MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION
SFN 2053 (2/85) 5M

ROLL NUMBER

DESCRIPTION

2361

2001 SENATE HUMAN SERVICES

SB 2361

2001 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2361

Senate Human Services Committee

☐ Conference Committee

Hearing Date January 30, 2001

Tape Number	Side A	Side B	Meter #
1	X		
February 6, 2001 3	X		40.8
March 21, 2001 1		X	
Committee Clerk Signature Carol Kolodejchuk			

Minutes:

SENATOR LEE called the committee to order with all Senators present.

The hearing was opened on SB 2361.

SENATOR KRAUTER, sponsor of the bill, introduced the bill. This is an ongoing education process of informing the public of options relating to adoption, pregnancy, counseling. In the last legislative session we instructed the Dept to carry this out. The trends in ND are producing some alarming numbers. (Written Testimony) The fiscal note is not accurate as most of this has been budgeted for these items in the Department of Health.

SENATOR FISCHER: A toll free line could be put on someone's desk; there would not be a deluge of calling. What numbers are we talking about? Not know yet.

SENATOR MATHERN:, cosponsor of the bill, supports bill. Health and Human Services departments could share responsibility. Departments could come up with plan. Various ways to

get this done without spending $100,000. SENATOR LEE suggested Hot Lines may be another approach.

STACEY PFLIIGER, Executive Director of the ND Right to Life Assoc., supports bill. (Written testimony)

CHRISTOPHER DOBSON, Executive Director of Catholic Conference, supports bill. (Written testimony) We did the copyright and printing in 1998 $4660. Discussion was held.

MRS. GARY ZENTZ, foster parent, supports bill. Young girls have no idea about the development of a baby from 4 weeks to 6 weeks. Don't see many brochures around. Should list toll free number in yellow pages - not under government.

SANDRA ANSETH, Department of Health, was a neutral position. The bulk of the fiscal note would be to employ staff to gather data. (booklet of directory) SENATOR MATHERN: When you prepare your budget, isn't this in your budget to have someone to staff this? Nothing has been done about updating. SENATOR LEE: You would probably want some kind of answering service other than working hours, as crisis situations don't always occur during working hours. What happened to Public Health Nursing? MS. ANSETH: As the dollars shrunk they were the division that didn't have support. Some of the duties were assigned to others; a lot of them were dropped by the wayside. Five years ago a position called the liaison with the Global Health Department which picked up some of the slack, but that position, too, is empty, but I don't think that person would have time to fill that position and this. There were 3 nurses and a secretary.

JOY OLSON support bill.

The hearing was closed on SB 2361. A short discussion was held

Discussion was held on Tape 3, Side A, Meter 40.6, February 6, 2001.

SENATOR MATHERN presented amendments and explained them. SENATOR POLOVITZ seconded the motion. Roll call vote carried 6-0. SENATOR MATHERN moved a DO PASS AS AMENDED and REREFERRED to Appropriations. SENATOR ERBELE seconded the motion. Roll call vote carried 6-0. SENATOR ERBELE will carry the bill..

March 21, 2001, Tape 1, Side B,

SB 2361 was returned with House amendments. The committee did not concur. Conference committee will be SENATOR ERBELE, CHAIRMAN, SENATOR FISCHER, SENATOR POLOVITZ.

FISCAL NOTE

Requested by Legislative Council
03/16/2001

Bill/Resolution No.:

Amendment to: Reengrossed SB 2361

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	1999-2001 Biennium		2001-2003 Biennium		2003-2005 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures						
Appropriations						

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

1999-2001 Biennium			2001-2003 Biennium			2003-2005 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2. **Narrative:** *Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.*

The Department will publish a directory of information on services available to assist women through pregnancy, upon childbirth, and while the child is dependent, including adoptions agencies. The information with the exception of the copyrighted material, will be made available on the web.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*
   A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

   B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

   C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.*

Name:	Kathy J. Albin	**Agency:**	Department of Health

Phone Number: 328-4542 **Date Prepared:** 03/20/2001

FISCAL NOTE

Requested by Legislative Council
02/09/2001

Bill/Resolution No.:

Amendment to: SB 2361

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	1999-2001 Biennium		2001-2003 Biennium		2003-2005 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			$39,000		$39,000	
Appropriations			$39,000		$39,000	

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

1999-2001 Biennium			2001-2003 Biennium			2003-2005 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2. **Narrative:** *Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.*

If this bill is passed the Health Department will contract with a non-profit contractor to establish and operate a statewide toll-free referral service through which a person seeking services to assist women through pregnancy, childbirth or adoption is referred to an appropriate service agency. The Department will publish a directory at least once every four years of information from providers on policies on counseling, referral or performance of abortions and make the information available on the web.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*
   A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

   B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

The expenditures of $39,000 of general funds will be used for the purpose of contracting with a nonprofit entity for the establishment and operation of a statewide toll-free telephone referral service through which a person seeking services to assist women through pregnancy, childbirth or adoption is referred to an appropriate service agency. The appropriate agency is one that does not provide abortion counseling or referral services or advocates for or performs abortions.

   C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, of the effect*

on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.

This bill includes an appropriation of $39,000 of general funds to cover expenses for a non profit contractor to operate a statewide toll-free telephone referral service and is not included in the Health Department's 2001-03 appropriation bill SB 2004. The Department does not have any federal or other funds to fund this activity.

Name:	Kathy J. Albin	**Agency:**	Health Department
Phone Number:	328-2392	**Date Prepared:**	02/12/2001

FISCAL NOTE

Requested by Legislative Council
01/24/2001

Bill/Resolution No.: SB 2361

Amendment to:

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	1999-2001 Biennium		2001-2003 Biennium		2003-2005 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			$100,000		$90,000	
Appropriations						

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

1999-2001 Biennium			2001-2003 Biennium			2003-2005 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2. **Narrative:** *Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.*

If this bill is passed the Health Department would establish a statewide toll-free telephone in order to assist women through pregnancy, childbirth, or adoption by referring them to an appropriate service agency. The Department will need an additional FTE to research all providers and query them about the services they provide including policies on counseling, referral or performance of abortions and provide the information in a directory and on the web. This new FTE will respond to question as well as maintain the toll-free service. The directory would be updated and reprinted at least once every four years. The information would also be available on the web.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*
   A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

   B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

The Health Department will require an additional full-time staff person to develop materials designed to inform pregnant women about available services. The cost for this staff will be approximately $80,000.00 for salaries, $10,000 for a 24 hour toll-free line and $10,000 for printing and distribution of a directory for total of $100,000 for the 2001-03 biennium. The directory will be updated and distributed once every four years so costs for the 2003-05 biennium will not include printing and distribution.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.*

If this bill is passed the Department would need an increase in appropriations to our budget. The costs are not included in our current appropriation bill SB 2004.

Name:	Kathy J. Albin	**Agency:**	Health Department
Phone Number:	328-2392	**Date Prepared:**	01/24/2001

PROPOSED AMENDMENTS TO SENATE BILL NO. 2361

Page 2, line 10, replace "and" with an underscored comma.

Page 2, line 10, after "updated" insert "and, if needed, reprinted"

Page 2, line 14, replace "establish" with "contract with a nonprofit private entity for the establishment and operation of"

Page 2, line 14, replace "number" with "referral service"

Page 2, line 17, replace "number" with "referral service"

Page 3, after line 18. Insert:

"**Section 2. APPROPRIATION.** There is appropriated out of any moneys in the General fund in the state treasury, not otherwise appropriated, and from special funds derived from federal funds and from other income, the sum of $39,000, or so much of the sum as may be necessary, to the department of health for the purpose of contracting with a nonprofit entity for the establishment and operation of a statewide, toll-free telephone referral service through which a person seeking services to assist a woman through pregnancy, childbirth, or adoption is referred to an appropriate service agency."

Date: 2/6/01

Roll Call Vote #: 1

2001 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2361

Senate HUMAN SERVICES Committee

☐ Subcommittee on _____
or
☐ Conference Committee

Legislative Council Amendment Number _____

Action Taken Amendments adopted

Motion Made By Sen Mathern Seconded By Sen Polovitz

Senators	Yes	No	Senators	Yes	No
Senator Lee, Chairperson	✓		Senator Polovitz	✓	
Senator Kilzer, Vice-Chairperson	✓		Senator Mathern	✓	
Senator Erbele	✓				
Senator Fischer	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 16

Roll Call Vote #: 2

2001 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2361

Senate HUMAN SERVICES Committee

☐ Subcommittee on _____
or
☐ Conference Committee

Legislative Council Amendment Number _____

Action Taken Do pass as amended

Motion Made By Sen Mathern Seconded By Sen Erbele

Senators	Yes	No	Senators	Yes	No
Senator Lee, Chairperson	✓		Senator Polovitz	✓	
Senator Kilzer, Vice-Chairperson	✓		Senator Mathern	✓	
Senator Erbele	✓				
Senator Fischer	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment Sen Erbele

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2361: Human Services Committee (Sen. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2361 was placed on the Sixth order on the calendar.

Page 1, line 3, after "adoption" insert "; and to provide an appropriation"

Page 2, line 10, replace "and" with an underscored comma and after "updated" insert ", and if needed, reprinted"

Page 2, line 14, replace "establish" with "contract with a nonprofit private entity for the establishment and operation of" and replace "number" with "referral service"

Page 2, line 17, replace "number" with "referral service"

Page 2, after line 18, insert:

"**SECTION 2. APPROPRIATION.** There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, and from special funds derived from federal funds and from other income, the sum of $39,000, or so much of the sum as may be necessary, to the state department of health for the purpose of contracting with a nonprofit entity for the establishment and operation of a statewide, toll-free telephone referral service through which a person seeking services to assist a woman through pregnancy, childbirth, or adoption is referred to an appropriate service agency."

Renumber accordingly

2001 SENATE APPROPRIATIONS

SB2361

2001 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB2361

Senate Appropriations Committee

❑ Conference Committee

Hearing Date February 19, 2001

Tape Number	Side A	Side B	Meter #
Tape #1		x	17.8-33.2
Committee Clerk Signature			

Minutes:

Senator Nething opened the hearing on SB2361.

Christopher Dodson (Lobbyist #106), North Dakota Catholic Conference, testified in support of the bill. He stressed the fact this was only referral services; new in law.

Senator Solberg: This and SB2364, close? Could have been packaged together?

Christopher Dodson: Yes, Can't answer why the committee switched to Human Services. Both passed roll call votes.

Senator Andrist: The con tension appears to be with the pictures -- developing fetus -- proceeding with the 25 thousand copies -- dollars there -- could be incorporated into same book?

Christopher Dodson: Think it is --- why Human Services changed to only be referral.

Senator Andrist: Already in the booklet?

Christopher Dodson: Yes, in law they have to do.

Senator Andrist: Same book --- what's to accomplish in this bill?

Christopher Dodson: I've seen one of the publication --- only one part of it.

Senator Andrist: Why not edit -- put in same book?

Christopher Dodson: Bill does --- fetal development published and need to be reviewed every year or so. Next book is up for review every four years -- the referral service.

Senator Andrist; 35 thousand printing material?

Christopher Dodson: Only for referral services, Human Services Committee.

Senator Krauter, District 35, Regent, spoke in support of SB2361. Original bill in 1991, amend in 1997; needs to be further defined.

Needs to be geographically updated every 4 years; along with the web site and the toll free phone system.

Senator Andrist: Human Services and Health now have toll free phone numbers -- where is the additional 35 thousand needed?

Senator Krauter: If the dental program is worth 100 thousand, this should be worth same -- but you would have to ask the Health Department officials.

Stacey Pfliiger (Lobbyist #021), North Dakota Right To Life Association, testified in support of the bill. The booklets being discussed are two separate ones -- a small one and a larger geographic color brochure --- one several pages, the larger one 43 pages.

Sandra Anseth, Director of the Maternal and Child Health Division, North Dakota Department of Health, provided neutral testimony (a copy of written testimony is attached).

Senator Nething: Did you provide this testimony to the Committee?

Sandra Anseth: No, didn't know at that time.

Senator Tallackson: Couldn't produce this ourselves? In our own country?

Sandra Anseth: There are Swedish photos in the booklet -- taken of the fetus in the womb. May be able to do so in the United States -- but would still have the copyright fees.

Senator Robinson: SB2364 is TANF funds -- this general funds?

Arvy Smith, OMB analyst: Need to ask the Department of Human Services for sure.

No additional testimony; hearing closed.

February 20, 2001 Full Committee (Tape #1, Side A, Meter No. 18.3-31.0)

Senator Nething reopened the hearing on SB2361.

Senator Andrist submitted amendments (10476.0301) for consideration. Discussion on the amendments. Senator Robinson moved the adoption of the amendments; Senator Holmberg seconded. Discussion. Voice vote approved the adoption.

Discussion on the bill. Senator Robinson moved a DO PASS AS AMENDED; Senator Heitkamp seconded. Discussion. Roll Call Vote: 14 yes; 0 no; 0 absent and not voting.

Senator Robinson accepted the floor assignment for the amendment; Senator Erbele will be asked to carry the bill.

10476.0301
Title. 00/00

Prepared by the Legislative Council staff for
Senate Appropriations
February 19, 2001

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2361

Page 2, line 23, remove "and from special funds derived"

Page 2, line 24, remove "from federal funds and from other income,"

Page 2, line 25, after "health" insert ", for the biennium beginning July 1, 2001, and ending June 30, 2003,"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

SENATE - This amendment clarifies the appropriation language in the bill indicating that $39,000 is appropriated from the general fund for the 2001-03 biennium.

