion: **Chairman Loertscher, Reps. Batt, Andrus, Luker, Crane, Palmer, Sims, Barbieri, Holtzclaw, McMillan, Bateman, Cheatham, and Nielsen.**

VOTE ON ORIGINAL MOTION: A roll call vote was requested on the original motion. **Motion carried by a vote of 13 AYE and 4 NAY. Voting in favor** of the motion: **Chairman Loertscher, Reps. Batt, Andrus, Luker, Crane, Palmer, Sims, Barbieri, Holtzclaw, McMillan, Bateman, Cheatham, and Nielsen. Voting in opposition** to the motion: **Reps. Smith, Jordan, McCrostie and Wintrow. Chairman Loertscher** will sponsor the bill on the floor.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 11:39 a.m.

Representative Loertscher
Chair

Kasey Winder
Secretary