

# MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION

SFN 2053 (2/85) 5M



ROLL NUMBER
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DESCRIPTION

24409

2005 SENATE HUMAN SERVICES

SB 2409

2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2409

Senate Human Services Committee

Conference Committee

Hearing Date February 7, 2005

Tape Number	Side A	Side B	Meter #
1		X	3,880-END
2	X		1-1420
3	X		2395-2700
Committee Clerk Signature <i>Cathy Nivand</i>			

Minutes: **Chairman Lee opened the hearing on SB 2409, relating to the establishment of an alternative to abortion services program.**

**Senator Aaron Krauter appeared before the committee to introduce the bill.** See written testimony.

**Chairman Lee-** Where will we get the funds for this program?

**Senator Krauter-** TANF is a block grant for the state, and we currently do not use all of the block grant dollars from it. The carry over amount was \$6.8 million in 2001-2003, the projected amount available from this biennium is \$10. 8 million.

**Senator Brown-** Why is there not a fiscal note on this?

**Senator Krauter-** The appropriation is written into the bill. If this committee passes the bill, it will be re-referred to the Appropriations committee.

**Stacy Pfliger, the Executive Director of the ND Right to Life Association** appeared in support of the bill. See written testimony.

**Senator Dever-** This issue was brought to us in 2001, I'm not sure what the result was of the study.

**Stacy-** The study was based on the result of the TANF funds.

**Christopher Dodson, executive director of the North Dakota Catholic Conference,** appeared in support of the bill. See written testimony.

**Chairman Lee-** We have heard of pregnancy support offices that were concerned about using Title 10 funding because if they applied for it, they felt their work would be restricted.

**Chris-** Those organizations that do accept the Title 10 funds, such as the local public health agencies, can't apply for this grant. The state can reimburse those that provide services without proselytizing an abortion. Another issue is whether state agencies can use such funding for alternatives to abortion programs. They can if they follow the federal laws, most of the public health agencies participate in Title 10, and therefore would be ineligible to participate in the program.

**Pauline Economon, the Executive Director of the First Choice clinic in Fargo** appeared in support of the bill. She handed out pamphlets to committee members explaining the type of work they do at the clinic. The primary mission of the clinic is to help women who face an unplanned pregnancy with intervention and support. All of the services are offered free of charge, with funding provided by individuals and churches. The bill would allow agencies such as theirs to continue to work in the anti-abortion area, and would help enhance the clinic's services. Several other communities in the state need clinics similar to the First Choice clinic to provide services to women.

**Senator Dever-** Is your clinic associated with a particular church?

**Pauline-** We are an interdenominational group, and receive funding from several area churches. We are a faith based, nonprofit organization.

**Christine Rondeau, from the ND Family Alliance** appeared in support of the bill.

**John Hogan, from the Department of Human Services,** appeared before the committee to give information on TANF funding.

**Chairman Lee-** Can we draw upon federal funds to fund this alternative to abortion operation, and if the state will match funds for this.

**John-** TANF funding is based on state expenditures, each state has to spend 75% of their historical spending in order to get the federal portion of the money.

**Chairman Lee-** So, we could draw down this funding, and it would not have an effect on the general fund?

**John-** that is correct.

**Senator Warner-** Is there deflation built into that figure?

**John-** We have the same funding since TANF began in 1997, it has not changed any. None of the reauthorization bills have an increase in funding.

**Chairman Lee-** If we approve this bill, we would be able to draw down \$500,000 from additional federal funds?

**John-** That would be correct. The main issue is the allowability of spending. There are four broad purposes in TANF, the spending has to qualify under those. They are as follows:

1. Provide assistance to needy families for children to remain in their own homes.
2. Ending dependence of needy families on government benefits by promoting job preparation.
3. Prevent and reduce out of wedlock pregnancies.

4. Encourage the formation and maintenance of two parent families.

**Senator Krauter** delivered an amendment to the bill to committee members.

**There was no neutral or opposition testimony to the bill.**

**Chairman Lee closed the hearing on SB 2409. No action was taken.**

**Chairman Lee opened the meeting on SB 2409 .**

**Action taken:**

**Senator Dever made a Do Pass recommendation, to re-refer it to Appropriations for SB 2409. Seconded by Senator Lyson. The bill passed unanimously, 5-0-0. Senator Dever is the carrier of the bill.**

**Chairman Lee closed the meeting on SB 2409.**

50813.0301  
Title.0400

Prepared by the Legislative Council staff for  
Senator Krauter  
February 4, 2005

PROPOSED AMENDMENTS TO SENATE BILL NO. 2409

Page 1, line 21, replace the first "for" with "from"

Renumber accordingly



**REPORT OF STANDING COMMITTEE (410)**  
February 7, 2005 4:33 p.m.

**Module No: SR-24-2046**  
**Carrier: Dever**  
**Insert LC: . Title: .**

**REPORT OF STANDING COMMITTEE**

**SB 2409: Human Services Committee (Sen. J. Lee, Chairman) recommends DO PASS and BE REREFERRED to the Appropriations Committee (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2409 was rereferred to the Appropriations Committee.**

2005 SENATE APPROPRIATIONS

SB 2409

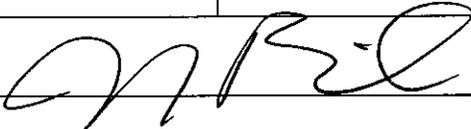
2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2409

Senate Appropriations Committee

Conference Committee

Hearing Date 02/11/0

Tape Number	Side A	Side B	Meter #
Committee Clerk Signature 			

Minutes: **Chairman Holmberg** called meeting to order on SB 2409.

**Sen. Krauter, District 31** introduced SB 2409. Sen. Krauter provided the committee with a brief overview of the bill. Sen. Krauter also proposed amendments to SB 2409. Sen. Krauter stated to other state who have developed an alternative-to-abortion with much success, He feels that ND can do the same.

**Sen. Mathern (422)** Is the TANIF carry over money in ND or in the Federal Cofferes.

**Sen. Krauter:** It is in the Federal Cofferes, it would not cost ND money. We could use 2 or 3 times as much and it still would not cost the state of ND.

Questions were asked of Sen. Krauter regarding the balance sheet he provided. Sen. Krauter refereed all questions to the back page of his testimony, the balance sheet.

No further questions were asked of Sen. Krauter. A voice vote to accept the amendment was taken. A **DO PASS as AMENDED** motion was made by Sen. Krauter, seconded by Sen.

Bowman. The bill passes with 15 yeas and 0 nays.

50813.0301  
Title. 0400

Prepared by the Legislative Council staff for  
Senator Krauter  
February 4, 2005

II

PROPOSED AMENDMENTS TO SENATE BILL NO. 2409

Page 1, line 21, replace the first "for" with "from"

Renumber accordingly

Date 2-10  
Roll Call Vote #: 1

**2005 SENATE STANDING COMMITTEE ROLL CALL VOTES**  
**BILL/RESOLUTION NO. SB 2409**

Senate SENATE APPROPRIATIONS Committee

Check here for Conference Committee

Legislative Council Amendment Number Do Pass <sup>AS</sup> / ~~for~~ Amendment

Action Taken \_\_\_\_\_

Motion Made By ~~AS~~ K Seconded By B B

Senators	Yes	No	Senators	Yes	No
CHAIRMAN HOLMBERG	✓		SENATOR KRAUTER	✓	
VICE CHAIRMAN BOWMAN	✓		SENATOR LINDAAS	✓	
VICE CHAIRMAN GRINDBERG	✓		SENATOR MATHERN	✓	
SENATOR ANDRIST	✓		SENATOR ROBINSON	✓	
SENATOR CHRISTMANN	✓		SEN. TALLACKSON	✓	
SENATOR FISCHER	✓				
SENATOR KILZER	✓				
SENATOR KRINGSTAD	✓				
SENATOR SCHOBINGER	✓				
SENATOR THANE	✓				

Total (Yes) 15 No 0

Absent 0

Floor Assignment HMS

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

REPORT OF STANDING COMMITTEE (410)  
February 11, 2005 2:16 p.m.

Module No: SR-28-2594  
Carrier: Dever  
Insert LC: 50813.0301 Title: .0400

**REPORT OF STANDING COMMITTEE**

SB 2409: Appropriations Committee (Sen. Holmberg, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (15 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2409 was placed on the Sixth order on the calendar.

Page 1, line 21, replace the first "for" with "from"

Renumber accordingly

2005 HOUSE HUMAN SERVICES

SB 2409

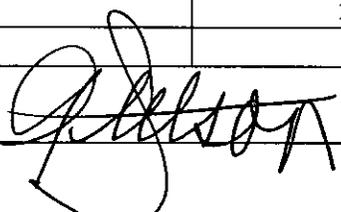
2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2409

House Human Services Committee

Conference Committee

Hearing Date 3/8/05

Tape Number	Side A	Side B	Meter #
2	x		12.0--end
		x	0--4.1
Committee Clerk Signature 			

Minutes:

**Chairman Price:** Opened the hearing on SB 2409.

**Senator Krauter, District 31:** There to introduce SB 2409. (See Attached Testimony)

**Chairman Price:** We have gotten the breakdown of how many are repeat abortions, and it was surprisingly high to me in the past.

**Senator Krauter:** I understand what you are saying.

**Chairman Price:** Who else is testifying in favor?

**Representative Koppelman:** (13.4) It is good to be before you today. Thank you for allowing me to be here. As Senator Krauter mentioned, similar bills have been before us before. Frankly I believe those bills have had some flaws. When I was asked to sign onto this legislation I made sure that some changes were made, and I think this is much more palatable compared to what we have looked at in the past. Let me say that I won't be going into detail because I think others here will be doing that. I think it is very important to us to look at this possibility positively. The

reason I say that is that whoever I talk to about the issue of abortion, regardless of what side of the issue they are on, everyone agrees on one things and that is that they feel abortions should be more rare. That we should do every thing that we can do to minimize abortion. Everyone agrees that it is a tragic thing that happens. I think this bill allows the state of North Dakota to be involved in that process by counseling and offering alternatives to abortion to those who are facing that decision. That's why this is a very positive step. I have just been handing some information that some may be opposing this on the grounds that it would only apply to secular counseling and that it should not be connected with any government dollars and so on. While I have not read thoroughly those concerns, I would just submit to you this; the President has set forth some concepts about faith based initiatives, and my understanding as to what he is saying is this- there are some organizations in this nation that come at an issue from a faith based perspective and they have been undeniably successful. When we look at their success rate in dealing with various issues, they do a much better job than those of us in government do. I think what the President is saying, and I think what congress is saying in supporting those initiatives is that we as a society is good job and pat them on the back and say lets send what some of the folks that offer what you need to you. I don't know if you could possibly divorce your faith, if you are a faith based organization, for what you do. I think wherever that balance is, it is there somewhere, and I think this is a good opportunity for us as a state to get involved, and favor a pro-life stance. I urge a Do Pass for SB 2409.

**Representative Porter:** (16.1) Do you see in this bill that the state will be competing against the faith based organizations or do you see the dollars passing through the state to enhance the already existing alternative to abortion services that are operating in the state - faith based or not?

**Representative Koppelman:** My understanding is certainly is not to be competing but enhancing.

**Stacey Pflieger, Executive Director of the North Dakota Right to Life Association:** (16.9)

(See Attached Testimony) Testifying in support of SB 2409.

**Representative Porter:** (19.0) The way the bill reads it says “shall establish an operative program” do you see that language as being something that the state is going to be competing against the other, whether they are faith based or non faith based alternatives to abortion services that are currently available in the state of North Dakota?

**Stacey Pflieger:** I see it as Representative Koppelman sees it that we will enhance that. I hope that one of the things that will happen is that we will enhance services in the western part of the state because we really don't have many services available on that part of the state.

**Representative Porter:** Where does it say that in the bill though? There is very clear language that the Department of Human Services shall establish and operate a program to provide alternatives to abortion services; it doesn't anywhere in there enable them to contract or to pass these dollars through to already existing services. I look at it as we are starting a new program.

**Stacey Pflieger:** I can't answer that question. I would look at the sponsors of the bill for that one.

**Pauline Economon, Executive Director of First Choice Clinic, Fargo:** (20.4) (See Attached Testimony)

**Representative Damschen:** (26.5) In reading the bill, do you find anything that remotely suggests that establishing the assistance program is intended to compete with any existing programs.

**Pauline Economon:** No I do not see it that way. It has been successfully implemented in other states and it has not been a competition to other pregnancy care centers in other states. In fact, talking to other directors it has enhanced their ability to serve and meet the needs.

**Representative Devlin:** Along those same lines, in line 9 and 10 it is pretty clear that the department is supposed to establish and operate the program. It does not talk about providing funding to other programs. It is very clear that they are supposed to establish and operate a program of their own. I don't think that was the intent of the bill sponsors, but that is what the bill says.

**Chairman Price: (27.7)** Some of the women are married and you do the follow up care for a year afterwards. What type of pregnancy prevention type things do you handle with your clients, I know abstinence is a piece of it, but is that the only thing?

**Pauline Economon:** Definitely for our single clients we recommend saving sexual activity until marriage, we have a whole sexual integrity program that is a 12 part series program. For those who are married, I am a Krieten Model Family Care Practitioner which is a method of natural family planning based out of Krieten Medical University which has a higher effective rate for avoiding or achieving a pregnancy.

**Representative Potter: (28.7)** My question deals with the money in this. You with your program would have some idea as to what it costs you yearly. This bill is asking for appropriations of \$500,000 for the biennium, plus trying to get money from other sources, and it also to be throughout the state instead of just one community. How do you see that amount of money?

**Pauline Economon:** I don't think that is my place to say how that is divided. I just care about the state and that we have centers available throughout the state and those centers that are in existence are provided with some ongoing funding. I trust the sponsors of this bill and the Health and Human Services Department. I am sure that they have looked at this.

**Representative Damschen: (30.0)** I am going to ask the question again because it is an issue. Looking at the line of the bill we are referring to there definitely instructs the Department of Human Services to establish and operate a program to provide alternatives to abortion services. Do you in any way interpret that to be demanding or suggesting that this compete with existing programs?

**Pauline Economon:** I think that we can collaborate - that we would work together. I do not feel that it would be competition.

**Senator Krauter:** Let me answer that particular question, because when we had the piece of legislation drafted that was one of my concerns. When I went to the legislative council, I said that I wanted the Department to have the flexibility to not do this within the Department, but to contract out with one or more entities to establish this. They patterned it after some of the other things that we have done in the legislature. An example is when we started the college save program at the Bank of North Dakota. We wrote it so that the Bank of North Dakota would establish and operate a college save program. They have gone out and gotten contracts for Mortgage Stanley to do it. So the council said that this was the way to do that from the standpoint of giving them that authority to have the program. The second thing was that they requested that in my testimony that I emphasize the intentions of the sponsors of the bill was for it to be a contract or something of that nature. The third thing was that they said that it does not

specifically say in the legislation that they cannot contract out; by giving them that type of language it would give them those options to do those things. I should have mentioned that previously but it was a question that came up in Senate Appropriations.

**Maureen Wanner, Mandan, ND: (32.9) (See Attached Testimony)**

**Christopher Dodson, Executive Director of North Dakota Catholic Conference: (38.0) (See Attached Testimony)** I would like to address one question that was raised regarding follow up. I know that in Pennsylvania there was two types of follow up. Individual centers they would call them. I know that they do that at some of the centers here. Sometimes a year after the child has been put up for adoption. Also the state of Pennsylvania has a different type of follow up to see through data to know that there are some other programs doing this.

**Chairman Price:** We will go to the opposition at this time.

**Martin Wishnatsky, Fargo, ND: (40.4)** I have to say that I consider this to be very bad legislation. It is another welfare program. Even worse than that it is a form of socialism. Socialism is when you take something that the private sector is doing and the government takes it over. That is what is happening here. Pregnancy counseling before today in this state has never been government function. It has always been a private function. Now it is suggested that the government needs to come in and provide overwhelming funding for this. A budget that is probably twice what the existing pregnancy centers are spending themselves. I would have to disagree with Representative Krauter on what was decided when this legislation was last considered. This same bill was proposed in the year 2001, except it spelled out more clearly the limitations on organizations that take government funds. In the year 2001, the bill said specifically that there will be no religious exercises. Another words if you are a religious

organization and you take this funding, you have to leave your religion on the shelf when you council. You have to become secular. What does that do to religious organizations?, because crisis pregnancy centers all across the country are Christ centered. They are created by people who understand the sanctity of human life, and want to draw people out of a lethal decision to honor life. When the government funds those organizations, they have to become secular because if they take the government money without being secular they violate the establishment clause. The government cannot fund religious instruction. This is not food or shelter, this is counseling. Counseling is a pastoral option. It is where you engage in moral teaching. Unless of course you do it with government funding then you can't. You cannot say have you committed a sin? You can't ask what would God think about what you are doing? That is the limitation.