Date: 2-26-01

Roll Call Vote #: _____

2001 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2361

Senate Appropriations Committee

☐ Subcommittee on _____
or
☐ Conference Committee

Legislative Council Amendment Number 10476.0301

Action Taken Do Pass As Amended

Motion Made By Senator Robinson Seconded By Senator Heitkamp

Senators	Yes	No	Senators	Yes	No
Dave Nething, Chairman	✓				
Ken Solberg, Vice-Chairman	✓				
Randy A. Schobinger	✓				
Elroy N. Lindaas	✓				
Harvey Tallackson	✓				
Larry J. Robinson	✓				
Steven W. Tomac	✓				
Joel C. Heitkamp	✓				
Tony Grindberg	✓				
Russell T. Thane	✓				
Ed Kringstad	✓				
Ray Holmberg	✓				
Bill Bowman	✓				
John M. Andrist	✓				

Total Yes 14 No 0

Absent 0

Floor Assignment Senator Robinson

If the vote is on an amendment, briefly indicate intent: Sen Erbele-bill

REPORT OF STANDING COMMITTEE (410)
February 20, 2001 12:11 p.m.

Module No: SR-31-3985
Carrier: Erbele
Insert LC: 10476.0301 Title: .0400

REPORT OF STANDING COMMITTEE

SB 2361, as engrossed: Appropriations Committee (Sen. Nething, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SB 2361 was placed on the Sixth order on the calendar.

Page 2, line 23, remove "and from special funds derived"

Page 2, line 24, remove "from federal funds and from other income,"

Page 2, line 25, after "health" insert ", for the biennium beginning July 1, 2001, and ending June 30, 2003,"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

SENATE - This amendment clarifies the appropriation language in the bill indicating that $39,000 is appropriated from the general fund for the 2001-03 biennium.

2001 HOUSE HUMAN SERVICES

SB 2361

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2361

House Human Services Committee

❑ Conference Committee

Hearing Date March 7, 2001

Tape Number	Side A	Side B	Meter #
Tape 3	X		460 to end
Tape 3		X	0 to 2000
Committee Clerk Signature Corinne Gaston			

Minutes:

Chairman Price, Vice Chairman Devlin, Rep. Dosch, Rep. Galvin, Rep. Klein, Rep. Pollert, Rep. Porter, Rep. Tieman, Rep. Weiler, Rep. Weisz, Rep. Cleary, Rep. Metcalf, Rep. Niemeier, Rep. Sandvig

Chairman Price: Open hearing on SB 2361.

Senator Krauter: Presented Bill. (Passed out information.) In 1991 the State of North Dakota passed the Abortion Control Act. At that time we set up things in statute that helped to protect the unborn in the state. Since then we have made some adjustments to it in 1995 and 1997. In 1997 we tried to provide better information to individuals that are pregnant. Things haven't followed through as we think they should be adhered to as printed materials weren't made available. This prompted some of this legislation. We are looking now to provide better information for individuals who are contacting the Health Department to receive that type of information relating to pregnancy and counseling. (Explained changes in the bill regarding

materials provided to inform women of public and private agencies and services available to assist them. Discussed printed material, the telephone referral service, and web site technology.) The concept of providing toll-free service is something the Health Department can do through the appropriations we are looking at here. The appropriations provides $39,000 in funding through the general fund to help the department perform these additional things we are requiring in the statute.

Rep. Niemeier: Why is there a difference between the printed material and the telephone in making reference to abortion counseling and services?

Senator Krauter: The printed information they must provide material so they understand what is available. Under the telephone system, we are asking that we do not recommend an abortion. It is a difference from reading something to being told. I have handed out a chart that show abortion rates going down in the United States, but we are not seeing that happen in North Dakota.

Chairman Price: When someone calls an agency in the State of North Dakota, someone that is contracted with the state, I am going to subsection 3 on the second page - If someone calls and they want their options - if that person asks for abortion information, you're saying they are not able to get it from whomever we contract?

Senator Krauter: The bill is saying we cannot refer that person to a facility that performs abortion.

Chairman Price: But yet that person is seeking services from us. Do we have the right to say if they are seeking services from us that we get to pick and chose among their options? I'm wondering how legal it is for us to say as a legislative body - this is something they are allowed whether we agree with it or not. We're going to use tax payers dollars, can we deny them that?

Senator Krauter: We do that on legislation every day. Our intent is that we do not want to refer people to those types of facilities. We want to give them all the options that are available as far as counseling, birth.

Chairman Price: I'm not denying that. That would be the option that I would hope they would chose. I would hope adoption would be the first choice. I am just questioning that if it is a legal service that they have a right to, do we know that this is allowed even. This is information they are asking for. What are my choices? Can we do that?

Senator Krauter: That is what the intent of the bill is. We do not want to refer people to facilities that perform abortions.

Chairman Price: I'm just asking legalities. If I have a crippled child that needs some services, and I am calling a state funded number to find out services for that child - they are all services that are legal in the state - do we as a legislative body say I want you to pick this agency because I like it? I guess I will have to ask for a legal opinion.

Rep. Weisz: Referring with to your contracting with this nonprofit entity, what procedure are we going to use to determine who that entity will be?

Senator Krauter: The way the bill is written that is through the Health Department. The procedure can be done the way we do it for existing RFP's.

Vice Chairman Devlin: I share your concerns of the rate increase, but as we look at two different factors: one the people in North Dakota that have chosen abortion and have went out of state for abortions don't show up anywhere in the statistics, so when we open another abortion facility in Fargo certainly some of those people who used to drive out of state are now using the one in Fargo. Now that it is closed I think two years from now we will see the numbers dramatically dropping. I don't know if we will see the number of abortions go down because we don't know

what happens out of state. Every time we open a new medical provider of any type, whether we agree with abortion or not, there a more things being done - that is just a proven fact. That is what is throwing the stats off. Did you look at that aspect of it when you called out attention to it?

Senator Krauter: If you look at the statistics in front of you something is happening in the State of North Dakota. It is pretty obvious when you see what is happening in surrounding states and across the nation. We have to take some kind of direction on that.

Vice Chairman Devlin: I'm not arguing whether we should go that direction. I think we might be putting a little too much concern in the stats. Maybe the ideal situation for North Dakota is to establish a benefit cap for everyone then there wouldn't be any abortions.

Rep. Weisz: How do our statistics compare nationally from 1983 to now, because we're roughly 1/3 the rate of 1983. Is that the same trend nationally?

Senator Krauter: These are the Department of Health statistics. Their backing is the numbers they get reported to them.

Rep. Weisz: By looking at the statistics you might say that the state is doing a tremendous job because our rate is currently 1/3 of what it was. How much as the national rate dropped in the last 15 years? Has it dropped by 70% as our rate has?

Senator Krauter: I don't know, but I will get that for you.

Rep. Kerzman: Many women that have that first contact elect not to have an abortion. This bill is a start, at least it gives them a place to obtain a reference. I have always felt for a long time that we have to say we are pro-life, and just say we are against abortion. We have to more or less put our money where our mouth is. In this bill you have a $39,000 appropriation to get the program up to speed the way it is suppose to provide the toll-free number.

Chairman Price: Do you think for $39,000 we can contract for the toll-free number, and still get the materials out, or do you foresee the charitable organizations are also going to help move this forward?

Rep. Kerzman: I think we could contract with them to get it started. They already have the 800 number so we could probably piggyback on that.

Chairman Price: They gave you no dollar amount such as cost per call?

Rep. Kerzman: I would rather defer the question.

Stacey Pfliiger: Executive Director of North Dakota Right to Life Association. (See written testimony.) I am here today in support of SB 2361. Women should have somewhere they can turn and receive accurate and revealing information about the development of unborn children and services available. SB 2361 does this. I urge this committee to give SB 2361 a DO PASS recommendat'on.

Christopher Dodson: Executive Director, North Dakota Catholic Conference. (See written testimony.) Services, like those proposed in SB 2361 play an important role in building a culture of life and ensuring that no woman ever feels the need to chose an abortion. North Dakota's abortion rate is at a ten-year high. We, as a society, have an obligation to make sure women are aware of life-affirming options. SB 2361 helps fulfill that obligation. We urge a DO PASS on SB 2361.

Chairman Price: On Page 2 from line 15 on, you would prefer that be moved into the other bill?

Dodson: I would prefer it to be moved into the other bill if I was very comfortable that SB 2354 would pass. There is no point of duplicating services. A contractor might have concerns because through SB 2354 a network would be set up of who the service providers would be. Those people have been checked out, so the contractor would feel comfortable of legally referring those

people to those organizations. This, as it is written, is a little broader and could set the contractor up for some liability responsibility. We need to address that.

Rep. Porter: The $39,000 in this particular bill - is that what you think it would cost to do the toll-free telephone referral service?

Dodson: $39,000 sounds reasonable, but I do know that some of my information is based on what members of the Senate Human Services Committee told me after hearing some other bills regarding toll-free services. I did not come up with the numbers.

Rep. Porter: My question is the RFP process and how a company or the nonprofit agency would know up front what they could get and wouldn't bid any less than that dollar amount and the state would be obligated to pay the maximum when the service might be provided for $22,000 or $15,000. I'm not comfortable setting the maximum rather than setting the up to amount. I don't think you are going to give the State of North Dakota or the tax payers a fair shake in an RFP process.

Dodson: That makes sense to me, but we weren't involved in any appropriations.

Chairman Price: I'm assuming you want a 24-hour line.

Dodson: Yes, crisis occur all the time.

Jennifer Ring: Executive Director of the American Civil Liberties Union of the Dakotas. You are hitting the nail on the head with the question about what is going on with the referral service. If you look at the statute in which this is placed, abortion counseling is not defined. This could not refer to anyone counseled in favor or against having an abortion. It could not refer to any health care provider, counselor who has ever referred anyone under any circumstances. It cannot send one to any hospital or clinic that had ever performed an abortion, even under emergency circumstances to save the life of the mother. You can refer them to adoption services.

Tim Lindgren: State Director of North Dakota Life League. (See written testimony.) NDLL urges a DO NOT PASS on SB 2354 and SB 2361. SB 2361, if amended to eliminate the 800 number would be vastly improved, but I must say that representative of at least some of the crisis pregnancy centers we contacted expressed concerns with the quality of information printed and distributed by the state-run agencies as well and frankly expressed reservations as to their effectiveness. I have concerns about who is going to answer that phone. We have agencies that are privately funded that are already offering this service without our imposed restriction.

Vice Chairman Devlin: Do they have a 24-hours toll-free service?

Lindgren: Yes. There are pregnancy crisis centers.

Rep. Weisz: Between 1980 and 1981 the abortion rate tripled. Can you tell me what events happened, is that when the clinic opened in Fargo?

Lindgren: That was when the state started keeping records. The numbers prior to that are somewhat incomplete.

Rep. Cleary: Why do you think the State of Pennsylvania doesn't have any trouble with restrictions running their centers?

Lindgren: I have a web page included in the testimony I provided to you. I really can't answer that, but what I can say is you look at that web site, I would not want a pregnant mother to look at that. If you look under abortion alternatives and you click down on medical risks you would expect medical risks of abortion to pop up on the screen. What pops up on the screen is the medical risks of child birth. That is a real concern with me.

Rep. Niemeier: Did you feel that by using state funds for this type of an effort it will secularize the pro-life effort and actually draw people away from the programs that are faith-based.

Lindgren: That statement is based on assumption which may or may not be correct. The numbers have dropped 60% since 1982 to 1997. That was done without state funds, and I believe it was done with heroic efforts that are religiously motivated. If you take state funds, you know there are some restrictions that accompany those. We're dealing a little bit with SB 2354 as compared to SB 2361, but if you're dealing with an 800 number than maybe it is appropriate to comment on that. If you take out the heart and soul of the people who are trying to save lives, it comes from their religious motivation, love of God, and love of neighbor. That is a common trait in North Dakota and that is why we have seen the numbers completely opposite of the national trend.

Rep. Cleary: How many referral agencies are there - pro-life agencies in the state?

Lindgren: There are five crisis pregnancy centers. Birth Rights has a number around the state but I don't know how many.

Rep. Cleary: I was very much involved with the Birth Right Organization in Bismarck for 25 years. We found it got to the point where there just wasn't enough people that had the time or the energy to provide the services. I see this as looking toward a way to get help.

Lindgren: I would second the need for that. Myself, I don't think it is worth the restrictions that come with the compromise.

Carol Two Eagles: Opposed to Bill. As a tax payer I take considerable objection to being forced one way or the other You stand on your own responsibility no matter what you do.

Darrell Larson: I have helped to create several different Christian pro-life ministries. We have a policy that if anyone refers abortions they are automatically fired.

Patricia Larson: Director of the Women's Care Clinic Crisis Pregnancy Center in Fargo. I am an adamant supporter of pro-life. I am concerned about what kind of regulations we would have to

receive this funding. I am concerned about strings that are attached, so our facility could not accept these funds.

Vice Chairman Devlin: Nothing in the bill says you have to accept any money and that your toll-free number would be used. I am confused how you would think it would negatively affect you because you wouldn't be taking any of the money - you operate the number without it.

Patricia Larson: That is right, but my concern would be that the Department of Health is monitoring that 800 number and even if it comes out of their office, it is who would be screening what they are saying, who would be screening the phone answers. I am against the state sponsoring a number.

Sandra Anseth: Maternal and Child Health Division Director for the Department of Health. (See written testimony.) (Neutral position.)

Chairman Price: Did we contract with other states for the brochure, or did we print with dollars from somewhere else, do we have copies of the book that we have been distributing?