Christian organizations, if they wish to remain Christian, must refuse to be part of this program to maintain their religious integrity. The alternative is that they can deny their faith and take the money; that is exactly what is happening with the First Choice Clinic in Fargo. We just heard Pauline Economon say that there will be no promotion of religion or any religious teaching, and their counseling will be neutral. Neutral is a word that the abortion clinic uses for its counseling. The second item in the packet that I gave you is an article written by Pauline publishing a new  
???? Writing in a Catholic publication that the whole purpose of her crisis pregnancy work is to lead women to Christ. Which is a very honorable and noble enterprise indeed. Then why does she stand up here today to support legislation and say that they do not have any promotion of religious training or religion. Because if you want the government money, you have to deny the faith. Do you wish to put a carrot like that before the Christians and pregnancy centers of this state and to encourage them as what has happened here to deny their faith in order to receive a

few measly dollars. The government will destroy one of the most beautiful and effective engines of moral rehabilitation that there is in existence in the private sector. Additionally in the packet you have the testimony of Patricia Larson (**See Attached Testimony**), who is the Executive Director of The Women's Care Clinic. It is the oldest crisis pregnancy center in the state of North Dakota. She is 100% against this legislation. She would not touch a penny of it. Her counseling is thoroughly Christian, and she has saved hundreds of women's lives with one on one counseling. The government cannot subsidize this counseling. In addition there is a legal memo from two attorneys in Fargo in which they state that it is a violation of the establishment clause for government financed Christian counseling, and the result is that the government creates a new form of secular counseling that does not prevent abortions, but undermines the existing private counseling. As the questions have been brought up here that so accurately pinpoint that this is a program to be competition for privately funded Christian counseling. An opportunity for the government to overwhelm a beautiful function of the private sector. This is an area where the government must keep it's hands off, and leave a little room for the work of Christ to continue because it is effective.

**Representative Nelson: (49.4)** I do not disagree with the fact of the work that has been done, but the facts remain that there are 1350 abortions in North Dakota in 2003. That beautiful work is not being done enough. The groups that have stood up here and have credibility in providing services are - I don't believe that Catholic Family Services shares your view in that separation issue. I guess I in previous trips to Bismarck, you always seem to come on the side that we need to stop abortion, this bill does that. I am confused at where you are coming from, you cannot have it both ways.

**Martin Wishnatsky:** This bill ???? To do that. I don't believe it does. Here is another point, in the 2001 session the legislation was turned into a study bill because of the serious problems that I have been discussing today, and I have to disagree with Representative Krauter that the study committee recommended the legislation because it was exactly the opposite. During the study commission session, in Grafton in September of 2002, after they were all done Representative Kerzman moved that the Legislative Council prepare a bill like the one in 2001 that had failed. It says right in the minutes of the Interim House Budget Committee on Human Services that the motion failed for lack of a second. That study commission studied this for five or six sessions, and Representative Kerzman could not even get a second on the bill. They understood that this was not good legislation. Furthermore, they had a representative of the state department of health testify about what a state funded hotline was to say. It said that the hotline would provide the spectrum of all legal options in response to these questions, including alternatives to abortions and abortion services. This is about as far of a cry as from government funded pregnancy counseling from soul saving compassion that comes from the private sector, from people who are not in it for the money, from people of God that out of their heart reach out and help people.

**Representative Nelson:** (53.8) The fact still remains that there have been over 4000 abortions in the state of North Dakota since that interim committee met.

**Martin Wishnatsky:** The number of abortion is peaked at 3000. It is not 1400 as you were told. It has come down a long way from 3000. The reason that the number has gone up in recent years is that the abortion clinic is doing more advertising. The other thing that you do by funding this

by government it tends to dry up private support. When they see this big check coming from the government they don't seed private support as earnestly.

**Tim Lingren, State Director of North Dakota Life League: (55.7) (See Attached Testimony)**

**Tape 2, Side B**

**Ron Shaw: (3.6)** Why does the federal government give tens of millions of dollars to planned parenthood, the largest provider of abortions in the entire country, and then shoots down some money here for us to try and stop what they are doing there? It doesn't make any sense.

**Chairman Price:** We have had that discussion among ourselves, and I do not have a good answer for you. Close hearing on SB 2409.

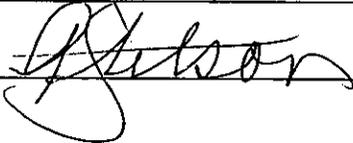
# 2005 HOUSE STANDING COMMITTEE MINUTES

## BILL NO. SB 2409

### House Human Services Committee

Conference Committee

Hearing Date March 9, 2005

Tape Number	Side A	Side B	Meter #
2		X	2863-4173
Committee Clerk Signature 			

Minutes:

**Chairman Price** called the meeting to order. The discussion was do we want to department to establish the program or do you want the department to be the funding.

**Rep. Kaldor**: I just don't want the department to establish a new program. When the bill has words in a singular form does that then mean just one program is going to be eligible for the 500,000?

**Chairman Price**: I agree with Rep. Delvin's reading. It is affecting one program in that department and I don't think that was the intent of the sponsors, but rather that the money would go through the department to the appropriate groups.

**Rep. Kaldor**: What we want to establish is a grant system to provide alternatives to abortion services that are outcome based with positive outcome base results. So that programs across the state would apply for a grant. That is what we are looking at.

Chairman Price took a show of hands to see how many people want this bill to move forward in some form.

**Rep. Devlin:** I was going to offer some possible language.

**Rep. Kaldor:** I was wondering maybe when legislative counsel drafted this, if by using the word program to provide alternatives to abortion services that that would allow them to establish a granting program whereby entities like the one that was here yesterday and other entities could apply for those funds to provide those alternatives. In other words they are using the term program in a board sense, rather than in establishing their own specific call center and hire people to provide these services that they are establishing a program to authenticate others to do those services.

**Rep. Potter:** What we want this to do. That the money goes through the department and is handed out to these fine agencies.

**Rep. Delvin:** If we were to overstrike in line 9, establish an operate a program. If we would overstrike that and just say "the department of human services shall provide funding for new and existing programs, which provide alternatives" would be the new language.

**Rep. Potter:** Don't we want them to get some sort of general idea of what they are looking for and have people apply to them?

**Rep. Delvin:** This just described specifically what the program is. The other issue is we need to tie in something within the appropriations section 3 or something. We are not going to provide funding other than what is available or they get out of the grant program. Discussed proposed change in amendment verbiage).

Lots of discussion on the bill and how different areas of the country handle this.

**Chairman Price:** Lets draft the amendments a couple different ways to see if it is what we want.

Give me any proposals you have and I will take them upstairs for writing. I think we are all on the same page where we want to go.

**Rep. Potter:** I still think we need to leave in shall establish and operate a program. Because I think they need to get some of, if it is a grant type situation, get things organized and who can apply and how is it going to go. To me that is operating a program. Setting up the plaminators of the program.

**Chairman Price:** I questions that. I don't want to have to hire a full time employee to set up there and operate something.

**Rep. Devlin:** I won't vote for it where it says the department is going to operate any part of this program.

**Rep. Damschen:** There has to be an answer someplace when you think about the adoption program, corporate guardianship. I am not sure what the language is but that is what the practice. Got to be a way.

(Lots of people talking at once)

done(4173)

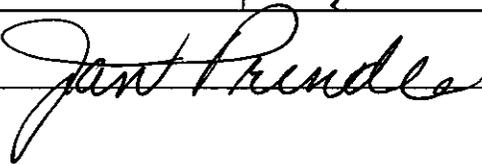
2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB 2409

House Human Services Committee

Conference Committee

Hearing Date **15 March 2005**

Tape Number	Side A	Side B	Meter #
1	X		848 - 1472
Committee Clerk Signature 			

Minutes:

**Chairman Price opened discussion of SB 2409.** She read an e-mail from Rep. Sandvig.

She distributed a proposed amendment from Rep. Koppelman. She went through the amendment. I think the Committee's goal was that it not be a program run through the Department but rather that they be a pass through for the funds.

**Rep. Devlin:** I'm not sure why we need to amend line 18.

**Chairman Price:** I don't disagree. I think it's there because in line 10 they talk about "services." That has to do with the report to the Legislative Council.

**Rep. Devlin:** I would prefer that they eliminate the word "services" completely.

**Rep. Weisz:** It needs to be clear that the Department is still in charge of funding. They will decide which groups are going to be eligible for the funding criteria.

**Rep. Devlin:** That line 18 can stay in there. These amendments are fine.

**Chairman Price:** Does anyone wish to move the amendments or do you not like them.

Page 2

House Human Services Committee

Bill/Resolution Number **SB 2409**

Hearing Date **15 Mar 2005**

**Rep. Damschen: I'll move the amendments.**

**Rep. Weisz: I'll second.**

**A voice vote was taken: The amendments were accepted.**

**Rep. Nelson: I move a do pass as amended and rerefer to Appropriations.**

**Rep. Potter: I second.**

**A roll call vote was taken:**

**Yes: 10, No: 1, Absent: 1 (Sandvig)**

**Rep. Kaldor will carry the bill.**

**House Amendments to Engrossed SB 2409 - Human Services Committee 03/15/2005**

Page 1, line 9, replace "operate a program to" with "implement a procedure to facilitate funding to nongovernmental entities that"

Page 1, line 10, replace "program" with "services"

Page 1, line 18, replace "program" with "funding"

Page 1, line 23, replace "operating an" with "implementing"

Page 1, line 24, replace "program" with "funding"

**House Amendments to Engrossed SB 2409 - Human Services Committee 03/15/2005**

Page 2, line 1, replace "the program" with "this purpose"

Renumber accordingly

Date: 3/15/05

Amend's  
Roll Call Vote #: 1

2005 HOUSE STANDING COMMITTEE ROLL CALL  
BILL/RESOLUTION ~~NO. SB~~ 2409

House \_\_\_\_\_ Human Services \_\_\_\_\_ Committee

Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken motion to accept amend's -

Motion Made By Rep. Dams Seconded By Rep Weisz

Representatives	Yes	No	Representatives	Yes	No
Chairman C.S. Price			Rep.L. Kaldor		
V Chrm. G. Kreidt			Rep.L. Potter		
Rep. V. Pietsch			Rep.S. Sandvig		
Rep. J.O. Nelson					
Rep. W.R. Devlin					
Rep. T. Porter					
Rep. G. Uglem					
Rep. C. Damschen					
Rep. R. Weisz					

Total Yes \_\_\_\_\_ No \_\_\_\_\_

Absent \_\_\_\_\_

Floor Assignment Rep.

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

motion amend:-  
voice vote unanimous-

Date: 3/15/05

Roll Call Vote #: 2

2005 HOUSE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. HB 5B2409

House Human Services Committee

Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken Do Pass - Re Ref - to Approp.

Motion Made By Rep Nelson Seconded By Rep Potter

Representatives	Yes	No	Representatives	Yes	No
Chairman C.S. Price	✓		Rep.L. Kaldor	✓	
V Chrm.G. Kreidt	✓		Rep.L. Potter	✓	
Rep. V. Pietsch	✓		Rep.S. Sandvig	AB	
Rep.J.O. Nelson	✓				
Rep.W.R. Devlin	✓				
Rep.T. Porter		✓			
Rep.G. Uglem	✓				
Rep C. Damschen	✓				
Rep.R. Weisz	✓				

Total ( ) 10 No )

Absent 1 - Sandvig

Floor Assignment Rep Kaldor

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

**REPORT OF STANDING COMMITTEE**

**SB 2409, as engrossed: Human Services Committee (Rep. Price, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (10 YEAS, 1 NAY, 1 ABSENT AND NOT VOTING). Engrossed SB 2409 was placed on the Sixth order on the calendar.

Page 1, line 9, replace "operate a program to" with "implement a procedure to facilitate funding to nongovernmental entities that"

Page 1, line 10, replace "program" with "services"

Page 1, line 18, replace "program" with "funding"

Page 1, line 23, replace "operating an" with "implementing"

Page 1, line 24, replace "program" with "funding"

Page 2, line 1, replace "the program" with "this purpose"

Renumber accordingly

2005 HOUSE APPROPRIATIONS

SB 2409

2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB2409

Alternatives to Abortion

House Appropriations Full Committee

Conference Committee

Hearing Date March 23, 2005

Tape Number	Side A	Side B	Meter #
1	X		#20.8 - #38.7
Committee Clerk Signature <i>Chris Alexander</i>			

Minutes:

**Rep. Ken Svedjan, Chairman** opened the discussion on SB2409.

**Rep Price** distributed handout #53-1 (attached) and explained that the department is not starting a new program but is working as the pass through for the funding. They are asking for unused federal Taniff dollars that could be used to pass through the department for this program. An alternative funding possibility is to apply through the faith based initiative office and obtain funding and let it pass through the department. These faith based organizations are not evenly distributed across the state and there is the need for some of these groups to expand into western North Dakota so that more people have access to their services.

**Rep. Ken Svedjan, Chairman** commented that the appropriation here is hinged on whether or not there is unobligated Taniff dollars that could be applied to this program. The faith based moneys would be grant money from the federal government through the faith based initiative.

**Rep. Jeff Delzer** asked if the committee asked Human Services what the level of carry over was for these Taniff dollars.

**Rep Price** explained that Human Services indicated that there would be money available but they did not give us a specific dollar figure.

**Rep. Jeff Delzer** commented that Human Services spent more than what was coming in on this fund in the last session and asked if this had to be run through Human Services or could it be done by the new office in the Governor's office.

**Rep Price** answered that this was done through Human Services because of the Taniff dollars, but there was no one who said that this had to be done this way

**Rep. Jeff Delzer** suggested that some of the title 5 moneys in the Health Department could be used for this.

**Rep. Ken Svedjan, Chairman** commented that if there were no federal funds available and if there were no carry over Taniff dollars then there would be no money available to start this.

**Rep Priced** answered that this was correct.

**Rep. Bob Skarphol** noted lines 10 and 11 concerning outcome based results and asked who made the judgment call for this

**Rep Price** answered that judgments would be made by the entity assigned to implement this program.

**Rep. Ken Svedjan, Chairman** asked if this section means that the services must focus on positive outcomes or does it require a positive outcome.

**Rep Price** answered that this is based on the fee for service being that the positive outcome in this case would be to not have an abortion. (meter Tape #1, side A, #26.8)

**Rep. Ken Svedjan, Chairman** commented that the service was intended to be outcome based, but there can be no real guaranteed results.

**Rep. David Monson** asked if this would only be expended if there were rollup Taniff dollars

**Rep. Ken Svedjan, Chairman** answered that this was correct and/or if there were federal dollars available through the faith based initiative. Rep Svedjan then asked if there was a breakdown of what comprises the \$500,000

**Rep Price** answered no. They were told that this would come from unobligated Taniff dollars.

**Rep. Bob Skarphol** commented that he was still not comfortable with lines 10 and 11 because it implies that if the results are not positive then you are no longer eligible to provide the service.

**Rep Price** answered that the decision on this will be made after a year or so when they can evaluate the program overall and look at the results that have come from the service throughout that year and see if overall it is having a positive impact. Decisions can not be made on a case by case method. This is very subjective and goal based.

**Rep. Francis J. Wald** asked if lines 12-15 would answer Rep Skarphol's concern

**Rep Price** commented that the number of abortions have increased in North Dakota and if the moneys are available it is worth trying to reverse these statistics.

**Rep. Ken Svedjan, Chairman** added that the title of the bill suggested the intended results

**Rep. Jeff Delzer** commented that he agreed with the intent of the bill but was uncomfortable with the funding. It is not good to commit the Taniff dollars when they may be needed elsewhere at another time. Rep Delzer asked if it was possible to get a breakdown of how the sponsors of the bill intended the moneys to be spent.

**Rep. Bob Skarphol** asked if this project was done in the past and this bill would reestablish it.

**Rep. Price** answered that the project has not been done before but the bill has been through the assembly before.

**Sen. Krauter** distributed written testimony (handout #53-2, attached) and explained that this bill sets up some policies for pregnancy services throughout North Dakota. In the 2001-03 biennium the Taniff dollar rollover was \$6.8 million. In 2003-05 biennium, the carry over is projected at \$10.8 million. Taniff dollars can be used for preventative measures so this is why we chose this funding. These dollars would be used for different preventative procedures as simple as billboard ads and a toll free number where women could call to get counseling. The purpose for all of this is to reduce the number of abortions in North Dakota.

**Rep. Jeff Delzer** requested that this bill be held until he had a chance to discuss these specifics with Human Services and with the Department of Health.

**Rep. Mike Timm, Vice Chairman** asked if the last page of this testimony was a total of abortions broken out by regions

**Sen. Krauter** explained that the report was based on the patient's address so it would be where they lived rather than where the abortions took place.

**Rep. Ken Svedjan, Chairman** asked if there were any concerns regarding this jeopardizing the dollars needed for Taniff in the future.

**Sen. Krauter** answered the he was comfortable with the long term position of the Taniff dollars and the discussions with the agencies assured him that there would be sufficient funding for this is the leftover Taniff dollars.

**Rep. Ken Svedjan, Chairman** noted that this bill would be set aside until Rep Delzer can discuss the specifics with Human Services. Rep Svedjan commented that he believed this would

Page 5

House Appropriations Committee

Bill/Resolution Number SB2409

Hearing Date March 23, 2005

be an appropriate use of Taniff dollars but it does not preclude any attempts to secure grants that may be available through the faith based initiative.

**Rep. Ken Svedjan, Chairman** closed the discussion on SB2409.

2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. SB2409  
Alternatives to Abortion

House Appropriations Full Committee

Conference Committee

Hearing Date March 24, 2005

Tape Number	Side A	Side B	Meter #
1	X		#17.3 - #24.3
Committee Clerk Signature <i>Chris Alexander</i>			

Minutes:

**Rep. Ken Svedjan, Chairman** opened the discussion on SB2409 and summarized the discussion that was heard in our previous review of this bill.

**Rep. Jeff Delzer** explained that the rollup on Taniff dollars are sufficient. 2 years ago they were spending more then the granted funds. But since then they have changed some of their policies that have resulted in additional dollars to be used within the Taniff grant. Rep Delzer moved to amend this bill to change \$500,000 to \$300,000 on line 22.

**Rep. Al Carlson** seconded

**Rep. James Kerzman** commented that it would be better to let them start this new project and then check to see how they are doing and what could be changed in the next session.

**Rep. Blair Thoreson** commented that we should leave the money as it is and see what changes need to be made later.

**Rep. Eliot Glassheim** asked if the \$10.8 million was just sitting in the Taniff grant.

**Rep. Jeff Delzer** answered yes and explained that the concern of the Department of Human Services is the re-authorization of the Taniff program has not been done. (meter Tape #1, side A, #20.8)

**Rep. Eliot Glassheim** asked what is our normal spending in the Taniff money.

**Rep. Jeff Delzer** answered \$26 million a year. We are actually spending more than this because we are required to spend a maintenance of effort equal to 75% of what we spent in 1996, and this comes out of general funds.

**Rep. Ken Svedjan, Chairman** commented that this would not preclude applying for federal grants through the faith based initiative and called for a voice vote on the motion to adopt amendment to change line 22 to \$300,000. Motion failed.

**Rep. Francis J. Wald** moved a Do Pass on SB2409.

**Rep. Blair Thoreson** seconded

**Rep. Ken Svedjan, Chairman** called for a roll call vote on the Do Pass motion for SB2409. Motion carried with a vote of 23 yeas, 0 neas and 0 absences. Rep Kaldor will carry the bill to the house floor.

**Rep. Ken Svedjan, Chairman** closed the discussion on SB2409. (meter Tape #1, side A, #24.3)

Date: March 24, 2005  
Roll Call Vote #: 1

**2005 HOUSE STANDING COMMITTEE ROLL CALL VOTES**  
**BILL/RESOLUTION NO. SB2409**

House Appropriations - Full Committee

Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken DO PASS

Motion Made By Rep Wald Seconded By Rep Thoreson

Representatives	Yes	No	Representatives	Yes	No
Rep. Ken Svedjan, Chairman	X		Rep. Bob Skarphol	X	
Rep. Mike Timm, Vice Chairman	X		Rep. David Monson	X	
Rep. Bob Martinson	X		Rep. Eliot Glassheim	X	
Rep. Tom Brusegaard	X		Rep. Jeff Delzer	X	
Rep. Earl Rennerfeldt	X		Rep. Chet Pollert	X	
Rep. Francis J. Wald	X		Rep. Larry Bellew	X	
Rep. Ole Aarsvold	X		Rep. Alon C. Wieland	X	
Rep. Pam Gulleeson	X		Rep. James Kerzman	X	
Rep. Ron Carlisle	X		Rep. Ralph Metcalf	X	
Rep. Keith Kempenich	X				
Rep. Blair Thoreson	X				
Rep. Joe Kroeber	X				
Rep. Clark Williams	X				
Rep. Al Carlson	X				

Total Yes 23 No 0

Absent 0

Floor Assignment Rep Kaldor

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

REPORT OF STANDING COMMITTEE (410)  
March 25, 2005 6:32 a.m.

Module No: HR-55-6142  
Carrier: Kaldor  
Insert LC: . Title: .

**REPORT OF STANDING COMMITTEE**

SB 2409, as engrossed: Appropriations Committee (Rep. Svedjan, Chairman) recommends **DO PASS** (23 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SB 2409 was placed on the Fourteenth order on the calendar.

2005 TESTIMONY

SB 2409

F

SB 2409  
Senate Humans Service Committee  
Senator Judy Lee, Chairman  
Monday February 7, 2005

Good morning Chairman Lee and committee members. For the record my name is Aaron Krauter, State Senator from District 31. I stand before you today to introduce SB 2409, which establishes an alternatives-to-abortion services program in the state of North Dakota.

As a little history lesson, this program was first introduced in the 2001 Legislative Assembly. It received unanimous support in the Senate and the House of Representatives amended it into a study concerning the use of TANF dollars. The interim study was completed and it was concluded that TANF dollars could be used for an alternative-to-abortion services program.

My purpose for introducing SB 2409 is quite simple the number of abortions performed in North Dakota have not decreased, they have increased and I believe that with the current ruling of Roe-vs-Wade we still have the opportunity to educate people of all the positive options of childbirth.

The total number of abortions have seen a rise since 2001:

Year	Total abortions
2001	1216
2002	1219
2003	1354
2004	1173 *(through the month of September)

SB2409 contains three sections and I describe them as the following:

Section 1. The Department of Human Services has until January 1, 2006 to set up a program to provide services for alternatives-to-abortion. I envision this to be contract type basis that the department can make with one or more entities with the flexibility to make a program work for all of North Dakota. The first six months of the biennium gives the department time to put out an RFP and develop a program with positive out-come base results. The program will promote childbirth instead of abortion by providing information, counseling and support services that assist pregnant women or women who believe they may be pregnant to choose childbirth and to make informed decisions regarding the choice of adoption or parenting with respect to their children.

Other states have developed an alternative-to-abortion with much success. Since March 1996, Pennsylvania has counseled more than 85,000 women with free and confidential support, encouragement, guidance and practical assistance to women so they do not need to choose abortion. Michigan and Louisiana enacted legislation in 2004 and Minnesota is considering legislation also.

I wrote this legislation with flexibility for the department to look at what has been successful in other states and develop an RFP that will work for all of North Dakota. As I look over the abortion statistics from all the counties in North Dakota it is apparent that we need a state wide approach.

The approach must have positive outcome-based results meaning that the number of abortions or the abortion rate must be reduced. I feel that these results are very attainable when all the tools that can be made available to women are out there.

Just to give an example of a few that have been used in Pennsylvania are the toll free 1-800 counseling number that is seen on billboards, television ads, newspapers, magazines, in high schools, on college campuses and heard on the radio. If a women is not positively sure she is pregnant she can receive a pregnancy test kit. If the women is in school, the program will help to find ways to continue the education. The program will provide counseling on how to tell your parents, or your boyfriend or the father. Most of all these are strictly confidential. I urge anyone of you to visit the web site [www.realalternatives.org](http://www.realalternatives.org) to learn more about what opportunities are available in Pennsylvania.

Section 2 of the bill requires that the Department of Human Service report to the Legislative Council during the 2005-06 interim on the status of the alternatives-to-abortion services program. The reporting will give all of us the opportunity to comment on the progress.

Section 3 of the bill appropriate \$500,000 special funds from either TANF or other federal dollars to establish the program. It also requires the department to contact the federal office of faith-based and community initiatives to seek sources of funding also.

Chairman Lee and committee members that ends my introductory testimony of SB2409. I know that there are others here who would like to testify. I will happy to answer any questions.

TANF PARAYOVER

01-03(actual)    03-05(projected)  
\$ 6.8 m            \$ 10.8 m

TOTAL ABORTIONS REPORTED BY REGION				
REGION	YEAR			
	2001	2002	2003	2004*
I	14	22	24	18
II	100	101	101	94
III	40	40	51	42
IV	128	120	128	132
V	267	300	292	279
VI	55	48	51	36
VII	122	126	152	119
VIII	24	21	24	19
Non-Resident	466	441	531	434
Total	1216	1219	1354	1173

\* 2004 report should be considered incomplete - Statistics are from the first three quarters only



*North Dakota Right to Life Association*

Testimony before the SENATE HUMAN SERVICES COMMITTEE  
Senate Bill 2409  
February 7, 2005 9:30 am

Chairman Lee, members of the committee, I am Stacey Pflieger, Executive Director of the North Dakota Right to Life Association. I am here today in support of SB 2409 relating to the establishment of an alternatives-to-abortion services program.

SB 2409 reaffirms the tradition of the state of North Dakota to protect every human life whether unborn or aged, healthy or sick (NDCC 14-02.1-01). Implementation of this program will empower women experiencing what is often one of the most devastating crisis of their lives- an unplanned pregnancy. I think it is worth noting that a number of these women are young. In 2003 of the 1,354 abortions performed in North Dakota, 12 were under the age of 15; 269 were between the ages of 15-19. [See attached ND Abortion Statistics.]

While nationally abortion numbers are on the decline, the number of induced abortions in North Dakota are on the rise. In 2003 there were 1,354 abortions performed in North Dakota. This is the highest total of abortions performed since 1993 (1,406). [See attached national stats.]

Currently, I receive crisis pregnancy calls at my office. The women calling have many stories and reasons for placing the call. Some are wondering if we perform abortions; some are wondering how they will feel if they have the abortion (already suffering from post abortion trauma prior to the abortion); some are from men asking how they can save their child's life; some are looking for assistance because their boyfriend left them; and some are from scared teenagers who are shocked at the results of their home pregnancy test and need help telling the father of the child and their parents.

Pregnancy support service centers are few in North Dakota. The centers that are in existence operate on shoestring budgets relying heavily on charitable donations to keep the doors open. The centers not only face funding issues, but many also rely on volunteers to keep the doors open and the phones answered. Unfortunately, North Dakota's volunteer population is declining creating its own crisis for the centers. [See attached two sheets locating centers.]

While we continue to fight to restore legal protection for the unborn, we can foster a respect for human life and look for ways to alleviate the need for abortions and initiate legislation to that end. I believe that SB 2409 provides the opportunity to help meet the needs of women experiencing an unplanned pregnancy in North Dakota.

I urge the committee to give SB 2409 a **DO PASS** recommendation.

## DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES  
Office of the Assistant Secretary, Suite 600  
370 L'Entant Promenade, S.W.  
Washington, D.C. 20447

JAN 31 2002

The Honorable Joseph R. Pitts  
United States House of Representatives  
Washington, D.C. 20515

Dear Mr. Pitts:

Thank you for your letter asking for policy clarification about the use of funds under the Temporary Assistance for Needy Families (TANF) program.

As you know, there is broad flexibility within the TANF program to fund the types of services you envision, and efforts to reduce dependency and unwanted pregnancies are consistent with the broad purposes of the program. Broadly stated, services provided by pregnancy support centers, maternity homes, and social services agencies could be funded with Federal TANF funds under goals three or four regardless of recipient income. Services and benefits provided under goals one and two are limited to financially needy individuals and families.

Within this broad framework, there are some specific provisions in the TANF rules that people should be aware of as they work out the design and funding of their programs. Following is a written summary of some of the most important TANF provisions and policies.

In general, Federal TANF funds must meet standard Federal grant requirements and be spent on one of the four purposes of the TANF program. Since the first two purposes of TANF are targeted to needy families and parents, beneficiaries must be subject to income and/or resource tests. The third and fourth purposes are not restricted to the needy. Thus, under these purposes, States can develop family formation activities that serve individuals regardless of financial need. Also, Federal TANF funds may not be spent on medical services, except "prepregnancy planning services."

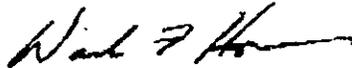
Page 2 – The Honorable Joseph R. Pitts

Finally, to receive "assistance" funded by Federal funds, families must contain a pregnant individual or a minor child living with a parent or caretaker relative. Also, teen parents must attend school and normally live in adult-supervised settings (e.g., at home, in a maternity home, or a second-chance home). Cash assistance to meet ongoing basic needs such as food and housing is considered "assistance"; child care and transportation for families that are not working are also considered "assistance." Nonrecurrent, short-term benefits provided for up to four months and most services are not considered "assistance"; thus, they are not subject to these restrictions.

Rules on the use of State maintenance-of-effort (MOE) funds are similar in many, but not all, respects. As long as expenditures meet TANF purposes, there are no restrictions on the use of State MOE funds for medical services or on the provision of "assistance" to needy teen parents. However, MOE expenditures are limited to "eligible families." Because of this limitation, State MOE funds may only be spent on families that are financially needy (under State-set criteria) and that include a pregnant individual or a minor child living with a parent or other adult relative. These requirements apply regardless of the TANF purpose.

I hope this overview is helpful. If you have any follow-up questions, please let us know.

Sincerely,



Wade F. Horn, Ph.D.  
Assistant Secretary for  
Children and Families



DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES  
Office of the Assistant Secretary, Suite 600  
370 L'Enfant Promenade, S.W.  
Washington, D.C. 20447

MAR - 6 2002

Amy N. (Kliniske) Warnke  
State Representative  
District 42  
P.O. Box 12982  
Grand Forks, North Dakota 58208-2982

Dear Ms. Warnke:

Thank you for your letter concerning the interim Budget Committee on Human Services' researching the possibility of providing abortion alternative services, including counseling, parenting classes, chastity education, adoption education, and referrals for child care, education, health care, WIC, and job training.

You have asked two questions regarding the use of Temporary Assistance for Needy Families (TANF) funds for alternatives to abortion services program. First, whether a State may use TANF funds to provide such alternative services, if the State determines that such activities further one or more of the purposes of the TANF program. Secondly, whether the use of such funds would in any way alter the work or practices of these programs -- e.g., the operation of a pregnancy crisis center.

Each of the four TANF purposes may enable a State to reasonably justify using Federal TANF funds to help pay for various kinds of family formation and child well-being activities. Based on the information you have provided, and depending upon the details of your program, it appears that the services you describe would meet one or more of the TANF purposes.

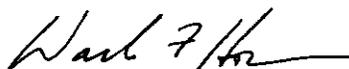
Neither TANF purpose three nor TANF purpose four limits a State to just helping financially needy families or financially needy individuals. Under either purpose, a State may provide services to the non-needy, as long as those services do not constitute "assistance" (per the definition at 45 CFR 260.31). Thus, States may help a greater segment of their residents under these two purposes. North Dakota would simply need to establish objective criteria for the delivery of services to the non-needy. By contrast, States are limited to only helping the financial needy under either TANF purpose one or two. Thus, North Dakota would need to establish income (and resource, if applicable) criteria that apply to receive any of the program's benefits.

Page 2 – Representative Amy Warnke

As you probably know, there are certain programmatic requirements to which the State must adhere, such as data reporting, work participation, time-limited assistance, whenever a State uses TANF funds to provide "assistance," as defined in 45 CFR 260.31. However, based solely upon the limited information you have provided, it does not appear that any of the services you are considering would constitute "assistance." There are also certain limitations regarding the use of Federal TANF funds, such as the prohibition on using such funds to pay for medical services (exception: pre-pregnancy family planning services). In addition, title IV-A section 408(d) of the Social Security Act and implementing regulations at 45 CFR 260.35 specify that any program or activity that receives Federal TANF funds must adhere to certain nondiscrimination provisions. From the information you provided, I do not think that "accepting government funds" should interfere with or impact upon the work or practices of programs and centers operating in the State.

Thank you for raising these questions. We believe that TANF funds can and should be used creatively to help improve the well-being of children. Please feel free to share additional information about your efforts in this area.

Sincerely,



Wade F. Horn, Ph.D.  
Assistant Secretary  
for Children and Families

# 2003 NORTH DAKOTA ABORTION STATISTICS

**Total Induced Abortions in North Dakota:** 1,354

## 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
2000	1,341
2001	1,216
2002	1,219
2003	1,354

\*\*Reporting was not required before 1979.