Anseth: In the 1991 Legislation we were told to produce something like the South Dakota brochures. We did contract with them and used their brochure. I probably take the blame for why it was discontinued. My understanding was we were given $4,000. We provided those brochures until the money was gone and then we went back to a less expensive brochure.

Chairman Price: So there wasn't an additional request for additional appropriations?

Anseth: No.

Chairman Price: The copy that was given to us today was 1995 from South Dakota. Someone mentioned we were offering these again?

Anseth: The cost includes getting permission for the copy rights, and $220 for each photograph of which there are six for each time it is printed. The first time we had it printed it was paid for

by another organization and they gave us price for half-price. Now when we applied they gave us a half-price deal again. It was $110 per photograph. We've submitted printing for bids. We have another contract from South Dakota.

Chairman Price: How many photographs are in here?

Anseth: Six from Sweden.

Chairman Price: When do you think they will be ready?

Anseth: We have a couple hundred on hand.

Rep. Niemeier: Is the new booklet going to contain more photos?

Anseth: The booklet will be identical.

Vice Chairman Devlin: What do these books cost now when you get them from South Dakota?

Anseth: $1.00 a book.

Chairman Devlin: How many requests do you have in three months time?

Anseth: About 5,000 copies we have reproduced.

Rep. Porter: Is there comparable information with Senator Krauter's handout. Is there information that your office might have that shows the same kind of table to get a comparison between North Dakota-Minnesota and North Dakota-South Dakota, and other states?

Anseth: I would have to request from individual states.

Rep. Sandvig: If you contracted with an outside nonprofit agency for the toll-free line, does your department have anything to do with what they would say.

Anseth: Within the letter of the law we would have to ensure that whomever contracted would observe what is in the law. To that point we would.

Rep. Sandvig: If they contracted with a pro-life agency, why would there be such a concern about what they were saying?

Anseth: I don't know that I can address that question.

Chairman Price: Close hearing on SB 2361.

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2361 A

House Human Services Committee

☐ Conference Committee

Hearing Date March 13, 2001

Tape Number	Side A	Side B	Meter #
Tape 3	X		2470 to 5090
Committee Clerk Signature Connie Easton			

Minutes:

COMMITTEE WORK:

CHAIRMAN PRICE: SB 2361. I talked to Mr. Dodson and I verified that they had requested that anything to do with the telephone referral service be moved from this bill to the other bill, and he confirmed yes. He wanted that moved from this bill to 2354. That would take all of the money out of the bill and that all of the issues would be in the bill, and then we would be back to the booklet. In discussions with him the geographical materials they talked about that has not been printed since '92 - I said is there any reasons that pages, and pages, and pages of this have to be because, technically, it should be updated almost monthly. Is this necessary that it has to be printed - that it couldn't be the web site. Then it could be printed and downloaded any time for the most current information and not run a bunch of paper copies that are outdated in a month. The third issue is the booklet. I was asked by one of the sponsors that said they didn't print it, it is not in the budget, and my comment was to tell the department to print the book. It is now in

the budge of 2004. I don't have any problem with us leaving the rest of that part of the bill in here to make sure they continue to do it. Let's talk about the toll-free telephone line a little bit.

REP. NIEMEIER: How many people access the web site?

CHAIRMAN PRICE: The nice thing about that is all the referral centers, all the hospitals, all the clinics could pull that off on a regular basis and it would be the latest information, hopefully. Let's do the phone service first.

REP. DOSCH: Motion from page 2, line 25-28 that it be deleted from this bill.

REP. POLLERT: Second.

CHAIRMAN PRICE: Discussion? All in favor of deleting that language from this bill signify by saying Aye (13 Yes, 0 No, 1 Absent). (Further discussion regarding new language on page 1, last 3 lines.) What are your wishes?

REP. NIEMEIER: Move to strike new language.

REP. POLLERT: Second.

CHAIRMAN PRICE: Discussion? All those in favor signify by saying Aye (13 Yes, 0 No, 1 Absent). On page 2, lines 10-14 - Mr. Dodson, I don't want to speak for you - you and I discussed that this may be adequate to make sure this is current - updated on the web site as opposed to printing a hard copy that would be outdated in a few months.

CHRISTOPHER DODSON: Executive Director, N.D. Catholic Conference. With regards to Subsection A. Subsection B is intended to be hard copy. Lines 10 through 14 apply to both A and B.

CHAIRMAN PRICE: So we could specify the materials under 1A that they were updated and reviewed from the web site and not a paper copy?

CHRISTOPHER DODSON: Yes.

CHAIRMAN PRICE: (Further discussion on amendments.) We will have Annette work on this and wait to see it before we vote.

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2361 B

House Human Services Committee

☐ Conference Committee

Hearing Date March 14, 2001

Tape Number	Side A	Side B	Meter #
Tape 1	X		2680 to 3140
Committee Clerk Signature Corinne Easton			

Minutes:

COMMITTEE WORK:

CHAIRMAN PRICE: Go to SB 2361. Do you have copies of amendments that were passed out? (Discussed additional changes in the amendments.)

VICE CHAIRMAN DEVLIN: I will move the amendments.

REP. POLLERT: Second.

CHAIRMAN PRICE: Any further discussion? All those in favor signify by saying Aye (13 Yes, 0 No, 1 Absent.) We have an amended bill.

REP. DOSCH: I move a Do Pass as amended.

REP. KLEIN: Second.

CHAIRMAN PRICE: Any discussion? The clerk will read the roll on a DO PASS as amended.

13 YES 0 NO 1 ABSENT CARRIED BY REP. POLLERT

PROPOSED AMENDMENTS TO SB2361

Page 1, line 21, remove "Any information or material distributed"

Page 1, remove lines 22 through 24

Page 2, line 9, after the period insert "The materials required under this subsection must be reviewed, updated, and if needed, reprinted."

Page 2, line 10, overstrike "The materials required under this section must" and remove "be reviewed, updated, and if"

Page 2, line 11, replace "needed, reprinted at least once every four years, must" with "The materials under subsection 1 must"

Page 2, line 13, after "and" insert ", except for copyrighted material,"

Page 2, line 14, after the period, insert "If the department pays the copyright royalties, the department may make the copyrighted material available on its internet website."

Page 2, remove lines 15 through 28.

Renumber accordingly

Adopted by the Human Services Committee
March 14, 2001

VR
3/14/01

HOUSE AMENDMENTS TO SB 2361 HOUSE HS 3-15-01

Page 1, line 3, remove "; and to provide an appropriation"

Page 1, line 21, remove "Any information or material distributed"

Page 1, remove lines 22 through 24

HOUSE AMENDMENTS TO SB 2361 HOUSE HS 3-15-01

Page 2, line 9, after the period insert "The materials required under this subsection must be reviewed, updated, and reprinted as needed."

Page 2, line 10, overstrike "this section" and insert immediately thereafter "subsection 1" and remove "be reviewed, updated, and if"

Page 2, line 11, remove "needed, reprinted at least once every four years, must"

Page 2, line 13, after "and" insert ", except for copyrighted material,"

Page 2, line 14, after "website" insert ". The department may make the copyrighted material available on its internet website if the department pays the copyright royalties"

Page 2, remove lines 15 through 28

Renumber accordingly

Date: 3-13-01
Roll Call Vote #: 1

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2361

House Human Services Committee

☐ Subcommittee on _____
or
☐ Conference Committee

Legislative Council Amendment Number _____

Action Taken Motion Pg 2 - Line 15-27 deleted from this bill

Motion Made By Rep. Pollert Seconded By Rep. Dosch

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price - Chairman	✓		Audrey Cleary	✓	
William Devlin - V. Chairman	✓		Ralph Metcalf	✓	
Mark Dosch	✓		Carol Niemeier	✓	
Pat Galvin	✓		Sally Sandvig		
Frank Klein	✓				
Chet Pollert	✓				
Todd Porter	✓				
Wayne Tieman	✓				
Dave Weiler	✓				
Robin Weisz	✓				

Total (Yes) 13 No _____

Absent 1

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 3-13-01
Roll Call Vote #: 2

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2261

House Human Services Committee

☐ Subcommittee on _____
or
☐ Conference Committee

Legislative Council Amendment Number _____

Action Taken Move strike new language Pg 1, last line

Motion Made By Niemeier Seconded By Pollert

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price - Chairman	✓		Audrey Cleary	✓	
William Devlin - V. Chairman	✓		Ralph Metcalf	✓	
Mark Dosch	✓		Carol Niemeier	✓	
Pat Galvin	✓		Sally Sandvig		
Frank Klein	✓				
Chet Pollert	✓				
Todd Porter	✓				
Wayne Tieman	✓				
Dave Weiler	✓				
Robin Weisz	✓				

Total (Yes) 13 No _____

Absent 1

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 3-14-01
Roll Call Vote #: 2

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2361

House Human Services Committee

☐ Subcommittee on _____
or
☐ Conference Committee

Legislative Council Amendment Number _____

Action Taken Move Amendments

Motion Made By Rep. Devlin Seconded By Rep. Pollert

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price - Chairman	✓		Audrey Cleary	✓	
William Devlin - V. Chairman	✓		Ralph Metcalf	✓	
Mark Dosch	✓		Carol Niemeier	✓	
Pat Galvin	✓		Sally Sandvig	✓	
Frank Klein	✓				
Chet Pollert	✓				
Todd Porter	✓				
Wayne Tieman	✓				
Dave Weiler	✓				
Robin Weisz	✓				

Total (Yes) 13 No 0

Absent 1

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 3-14-01
Roll Call Vote #: 4

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2361

House Human Services Committee

☐ Subcommittee on _____
or
☐ Conference Committee

Legislative Council Amendment Number _____

Action Taken move DO PASS as amended

Motion Made By Rep. Dosch Seconded By Rep. Klein

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price - Chairman	✓		Audrey Cleary	✓	
William Devlin - V. Chairman	✓		Ralph Metcalf	✓	
Mark Dosch	✓		Carol Niemeier	✓	
Pat Galvin	✓		Sally Sandvig	✓	
Frank Klein	✓				
Chet Pollert	✓				
Todd Porter					
Wayne Tieman	✓				
Dave Weiler	✓				
Robin Weisz	✓				

Total (Yes) 13 No 0

Absent 1

Floor Assignment Rep. Pollert

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2361, as reengrossed and amended: Human Services Committee (Rep. Price, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (13 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). Reengrossed SB 2361, as amended, was placed on the Sixth order on the calendar.

Page 1, line 3, remove "; and to provide an appropriation"

Page 1, line 21, remove "Any information or material distributed"

Page 1, remove lines 22 through 24

Page 2, line 9, after the period insert "The materials required under this subsection must be reviewed, updated, and reprinted as needed."

Page 2, line 10, overstrike "this section" and insert immediately thereafter "subsection 1" and remove "be reviewed, updated, and if"

Page 2, line 11, remove "needed, reprinted at least once every four years, must"

Page 2, line 13, after "and" insert ", except for copyrighted material,"

Page 2, line 14, after "website" insert ". The department may make the copyrighted material available on its internet website if the department pays the copyright royalties"

Page 2, remove lines 15 through 28

Renumber accordingly

2001 SENATE HUMAN SERVICES

CONFERENCE COMMITTEE

SB 2361

2001 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. CC SB 2361

Senate Human Services Committee

☒ Conference Committee

Hearing Date April 24, 2001

Tape Number	Side A	Side B	Meter #
1	X		
Committee Clerk Signature Carol Kolodychuk			

Minutes:

The conference committee, SENATOR LEE, SENATOR FISCHER, SENATOR POLOVITZ, REPRESENTATIVE GALVIN, REPRESENTATIVE POLLERT, REPRESENTATIVE NIEMEIER, was call to order by SENATOR LEE. REPRESENTATIVE GALVIN explained the changes the House made to the Senate bill. The Senate put in the amendment to provide the appropriation and for the information materials to be distributed. The House deleted those amendments because they were in SB 2354. SENATOR LEE: The two main components in 2361 were the referral telephone number as well as the Dept of Health would be reprinting the brochures. We are only dealing only with the printed material.

DARLENE BARTZ confirmed the brochures have been ordered. REPRESENTATIVE POLLERT reviewed the fact that there was also a geographical update as far as services, counseling, adoption, so there are two parts to 2361. SENATOR POLOVITZ: What pamphlet is being printed? DARLENE BARTZ: The booklets that are at the printer look like this (Passed

around). We did get copies from SD to pattern this. What went out before (passed around) is the one that needs to be updated and will be. The one concern is that in the fetal development pictures are to be placed on the website and they are copyrighted so I'm not sure if we would be able to it include those. REPRESENTATIVE NIEMEIER: Could we get pictures that will cover every two weeks of gestation? SENATOR LEE: We will check into that. There is a page for every two weeks, but not a picture. REPRESENTATIVE NIEMEIER: Is there telephone in 2361 or 2354. SENATOR LEE: 2354. The bill does state except for copyrighted material.

SENATOR FISCHER moved the Senate accede to the House amendments.

REPRESENTATIVE POLLERT seconded the motion. Discussion. Roll call vote carried 6-0-0.

SENATOR LEE will carry on the Senate floor; REPRESENTATIVE GALVIN will carry on the House floor.

Date: 3/28/01

Roll Call Vote #: 1

2001 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2361

Senate Human Services Committee

☐ Subcommittee on _____

or

☒ Conference Committee

Legislative Council Amendment Number _____

Action Taken Senate Accede to House Amendments

Motion Made By Sen Fischer Seconded By Rep Pollert

Senators	Yes	No	Rep Senators	Yes	No
Sen Lee	✓		Rep Helmer	✓	
Sen Fischer	✓		Rep Pollert	✓	
Sen Urlacher	✓		Rep Niemeier	✓	

Total (Yes) 6 No 0

Absent 0

Floor Assignment Sen Lee Rep Helmer

If the vote is on an amendment, briefly indicate intent:

REPORT OF CONFERENCE COMMITTEE

SB 2361, as reengrossed: Your conference committee (Sens. Lee, Fischer, Polovitz and Reps. Galvin, Pollert, Niemeier) recommends that the **SENATE ACCEDE** to the House amendments on SJ page 854 and place SB 2361 on the Seventh order.

Reengrossed SB 2361 was placed on the Seventh order of business on the calendar.

REPORT OF CONFERENCE COMMITTEE
(ACCEDE/RECEDE) - 420

07398

(Bill Number) SB 2361 (, as (re)engrossed):

Your Conference Committee

For the Senate:	For the House:
Senator Edwards Lee	Rep Galvin
Senator Fischer	Rep Pollart
Senator Polovitz	Rep Niemeier

☐ recommends that the (SENATE/HOUSE) (ACCEDE to) (RECEDE from)
723/724 725/726 8724/H726 8723/H725
the (Senate/House) amendments on (SJ/HJ) page(s) 854 - ____

☒ and place 2361 on the Seventh order.
727

☐ , adopt (further) amendments as follows, and place

_____ on the Seventh order:

☐ having been unable to agree, recommends that the committee be discharged and a new committee be appointed. 690/515

((Re)Engrossed) 2361 was placed on the Seventh order of business on the calendar.

DATE: 4/27/01

CARRIER: Lee / Galvin

LC NO. _____ . _____ of amendment

LC NO. _____ . _____ of engrossment

Emergency clause added or deleted _____

Statement of purpose of amendment _____

(1) LC (2) LC (3) DESK (4) COMM.

2001 TESTIMONY

SB 2361

NDRL

North Dakota Right to Life Association

Testimony before the SENATE HUMAN SERVICES COMMITTEE

Regarding SENATE BILL 2361

January 30, 2001 9:00 a.m.

Chairman Lee, members of the committee, I am Stacey Pfliiger, Executive Director of the North Dakota Right to Life Association. I am here today in support of SB 2361 relating to information provided by the state department of health regarding pregnancy, childbirth, and adoption.

North Dakota's informed consent law, printed information, consists of two main provisions:

The first provision provides for geographically indexed materials designed to inform the woman of public and private agencies and services available to assist a woman through pregnancy, upon childbirth, and while the child is dependent, including adoption agencies.

The second provision provides for materials designed to inform the woman of the probable anatomical and physiological characteristics of the fetus at two-week gestational increments from the time when a woman can be known to be pregnant to full term, including relevant information on the possibility of the survival of the fetus and pictures representing the development of a fetus at two-week gestational increments.

In December 2000, I contacted the Department of Health requesting both of these printed materials. I had no idea what to expect under the first provision concerning

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E-mail: ndrl@btigate.com

geographically indexed materials. What I received was a 43-page document that contains a listing of services offered to women and children by public and private agencies statewide. My concern with the geographically indexed materials information was the date, January 1992. This information is nine years old and more than likely outdated.

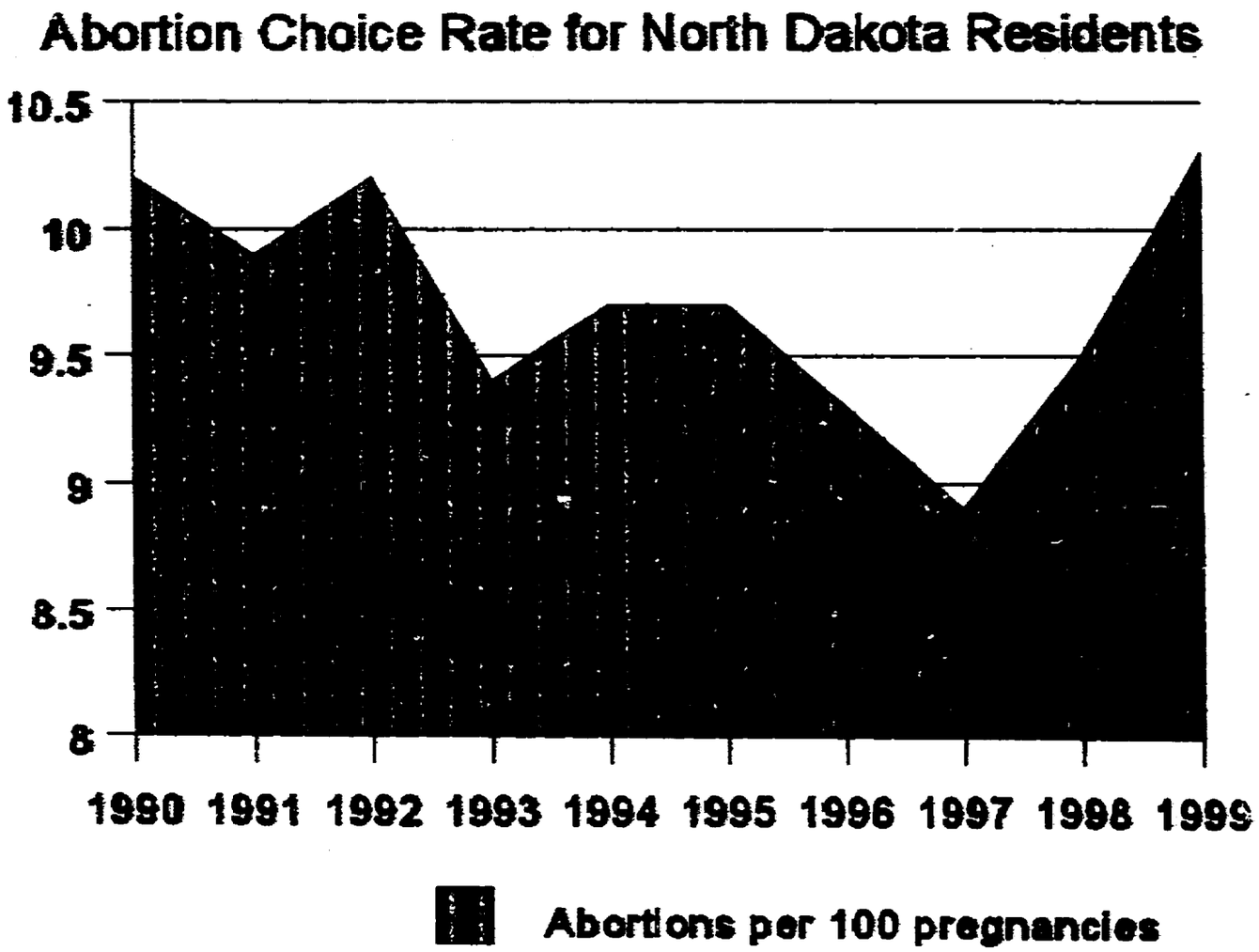
What I was expecting under the second provision was the Fetal Growth & Development booklet, however, what I received was a brochure called "Development Stages of Pregnancy." (Copies of both the Fetal Growth & Development booklet and the "Development State of Pregnancy" brochure are attached.) The current law specifically states ".. pictures...", but this brochure contains only black and white sketches. Under this provision it is our intention that every woman has a right to have objective, accurate, and understandable information about the development of her unborn child. This brochure simply does not meet that intention.

SB 2361 is looking to further enhance these provisions to the citizens of North Dakota by utilizing today's modern technology of a connection on the department's internet website as well as a toll-free telephone number.

Women should have somewhere they can turn and receive accurate and revealing information about the development of unborn children and services available. SB 2361 does this. I urge this committee to give SB 2361a do pass recommendation.

At this time I would be available for any questions you may have.

SB 2361


Abortion Choice Rate for North Dakota Residents
10.5
10
9.5
9
8.5
8
1990 1991 1992 1993 1994 1995 1996 1997 1998 1999
Abortions per 100 pregnancies

Testimony on SB 2361
Information Provided by the Department of Health
Regarding Pregnancy, Childbirth, and Adoption
Before the
Senate Human Services Committee
by
Sandra Anseth, Department of Health
January 30, 2001

Good morning, Madam Chairwoman and members of the Committee. I am Sandra Anseth, Maternal and Child Health Division Director for the Department of Health. I am here to present testimony on SB 2361 relating to information provided by the Department of Health regarding pregnancy, childbirth and adoption.

I would like to address the fiscal impact this bill would have on the Department of Health. Section 1.a. of the bill requires materials be developed to inform pregnant women of available services. A directory of such services was first developed and published in 1992 by the department. At that time the department had a Division of Public Health Nursing consisting of three nurses and a secretary who devoted several months of their time in the development, printing and distribution of this directory. That division is no longer in existence so the department would need to employ a full-time staff to research and produce the directory. All public and private agencies that provide services to pregnant women and dependent children would have to be identified and then surveyed as to services they provide. In addition to the information included in the 1992 directory, information on agency activities related to abortion counseling or referral or advocating for or performing abortions would needed to be added to the survey. This along with organizing information into a directory would be labor intensive. Additional costs would include printing and dissemination of the directory of services.

Under Section 1.b., the Department of Health already provides materials to inform women of fetus characteristics. I have distributed copies of this brochure. The production of this brochure will not add additional financial burden to the department.

Under Section 1.c., the Department of Health could include the completed directory and the brochure on their web site without additional cost. Staff would need to be retained to keep information current and up to date.

Section 1.d. refers to the establishment of a statewide toll-free telephone number for persons seeking information or referral to agencies for pregnancy, childbirth or adoption services. The cost of maintaining a 24-hour toll-free line would cost the department $10,000 per biennium if a recorded message was used after regular working hours, weekends, and holidays. If a staff person were required to answer the telephone at all times instead of a recorded message the cost would increase considerably.

Overall, the appropriation for this bill for the biennium is $100,000 for staff, toll-free telephone line, printing and distribution of the directory.

Thank you.

Representing the Diocese of Fargo and the Diocese of Bismarck

Christopher T. Dodson
Executive Director and
General Counsel

To: Senate Human Services Committee
From: Christopher Dodson, Executive Director
Subject: Senate Bill 2361 (Information Regarding Pregnancy, Childbirth, and Adoption)
Date: January 30, 2001

The North Dakota Catholic Conference supports Senate Bill 2361.

Senate Bill 2361 improves and builds upon existing law designed to assist women with pregnancy, childbirth, and adoption. Its purpose is to help create a culture of life so that women can choose childbirth over abortion.

The existing law, enacted in 1991, required the Department of Health to publish geographically indexed materials designed to inform women of public and private agencies and services available to assist a woman through pregnancy, childbirth, and after the child is born, including adoption agencies. Although the original charge was to the Department of Health, the Department of Human Services published the original compilation. That information has not been printed in an updated form for several years. Senate Bill 2361 will make the material more current and available by requiring the material to updated every four years and be posted on the internet.

So that the information is put to the best possible use, Senate Bill 2361 expands the program by establishing a toll-free telephone referral service for women seeking information on pregnancy, childbirth, or adoption. Such a referral service will better ensure that any woman seeking help will be able to find it. The Commonwealth of Pennsylvania operates such a referral service. Between July 1999 and June 2000, approximately 2000 callers called Pennsylvania's referral service.

The prohibition in Senate Bill 2361 against referring a person to an agency that provides abortion counseling, refers for abortion, or performs abortions would make the referral program consistent with North Dakota Century Code section 14-02.3-01, which prohibits state funds from being used for the performance or promotion of abortion.

, Broadway, Suite 2
, ND 58501

(701) 223-2519
1-[illegible]-419-1237
FAX # (701) 223-8075

For greater clarification, Senate Bill 2361 could be amended on page 2, line 10 to clarify that the materials should be reviewed, updated, and *reprinted* every four years. Although the Department is presently required to provide the materials to any person, facility, or hospital, the only printed version distributed is from 1992.

Services, like those proposed in Senate Bill 2361 play an important role in building a culture of life and ensuring that no woman ever feels the need to choose an abortion. North Dakota's abortion rate is at a ten-year high. We, as a society, have an obligation to make sure women are aware of life-affirming options. Senate Bill 2361 helps fulfill that obligation.

We urge a **Do Pass** on Senate Bill 2361.

WEEKS 36-36 — 37-38

- Arms and legs often have chubby appearance
- Body usually plump
- Tonsils reach tips of toes
- Flexes arms and legs
- Firm grasp
- Head and abdomen almost equal in size
- 17 1/2 inches long

34 WEEKS AND OLDER
Usually survives if born prematurely

WEEKS 39-40

- Slowing of growth
- Prominent chest. Breasts protrude in both sexes
- Testes usually in scrotum (males)
- Fully developed
- Fingernails extend beyond fingertips
- 20 inches long

Please be aware that the figures in this booklet are not drawn to scale and do not represent actual size. However, the AVERAGE length is identified in the descriptions.

All descriptions and figures in this booklet have been taken in whole or in part from the text entitled The Developing Human – Clinically Oriented Embryology. This text uses the date of fertilization to estimate development by two-week gestational increments. However, the information in this booklet has been translated into development by two-week gestational increments from the date of the last menstrual period, which is more commonly used by physicians and the general public. Although the descriptions and figures in the booklet begin at three through four weeks, the date of fertilization may be estimated at about two weeks.

Reprint Permission
has been granted by:

Dr. Keith L. Moore, M. Sc., Ph. D., F.I.A.C.
to utilize his textbook,

The Developing Human:
Clinically Oriented Embryology,
Fourth Edition, 1988

as reference for the illustrations and information depicted in this brochure.