## Abortions by Age of Preborn:

5-8 weeks	697
9-12 weeks	511
13 weeks	68
14 weeks	38
15 weeks	28
16 weeks or more	12

## Previous Abortions:

0	917
1	304
2	92
3	31
4 or more	10

## Reported Complications:

None	1,354
------	-------

## Woman's Education:

Less than HS Diploma	218
HS Diploma	413
Some College	527
College Graduate	156
Post Graduate Study	32
Not stated	8

## Age of Woman:

Under 15	12
15-19	269
20-24	528
25-29	286
30-34	142
35-39	88
40-44	29

## Marital Status:

Not Married	1,130
Married	221
Not stated	3

## Race of mother:

White	1,115
Native American	168
Black	30
Asian	22
Other/Unknown	19

## Woman's Place of Residence:

North Dakota	823
Minnesota	450
South Dakota	70
Other States	10
Canada	1

## Living Children of Aborted Women:

No children	618
One Child	340
Two Children	239
Three Children	105
Four Children	32
Five or more Children	20

# 2003 NORTH DAKOTA ABORTION STATISTICS

## By North Dakota County of Residence:

Abortions Reported by the Red River  
Women's Clinic: 1,354

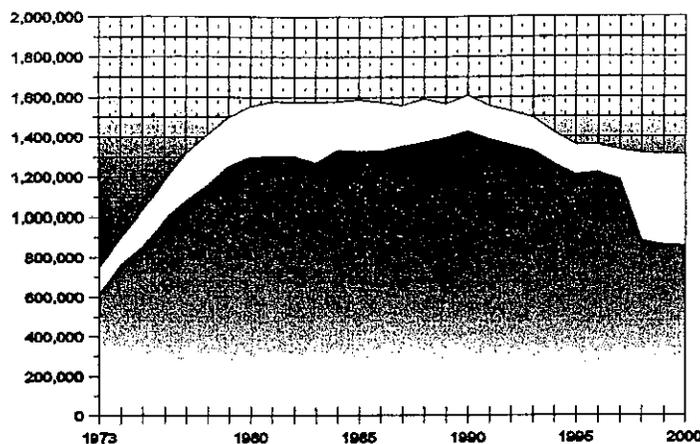
Out of state	531
Barnes	15
Benson	12
Burleigh	98
Cass	252
Grand Forks	110
McLean	6
Morton	35
Mountrail	9
Ramsey	18
Richland	23
Rolette	15
Sioux	8
Stark	19
Stutsman	20
Trail	10
Walsh	11
Ward	84
Williams	21

## By Governor's Planning Region:

Region I (Divide, Williams, McKenzie)	24
Region II (Burke, Mountrail, Renville, Bottineau, Pierce, McHenry, Ward)	101
Region III (Rolette, Towner, Cavalier, Ramsey, Eddy, Benson)	51
Region IV (Pembina, Walsh, Nelson, Grand Forks)	128
Region V (Cass, Richland, Ransom, Sargent, Steele, Trail)	292
Region VI (Barnes, Griggs, LaMoure, Dickey, Stutsman, Kidder, Logan, McIntosh, Wells, Foster)	51
Region VII (Burleigh, Emmons, Morton, Sioux, Grant, Oliver, Mercer, McLean, Sheridan)	152
Region VIII (Adams, Bowman, Golden Valley, Billings, Stark, Hettinger, Slope)	24
Out of State	531

These statistics were received from the North Dakota Department of Health. **NOTE:** The Department of Health states that the reason some of the total numbers do not equal the state occurrence total is the confidentiality issue. The Department does not release totals under 6 (six) for most categories. It has been determined that lower numbers could result in the identification of an individual.

## Reported Annual Abortions 1973 - 2001



□ Guttmacher    ■ CDC

1973	744,600	615,831
1974	898,600	763,476
1975	1,034,200	854,853
1976	1,179,300	988,267
1977	1,316,700	1,079,430
1978	1,409,600	1,157,776
1979	1,497,700	1,251,921
1980	1,553,900	1,297,606
1981	1,577,300	1,300,760
1982	1,573,900	1,303,980
1983	1,575,000	1,268,987
1984	1,577,200	1,333,521
1985	1,588,600	1,328,570
1986	1,574,000	1,328,112
1987	1,559,100	1,353,671
1988	1,590,800	1,371,285
1989	1,566,900	1,396,658
1990	1,608,600	1,429,577
1991	1,556,500	1,388,937
1992	1,528,900	1,359,145
1993	1,495,000	1,330,414
1994	1,423,000	1,267,415
1995	1,359,400	1,210,883
1996	1,360,160	1,221,585
1997	1,335,000	1,186,039
1998	1,319,000	884,273*
1999	1,314,800	861,789*
2000	1,312,990	857,475 **
2001	1,312,990 §	853,485 **
2002	1,312,990 §	
2003	1,312,990 §	
2004	1,312,990 §	

§ NRLC base figure

\* excludes NH, CA, AK, OK

\*\* excludes NH, CA, AK

1/05

# ABORTION

## United States Data and Trends

### Downward Trend Continues

After reaching a high of over 1.6 million in 1990, the number of abortions annually performed in the U.S. has begun to drop back to levels not seen since the late 1970s.

Two independent sources confirm this decline: the government's Centers for Disease Control (CDC) and the Alan Guttmacher Institute (AGI), Planned Parenthood's special research affiliate monitoring trends in the abortion industry.

The CDC ordinarily develops its annual report on the basis of data received from 52 central health agencies (50 states plus New York City and the District of Columbia). AGI gets its numbers from direct surveys of abortion providers.

Because of these different methods of data collection, AGI has consistently obtained higher counts than the CDC. CDC researchers have admitted it probably undercounts the total number of abortions because reporting laws vary from state to state and some abortion providers probably do not report or under-report the abortions they perform. Nevertheless, because increases and decreases in CDC and AGI numbers have until recently roughly tracked each other, both sources are thought to provide useful information on abortion trends and statistics. The CDC stopped reporting estimates for some states in 1998, making the discrepancy larger.

According to the CDC's latest full report that included all fifty states, the number of abortions performed in the U.S. in 1997 was 1,186,039, a drop of 3% from the previous year and the lowest number of annual abortions reported by the CDC since 1978 (*MMWR*, 12/8/00). Overall, the 1997 numbers were nearly 17% below the 1990 numbers.

Abortions from AK, CA, NH, and OK were not counted in 1998-99 totals, and numbers for AK, CA, and NH were still missing from 2000-2001 figures. Still, for those areas that did report, additional declines were seen between 1998 and 2001.

The latest AGI figures confirm a downward trend. AGI reported 1,312,990 abortions for 2000, a drop of 18% from the 1990 high of 1,608,600.

Using AGI figures through 2000, estimating 1,312,990 abortions for 2001-04, and factoring in the possible 3% undercount AGI estimates for its own figures, the total number of abortions performed in the U.S. since 1973 equals 46,023,191.

### The Consequences of *Roe v. Wade*

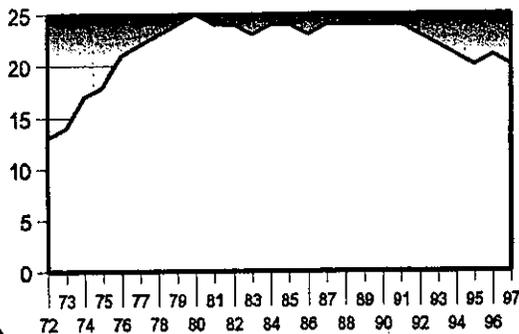
# 46,023,191

## Total abortions since 1973

Based on numbers reported by the Alan Guttmacher Institute 1973-2000, with estimates of 1,312,990 for 2001-2004. AGI estimates a possible 3% under reporting rate, which is factored into the total.

## U.S. Abortion Rate

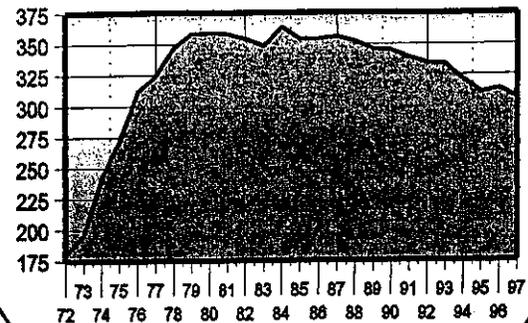
abortions per 1,000 women ages 15-44



□ CDC reported figures, 1972-1997

## U.S. Abortion Ratio

abortions per 1,000 live births



■ CDC figures, 1972-1997

## A Closer Look:

# Factors Involved in Abortion Decline

One thing CDC figures show is that the drop in annual abortions is not simply due to a drop in the overall population of women of childbearing age in the U.S. As the baby boom generation ages and is replaced by the more sparsely populated so-called "Generation X" (the 40 million or so born between 1962 and 1978 who grew up with abortion on demand and whose ranks took the first big hit from *Roe v. Wade*), the numbers of abortions would be expected to go down even if the overall proportion of pregnant women remained the same.

But a decline not only in the raw numbers of abortions, but also the rate and ratio of abortions, is a clear indication that something more than mere population shifts are involved.

The abortion *rate* refers to the number of abortions per 1,000 women of childbearing age in the U.S. each year. For 1997, the last year there was CDC data for all 50 states, there were 20 abortions per 1,000 women ages 15-44, five less per thousand than in 1980, when the highest rate was recorded.

For nearly 15 years (1978-1992), the abortion rate stayed around 23 or 24 per 1,000, so the drop back to the 1976 level is significant. Recent figures are an indication that, in the last few years, abortion has become a less common feature in the lives of women who could have gotten pregnant.

With a lowered rate alone, however, the argument could still be made that this drop was simply due to an overall decline in the number of

pregnancies, because of increased contraceptive use or a shift in the concentration of the fertile female population within the age bracket from younger to older less fertile women. Of those women who became pregnant, it would still be mathematically possible that the same percentage, or an even a higher percentage, had abortions as in previous years. That the abortion ratio, and not just the abortion rate, declined, indicates this was not the case.

The abortion *ratio* tells us how many abortions there are for every 1,000 live births. Because this figure does not include miscarriages and stillbirths, it cannot give a strict percentage of those pregnancies ending in abortion. But it does give some indication of how prevalent abortion is among pregnant women.

According to the CDC, there were 306 abortions for every 1,000 live births in 1997 (ratios were even lower in CDC reports for 1998 through 2001, but three or four states were missing from the totals for these years). This 1997 figure is substantially lower than the average of 354 per 1,000 that held throughout the 1980's. Again, one has to go back to 1976 to find a lower yearly abortion ratio. What this means is that a substantially lower proportion of pregnant women are choosing to abort their babies than was the case just five years ago.

What accounts for this decline? Various reports have cited increased contraceptive use,

"decreased access" to abortion services, or "harassment" as possible explanations, but one plausible factor, cited by the CDC itself, was "changes in attitudes concerning abortion."

Pro-life legislation has undoubtedly had an impact. Since 1989, eighteen states have passed "right to know" legislation, making sure women know not only the risks and realities of abortion, but also of alternatives that are better for them and their unborn children.

Twenty-five states now have substantive parental involvement statutes in place, protecting teens from adolescent fears and exploitation from the abortion industry. Waiting periods and limits on taxpayer funding of abortion have also probably played significant roles.

Millions of pieces of pro-life educational literature illustrating fetal development have been distributed, confirming what more and more women are seeing for themselves in sonograms and hearing on fetal heartbeat stethoscopes — that abortion stops a beating heart and ends the lives of children with hands, feet, and faces.



512 10<sup>th</sup> Street, NW  
Washington, DC 20004

2005

# FIND A CENTER

800-395-HELP

## 5 Pregnancy Center(s) Near You

Contact one of the resource centers listed below for help.

### 1. First Choice Clinic (885)

xx1351 Page Dr #205, Fargo, ND 58103  
 xxPhone: 701-237-6530  
 xxDistance: 186.04 miles from the center.  
 xxHours: **M-Th 9-5; F 9-1**  
 xxPrograms: **xxAbortion Info Ultrasound Material Aid Adoption Support Adoption Services ShepHome Post Abortion Parenting Classes Parenting Support Child Birth Classes Mentoring Men's Program**

### 2. Women's Pregnancy Center (886)

xx11 S 4th St, #210, Grand Forks, ND 58201  
 xxPhone: (701) 746-8866  
 xxDistance: 190.65 miles from the center.  
 xxHours: **M-F 9-4:30**  
 xxPrograms: **xxUltrasound Material Aid Adoption Support Adoption Services Post Abortion Parenting Classes Child Birth Classes Men's Program**

### 3. Pembina Valley Pregnancy Crisis Center (2405)

xxBox 110, Morden, MB R6M 1Y7  
 xxPhone: 204-822-9591  
 xxDistance: 204.95 miles from the center.  
 xxHours: **MW 9-12, T 11-5**  
 xxPrograms: **xxAbortion Info Material Aid Adoption Support Parenting Classes**

### 4. Crisis Pregnancy Center (1997)

xx229 Princess Avenue, Brandon, MB R7A 0N5  
 xxPhone: 204-727-6161  
 xxDistance: 212.75 miles from the center.  
 xxHours: **T-Th 10-4**  
 xxPrograms: **xxAbortion Info Material Aid Post Abortion Parenting Support Men's Program**

### 5. Northern Hills PCC (1211)

xx1232 St. Joe Street, Spearfish, SD 57783  
 xxPhone: (605) 642-4140  
 xxDistance: 219.62 miles from the center.  
 xxHours: **MWF 1-5, TTH 10-2, Helpline: M-F 8-5**  
 xxPrograms: **xxAbortion Info Ultrasound Material Aid Adoption Support Adoption Services Post Abortion Parenting Classes Child Birth Classes Men's Program**



2001

## north dakota listings

**Catholic Family Services**  
1223 S. 12th St.  
Bismarck, ND 58501  
701-255-1793

**Lutheran Social Services**  
721 Memorial Hwy  
Bismarck, ND 58504  
701-223-1510

**New Life Pregnancy Care Center**  
1501 N 12th St.  
Bismarck, ND 58501  
701-224-0621

**AAA Pregnancy Clinic**  
1351 Page Drive, Suite 205  
Fargo, ND 58103  
1-888-237-6530

**Catholic Family Services**  
2537 S. University Dr.  
Fargo, ND 58107  
701-235-4457

**Lutheran Social Services**  
1325 11th Street S.  
Fargo, ND 58107  
701-235-7341

**Women's Care Clinic**  
1201 12th Avenue No. D  
Fargo ND 58102  
701-232-2716

same address?

**Perry Center**  
1201 12th Ave N  
Fargo, ND 58102  
701-241-9289

**Catholic Family Services**  
505 University Ave Suite 1  
Grand Forks, ND 58201  
701-775-4196

**Lutheran Social Services**  
211 S. 3rd St.  
Grand Forks, ND 58201  
701-772-7577

**Women's Pregnancy Center**  
11 S. 4th St. #210  
Grand Forks, ND 58201-4733  
701-746-8866

**Birthright of FM**  
512 Center Avenue  
Moorehead, ND

701-237-9955 or 701-237-0359

Catholic Family Services  
400 22nd Ave. NW  
Minot, ND 58701  
701-852-2854

Lutheran Social Services  
12 S. Main  
Minot, DN 58701  
701-838-7800

Oppen Family Guidance Institute  
400 22nd Ave. NW  
Minot, ND 58701  
701-224-0621

Pregnancy Help Center  
Hwy 17 E  
Park River, ND 58270  
701-284-6601

Lutheran Social Services  
511 W. 2nd Street  
Williston, ND 58801  
701-774-0749

Birthright of Dickinson  
1030 11th Ave W  
Dickinson ND 58601  
701-493-1566



*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 T. Dodson, Executive Director  
**Subject:** Senate Bill 2409 (Alternatives to Abortion Services Program)  
**Date:** February 7, 2005

The North Dakota Catholic Conference urges passage of Senate Bill 2409.

The program SB 2409 would address a true human service need in our state. Each year, about 10% of all North Dakota pregnant women feel compelled to choose abortion as the solution to a crisis pregnancy. The number of women in that situation reached over 800 last year.

No matter what a person's view about whether there should be a constitutional right to abortion, nearly all people of good will would agree that this situation is tragic. Every abortion is a tragedy. Behind each tragedy there is a woman and a set of circumstances that led that woman to feel she had no other choice. Perhaps the most tragic part of the matter is that other, better choices existed, but too often no one was there to hold her hand, talk to her, and help her work through the situation.

An alternatives to abortion services program would help us reach those women and give them the information, counseling, and support services to assist them choose childbirth and make informed decisions regarding adoption or parenting. Similar programs exist in Pennsylvania and Missouri. A program focusing on just college students is planned for Michigan. These programs build upon and assist the many volunteer and private efforts to help these women. State assistance would help these efforts to become more professional, more known, and reach more women.

**On favoring childbirth or abortion the state is not neutral – it favors childbirth.**

**On helping women in need, the state is not, and should not be, neutral,**

227 W. Broadway, Suite 2  
Bismarck, ND 58501

223-2519  
8-419-1237  
FAX # (701) 223-6075

<http://ndcatholic.org>  
[ndcatholic@btinet.net](mailto:ndcatholic@btinet.net)

especially with regards to the problems that most often lead a woman to consider abortion, such as addiction, or the lack of housing, education, a job, parental support, or parenting skills.

It simply makes sense that the state would invest something to address this need. Doing so would not only give women hope, but it would help further the state's efforts to reduce the need for economic assistance, child support enforcement, and future unplanned pregnancies.<sup>1</sup>

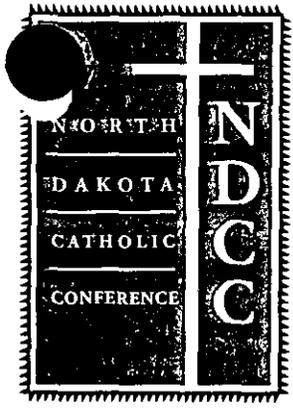
We have looked at this issue for some time, including issues regarding administration, funding, and constitutionality. We will try to provide any information the committee requests.

We believe that such a program is not only an important part, but may be a necessary part building a culture of life so that no woman ever feels compelled to choose abortion. We urge the committee to give a **Do Pass** recommendation to Senate Bill 2409.

---

<sup>1</sup> Perhaps this is why the federal government has recognized abortion alternatives programs as a legitimate use of funds from the Temporary Assistance for Needy Families program.

1-11-05



*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 T. Dodson, Executive Director  
**Subject:** Information related to Senate Bill 2409  
**Date:** February 7, 2005

To assist with your deliberations on Senate Bill 2409, I have attached three letters from the federal Department of Health and Human Services stating that funds from the Temporary Assistance for Needy Families may be used for an alternatives to abortion program so long as the legislature concludes that it the program furthers one of the four purposes of the federal program.

For the last three years, the Commonwealth of Pennsylvania has used Temporary Assistance for Needy Families funds to supplement its abortion alternatives program. I will work on obtaining materials documenting this appropriation.