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North Dakota Department of Health
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Developmental Stages of Pregnancy

By Two-Week
Gestational Increments

North Dakota
Department of Health

WEEKS 3-4

- Ovum (egg) becomes fertilized and implants into the uterus (womb)
- Rapid cell division occurs

5-6

- Arm buds become recognizable
- Leg buds present
- Heart develops and begins to beat
- 1/8 inch long

WEEKS 7-8

- Extensive head growth due to rapid development of the brain
- Head much larger than body
- Eyes and nose forming
- Upper lip forming
- Teeth begin to develop
- 1/2 inch long

9-10

- Eye lids forming
- Eyes usually open
- Fingers and toes distinct
- Arms longer and bent at the elbows
- Ears forming
- All external and internal organs formed
- 3/4 inch long

WEEKS 11-12

- Eyes closed
- Rapid growth in body length
- Early fingernail development
- Head is one-half of the body's length

13-14

- Kidneys produce urine
- Arms well developed
- Sex distinguishable
- Well-defined neck
- 3 inches long

WEEKS 15-16

- Bones are maturing
- Growth is very rapid
- Tonsils developing
- Legs well developed

17-18

- Continued period of rapid growth
- Ears stand out from head
- Ovaries in fetus are distinct
- 5 1/4 inches long

WEEKS 19-20

- A greasy material protects the skin
- Growth slows down

21-22

- Eyebrows and head hair are visible
- Fine hair covers body
- Growth continues to slow down
- 9 1/4 inches long

WEEKS 23-24

- Skin is wrinkled and red
- Substantial weight gain

25-26

- Lean body
- Fingernails present
- Continued weight gain
- 12 inches long

WEEKS 27-28

- Eyes partially open
- Eyelashes present
- Lungs forman

29-30

- Skin slightly wrinkled
- Good head of hair often present
- Eyes open
- 14 inches long

WEEKS 31-32

- Body fat increases
- Tonsils present
- Body filling out
- Testes descending (male)

33-34

- Skin is pink and smooth
- Fingernails reach fingertips
- 16 inches long

28-31 WEEKS
Might survive when born prematurely if weighs over 1 pound and given intensive care.

SB 2361

14-02.1-02.1. Printed information.

1. The state department of health shall cause to be published in English, and in every other language that the department determines is the primary language of a significant number of state residents, within one hundred eighty days after July 1, 1991, the following easily comprehensible printed materials:

a. Geographically indexed materials designed to inform the woman of public and private agencies and services available to assist a woman through pregnancy, upon childbirth, and while the child is dependent, including adoption agencies. The materials must include a comprehensive list of the agencies available, a description of the services they offer and a description of the manner, including telephone numbers, in which they might be contacted, or, at the option of the department, printed materials including a toll-free, twenty-four hour a day telephone number that may be called to obtain, orally, such a list and description of agencies in the locality of the caller and of the services they offer.

b. Materials designed to inform the woman of the probable anatomical and physiological characteristics of the fetus at two-week gestational increments from the time when a woman can be known to be pregnant to full term, including any relevant information on the possibility of the survival of the fetus and pictures representing the development of a fetus at two-week gestational increments. The pictures must contain the dimensions of the fetus and must be realistic and appropriate for the stage of pregnancy depicted. The materials must be objective, nonjudgmental, and designed to convey only accurate scientific information about the fetus at the various gestational ages.

1997 AMENDMENT

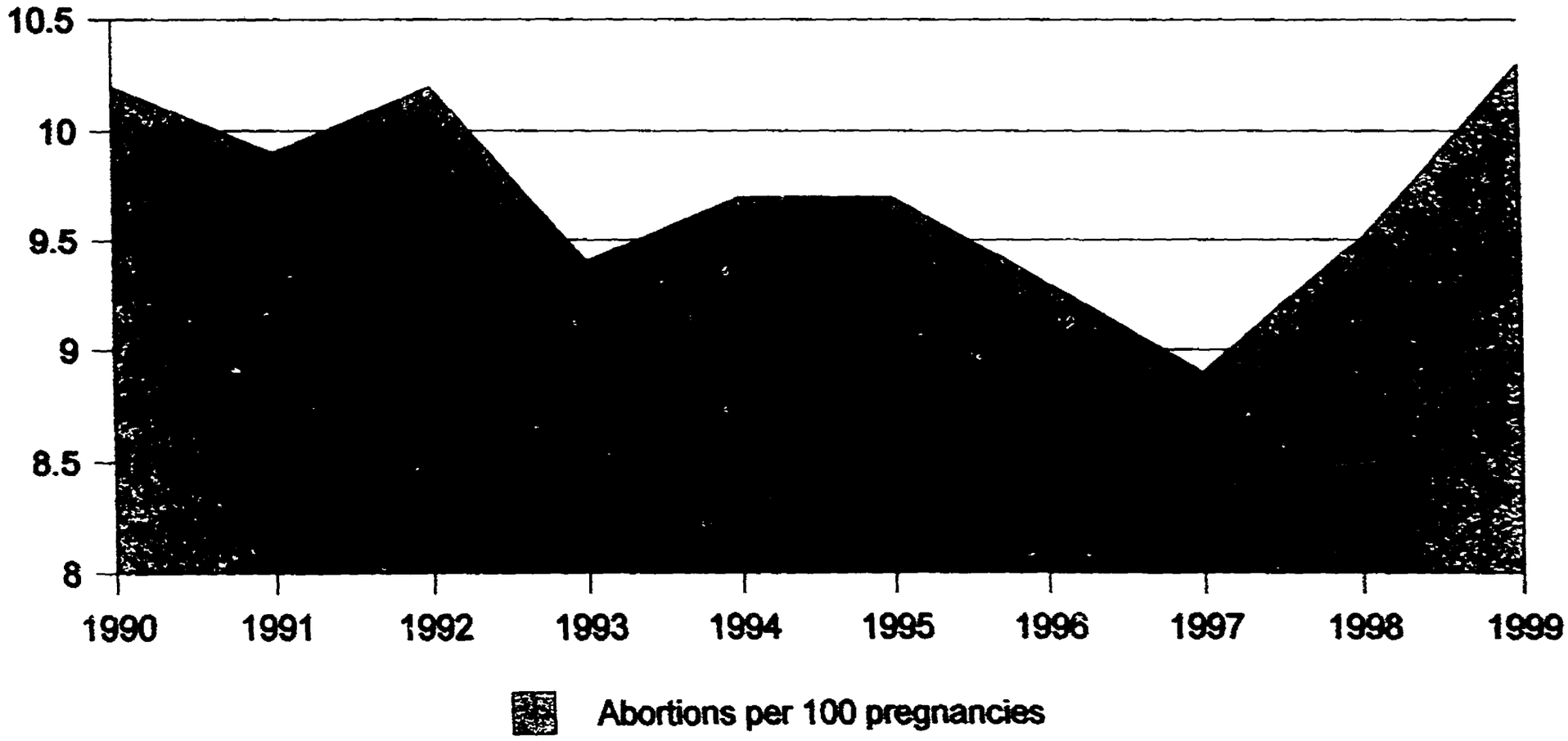
2. The materials required under this section must be available at no cost from the state department of health upon request and in appropriate number to any person, facility, or hospital.

Source: S.L. 1991, ch. 141, § 3; 1995, ch. 243, § 2; 1997, ch. 143, § 1.

Effective Date: The 1997 amendment of this section by section 1 of chapter 143, S.L. 1997 became effective August 1, 1997.

Abortion Choice Percent

Rate at a Ten-Year High



1999 NORTH DAKOTA ABORTION STATISTICS

Total Induced Abortions in North Dakota:

1,345

Previous Abortions:

0	940
1	268
2	94
3	17
4	8
5	2
7	1
8	1
unknown	14

Woman's Education:

Grade 1-9	15
Grades 10-12	680
1 -4 yrs college	602
unknown	43

Age of Woman:

Under 15	2
15-19	292
20-24	489
25-29	245
30-34	168
35-39	102
40 and over	42
unknown	5

Marital Status:

Married	268
Not Married	1,029
Unknown	48

Reported Complications:

None	1,337
Infection	4
Retained Products	2
Hemorrhage	1
Other	1

Abortions Per Year*:

1979	483
1980	833
1981	2,554
1982	3,076
1983	3,028
1984	2,872
1985	2,826
1986	2,664
1987	2,562
1988	2,221
1989	1,761
1990	1,723
1991	1,602
1992	1,493
1993	1,406
1994	1,301
1995	1,334
1996	1,291
1997	1,219
1998	1,242
1999	1,345

*Reporting was not required before 1979

Woman's Place of Residence:

North Dakota	883
Minnesota	371
South Dakota	81
Iowa	3 or Less
Wisconsin	3 or Less
Manitoba	3 or Less
Ohio	3 or Less
Pennsylvania	3 or Less
Utah	3 or Less
Unknown	3 or Less

Living Children of Aborted Women:

No Children	638
One Child	318
Two Children	255
Three Children	93
Four Children	28
Five Children	8
Six Children	2
Eight Children	1
Unknown	2

Abortions by Age of Preborn:

1-4 weeks	0
5-8 weeks	794
9-12 weeks	410
13 weeks	62
14 weeks	30
15 weeks	19
16 weeks	17
17 weeks	2
Unknown	11

By Race of Mother:

Other	25
White	1,178
Black	18
Native American	121
Unknown	3

Abortions Reported by the Fargo Women's Health Organization: 706

Abortions Reported by the Red River Valley Women's Clinic: 639

These statistics were received from the North Dakota Department of Health.

NOTE: These statistics have usually been available in the late spring. NDRL had to request these statistics on numerous occasions this year, finally receiving them in September. NDRL has now been informed that this information will not be available in future years until late July or possibly even August.

By North Dakota County of Residence:

Out of State	462
Adams	3 or Less
Barnes	9
Benson	4
Bottineau	7
Burleigh	118
Cass	278
Cavalier	3 or Less
Dickey	5
Divide	3 or Less
Eddy	3 or Less
Foster	7
Grand Forks	137
Griggs	3 or Less
Lamoure	3 or Less
Logan	3 or Less
McHenry	3 or Less
McKenzie	4
McLean	7
Mercer	5
Morton	30
Mountrail	8
Nelson	3 or Less
Oliver	3 or Less
Pembina	6
Pierce	3 or Less
Ramsey	16
Ransom	6
Renville	3 or Less
Richland	21
Rolette	12
Sargent	4
Sioux	6
Stark	17
Steele	3 or Less
Stutsman	37
Towner	3 or Less
Traill	4
Walsh	13
Ward	84
Williams	16

Representing the Diocese of Fargo and the Diocese of Bismarck

Christopher T. Dodson
Executive Director and
General Counsel

To: House Human Services Committee
From: Christopher Dodson, Executive Director
Subject: Senate Bill 2361 (Information Related to Pregnancy, Childbirth, and Abortion)
Date: March 7, 2001

The North Dakota Catholic Conference supports Senate Bill 2361. Senate Bill 2361 improves and builds upon existing law designed to assist women with pregnancy, childbirth, and adoption. Its purpose is to help create a culture of life so that women can choose childbirth over abortion.

The existing law, enacted in 1991, required the Department of Health to publish two types of materials. The first, described in North Dakota Century Code section 14-02.1-02.1 (1) (a) required geographically indexed materials designed to inform women of public and private agencies and services available to assist a woman through pregnancy, childbirth, and after the child is born, including adoption agencies. The second, in subsection (b) of the same statute, required the publishing of materials on the development of the unborn child.

The geographically indexed support material has not been printed in an updated form for several years. Although the Department of Health has started reprinting the development materials, there was a period of time when the color photograph brochures were unavailable. Senate Bill 2361 will ensure that both sets of materials be reviewed, updated, and, if necessary, reprinted every four years. So that the support materials best indicate the agencies' position on abortion, the updated materials would indicate whether the agency provides counseling or referral services or advocates for or performs abortions.

In addition, lines 13 and 14 on page 2 of the engrossed bill require that the materials be placed on the department's web site. We understand that copyright law may prevent the photographs in the development booklet from being posted. It is, of course,only our intent to get posted only those materials which can legally be posted.

The engrossed version of Senate Bill 2361 requires the department to contract for the operation of a toll-free telephone referral service for women seeking

W. Broadway, Suite 2
arck, ND 58501

(701) 223-2519
1-888-419-1237
FAX # (701) 223-6075

information on pregnancy, childbirth, or adoption. Such a referral service will better ensure that any woman seeking help will be able to find it. However, to avoid duplication of services and provide some legal protection for the organization with the contract, this service would better be handled through Senate Bill 2354.

Services, like those proposed in Senate Bill 2361 play an important role in building a culture of life and ensuring that no woman ever feels the need to choose an abortion. North Dakota's abortion rate is at a ten-year high. We, as a society, have an obligation to make sure women are aware of life-affirming options. Senate Bill 2361 helps fulfill that obligation.

We urge a **Do Pass** on Senate Bill 2361.

NORTH DAKOTA LIFE LEAGUE

1336 25th Avenue South • Suite 203 • Fargo, ND 58103-5200
(701) 293-6221 • FAX (701) 293-5278

ND House of Representatives
Chairman Clara Sue Price
Human Services Committee

Testimony of Tim Lindgren in opposition to Senate Bills 2354 and 2361
State Director, North Dakota Life League

Madam Chairman and members of the Committee, my name is Tim Lindgren. I am State Director of North Dakota Life League (NDLL), a statewide pro-life organization with a mail list representing nearly 8,000 families. I have invited several guests to discuss several aspects of these two bills.

Peter Crary, attorney at law practicing in Fargo, N.D. will comment on the limitations and restrictions that accompany government funds and Mrs. Patricia Larson, Director of the Women's Care Clinic, a crisis pregnancy center, and The Perry Center, a maternity home for unwed mothers, from Fargo will express their reasons for opposing this legislation. I am also submitting testimony from Susie Sund-Klundt, Director of the New Life Pregnancy Center located in Bismarck.

Before I raise our concerns with this bill, I would like to comment on the premise upon which the need for these bills rest. Certainly, we do not take exception to the need for crisis pregnancy care. However, it has been suggested that the increase in the number of abortions may be due to the family cap placed on single mothers who receive assistance. While in some areas of the country this may be true, I do not believe the family cap has had a significant impact here in North Dakota.

I would like to point out that from an historical perspective, North Dakota has had a very good privately funded on-going program to reduce the number of abortions in the state. The number of abortions has consistently been going down even while the numbers of abortions nationwide were rising. In North Dakota, the number of abortions has dropped significantly with the closing of each successive abortion center in addition to the general downward trend. The increase that you see since 1998, I believe will be proved out – in time – a temporary increase due to the opening of a second surgical abortion center in Fargo.

One of those two recently closed its doors, sighting a lack of need for their services as one of the reasons for closing. It is too early to tell. However, the point I wish to make is that North Dakota has had phenomenal success in reducing the number of abortion from a high of over 3,076 in 1982 to a low of 1219 in 1997. I would suggest to you that North Dakota and the people who have spent their entire lives in this state have run the most effective privately funded program for reducing the number of abortions of anywhere in the country and perhaps the world. Please, don't mess with it. Let's see if those numbers don't return to the progressive decline our statistical history shows now that we are back down to one surgical abortion center.

Now, I would like to comment on our specific concerns with these two bills:

Concern Number one. The first concern we have is, will these participating organizations to retain their religious heart and soul? I would point out to you an obvious example of what happens when government funds are received. I ask a thought provoking question, why is it that we are now having to pass legislation to put the Ten Commandments back into our publicly funded schools and with the utmost of cautious language so as not to raise the ire of our Courts? Is this the direction we really want to go with crisis pregnancy care in our state? Do we want to come back in ten years and ask if we can put a display of the Ten Commandments on the walls of our state-run alternative to abortion centers?

1a. This is the first part of two major concerns we have. I want to at this time point out to you the inconsistencies contained within the language of SB 2354. I am sure that all of us who stand in opposition to these two bills can agree with the language contained in subsections 1.5, 1.6 and 1.7 that essentially attempt to assure the intentions of the bill are to promote childbirth over abortion. They clearly state the sentiments of all of those involved in working to rebuild a culture of life.

However, Subsections 1.9 quickly defuses these statements by saying that religious organizations are eligible "...so long as the program is implemented are consistent with the Constitution of the United States and the Constitution of North Dakota." I will add, "as presently interpreted by the Courts."

1b. Subsections 1.10 and 1.11 attempts to safeguard the "definition, development, practice and expression of its religious beliefs." Again, Subsections 1.12, 1.14 and 1.15 effectively dismantle the protections of subsections 1.10 and 1.11. On face value, these statements alone would not cause us concern. But in light of current sentiments with respect to court-imposed limitations on the free practice of faith and religion when accepting government funds and based on the history of those agencies and institutions that do so; we believe they will have the affect of compromising the character of those agencies at best and with the predictable result over time of secularizing the participating agencies involved.

1c. This constitutes a major shift in the character of the pro-life movement. The crisis pregnancy centers are the heart and soul of the pro-life movement. They are the ones who deliver passionate charity to those who are in need, motivated by their love of God and thus, for their fellow man. As Pope John Paul II has stated clearly in *Centesimus Annus*, "In fact, it would appear that needs are best understood and satisfied by people who are closest to them who act as neighbors to those in need. It should be added that certain kinds of demands often call for a response which is not simply material but which is capable of perceiving the deeper human need." If our courts recognized the full right to practice faith without constraint or limitations this bill could be workable. But under current government and court-imposed policies, it is unworkable.

Concern Number Two. In our opinion, it is well established that those agencies that take government funds inevitably become secularized. A second major concern then is that the government funded secular agencies will have a tendency to solicit the majority of clients looking for crisis pregnancy care. It is our view that the religiously motivated pregnancy centers will have a higher percentage of women who choose childbirth over abortion, and conversely the secular based agencies will have a lower percentage of women who choose childbirth over abortion. Based on this assumption, the

result is that fewer women – having been counseled by secularized agencies – will choose life over abortion. Thus, the stated and perceived intent of this bill may be frustrated.

There is the argument made that the statewide 800-number supported by government funds will reach more women that otherwise would not be reached. If this is true, we believe that this positive aspect will be offset by the following two negatives: 1) the government funded secular agencies will not be as successful in encouraging women to choose childbirth over abortion and 2) that a significant number of the women who otherwise would have been served by the privately funded and more successful faith-based crisis pregnancy centers will be served by the secular and less successful government funded agencies, resulting in lower percentages of those women choosing childbirth over abortion.

Finally, over time, I am afraid that socializing this service will dry up the private faith-based aspect of the pro-life movement and/or marginalize it so, that we will see a reverse in the general historical trend of reducing the number of abortions.

Other Significant Concerns.

1. There is no guarantee as to where this money will go.
2. Assuming that the participating agency is able to sustain its religious character (for which we don't believe is possible), Subsection 1.12 of SB 2354 suggests that if a client objects to the religious character of the agency that the agency is required to refer the client to the Department of Human Services for a list of other agencies that provide, not the same, but similar services. This could mean indirect referral to agencies that provide abortions.
3. Real Alternatives and more specifically Project: WIN is the program in Pennsylvania, for which SB 2354 and SB 2361 are modeled after. If this is true, no pro-life organizations should want to participate in the program. (See copy of website page related medical risks of abortion) This is a copy of a page on the website that is supposed to indicate the medical risks of abortion. As you can see, on the contrary, it casts a very negative, almost scary, light on childbirth. Unfortunately, this is the type of information that you will find on this website. Similarly, abortion is described in the best possible light, with soft warm sounding adjectives and never eluding to the fact that abortion is wrong or a sin or that there are serious physical, psychological and emotional risks from surgical abortion.

Summary:

In our view, these proposals can best be summed up as "The secularization and socialization of the crisis pregnancy center agencies in North Dakota."

Our organization personally contacted five privately funded pregnancy centers in ND and only one had an in-depth knowledge of these bills. And even their knowledge was limited. Considering the potential major impact these two bills could have on the quality of delivery of pregnancy care to the women involved in crisis pregnancies in North Dakota, we believe that these bills – at most – should be set aside for this session to allow ample and in-depth study of these proposals by all of those who have been responsible for the tremendous strides made in reducing the number of abortions.

As one center (whom shall go unnamed at this point) said, "We just cannot make a such a controversial decision on such short notice, we need more time." On their behalf, I would like to say, they are the ones out in the field doing the work. They are not here normally and it is our duty to look out for their interests. They are the ones primarily responsible for the significant decrease in the number of abortions over the last 20 years.

North Dakota Life League urges a DO NOT PASS on SB 2354 and SB 2361. SB 2361, if amended to eliminate the 800-number would be vastly improved but I must say that representatives of at least some of the crisis pregnancy centers we contacted expressed concerns with the quality of information printed and distributed by the state-run agencies as well and frankly expressed reservations as to their effectiveness. Thank you for your time. I would be happy to entertain any questions that you might have at this point.

Abortion Information

There are three ways a pregnancy can end: a woman can give birth; she can have a miscarriage; or, she can elect to have an abortion.

If you make an informed decision to have an abortion, you and your doctor will need to consider how long you have been pregnant before deciding which abortion method to use. Based on data from the Centers for Disease Control and Prevention (CDC), the risk of dying as a direct result of a legally induced abortion is less than one per 100,000.

Please make a selection from the drop-down menu to review other areas associated with abortions; i.e., first, second and third trimesters, emotional reactions, risks, financial assistance for prenatal and neonatal care, etc.

Medical Risks

MEDICAL RISKS OF CHILDBIRTH

Continuing a pregnancy and delivering a baby is usually a safe, healthy process. Based on data from the Centers for Disease Control and Prevention (CDC), the risk of dying as a direct result of pregnancy and childbirth is less than 10 in 100,000 live births. The risk is higher for Blacks (22.0 in 100,000).

The most common causes of death of a pregnant women are:

- Emboli (blood clots affecting the heart and brain).
- Eclampsia (high blood pressure complications affecting pregnancy).
- Hemorrhage (severe bleeding).
- Sepsis (severe infection).
- Cerebral vascular accidents (stroke, bleeding in the brain).
- Anesthesia-related deaths.

Together, these causes account for 80% of all deaths relating to a woman's pregnancy. Unknown or uncommon causes account for the remaining 20% of deaths relating to pregnancy. Women who have chronic severe diseases are at greater risk of death than healthy women.

Continuing your pregnancy also includes a risk of experiencing complications that are not always life-threatening.

- Approximately 15 to 20 of every 100 pregnant women require cesarean delivery (delivery by cutting open the abdomen).
- One in 10 women may develop infection during or after delivery.
- Approximately one in 20 pregnant women have blood pressure problems.
- One in 20 women suffer from excessive blood loss at delivery.

Please make a selection from the drop-down menu to review other areas associated with abortions; i.e., first, second and third trimesters, emotional reactions, financial assistance for prenatal and neonatal care, etc.

First Trimester Go There!

NORTH DAKOTA SURGICAL ABORTION STATISTICS

The number of babies killed by abortion

Year	Number of babies	Difference from prior year
1973-1978	Records unavailable	
1979	483	
1980	883	+ 400
1981	2554	+ 1671
1982	3076	+ 522
1983	3028	- 48
1984	2872	- 156
1985	2826	- 46
1986	2664	-162
1987	2562	- 102
1988	2221	- 341
1989	1761	- 460
1990	1723	- 38
1991	1602	- 121
1992	1493	- 109
1993	1406	- 87
1994	1301	-105
1995	1334	+ 33
1996	1291	- 43
1997	1219	- 72
TOTAL	35,299	

1997 Statistics

Previous abortions

0	-	859
1	-	252
2	-	62
3	-	30
4	-	11
5	-	4
6	-	1

Age of mothers having abortions

<15	-	10
15-17	-	105
18-19	-	165
18-24	-	411
25-29	-	235
>30	-	281

Marital Status

Married - 250
Unmmaried - 967
Unstated - 2

Footnotes of interest:

1. In North Dakota the number of babies killed by abortion has been reduced by 60 percent from 1982 – the year with the highest number of surgical abortions – to 1997, the latest year records are available. The sixty percent reduction compares to about a 12.5 percent reduction in surgical abortions nationally.
2. Since 1982, there have been fewer babies killed by abortion in every year except one.
3. From 1973 to 1982 the number of surgical abortions increased from zero to 3076.
4. From 1982 to 1997 the number of surgical abortions per year decreased from 3076 to 1219 babies, a difference of 1857. From 1978 to 1995 the number of out-of-wedlock births per year increased from 936 to 2156, an increase of 1220.

Testimony on SB 2361
Related to Pregnancy, Childbirth and Adoption
before the
Senate Appropriations Committee
by
Sandra Anseth, Director
Maternal and Child Health Division
North Dakota Department of Health

February 19, 2001

Good morning, Chairman Nething and members of the Committee. I am Sandra Anseth, director for the Division of Maternal and Child Health, North Dakota Department of Health. I am here to present testimony on Senate Bill 2361 relating to information provided by the health department regarding pregnancy, childbirth and adoption.

The department is currently in the process of reprinting copies of the fetal development brochure identified in Section 1, page 2, lines 1-9 of this bill. Each time this brochure is printed, the department needs to purchase the right to print six of the pictures due to copyright laws from the photographer in Sweden. The agency in Sweden has informed the department that we can not place these pictures on the internet due to copyright laws. This makes the department unable to comply with Section 1, page 2, lines 10-14, which requires that the department place the printed information required in this section on the department's internet web-site, in it's entirety.

Section 1, page 2, lines 15 – 21 address the establishment of a statewide, toll-free telephone referral service to assist a woman through pregnancy, childbirth, or adoption by referring them to an appropriate service agency. The bill appropriates $39,000 to flow through the department to a nonprofit entity to establish and operate the toll-free referral service. The appropriation for this service is addressed in Section 2. This appropriation is not included in the Governor's budget; therefore we are neutral on this bill.

This concludes my testimony. I would be happy to respond to any questions you may have.

Testimony on SB 2361
Information Provided by the Department of Health
Regarding Pregnancy, Childbirth, and Adoption
Before the
House Human Services Committee
by
Sandra Anseth, Department of Health
March 7, 2001

Good afternoon, Madam Chairwoman and members of the Committee. I am Sandra Anseth, Maternal and Child Health Division Director for the Department of Health. I am here to present testimony on SB 2361 relating to information provided by the Department of Health regarding pregnancy, childbirth and adoption.

My comments include: Section 1.a. of the bill requires materials be developed to inform pregnant women of available services. A directory of such services was first developed and published in 1992 by the department. To update the directory, all public and private agencies that provide services to pregnant women and dependent children would have to be identified and then surveyed as to services they provide. In addition to the information included in the 1992 directory, information on agency activities related to abortion counseling or referral or advocating for or performing abortions would needed to be added to the survey.