227 W. Broadway, Suite 2  
Bismarck, ND 58501  
Phone: (701) 223-2519  
Fax: (701) 223-1237  
FAX # (701) 223-6075

<http://ndcatholic.org>  
[ndcatholic@btinet.net](mailto:ndcatholic@btinet.net)



DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES  
Office of the Assistant Secretary, Suite 600  
370 L'Enfant Promenade, S.W.  
Washington, D.C. 20447

MAR 21 2002

The Honorable Aaron Krauter  
North Dakota Senate  
State Capitol  
600 East Boulevard  
Bismarck, North Dakota 58505-0360

Dear Senator Krauter:

Thank you for your letter concerning the use of Temporary Assistance to Needy Family (TANF) funds. Your letter mentions that the state legislature of North Dakota has been working in committee to find solutions in creating an "Alternative to Abortion Services" program.

First, you asked whether the State may provide the alternatives to abortion services to anyone, regardless of the recipient's income level, if the intent is to provide services related to TANF purpose three (prevent and reduce the incidence of out-of-wedlock pregnancies) or TANF purpose four (encourage the formation and maintenance of two-parent families). Second, you asked whether the State may provide alternatives to abortion services to needy women if the State finds that such activities are reasonably calculated to accomplish TANF purpose one (provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives) or TANF purpose two (end the dependence of a needy parent on government benefits by promoting job preparation, work and marriage).

Each of the four TANF purposes may enable a state to reasonably justify using federal TANF funds to help pay for various kinds of family formation and child well-being activities. Therefore, depending upon the details of your program, it appears that some or all of the services would be reasonably calculated to accomplish one or more of the TANF purposes.

Neither TANF purpose three nor TANF purpose four limits a state to just helping financially needy families or financially needy individuals. Under either purpose, a state may provide services to the non-needy, as long as those services do not constitute "assistance" (per the definition at 45 CFR 260.31). Thus, states may help a greater segment of its residents under these two purposes. North Dakota would simply need to establish objective criteria for the delivery of services to the non-needy. By contrast, states are limited to only helping the financially needy under either TANF purpose one or two. Thus, North Dakota would need to establish income (and resource, if applicable) criteria that apply to receive any of the program's benefits.

Page 2 - The Honorable Aaron Krauter

Thank you for raising these questions. We believe that TANF funds can and should be used creatively to help improve the well-being of children. Please contact Andy Bush, Director, Office of Family Assistance, at (202) 401-9275 if you would like to share additional information about your efforts in this area.

Sincerely,

A handwritten signature in cursive script, appearing to read "Wade F. Horn", with a long horizontal flourish extending to the right.

Wade F. Horn, Ph.D.  
Assistant Secretary  
for Children and Families

**Lee, Judy E.**

---

**From:** Hougen, John L.  
**Sent:** Monday, February 07, 2005 11:09 AM  
**To:** Lee, Judy E.  
**Cc:** Dever, Dick D.; Brown, Richard L.; Lyson, Stanley  
**Subject:** TANF Purposes

Sen. Lee,

In response to your request at the hearing this morning, the four TANF purposes are:

- (a) Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives;
- (b) End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage;
- (c) Prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies; and
- (d) Encourage the formation and maintenance of two-parent families.

Spending of TANF funds must be consistent with at least one of these four purposes. This is not a situation where we ask permission from the federal government for expenditures. It is our responsibility (as legislatures, program staff etc.) to judge that spending is consistent with the definitions.

If you have any further questions, it would be my pleasure to try and answer them.

John Hougen,  
Director, Public Assistance



**firstchoice**  
CLINIC

701.237.5902 Phone  
701.237.0363 Fax  
1351 Page Dr. Suite 205  
Fargo, ND 58103  
www.firstchoiceclinic.com

02/10/05

Greetings Cathy -

Enclosed are two additional copies  
of a handout I used at a Senate Human  
Services Committee meeting on Monday 02/07/05  
for SB 2409.

Thank you for your patience and  
assistance

Paula

Our Mission Statement

Providing education and health services to empower individuals to make informed, life affirming choices.

## QUICK FACTS



**Organization Type:** 501(c)(3) Public Charity

**Location:** 1351 Page Drive, Suite 205, Fargo, ND 58103  
 Phone: 701.237.5902  
 Fax: 701.237.0363  
 Website: www.firstchoiceclinic.com

**Year Founded:** 1984

**Mission Statement:** FirstChoice Clinic is a nonprofit Christian clinic providing education and health services to empower individuals to make informed, life-affirming choices.

**Cornerstones:** Values      Health  
 Education      Relationships

**Funding Sources:** Individual donations      Churches  
 Businesses      Grants and Family Foundations  
 Combined Federal Campaign      Planned giving gifts

Four fundraising events each year: \*Dinner Banquet \* Golf Fore Life Marathon  
 \*Walk-a-thon \* Christmas Letter

- ❖ Annually donated volunteer hours with an estimated value of over \$100,000
- ❖ Financial Records of the clinic are audited by an outside accounting agency and are available for review at the Clinic

**Free services provided:**

- Pregnancy testing with on-site registered nurses
- Education on pregnancy, abortion and alternatives
- Ultrasound
- *Earn While You Learn* program—parenting & adoption education
- Material assistance for mother and child
- Referrals to churches and Christian counseling
- Information on medical, financial and legal aid
- 24/7 Phone Hotline and Ask a Nurse website access
- *Sexual Integrity* program
- Fertility care and appreciation instruction
- Post abortion support
- Abstinence until marriage education (*Make a Sound Choice*)

**2003 Statistics:**

Total on-site client visits	900
Pregnancy/Abortion alternative counseling	182
Ultrasound	50
<i>Earn While You Learn</i> program	335
Students reached by abstinence presentations	6,000

Pauline Econommen



# Relationships firstchoice News Values

1351 Page Dr., Suite 205 | Fargo, ND 58103 | 701-237-5902 Fax 701-237-0363 www.firstchoiceclinic.com

Winter 2005

## FirstChoice Clinic Fund Raising Banquet

**“Saving and Changing Lives for the World”**  
**Tuesday, March 1 at 7:00 pm**  
**Fargo Holiday Inn**

**Keynote Speaker: Cal Thomas**

*(America's mostly widely syndicated op-ed columnist)*



Join us for dinner with Cal as he shares his vision for building a culture of life and what that means for our Clinic as we continue to save and change lives.

Cal Thomas began his 40-year journalism career as a copyboy for NBC News in his native Washington, D.C. He has anchored for NBC News in Washington. For two years he hosted his own show on CNBC, which was nominated

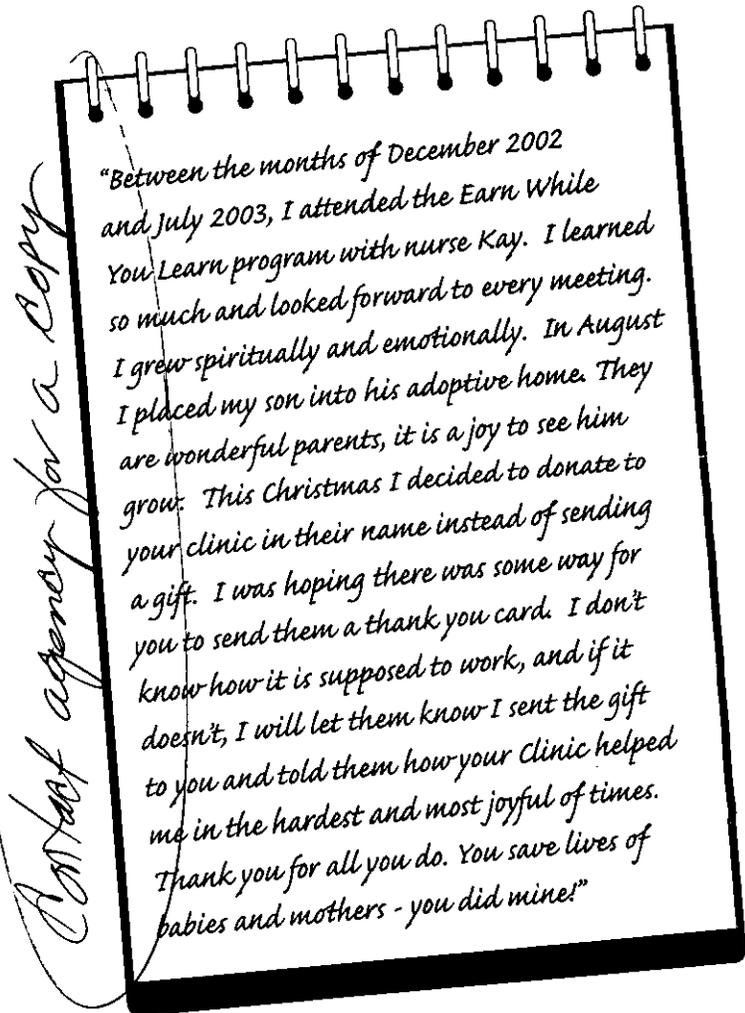
for a Cable Ace Award as the best interview program. He is a commentator/analyst for the Fox News Channel and appears weekly as a panelist on “Fox News Watch” (5:30 p.m. and 10:30 p.m. Saturdays) and hosts “After Hours With Cal Thomas” at 10 p.m. on Saturday night. Cal is the author of ten books, including “Blinded by Might: Can the Religious Right Save America?” His latest is “The Wit and Wisdom of Cal Thomas”. He and his wife, Ray, who is a family therapist, have four grown children. They live in Washington, D.C.

Please join us! Seating begins 30 minutes prior to the start of the banquet. **Tickets are free; reservations are required because space is limited.** Adults only, please.

Contact the Clinic for your tickets at 701-237-5902 or e-mail [admin@firstchoiceclinic.com](mailto:admin@firstchoiceclinic.com).

**Table Hosts and underwriters are needed!**

Warning! Have a tissue handy if you read this note from a client...received with a Christmas greeting from a young mother who wanted to express her gratitude to the Clinic...



**Saving and Changing  
Lives for the World**



Values

Health

Education

Relationships

①

SB 2409  
House Humans Service Committee  
Representative Price, Chairman  
Tuesday, March 8, 2005

Good morning Chairman Price and committee members.

My name is Aaron Krauter, State Senator from District 31. I stand before you today to introduce SB 2409, which establishes an alternatives-to-abortion or pregnancy services program in the state of North Dakota.

This concept was first introduced in the 2001 Legislative Assembly. It received unanimous support in the Senate and the House of Representatives amended it into a study concerning the use of TANF dollars. The interim study was completed and it was concluded that it was appropriate for the Department of Human Services to use federal TANF dollars for an alternatives-to-abortion services program.

My purpose for introducing SB 2409 is quite simple the number of abortions performed in North Dakota have not decreased, they have increased and I believe that with the current ruling of Roe-vs-Wade we still have the opportunity to educate people of all the positive options of childbirth.

The total number of abortions performed in North Dakota have risen since 2001:

Year	Total abortions
2001	1216
2002	1219
2003	1354
2004	1173 *(through the month of September)

SB2409 contains three sections and I describe them as the following:

Section 1. The Department of Human Services has until January 1, 2006 to set up a program to provide services for alternatives-to-abortion. I envision this to be a contract type basis that the department can make with one or more entities with the flexibility to make a program work for all of North Dakota. The first six months of the biennium gives the department time to put out an RFP and develop a program with positive outcome-based results. The program will promote childbirth instead of abortion by providing information, counseling and support services that assist pregnant women or women who believe they may be pregnant to choose childbirth and to make informed decisions regarding the choice of adoption or parenting with respect to their children.

Other states have developed pregnancy services programs with much success. Since March 1996, Pennsylvania has counseled more than 85,000 women with free and confidential support, encouragement, guidance and practical assistance to women so they do not need to choose abortion. Michigan and Louisiana enacted legislation in 2004 and Minnesota and Missouri are considering legislation also. In the state of Florida, Lt. Governor Toni Jennings last week announced their \$4 million pregnancy services program.

Representative Koppelman and I drafted this legislation with flexibility for the department to look at what has been successful in other states and develop an RFP that will work for all of North Dakota and I literally mean all of North Dakota. As I look over the abortion statistics from all the counties in North Dakota it is apparent that we need a state wide approach.

Again, the approach must have positive outcome-based results meaning that the number of abortions or the abortion rate must be reduced. I feel that these results are very attainable when all the tools that can be made available to women are out there.

Just to give an example of a few that have been used in some states are the toll free 1-800 counseling number that is seen on billboards, television ads, newspapers, magazines, in high schools, on college campuses and heard on the radio. If a women is not positively sure she is pregnant she can receive a pregnancy test kit. If the women is in school, the program will help to find ways to continue the education. The program will provide counseling on how to tell your parents, or your boyfriend or the father. Most of all these are strictly confidential. I urge anyone of you to visit the web site [www.realalternatives.org](http://www.realalternatives.org) to learn more about what opportunities are available in Pennsylvania.

Section 2 of the bill requires that the Department of Human Service report to the Legislative Council during the 2005-06 interim on the status of the alternatives-to-abortion services program. The reporting will give all of us the opportunity to comment on the progress.

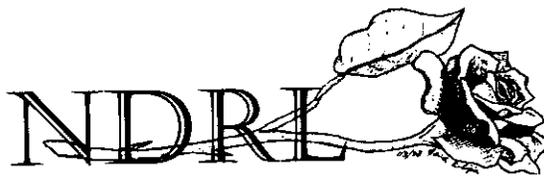
Section 3 of the bill appropriate \$500,000 of federal TANF grant dollars to establish the program. The Temporary Assistance for Needy Families (TANF) block grant dollars were established in the 1996 Welfare Reform Act. There is no required state match dollars. These are 100% federal draw down dollars.

During the 2001-03 biennium North Dakota did not use all of their block grant TANF dollars. There was a \$6,800,000 carryover left available. During the current 2003-05 biennium it is projected to have about \$10,800,000 carryover left. So you can see that there are TANF dollars available for this type of pregnancy services for North Dakota.

It also requires the department to contact the federal office of faith-based and community initiatives to seek sources of funding also.

Chairman Price and committee members that ends my introductory testimony of SB2409. I know that there are others here who would like to testify. I will happy to answer any questions.

#2



*North Dakota Right to Life Association*

Testimony before the HOUSE HUMAN SERVICES COMMITTEE

Senate Bill 2409

March 8, 2005 10:45 am

Chairman Price, members of the committee, I am Stacey Pflieger, Executive Director of the North Dakota Right to Life Association. I am here today in support of SB 2409 relating to the establishment of an alternatives-to-abortion services program.

SB 2409 reaffirms the tradition of the state of North Dakota to protect every human life whether unborn or aged, healthy or sick (NDCC 14-02.1-01). Implementation of this program will empower women experiencing what is often one of the most devastating crisis of their lives— an unplanned pregnancy. I think it is worth noting that a number of these women are young. In 2003 of the 1,354 abortions performed in North Dakota, 12 were under the age of 15; 269 were between the ages of 15-19. [See attached ND Abortion Statistics.]

While nationally abortion numbers are on the decline, the number of induced abortions in North Dakota are on the rise. In 2003 there were 1,354 abortions performed in North Dakota. This is the highest total of abortions performed since 1993 (1,406). [See attached national statistics.]

Currently, I receive crisis pregnancy calls at my office. The women calling have many stories and reasons for placing the call. Some are wondering if we perform abortions; some are wondering how they will feel if they have the abortion (already suffering from post abortion trauma prior to the abortion); some are from men asking how they can save their child's life; some are looking for assistance because their boyfriend left them; and some are from scared teenagers who are shocked at the results of their home pregnancy test.

Pregnancy support service centers are few in North Dakota. The centers that are in existence operate on shoestring budgets relying heavily on charitable donations to keep the doors open. The centers not only face funding issues, but many also rely on volunteers to keep the doors open and the phones answered.

While we continue to fight to restore legal protection for the unborn, we can foster a respect for human life and look for ways to alleviate the need for abortions and initiate legislation to that end. I believe that SB 2409 provides the opportunity to help meet the needs of women experiencing an unplanned pregnancy in North Dakota.

I urge the committee to give SB 2409 a **DO PASS** recommendation.



#3

**firstchoice**  
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www.firstchoiceclinic.com

**TO:** Clara Sue Price – Chairperson, House Human Services Committee and  
Members of the House Human Services Committee

**FROM:** Pauline Economon, RN, MSN, MA, FCP  
Executive Director – FirstChoice Clinic, Fargo ND

**DATE:** Tuesday, March 8, 2005 at 10:45 am

**RE:** Testimony in support of Senate Bill No. 2409

Chairperson Price and members of the committee, I am Pauline Economon, Executive Director of FirstChoice Clinic – a non profit 501(c)3 pregnancy help center in Fargo. My husband, George and I are appearing here today before your committee in support of SB 2409 relating to the establishment of an alternatives to abortion services program.

I invite you to take time to look at the handouts I have given you, i.e., a memo addressed to healthcare providers, a “Quick Facts” sheet and a brochure about our clinic. These informational sheets provide a sampling of some of the services provided by licensed health care providers (doctors, nurses and sonographers) that we, a typical pregnancy help clinic, offer free of charge to everyone we see. Samplings of these services are – pregnancy testing and counseling, ultrasound exams, prenatal classes, parenting education, adoption promotion, etc. We provide support and education for a client often from the very first time she finds out she is pregnant until about one year after her child is born. All services are provided in a neutral, confidential and nondiscriminatory atmosphere. Our Clinic is founded on Christian principles (we are faith based) however there is no promotion of any religion or religious teachings. With our professional staff and trained volunteers, we feel we meet the emotional and material needs of women of all ages facing an unplanned pregnancy. At our clinic in 2004, we had over 800 on site client visits.

Our clinic and its services are funded by private donations, fundraisers, and area foundations – additionally in this past year our abstinence education program was awarded Region V state funding – which has given us the ability to expand this particular program. We have first hand knowledge how just a little state funding can truly enhance services and make a successful program even more so.

SB 2409 would allow agencies that specialize in helping women and families in need to continue to provide support services for women facing an unplanned pregnancy – often these centers are on a shoestring budget, relying heavily on donations, with no ongoing steady base of support.

Our Mission Statement

*Providing education and health services to empower individuals to make informed, life affirming choices.*

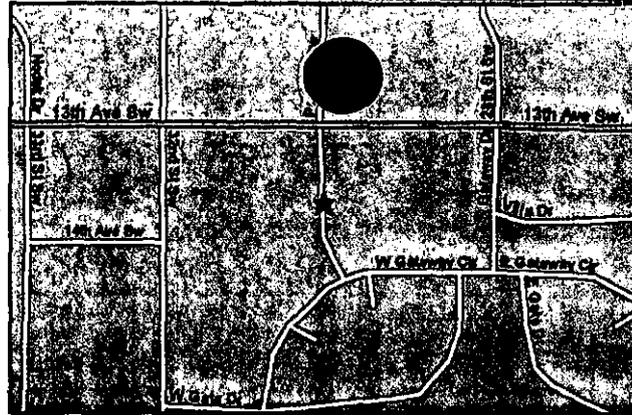
SB 2409 would allow expansion of services for centers that presently exists – our clinic dreams of a day when we can expand our clinic hours, provide a local 24 hour hotline, enhance our web site, and increase our range of services to make an even greater difference in the lives of women and their families by helping them to better care for themselves and their children.

Additionally, we dream of the day when we will have funding for a mass media campaign to reach more women – this requires a large financial investment but it is so very important – we could be the best pregnancy help center in the world but if that abortion vulnerable woman doesn't know about First Choice Clinic or where it is, it doesn't make a difference in her choice. A few weeks ago I had a college professor in my office in shock because the day before one of her students had come to her requesting to be excused from taking an exam – the professor of this health promotion class could tell the student was distraught – she asked if the student needed to talk with someone. The young college student then told her she had delivered a baby the day before and that is why she was not prepared for the exam. The student had told no one she was pregnant, received no support or guidance throughout her pregnancy – she was scared, confused and unaware of where to go for help. The student delivered a healthy child which is now in foster care... the point of sharing this account is to let you know that without proper awareness that there are resources for women in an unplanned pregnancy – people (even those college-educated in a health promotion class) don't know where to go.

Additionally, this TANF funding could provide funding sources to allow expansion – to encourage the establishment of new agencies in western North Dakota, particularly. In Fargo we do see clients from all over North Dakota. I would like to share a testimony from a client of ours from western North Dakota who was going to college in Fargo/Moorhead area – we were able to help her because we were there – the tragedy is that we had no center in her home area, an area she returned to, that could continue providing the support we had given her.

This Alternatives to Abortion bill is so very important to those young women to whom we owe the right to information and care that will help them make responsible, thought out decisions. It will help to insure that everyone at risk is aware there is practical support available to assist them during a challenging time in their lives. This bill is good for the people of North Dakota – it shows our care and concern for those in need. This is a great service for the people of North Dakota – it's a way of negating that quality of "rurality" that often keeps vital and necessary services in just a few cities in our state. We urge the committee to give SB 2409 a DO PASS recommendation – it's an investment in lives and tomorrows of the young people of our state.

I would be happy to address any questions or comments from the members of the committee?



Your  
**ANSWERS**  
Are here

Am I pregnant?

Am I ready to have a baby?

What are my choices?

What if he dumps me?

What will my parents say?

What will my friends say?

Does anyone care?

What about school?

What about me?



*firstchoice*  
CLINIC

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(The Butler Bldg. - southwest  
of the Ground Round Rest.)  
Fargo, ND 58103  
701-237-6530

Toll Free: 1-888-237-6530  
[www.firstchoiceclinic.com](http://www.firstchoiceclinic.com)  
[askanurse@firstchoiceclinic.com](mailto:askanurse@firstchoiceclinic.com)



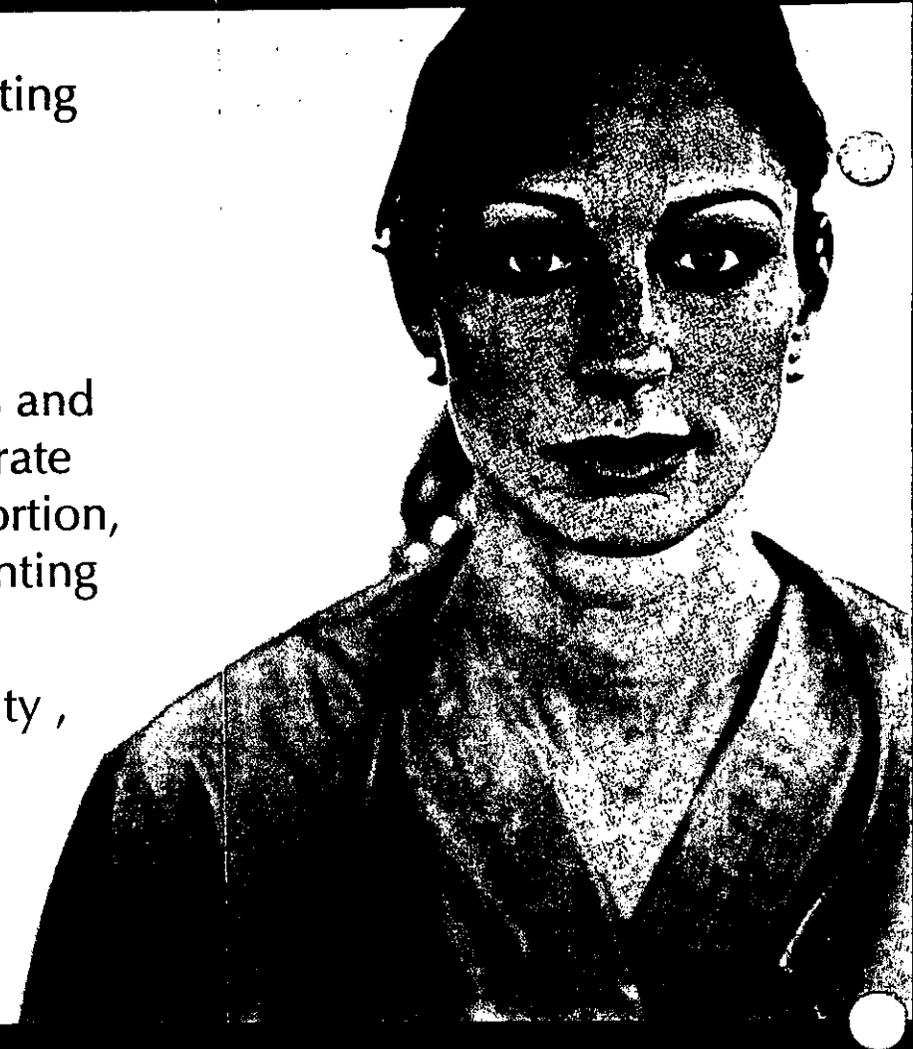
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*Be sure you know your options.  
Find some real answers before  
you make your decision.*

*If you think you  
may be pregnant,  
you don't have  
to face life's  
questions alone.*

- Free Pregnancy Testing
- Ultrasound Exams
- Prenatal Classes
- STD Information
- Pregnancy Options and Counseling - Accurate Information on abortion, adoption and parenting
- Referral services: medical, community, legal and adoption services
- Abortion Recovery Counseling



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RE: Referral resource for Unplanned Pregnancy Management and Teen Abstinence Education

The purpose of this letter is to make you aware of the services FirstChoice Clinic (*formerly AAA Pregnancy Clinic*) offers which may be of value to you in your health care practice. FirstChoice Clinic is a nonprofit, 501(c)3 agency, which serves women and families facing an unplanned pregnancy and provides community abstinence education programs for young adults. We have enclosed a "Quick Facts" sheet on the clinic for your review and you are welcome to use the enclosed pamphlets for client referrals.

Here is a sample of services we provide for women facing an unplanned pregnancy. These are all free of charge and provided by licensed health care providers (e.g., nurses, sonographers, physicians, etc.):

- Pregnancy Testing
- Ultrasounds (first trimester exams using a transvaginal probe for pregnancy confirmation)
- Prenatal Classes
- STD Information
- Pregnancy Options and Counsel
- Explanation of abortion procedures and alternatives (*we do not perform or refer for abortion*)
- Referral Services: community services, legal and adoption services
- Post Abortion Support
- Abstinence and relationship counseling for single clients
- Fertility Care Instruction

All services are provided in a neutral, confidential and non-discriminatory atmosphere. The Clinic is founded on Christian principles; however there is no promotion of any religion or religious teachings. With professional staff and trained volunteers we feel we can help meet the emotional and material needs of women of all ages facing an unplanned pregnancy. In 2004, we will have close to 1000 on-site client visits. With additional referrals from doctors like yourself, we feel we can make an even greater difference in the lives of women and their families helping them to better care for themselves and their children.

Sincerely,

*Ron Wiisanen MD*

Ron Wiisanen, MD  
Medical Director

*Patti Killoran, RN*

Patti Killoran, RN  
Nurse Manager

*Pauline Economon*

Pauline Economon, RN, MSN, MA, FCP  
Executive Director

Our Mission Statement

*Providing education and health services to empower individuals to make informed, life affirming choices.*

4  
Chairman, Committee Members,

I am Maureen Wanner. I am the wife to Sherwin and mommy of three boys, Remmington, Brydon and Camdon.

Sherwin and I were engaged on September 12, 1986. I was 18. The following January we found ourselves pregnant. I was in collage not knowing what to do with my life at the time. *And then I was pregnant.*

We did not really know why we were engaged and I was not sure if I wanted to marry Sherwin. It was a very confusing time. I had just moved into the collage dorms, away from my mother. Where would I live at the end of the school year? How do we tell our families? Questions, many, many questions.

We turned to BirthRight, which lead us to Catholic Family Services. There was a gal named Renee we worked with in Dickinson before I moved to Fargo. In Fargo we worked with a wonderful gal named Linda whom we are still friends with today.

Sherwin is second out six children. Sherwin's family, the conservative Catholics, we thought would take it very hard. In his family, children do not have babies before marriage. They did have a hard time with this. But they blessed us with the room to make decisions for ourselves. What ever we decided on would be ok. They were there for us if needed.

I am seven out of nine children. My family, also Catholic, had experienced other children having babies before marriage. My two older sisters have had two abortions each and one of those sisters has 5 children by 5 fathers. Sex and babies before marriage was not unusual. I thought they would understand when we told them that we were going to place our child up for adoption. Giving our child a better chance from more **committed** parents right from birth. They did not understand. They throw a fit and the family was in an uproar because of Sherwin. I, in my family's eyes, would never make a decision like that. I would do what ever my family said.

Sherwin and I made this baby together and we were planning it's future together.

My mother wanted me to abort because then she would not have known about the child. She also said she paid enough taxes and I could live on welfare like my sister and brother were. My father said I was a slut. My sister with the 5 children and another brother said they would cut out my tubes with a table knife because I no longer deserve more children for what I was doing to the family. Another brother's wife continued to breast feed their baby just so she could feed our child when it was born and they adopted it. Do you think I needed counseling? Am I thankful for Catholic Family Services? Yes indeed.

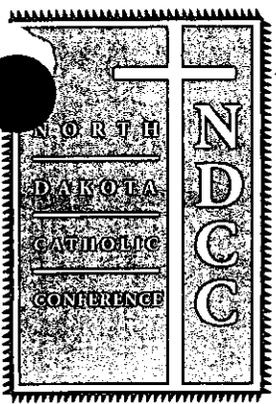
I did not have money for counseling, but I am sure some one would have given me the money for an abortion. I was not emotionally stable enough to go through with an abortion nor was I ready to be a mother. The thought of being on welfare and not working to take care of my child was odd to me. Which should have been normal because I was raise on some welfare and every one I know was I welfare. I was also receiving welfare during my pregnancy.

Sherwin and I made a decision for our child. We placed for adoption. Two weeks later I had a job I kept for 4.5 years. And two weeks after I had that job I asked my caseworker to take my off of all welfare even though she said it could continue.

We need programs that counsel women on alternatives to abortion. There is a family that has a child that they could not have. And our sons will one day meet their sister that they would not have been able to if we would have aborted it. And I am not scarred because of a decision I made out of love for a child.

Respectfully,

(4)



*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 T. Dodson, Executive Director  
**Subject:** Senate Bill 2409 (Abortion Alternatives Services)  
**Date:** March 8, 2005

The North Dakota Catholic Conference supports Senate Bill 2409 to create a pregnancy support services program that would enhance efforts to provide counseling and support to women in crisis pregnancies.

Too often, women in crisis pregnancies face their circumstances without someone to comfort and support them as they are forced to make critical decisions about their welfare and the welfare of their babies. We must create as many avenues as possible to inform them of options other than abortion, because we know that these decisions have a profound impact on their families and our communities as a whole.

The purpose of this bill is to promote the wellbeing of North Dakota's families by increasing the availability of and enhancing the quality of services promoting childbirth rather than abortion for women in crisis pregnancies.

The initiative could:

- Foster a statewide pregnancy and parenting support system to provide compassionate, practical alternatives to abortion;
- Improve a woman's physical and mental well-being during her pregnancy;
- Improve the physical well-being of the unborn child and the newborn; and
- Encourage alternatives to abortion, including adoption, as an option for women who are unable to parent.

A similar program exists in Pennsylvania and has seen encouraging results. Through December 2004, more than 93,000 women in that state, who may have not otherwise been able to access local services, were provided assistance. In fact, it is so successful that 13 other states are seeking to emulate it, the most recent announcement coming from Florida.

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*To: House Human Services Committee  
Re: Senate Bill 2409 (Abortion Alternatives), page 2*

Each year, about one in ten North Dakota pregnancies end in abortion and too many of those that, happily, do not, nevertheless result in a newborn with an uncertain future. Behind each of these tragedies is a woman and a set of circumstances that led to that crisis pregnancy, caused her to consider abortion, or hampered her ability to choose the best for the child. Perhaps the most tragic part of the matter is that too often no one was there to hold her hand, talk to her, and help her work through the situation.

Senate Bill 2409 takes a pro-active role by providing women the services they need to keep themselves and their baby healthy while choosing between keeping the child in their family or placing them for adoption. At the same time, it helps further the state's efforts to reduce the need for economic assistance and child support enforcement, as well as prevent future unplanned pregnancies. Most of all, a pregnancy support services program gives women hope and contributes to the building of a culture of life.

We have looked at this issue for some time, including issues regarding administration, funding, and constitutionality and will try to provide any information the committee requests.

**Testimony of Tim Lindgren  
State Director  
North Dakota Life League  
On Senate Bill 2409**

**Chairman Clara Sue Price and members of the Human Services Committee**

Thank you for the opportunity to testify before this Committee.

My name is Tim Lindgren. I am State Director of North Dakota Life League (NDLL). NDLL is a statewide organization with over 1500 supporting families with representation in every county in the state of North Dakota.

NDLL would like to first, commend the work of all pregnancy centers through out the state of North Dakota. The work of crisis pregnancy centers is responsible for saving many children's lives and helping many women who find themselves in difficult circumstances and with many varied challenges some of which requires assistance from sources outside of themselves.

NDLL reluctantly opposes this bill due to the apparent good will and intention of the bill.

First, albeit briefly, I wish to remind the Representatives of a study bill that was passed and heard by a joint interim committee during the 2001-2002 interim. There were I believe six hearings held of which I was in attendance at all but one. This committee heard testimony from a number of pregnancy counseling agencies and in the end voted to NOT recommend an alternatives to abortion program. The primary reason was that most of the crisis pregnancy centers considered prayer and religious discussion to be a vital aspect to their success in convincing women to choose childbirth over abortion. They also stated that they believed the court-imposed restrictions that would accompany the government funds would inhibit their ability to perform their crisis pregnancy counseling as they currently practiced.

Second, SB 2409 sounds much like the bill that was written in 2001. I would say that in practice it would, if implemented be administered much the same as the bill in 2001. However, this bill is written so as to be far more vague than the bill that was introduced and turned into a study bill in 2001. While I am opposed to the bill for other reasons, the vagueness of the bill causes me some concern as well. The public deserves to know what type of program they will be funding and in so far as this bill gives no details on how the program would be run, it truly would appear to be to vague to cast an informed vote based on it's lack of substance.