Section 1.3, page 2, lines 10-14, concerns placing all printed material on the Department of Health web site. We have concerns about placing the current fetal growth and development brochure on our web site. The agency in Sweden, whom we obtain these pictures from, has informed the department that we cannot place these pictures on the Internet due to copyright laws.

Section 1, page 2, lines 15-21 address the establishment of a statewide, toll-free telephone referral service to assist a woman through pregnancy, childbirth or adoption by referring them to an appropriate service agency. The bill appropriates $39,000 to flow through the department to a nonprofit entity to establish and operate the toll-free referral service. The appropriation for this service is addressed in Section 2. This appropriation is not included in the Governor's budget; therefore we are neutral on this bill.

Thank you for the opportunity to provide testimony. I would be happy to answer any questions you may have.

FETAL GROWTH AND DEVELOPMENT

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The South Dakota Department of Health acknowledges Keith L. Moore, Ph.D., F.I.A.C., F.R.S.M.; T.V.N. Persaud, M.D., Ph.D., F.R.C. Path (Lond); Cynthia Barrett, M.D.; and Kathleen A. Venesa-Meehan, M.D.; for their professional assistance in reviewing this booklet.

Photos on pages 8, 9, 11, 13, 16, and 18 by Lennart Nilsson, of Sweden, A Child is Born, 1986, Dell Publishing and are used by permission.

Lennart Nilsson is a pioneer in medical photography, credited with inventing numerous devices and techniques in his field. The photos used in this booklet have been published internationally in scientific periodicals and used in the popular press and television.

Illustrations on pp. 5 and 6 by Drs. K.L. Moore, T.V.N. Persaud and K. Shiota, Color Atlas of Clinical Embryology, 1944, Philadelphia: W.B. Saunders, are used by permission.

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INTRODUCTION

This booklet is designed to give basic information about fetal growth and development from the time of conception through birth. It includes pictures, illustrations and drawings at two week increments along with relevant information about the possibility of the unborn infant's survival.

Two reference points are commonly used for determining the age of the fetus:

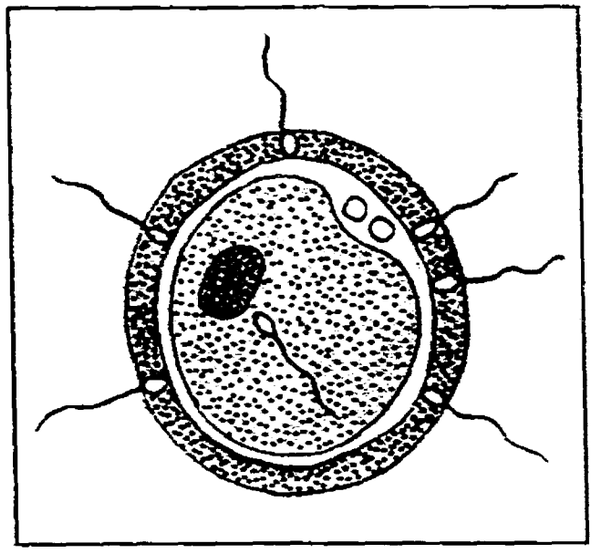
> **Gestational age** *(based on a 28 day cycle)* is calculated from the first day of a woman's last menstrual period. About 280 days, or 40 weeks, elapse between the first day of the last menstrual period and the birth of the infant.
>
> **Fertilization age** is the actual age of the fetus, and is calculated from the estimated day of ovulation. To illustrate,
> **Gestational age** *(based on a 28 day cycle)* = **Fertilization age + 2 weeks.**

The headings throughout this booklet are listed according to gestational age, which is the common reference point used by health care providers.

While the information provided in this booklet will assist you in making informed decisions regarding your pregnancy, it is not intended to be a substitute for prenatal care. Please contact your physician or health care provider, community health nurse, or local community health center to learn more about fetal growth and development.

Fertilization

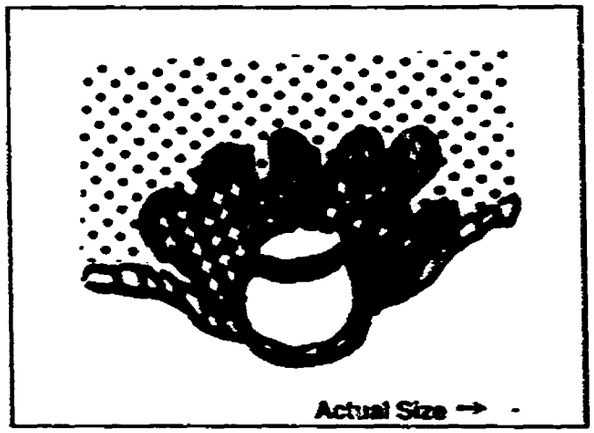
Development begins on the day of fertilization - when one sperm penetrates the ovum (egg) and unites with it to form one cell. This combining of the ovum and the sperm causes massive cell division.



Here the human ovum (egg) is surrounded by several sperm. The egg and sperm are highly magnified. One sperm has entered the ovum and is about to fertilize it. The fertilized ovum will develop into an embryo.

The fertilized ovum travels through the fallopian tube to the uterus. About three to four days later the fertilized ovum, which by now has divided many times, has reached the uterus. It begins to implant itself into the soft lining of the uterus between the end of the first week and the beginning of the second week after ovulation.

3 Weeks Gestational Age



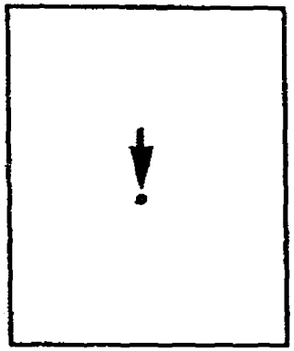
DAY 8

Gestational age – (based on a 28 day cycle) is calculated from the first day of a woman's last menstrual period. About 280 days, or 40 weeks, elapse between the first day of the last menstrual period and the birth of the infant. Gestational age is also referred to as number of weeks pregnant.

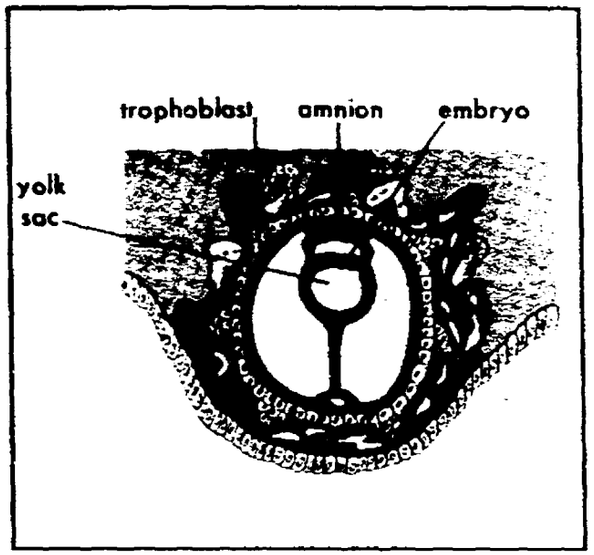
A pregnant woman may notice her first missed menstrual period at the end of the second week after conception, or about four weeks after the first day of her last normal period.

Proper nutrition is important even before conception to provide the best possible environment for the developing embryo. Habits such as smoking, alcohol consumption and drug use should be stopped before conception, or as soon as possible after conception to decrease the danger to the developing embryo and fetus. Whenever possible, speak to your physician regarding preconception counseling or contact the State Department of Health for more information.

4 Weeks Gestational Age



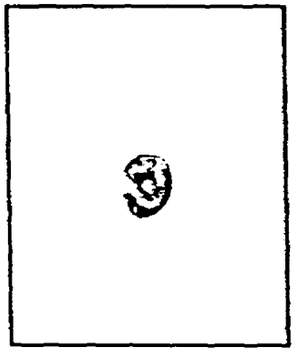
This drawing shows the actual size of the embryo at 4 weeks.



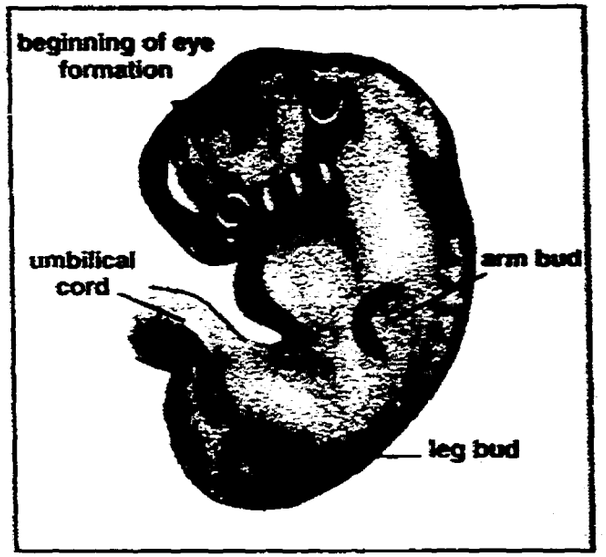
The human embryo, drawn here many times its actual size, is in fact about 1/100th of an inch long.

- The heart begins to form.
- Blood circulation begins.
- Because of the developing body systems, it is important that the mother gets proper nutrition and does not use alcohol, drugs or tobacco.
- Most pregnancy tests that are done in a clinic are positive by this time.

6 Weeks Gestational Age



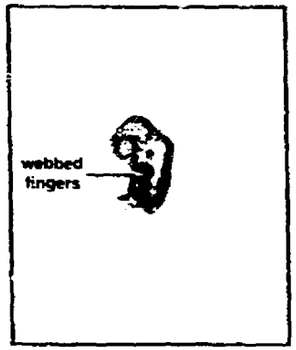
This drawing shows the actual size of the embryo at 6 weeks.



The embryo is about 1/4 of an inch long.

- By this time the head and upper body are well developed.
- The eyes have begun to form.
- Structures that will become arms and legs, called limb buds, begin to appear.
- The heart, now in a tubular form, begins to beat.
- The neural tube has formed which will give rise to the brain and spinal cord.

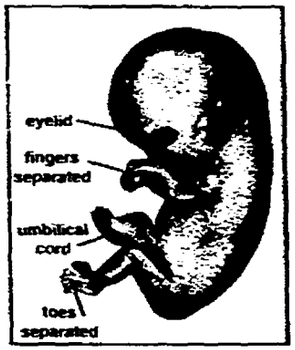
8 Weeks Gestational Age



This drawing shows the actual size of the embryo at 8 weeks. The embryo is just over 1/2 inch long.

- The embryo now has a four-chambered heart.
- The vertebral (spinal) column is developed and visible but is composed of cartilage at this stage.
- Electrical activity begins in the developing brain and nervous system.
- The fingers begin to develop.
- Blood is being pumped through the umbilical cord to and from the embryo.
- The bluish amniotic sac surrounds the embryo. The fluid within it protects the embryo.

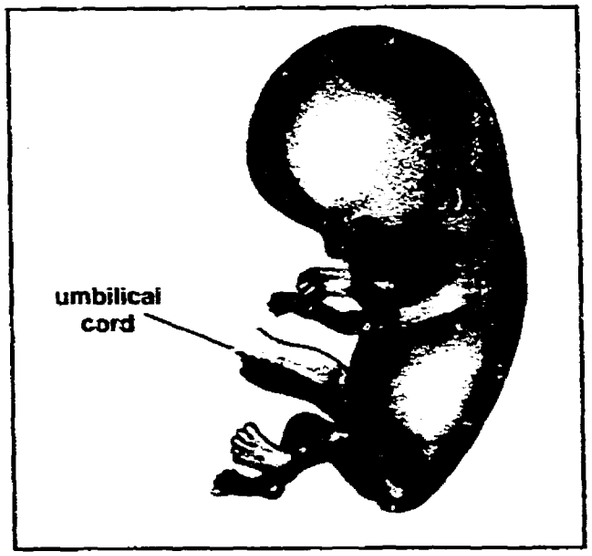
10 Weeks Gestational Age



This drawing shows the actual size of the fetus at 10 weeks. The fetus is now about 1 1/2 inches long and weighs almost 1/2 ounce.

- During this period the embryo reaches a transition point. It is now called a fetus, a Latin word meaning young one or offspring.
- The head is about half the size of the fetus and the tail has disappeared.
- The fetus now has a distinct human appearance.
- Arms, legs, fingers and toes are distinctly visible.
- The first real bone cells begin to replace the cartilage.
- Eyelids are formed.

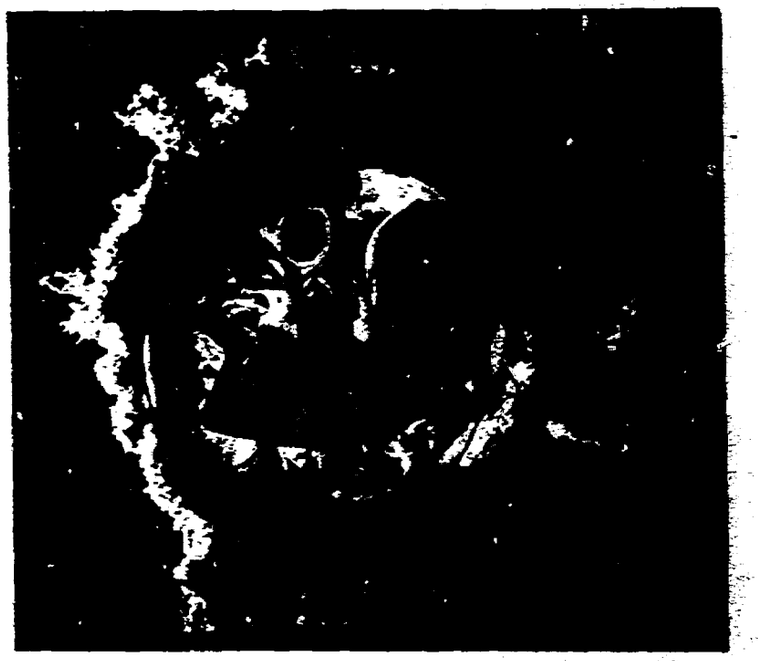
12 Weeks Gestational Age



This drawing shows the actual size of the fetus at 12 weeks. The fetus is about 2 1/2 inches long and weighs about 1 ounce.