Third and final, NDLL opposes SB 2409 more in principle than with respect to the bill's vagueness. NDLL opposed this bill primarily due to the moral question that surrounds the decision a woman must make with respect to a decision between childbirth and abortion. It is our position that religious discussion and -- at times -- prayer are essential elements of pregnancy counseling. Several crisis pregnancy centers confirmed our

position by their testimony during the interim committee hearings. The courts have routinely (many of us would agree wrongly so) opined against the use of public funds where religious discussions, faith and prayer are an essential element of the organization. Thus because of the moral nature of this decision and the life or death decision that is made, NDLL recommends to this committee and our pro-life friends that it would be in the best interests of the unborn children whose lives are at stake to retain their privately funded status.

NDLL encourages the Human Services Committee to vote NO on Senate Bill 2409. Thank you for this opportunity to testify before this committee.

**Before the House Human Services Committee**

**Written Testimony of Patricia Larson  
Executive Director of The Women's Care Clinic  
in opposition to SB 2409**

**March 8, 2005**

**I. What We Do**

I am the founder and director of the Women's Care Clinic crisis pregnancy center. I have been counseling women in a crisis pregnancy to choose life since July, 1982, when my husband and I began a crisis pregnancy center in our home in Fargo. The Women's Care Clinic, incorporated in 1988 to continue the provision of ministry to women in a crisis pregnancy, offers free pregnancy testing and counseling to women who suspect that they might be pregnant and then counsels them regarding their different options.

The counseling is thoroughly Christian. Scripture is discussed with almost every single client, some minimally, some a great deal. I ask the young woman what she believes God thinks she should do and how he views her circumstance. I share with her about her lifestyle, what the Bible says about sex outside of marriage and what it says about abortion, and how it lifts up the lifestyle of being a mother.

I have never ever had one that's regretted having her baby, but I've had hundreds that have regretted their abortions.

The Women's Care Clinic is also a voice for the unborn child. I look at us as pro-lifers, that we're a voice for the children that have been aborted

and lost their lives, as well as the ones that are scheduled to lose their life. I in my counseling become their voice, speaking or pleading with their mother to give life to them. I am an advocate for the child.

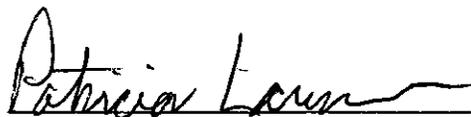
**II. Why Senate Bill 2409 would hurt and not help.**

My understanding of federal law is that government cannot subsidize religious speech. Counseling is speech. Christian counseling is Christian speech. Because government cannot subsidize religious counseling, it would be unconstitutional for the Women's Care Clinic to receive TANF funds for pregnancy counseling as we do it. Alternatively, to receive the funds we would have to leave Christ out of our counseling, which would be a terrible disservice to the women we see and an act of faithlessness.

The only organizations that would apply for the funds would be those willing to do completely secular counseling. Pregnancy counseling in private hands is effective because it is Christian. For it to stay that way, government must not socialize it and provide incentives for pregnancy centers to secularize their programs.

Please vote DO NOT PASS on SB 2409.

Respectfully submitted,



Patricia Larson, R. N., L.S.W.  
Executive Director  
The Women's Care Clinic  
P.O. Box 1755  
Fargo ND 58107  
HOTLINE: 800-747-2383

# Buckets of "Golden Nuggets"

by Pauline and George Economon

*Pauline Economon is Executive Director of First Choice Clinic in Fargo.*

**We work in a crisis pregnancy clinic. It is a truly fulfilling ministry that allows us countless opportunities to do God's work.**

**Perhaps the greatest of those opportunities is a unique opportunity to evangelize. The principles we use here at our clinic, working with clients, are the basic principles for evangelization.** These same principles can be used in any ministry, business or office. They can be used in revitalizing families and marriages — they all apply and they all help to further God's work.

**It's our hope by sharing some of these "golden nuggets" we utilize in helping bring clients into a deeper relationship with the Lord, you might realize an application of those principles in your life's vocation.**

Working in a crisis pregnancy clinic, we are really on the "front line." The young women who come into the clinic are in crisis — they are looking for help; they are looking for someone who genuinely cares about them, someone they can trust. **By treating the young woman honestly and with care and dignity, we start to establish trust and open a path for God to touch her heart.**

At our clinic, when ministering to clients who are unprepared for a pregnancy, we know that, ultimately, the lasting fruit of happiness for our client and her child is a relationship with God.

When they first arrive, we strive to provide a supportive, nonjudgmental atmosphere in which the client can gather all the

information they need to help them choose life for themselves and their babies. It has been our experience that women who choose abortion do so because they feel as though they have no other choice. It is our clinic's commitment to insure that no woman in our community that comes to us feels that kind of pressure.

All counseling and education is provided by three licensed, registered nurses and is informative, honest and sensitive to the needs of the woman.

During the client's initial intake interview, the nurse will ask the client about her religious background. This, hopefully, will start the client reflecting on her own core values. The client also fills out a needs assessment tool that asks specific questions about their basic belief system. When we talk with our client during their pregnancy test and after the result of that test, we encourage them to access their own support system — this might include clergy, church, family or simply to pray.

We call our counseling effort: "The Love Approach" — our nurses speak the truth with love. We listen to learn what pressures are present in the client's life. It is only by understanding her that we can progress to the opening options, exploring a vision for her future and empowering her toward a positive choice. We show our love by our actions — as Mother Teresa and St. Francis of Assisi both said: "Preach the Gospel always, sometimes use words."

**We know that God wants our client to love her child; He also wants us to love**

**her — to be the instrument of His Truth and to open her heart so that she can better listen to Him.**

We always have to tailor the message for the individual client. Each individual is unique; we need to present the truth in a fashion that will be heard by those sometimes closed ears and help start to open a closed heart.

Often, the client will ask about spiritual matters or raise spiritual questions, or inquire about the nurse's motives for working at the pregnancy clinic. By so doing, a door opens for that young woman. Trust is established, a relationship starts and the client opens up and begins to be more comfortable sharing spiritual matters. **Her faith journey has begun.**

**Evangelization is about a much deeper union with Christ. We need to learn how to draw closer to God, to rely on His help and be led by His Spirit.**

**As a part of helping young women in their faith journey, we give them a book, "Choices for Life," written for women in crisis pregnancies. It serves as a devotional with Scripture passages from the Old and New Testament. We have a wealth of information we can provide our clients — it comes from Christian sources and it is all grounded in sound moral principles.**

When we evangelize, we are reaching out. We get involved with the person's problems and concerns. At our clinic, we often deal with the most profound issues of life. We pray for others, we persevere in meeting challenges and we rejoice in seeing others experience God's love.

We pray for our clients daily; we ask others to pray for them. We have "prayer warriors" — individuals and religious orders

who receive our requests and pray for our clients. We know that through prayer, not only does our staff gain the knowledge, enthusiasm and energy to help change our modern culture, but by invoking the Holy Spirit, we bring His love and strength to those who most need it — our clients, those women in crisis. Prayer is our greatest "tool" as we do His work.

As Christians, we know how important it is to build a mature spiritual life, to pray daily, to frequently receive the Eucharist and the sacrament of Reconciliation. **By nourishing one's spiritual, intellectual and emotional capabilities through study and understanding of our faith, we can grow in that faith and enhance those evangelical skills that allow us to share the greatest gift we have all been given — His word and His message of love.**

**There is no more noble cause than to bear the Gospel message to the world. We try to share that every day in our work. We invite you to share these "golden nuggets" in all that you do —with your families, in your homes and at your workplace.**

**He has said, "I am the truth, the way and the light." Share those words and that light with your world today.**

published in

**New Earth**

**Official newspaper of  
the Catholic Diocese of Fargo**

**October, 2002**

**Interim House Budget Committee on Human Services  
57<sup>th</sup> Legislative Session  
Excerpts of Minutes**

**Grafton, ND - September 4-5, 2002**

Ms. Cathy Haus, Cavalier County Friends for Life, . . . said if the state does become involved, the state agency administering the program needs to ensure that the organizations involved in the program are not referring individuals for abortions. She expressed concern that language in the bill considered by the 2001 Legislative Assembly precluded organizations from proselytizing, which she believes is a very important aspect of alternatives-to-abortion services programs.

Ms. Jane Myrdal, Pregnancy Help Center, Park River, commented . . . her organization would most likely not apply because of the potential negative involvement of the government in the operations and activities of the alternatives-to-abortion services programs.

Representative Warnke requested that the State Department of Health be invited to the committee's next meeting to provide information on its initiative to establish a toll-free telephone number relating to bioterrorism and the possibilities of expanding the initiative to include referrals to alternatives-to-abortion services programs.

It was moved by Representative Kerzman that the Legislative Council staff prepare a bill draft with provisions similar to those included in Engrossed Senate Bill No. 2354 considered by the 2001 Legislative Assembly for the committee's next meeting. The motion failed for lack of a second.

**Bismarck, ND – October 22, 2002**

Mr. Tim Wiedrich, Director, Bioterrorism Preparedness and Response Division, State Department of Health, testified regarding options for providing a toll-free telephone number for alternatives-to-abortion services referrals.

Regarding the option of expanding the use of the line to include referrals for alternatives-to-abortion services, he said "ask-a-nurse" type programs routinely receive a wide variety of requests for health-related information, including questions about unexpected pregnancies. He said the public information line would provide the spectrum of all legal options in response to these questions, including alternatives-to-abortion and abortion services.

**Memorandum Urging Opposition  
to "Alternatives-to-Abortion" legislation**

:  
**SB 2409**

SB 2409 which would employ federal welfare funds for pregnancy counseling is extremely ill-advised because it provides for government aid to religious organizations *in the performance of their religious function*. Pregnancy counseling whose aim is to save a child from abortion is inherently religious when performed by a religious organization. The role of a counselor in a religious organization is to appeal to the conscience of the individual and also to form that conscience in accordance with religious precepts. The life-and-death decision of abortion is inherently moral. In this respect it differs drastically from government programs which provide food for the poor or housing. Counseling is a pastoral or confessional activity which directly addresses the moral condition of the client. It inherently, necessarily and unavoidably reflects the religious teaching or lack thereof of the organization providing it.

By forbidding "proselytization" in government-funded pregnancy counseling, this legislation bars any true religious organization from participating. It instead attracts those organizations that are willing to subvert or abandon their religious mission for the sake of government funding, or else those which are already wholly secular in character. Thus, government will overwhelm the genuine faith-based programs with its own pallid secular substitute. In the process it will corrupt those

**Memorandum Urging Opposition to "Alternatives-to-Abortion" Legislation**

churches which succumb to the blandishment of government money and undermine the effectiveness of those which refuse state subsidies to maintain the integrity of their calling.

The degree of government scrutiny required to prevent religious instruction from being part of pregnancy counseling may well violate the Establishment Clause. "A comprehensive, discriminating, and continuing state surveillance" of a religious organization to make sure that its use of government funds is employed only for secular purposes involves "excessive and enduring entanglement between church and state." *Lemon v. Kurtzman*, 403 U.S. 602, 619 (1972). Programs like those proposed in SB 2354 attract compromising churches that willingly eschew "proselytization" in exchange for a government check. Such funding inevitably creates resentment and a sense of discrimination among pregnancy centers that refuse to compromise their message for the sake of receiving government funds. Thus, SB 2409 will tend to create religious divisiveness, a result that the First Amendment seeks to avoid. "[P]olitical division along religious lines was one of the principal evils against which the First Amendment was intended to protect." *Id.* at 622. Since pregnancy counseling by a religious organization is an inherently confessional activity, it is not an arena for government involvement. "Under our system the choice has been made that government is to be entirely excluded from the area of religious instruction . . . ." *Id.* at 625.

**Memorandum Urging Opposition to "Alternatives-to-Abortion" Legislation**

The attempt in this legislation to sanitize the counseling from religious content is destructive both of religion and of the counseling. Government may perhaps legitimately provide for material needs such as food and housing. It may not, however, provide religious counseling. Pregnancy counseling shorn of religious content can easily degenerate into pro-choice counseling. The website of the Pennsylvania program does precisely this in its "objective" treatment of abortion as an option.

State religion does not confront the state. It is precisely for this reason — to preserve the independent voice of religion as a check upon state power — that the First Amendment decrees separation of church and state. "[T]oday more than ever before, the government of the most powerful democracy on earth needs the critical scrutiny of independent churches, their visions, exhortations, and unsparing rebukes." *Ceniceros v. Board of Trustees*, 66 F.3d 1535, 1550 (9th Cir. 1997) (Lay, J., dissenting). When the church is eager to serve the State and receive benefits from its hand, it loses this power of independent rebuke to "defy the currents of popular opinion." *Id.* The unfortunate side effect of this legislation is to encourage the secularization of religious organizations through dependency upon government funding. "[R]eligious freedom cannot thrive in the absence of a vibrant religious community . . . such a community cannot prosper when it is bound to the secular." *Lee v. Weisman*, 505 U.S. 577, 609 (1992) (Blackmun, J., concurring).

**Memorandum Urging Opposition to "Alternatives-to-Abortion" Legislation**

The "corrosive secularism" decreed by this legislation, *Grand Rapids School Dist. v. Ball*, 473 U.S.373, 385 (1985), creates an anemic form of secular counseling which will not prevent abortions, but will undermine the existing privately-funded counseling which does. It should be rejected in its entirety.

DATED: March 5, 2005

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"Generally, programs operated by religious organizations that receive public funding in the form of grants or contracts must essentially be secular in nature."

**North Dakota Legislative Council  
Charitable Choice - Background Memorandum  
July, 2001**

Second, the central concern making Rosenberger a close and difficult case was that the subsidy to religious expression involved was not simply the use of government space, generally open to the public or to some subgroup thereof for expressive activity, see *Lamb's Chapel*, 508 U.S. at 395; *Widmar*, 454 U.S. at 271-72 & n.12, but a form of governmental financial support for religious activity. The Rosenberger Court, far from discounting this consideration, recognized that "[t]he Court of Appeals (and the dissent) are correct to extract from our decisions the principle that we have recognized special Establishment Clause dangers where the government makes direct money payments to sectarian institutions." 515 U.S. at 842. And indeed, the prohibition on funding religious activities has been preeminent among establishment of religion concerns, depending upon one's view of history, from the nation's infancy, see *id.* at 868-76 (Souter, J., dissenting); see also *id.* at 846-47 (O'Connor, J., concurring) (agreeing that the "axiom" that "[p]ublic funds may not be used to endorse the religious messages" [citation omitted] has long been a "bedrock" of Establishment Clause jurisprudence); compare *id.* at 853-63 (Thomas, J., concurring), or, at least, since *Everson v. Board of Education*, 330 U.S. 1, 17-18 (1941) ("No tax in any amount, large or small, can be levied to support any religious activities or institutions, whatever they may be called, or whatever form they may adopt to teach or practice religion.").\*fn16

[70] Rosenberger explicitly so recognized, noting that "if the State pays a church's bills it is subsidizing it, and we must guard against this abuse." 515 U.S. at 844. The Rosenberger Court nonetheless held, for several reasons, that the funding prohibition was not of controlling importance in that case, emphasizing that: (1) the mandatory fees comprising the Activities Fund were an "exaction upon the students," not "a general tax designed to raise revenue for the University,"\*fn17 *id.* at 840-41; see also *id.* at 841 ("A tax, in the general understanding of the term, and as used in the Constitution, signifies an exaction for the support of the Government." (quoting *United States v. Butler*, 297 U.S. 1, 61 (1936))); *id.* ("Our decision, then, cannot be read as addressing an expenditure from a general tax fund."); *id.* at 851-52 (O'Connor, J., concurring); (2) *Wide Awake* was a "student publication[,] . . . not a religious institution, at least in the usual sense of that term as used in our case law," so that, in paying *Wide Awake's* bills, the University was not paying the bills of a church or similar organization, *id.* at 844;\*fn18 (3) the activity funded did not involve "religious exercises," *id.* at 842; and (4) the benefit provided did not involve direct funding of religious speech, since the University did not provide eligible student groups with direct financial assistance but instead paid their printing bills. *Id.* at 842-44.

...

We note, as well, that the nature of **Tucson's** Civic Events Fund program is such that allowing various religious organizations to compete for funding would lead to some of the very dangers the Establishment Clause was intended to prevent. For one thing, in order to comply with the City's emphatically secular criteria for funding, religious event organizers would be likely to "secularize" their events. *Lee*, 505 U.S. at 608 (Blackmun, J., concurring). Although the focus on the community's "historical, cultural, and ethnic heritage," "critical issues," and "civic pride" may be commendable, creating an incentive to structure religious events toward such worldly objectives would encourage the dilution of spiritual life, not enhance it. And while fairly small sums are at issue here, the Establishment Clause principles examined above admit no distinction between large grants to religion and small ones.

*Gentala v. City of Tucson*, No. 97-17062 (9th Cir. 03/30/2001)

## WHY CRISIS PREGNANCY CENTERS SHOULD NOT BE SOCIALIZED

“By intervening directly and depriving society of its responsibility, the **Social Assistance State** leads to a loss of human energies and an inordinate increase of public agencies, which are dominated more by bureaucratic thinking than by concern for serving their clients, and which are accompanied by an enormous increase in spending.

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.”

— Pope John Paul II, *Centesimus Annus* (1991) —

uch as new vehicles, major repairs, improve-  
capital projects. The committee learned that  
ade a total of \$109,670 of senior citizen program  
unds remained unspent as of December 31, 2000.