- The eyelids fuse together.
- Fingernails are developing.
- Between 10 and 12 weeks, the fetus begins small, random movements that are too slight to be felt by the mother.
- The fetal heartbeat can be detected electronically.
- All major body organs are formed although they are not able to function outside of the uterus. The rest of the pregnancy is needed to allow these organs to grow and mature.

14 Weeks Gestational Age



- The fetus is able to swallow and the kidneys are able to make urine.
- Blood begins to form in the bone marrow.
- The fetus now sleeps and awakens. It has movements of arms, legs, head and neck. The mouth of the fetus is able to open and close.
- The arms are in proportion to the body.
- The fetus is about 3 1/2 inches long and weighs about 1 1/2 ounces.

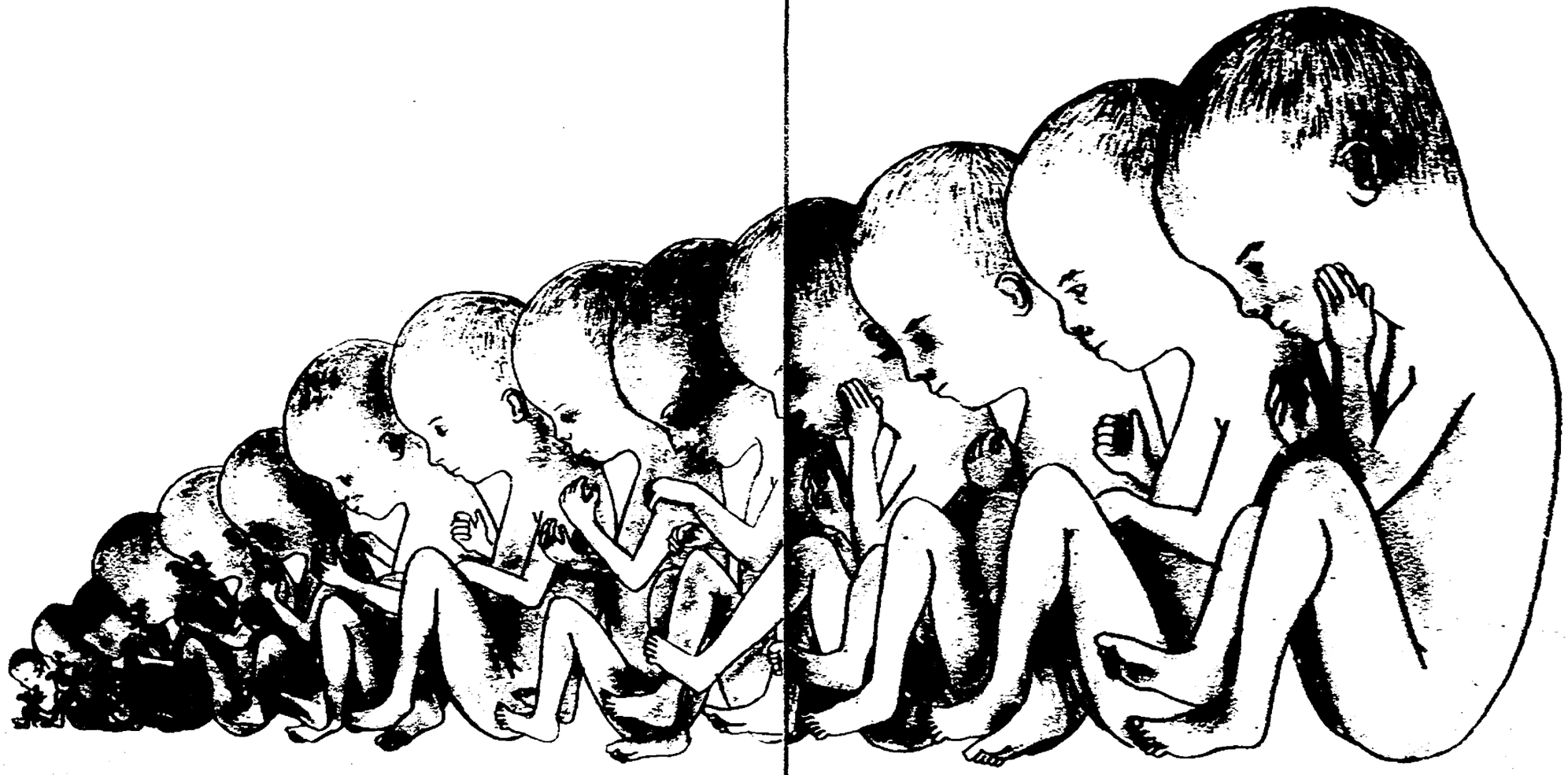
16 Weeks Gestational Age

- By this age it is possible to distinguish the sex of the fetus.
- The head is erect and the legs are developing.
- Fine hair, called *lanugo,* has begun to grow on the head.
- The fetus is about 5 to 6 inches long and weighs about 3 to 4 ounces.

18 Weeks Gestational Age

- The body and facial features of the fetus are now recognizable.
- The fetus is able to respond to sound.
- The nose, lips and ears can be recognized at this stage.
- Scalp hair is present.
- A fetus at this age will be unable to survive if born prematurely because it is much too small and the organs are too immature.
- The fetus is about 6 inches long and weighs about 4 1/2 ounces.

Fetal Growth
FROM 12 TO 38 WEEKS



12 14 16 18 20 22 24 26 28 30 32 34 36 38 Weeks

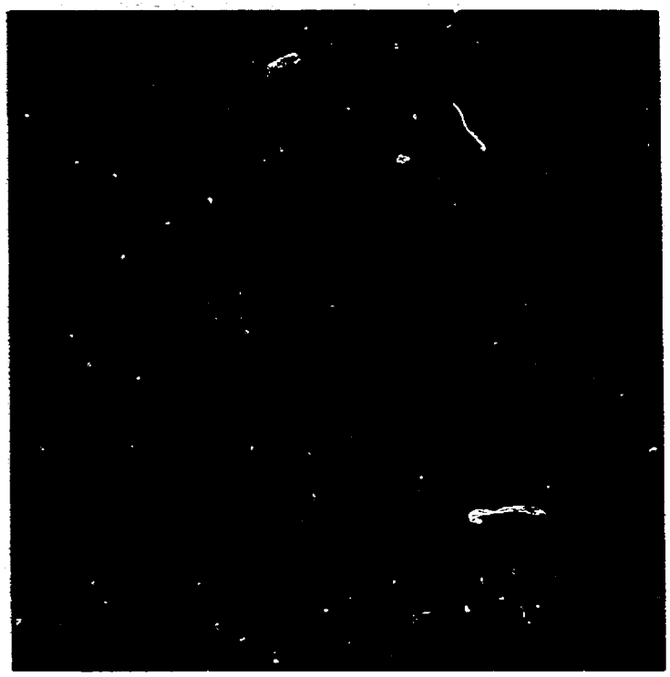
20 Weeks Gestational Age

- The oil glands in the skin, called *sebaceous glands,* begin to work.
- The mother will be able to feel the fetus move, kick, and punch. The movements are sometimes described as feeling like "movement of butterfly wings or bubbles." This is called *quickening.*
- The fetus has been observed to do thumb-sucking on ultrasound. The fetus at this stage has the reflex ability to suck and to grasp. It may also experience hiccups.
- The fetus is about 6 1/2 inches long and weighs about 5 to 8 ounces.

22 Weeks Gestational Age

- Toenails have begun to develop.
- By 22 weeks the lower limbs are fully formed.
- Head and body hair called *lanugo* thickly covers the fetus.
- The fetus is about 9 inches long and weighs about 1 pound.

24 Weeks Gestational Age



- The fetus begins to gain weight steadily, but still appears "scrawny."
- The skin is typically wrinkled and red.
- The head is still quite large compared to the rest of the body.
- Eyebrows and eyelashes are recognizable.

24 Weeks Gestational Age *continued*

- With expert high-risk newborn medical attention, 35% of the infants born now will live. All will have extensive Intensive Care Nursery (ICN) stays. Forty to fifty percent of those that survive to their first birthday may have a permanent disability.
- The fetus is about 12 inches long and weighs about 1 1/2 to 2 pounds.

26 Weeks Gestational Age

- The fetus can respond to sounds that occur both inside the mother's body and outside in the mother's surroundings.
- The fetus is now about 13 inches long and weighs about 2 pounds.
- The eyelids open and close.
- Approximately 75-80% of babies born alive now will survive if they are born in a hospital with high-risk newborn experts. These babies will have extensive ICN stays and almost 30% will have a permanent disability.

28 Weeks Gestational Age

- Eyelashes and eyebrows are present.
- The fetus has a good head of hair.
- The thin, red, wrinkled skin of the fetus is covered with a white cheese-like substance called *vernix caseosa* that protects the skin from the drying action of the amniotic fluid.
- The fetus is about 13 1/2 inches long and weighs about 2 1/4 pounds.
- Approximately 88% of the infants born at this age will survive if born at a hospital that provides expert high-risk newborn care. As many as 15% of these infants will have lengthy hospitalizations and permanent disabilities.

30 Weeks Gestational Age

- The lungs of the fetus become more mature with each week that is spent in the uterus. However, if the baby is born now it will still need expert medical help.
- The fetus is now about 14 inches long and weighs about 2 1/2 pounds.
- Approximately 95% of the infants born at this time will survive if born in a hospital with an ICN. Most will spend several weeks in the ICN.

32 Weeks Gestational Age

- *Vernix caseosa* continues to form a thick coat on the skin.
- The fetus continues to grow and mature.
- Toenails are fully formed.
- The body is filling out or "fattening up."
- The fetus is now approximately 16 inches long, about the length of a football, and weighs 3 to 4 pounds.
- About 95% of the infants born at this time will survive with appropriate high-risk newborn care. Some will have permanent disabilities. Most will spend a few weeks in the ICN.

34 Weeks Gestational Age

- The movements and kicks of the fetus are much stronger now. Sometimes this activity can be seen by watching the mother's abdomen.
- The fingernails reach the end of the fingertips.
- The skin is pink and smooth.
- The fetus is about 17 1/2 inches long and weighs about 4 to 5 pounds.
- More than 95% of the babies born at this time will survive. Some of these babies will require high-risk newborn care. Very few will have permanent disabilities.
- Many babies born at 34 weeks gestational age will be discharged home with their mothers and not require ICN care.

36 Weeks Gestational Age

- *Lanugo* disappears from the face but remains on the head.
- The fetus has fully-formed limbs with fingernails and toenails.
- Muscle tone is developed and the fetus can turn and lift its head.
- The fetus has soft earlobes with little cartilage.
- The fetus is about 19 inches long and weighs about 5 to 6 pounds.
- An infant born at this time has an excellent chance of survival with proper care.

38 Weeks Gestational Age

- The fetus can grasp firmly.
- Skin on the face and body becomes smooth.
- The head continues to be the largest body part.
- The body usually appears plump.
- *Lanugo* is left only on the shoulders and upper body.
- Toenails reach the toe tips.
- The fetus is about 19 1/2 inches long and weighs about 6 pounds.
- Almost all babies born now will live.
- The pregnancy is considered full term and the baby is ready to be born anytime between now and 42 weeks.

40 Weeks Gestational Age

- In males, the testicles are fully descended into the scrotum.
- The chest is prominent; the breasts protrude.
- Fingernails extend beyond the fingertips.
- The baby may now be 20 inches or more in length and weigh 6 1/2 to 9 pounds.

Glossary of Terms

AMNIOTIC FLUID - Water in the sac surrounding the fetus in the mother's uterus.

CONCEPTION - The beginning of development of the embryo.

EMBRYO - The stage of development that occurs approximately 2 weeks after fertilization to the eighth week of pregnancy. This is the period of time that many of the major organ systems are being formed and therefore when developmental defects are most likely to occur.

FERTILIZATION - The uniting of an ovum and a sperm during conception.

FERTILIZATION AGE - The actual age of the fetus, calculated from the estimated day of ovulation.

FETUS - The period of development from 10 weeks gestational age to birth.

GESTATIONAL AGE - (based on a 28 day cycle) is calculated from the first day of a woman's last menstrual period. About 280 days, or 40 weeks, elapse between the first day of the last menstrual period and the birth of the infant.

Glossary of Terms
Continued

Gestational age is also referred to as number of weeks pregnant.

IMPLANTATION - The process of an embryo embedding itself into the lining of the uterus.

ICN - Intensive Care Nursery.

LANUGO - The fine hair that covers the body of the fetus.

OVULATION - The release of an ovum by the ovary.

OVUM - The female reproductive cell; an egg.

SEBACEOUS GLANDS - Oil glands in the skin.

SPERM - The male reproductive cell.

UTERUS - The hollow muscular organ in the female where a developing embryo implants itself and grows to maturity.

VERNIX CASEOSA - White cheese-like substance that covers the skin of the fetus from about the 28th week of gestation.