**Other Information and Testimony**

The committee received information on the number of individuals served as a result of the funding provided by the senior citizen mill levy matching grant program. Counties and cities reported that 62,468 individuals received services in 2001 as a result of the funds generated from senior citizen mill levies and matching grants. The uses of the mill levy and matching grant funds vary by county, affecting the number of individuals served. Some counties use these funds to match federal Title III Older Americans Act funding while others do not.

The committee heard testimony from other interested persons. Major comments included:

1. Support for the current method of providing matching funds to counties and cities for senior citizen programs.
2. A request that additional funding be provided for senior citizen programs because federal funds provided by the Older Americans Act provide for only one-third of the cost of senior citizen services.

3. A request that the Legislative Assembly increase funding to match county senior citizen mill levies at 100 percent rather than 54 percent of formula.
4. Support for the mill levy funding as an important component of the continuum of care to allow the elderly to remain in their homes and local communities.

**Conclusion**

The committee makes no recommendation as a result of its study of the senior citizen mill levy matching grant program.

**ALTERNATIVES-TO-ABORTION SERVICES STUDY**

Section 1 of Senate Bill No. 2354 directed a study of the feasibility and desirability of establishing an alternatives-to-abortion services program that would provide information, counseling, and support services to assist women to choose childbirth and to make informed decisions regarding the choice of adopting or parenting.

**Statistics**

The following schedule presents abortion statistics in North Dakota and the United States since 1990:

	North Dakota			United States		
	Pregnancies	Abortions	Abortion Percentage	Pregnancies	Abortions	Abortion Percentage
1990	10,386	1,065	10.3%	6,778,000	1,609,000	23.7%
1991	9,924	986	9.9%	6,674,000	1,557,000	23.3%
1992	9,885	1,017	10.3%	6,596,000	1,529,000	23.2%
1993	9,655	910	9.4%	6,494,000	1,500,000	23.1%
1994	9,568	935	9.8%	6,373,000	1,431,000	22.5%
1995	9,474	928	9.8%	6,245,000	1,364,000	21.8%
1996	9,250	862	9.3%	6,240,000	1,366,000	21.9%
1997	9,226	826	9.0%	6,192,000	1,328,000	21.4%
1998	8,826	847	9.6%			
1999	8,557	883	10.3%			
2000	8,585	863	10.1%			
2001	8,461	750	8.9%			

**Federal Title X - Family Planning Program**

The committee reviewed the federal Title X family planning program. Title X of the Federal Public Health Service Act of 1970 authorizes the family planning program, which is administered by the United States Department of Health and Human Services, Office of Population Affairs. The program authorizes grants to assist in the establishment and operation of voluntary family planning projects offering a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents). The mission of the program is to provide individuals the information and means to exercise personal choice in determining the number and spacing of their children. Program funds may be used for providing information and counseling regarding abortion but not for abortion programs. Funding received under the program does not require any state matching funds. The program

offers pregnant women the opportunity to be provided information and counseling regarding:

1. Prenatal care and delivery.
2. Infant care, foster care, or adoption.
3. Pregnancy termination.

The federal grants may be provided to either public or nonprofit private entities. In North Dakota the State Department of Health receives the federal Title X grants and administers the family planning services through contracts with nine delegate agencies across the state. The family planning grants are awarded competitively every five years. The next competitive grant award in North Dakota will be in 2005. The Title X family planning projects in North Dakota, South Dakota, Colorado, and Montana are administered by each respective state; however, in Minnesota, Utah, and Wyoming, the federal Title X funds are awarded to a nonprofit organization in each state to operate the family planning projects.

The State Department of Health received base funding under federal Title X of \$547,000 in federal fiscal year 2002 as well as \$174,000 for special initiatives. The department anticipates receiving base funding of \$807,000 as well as \$118,000 of funding for special initiatives in federal fiscal year 2003 and base funding of approximately \$800,000 and possibly \$100,000 for special initiatives in federal fiscal year 2004.

The program, operated through the nine delegate agencies, offers family planning services at 18 clinic sites in North Dakota. In calendar year 2000, 14,494 clients made 24,062 visits to the family planning agencies. Of the 14,494 clients, 8,791 had incomes below 150 percent of the federal poverty level. Clients pay for services based on household size and income. Clients with income at or below 100 percent of the poverty level receive services at no cost.

The program provides pregnancy testing, diagnosis, counseling, and referrals. Each clinic is required to maintain a service referral list, which must be made available to clients, for women with positive pregnancy test results. Pregnant clients must be offered information and counseling regarding prenatal care and delivery, infant care, foster care, adoption, and pregnancy termination. The committee learned that based on a 1997 survey, approximately four percent of pregnant women seen at the clinics request information on abortion services.

Title X regulations as originally adopted in 1970 required family planning programs to provide pregnant women with information on prenatal care and delivery, infant care, foster care, or adoption. The requirement that information on pregnancy termination be available was added in 1976. The regulatory language requiring family planning projects to offer this information was added in January 2001.

The committee received the following information from each of the nine delegate agencies providing family planning services under federal Title X in North Dakota:

1. Upper Missouri District Health Unit, Williston - Serves the counties of Divide, McKenzie, Mountrail, and Williams. In calendar year 2000 the health unit performed 193 pregnancy tests, 59 of which were positive. For those with positive tests, information was provided on all available options, the importance of prenatal care, and referrals as appropriate.
2. First District Health Unit, Minot - Serves the counties of Bottineau, Burke, McHenry, McLean, Renville, Sheridan, and Ward. In calendar year 2000 the health unit performed 147 pregnancy tests, 69 of which were positive. The 69 clients who tested positive met with a social worker and were informed of the options available to the client. The program was unaware of how many women chose abortion.
3. Lake Region District Health Unit, Devils Lake - Serves the counties of Benson, Eddie, Pierce, Ramsey, Nelson, Cavalier, Rolette, Towner, Wells, and McHenry. In calendar year 2000 the health unit performed 50 pregnancy tests, 12 of

which were positive. Of the 12 positive tests, seven planned to continue the pregnancy and keep the child, two were deciding if they would keep the child or give it up for adoption, and three were unsure of their plans.

4. Valley Health, Grand Forks - Serves the counties of Grand Forks, Nelson, Pembina, Steele, and Walsh. In calendar year 2000 the program performed 484 pregnancy tests, 99 of which were positive. Of the 99 positive tests, 65 birth outcomes were unknown, 14 continued the pregnancy, 7 miscarried, and 13 chose abortion.
5. Fargo-Cass Public Health and Family Planning Clinic, Fargo - Serves Cass County. In calendar year 2000 the clinic performed 413 pregnancy tests, 85 of which were positive. Of the 85 positive tests, 19 were planned pregnancies and 66 were unintended. Of the 66 unintended pregnancies, outcome data was available on only 16. Of the 16, seven continued the pregnancy, two miscarried, and seven chose abortion.
6. Richland County Family Planning, Wahpeton - Serves the counties of Ransom, Richland, and Sargent. In calendar year 2000 the program performed 109 pregnancy tests, 11 of which were positive. Of the positive tests, six individuals were given information on prenatal care and services available to pregnant women and five were given information on all options. Of the five clients given information on all options, three proceeded with prenatal care, one was undecided, and one chose abortion.
7. Central Valley Family Planning Program, Jamestown - Serves the counties of Barnes, Dickey, Eddy, Foster, Griggs, Kidder, LaMoure, Logan, McIntosh, Ransom, Sargent, Stutsman, and Wells. In calendar year 2000 the program performed 97 pregnancy tests, 32 of which were positive. Of the positive tests, 28 received information on prenatal care, one on adoption, and three on all options.
8. Custer Family Planning Center, Bismarck - Serves the counties of Burleigh, Emmons, Grant, Mercer, Morton, Oliver, and Sioux. During calendar year 2000 the center performed 406 pregnancy tests, 83 of which were positive. Of the positive tests, 64 received prenatal care, eight chose abortion, and 11 had unknown outcomes.
9. Community Action and Development Program, Inc., Dickinson - Serves the counties of Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope, and Stark. In calendar year 2001 the program performed 184 pregnancy tests, 17 of which were positive. The individuals with positive results were provided the "Before You Decide" brochure and encouraged to read it before making a decision. These individuals were also counseled regarding the options and provided information based on their decision or referred for further counseling, as appropriate.

## **Use of Temporary Assistance for Needy Families Funds**

The committee received information on the potential use of federal temporary assistance for needy families (TANF) program funds for alternatives-to-abortion services programs. The committee learned if federal TANF funds are to be used for an alternatives-to-abortion program, any proposed legislation should indicate how the program will accomplish the purposes of federal TANF funding. Under federal law, the purpose of TANF funding is to:

1. Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.
2. End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage.
3. Prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies.
4. Encourage the formation and maintenance of two-parent families.

Because TANF funding is a block grant to the states, any allocation by the Legislative Assembly generally will be considered appropriate. However, if the allocation is not consistent with federal law, it could be questioned by the State Auditor while conducting the state's single federal audit. The committee reviewed a letter from representatives of the federal Department of Health and Human Services indicating it may be appropriate for the state to use federal TANF funds for an alternatives-to-abortion services program.

## **Alternatives-to-Abortion Services**

The committee heard testimony from representatives of organizations providing alternatives-to-abortion services in North Dakota.

Representatives of these organizations testified that the private sector is currently providing alternatives-to-abortion services in many parts of the state. These representatives also testified that if government program funding were made available for alternatives-to-abortion services, many of the organizations would likely not apply because of the potential negative involvement of the government in the operations and activities of the alternatives-to-abortion services programs.

The committee received information from the AAA pregnancy clinic in Fargo and learned the clinic is a nonprofit corporation that serves individuals facing a crisis pregnancy and provides community outreach educational programs focusing on abstinence education. The program began in Fargo in 1984. The clinic provides free services to women facing unplanned pregnancies. The program does not refer for abortions or provide information on abortion but provides life-affirming education and support services. Services provided by the clinic include medical services, financial support, and material aid. The program receives donations from individuals, businesses, and churches.

The committee received information from the Womens Care Clinic, Fargo. The Womens Care Clinic provides alternatives-to-abortion services and employs a full-time counselor to provide pregnancy counseling services.

## **Other Testimony**

The committee received information from other interested persons. Comments included:

1. State involvement in alternatives-to-abortion services programs may reduce the private sector's motivation for developing these programs.
2. There is a need for more pregnancy crisis centers, but they should be financed by the private sector.
3. The state should not be involved in providing funding for birth control.

The committee received information from the North Dakota Life League. The North Dakota Life League reviewed the North Dakota family planning program in 1996 and 1997 and expressed the opinion that the program's brochures support abortion, advertise second trimester abortions at a Minnesota facility, and encourage promiscuous behavior.

The committee received recommendations from the North Dakota Life League for reducing the number of abortions. Recommendations presented included that the state:

1. Eliminate sex education in public schools.
2. No longer accept Title X funds which make contraceptives available to minors, enabling promiscuity among the state's youth, causing alarmingly high rates of related infectious diseases, and increasing the number and percentage of women who choose abortion.
3. Allow private sector programs to provide alternatives-to-abortion services without state involvement.
4. Not support abortion-related programs.

## **Committee Considerations**

The committee reviewed a bill draft that would establish an alternatives-to-abortion marketing task force to develop and implement a statewide marketing plan to promote alternatives-to-abortion services and provide an appropriation of \$100,000 from the general fund to the Department of Human Services to market the services during the 2003-05 biennium.

The committee received information from the State Department of Health regarding options for providing a toll-free telephone number for alternatives-to-abortion services referrals. The committee learned the State Department of Health is considering developing a statewide toll-free public health information line that would allow the public to gain health information, advice, and referrals. Nurses trained to assist the public using nationally recognized protocols and procedures would staff the line. The line would help detect bioterrorism, improve health, and increase efficiency. The committee

learned the State Department of Health believes that nurses staffing the line could address questions relating to unexpected pregnancies and would provide information on all legal options, including alternatives-to-abortion and abortion services.

### Conclusion

The committee does not make any recommendation as a result of its study of alternatives-to-abortion services.

## CHARITABLE CHOICE STUDY

Senate Concurrent Resolution No. 4034 directed a study of the issues and concerns of implementing Charitable Choice.

### Federal Law

#### Current Law

Charitable Choice is the privatization of federally funded welfare services through faith-based organizations. Charitable Choice provisions were first included in the federal welfare reform measure, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. This law allows states to administer and provide TANF services or benefits through contracts with nongovernmental entities or to provide TANF recipients with certificates or vouchers redeemable with private entities. The law allows states to contract with religious organizations to provide federally funded services under specifically named programs on the same basis as any other nongovernmental provider without impairing the religious character of the organizations or the religious freedom of the recipients. Charitable Choice does not contain new funding for faith-based organizations, and it only applies to programs designated by Congress. In addition to the TANF program, other federal programs authorizing Charitable Choice include the child care and development block grant, programs available under the community services block grant, and substance abuse treatment and prevention services programs under Titles V and XIX of the Public Health Services Act.

Under Charitable Choice rules, the government may not discriminate against an organization that applies to provide services on the basis of its religious character and may not require it to remove religious art or other symbols as a condition of participation. In addition Charitable Choice specifies that religious organizations retain control over the definition, development, practice, and expression of their religious beliefs. The rules contemplate that religious organizations will employ their faiths in publicly funded programs using their own resources. A religious organization's use of public funds is subject to audit, but if the federal funds are segregated into separate accounts, only these accounts are subject to audit.

Charitable Choice rules also require that a religious organization cannot discriminate against a beneficiary or potential beneficiary on the basis of religion or religious belief, and if a recipient objects to the religious character

of the provider, the government must provide an alternate and accessible provider.

Concerns of the Charitable Choice provisions relate to the interpretations and applications of the establishment of the religion clause of the First Amendment which has generally been interpreted by the United States Supreme Court to prohibit government from sponsoring or financing religious instruction or indoctrination. Generally, programs operated by religious organizations that receive public funding in the form of grants or contracts must essentially be secular in nature. Charitable Choice attempts to move beyond these restrictions and allow faith-based organizations to participate in publicly funded social services programs while retaining their religious character.

#### Proposed Changes

In 2001 President Bush recommended expanding Charitable Choice by further involving faith-based organizations in the provision of government-funded services. The President's proposal included the following initiatives:

1. A commitment to fully implement the Charitable Choice measures that have been enacted into law.
2. The establishment of private programs incorporating Charitable Choice to assist children and families of prisoners, to improve inmate rehabilitation prior to release, to establish maternity group homes, and to provide after school programs for low-income children.
3. The creation of an office of faith-based and community initiatives in the White House to enhance and promote government's partnership with faith-based and community organizations.
4. The establishment of a center for faith-based and community initiatives in each of five federal agencies--the Departments of Health and Human Services, Housing and Urban Development, Labor, Justice, and Education.
5. Encourage and assist states to create offices of faith-based and community initiatives.
6. The expansion of incentives for private giving to religious and charitable organizations.

The committee monitored federal legislation throughout the interim and learned at the end of October 2002, two bills were still being considered by Congress relating to Charitable Choice--House Resolution 7, the Community Solutions Act, which passed the House of Representatives and Senate Bill 1924, the Care Act, which was not yet reported out of committee in the Senate. The committee learned the earliest the bills would be acted on would be mid to late November 2002.

Major provisions of House Resolution 7 are:

1. Nonitemizing taxpayers would be allowed to deduct charitable donations.
2. Faith-based organizations would be allowed to compete on an equal basis to provide certain programs administered by state or local governments, including juvenile justice and delinquency programs, crime prevention programs,



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FAMILY  
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*Christina Kindel*  
EXECUTIVE DIRECTOR

TO: House Human Services Committee  
FROM: Christina Rondeau, North Dakota Family Alliance  
DATE: March 8, 2005

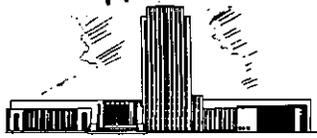
Madam Chairwoman and committee members, my name is Christina Rondeau, with the North Dakota Family Alliance (NDFA). I wish to voice our support for SB 2409, and also to urge this committee to give SB 2409 a strong DO-PASS recommendation.

SB 2409 simply affirms the strong pro-life sentiment found in most North Dakota communities. NDFA believes this bill helps provide a positive, proactive resource, if not solution, for women who find themselves in a crisis pregnancy situation, and who simply need assistance in finding the support they need in providing healthy and life-affirming choices for their unborn child.

SB 2409 is a thoughtful and compassionate response to women in need, and its positive reception in states where it has already been tried, such as Pennsylvania, illustrates for us the success of compassionate and life-affirming care. Although abortion continues to be a legally protected option for women in our state and in our nation, abortion is hardly the choice of preference for many women who confess, after their abortion, to feeling like they had little to no other alternatives. I believe this feeling stems in large part to the fact that centers that do provide the care many of these women would prefer, simply don't have adequate resources to advertise to the extent needed to reach many of these women. SB 2409 provides a unique and positive partnership between a state department, which has a vested interest in protecting the health and wellbeing of all its citizens, including the unborn, with centers designed to provide support for women in needy or crisis pregnancies.

In addition, a two-year interim study on the use of TANF funding for the program SB 2409 proposes shows that federal funding can be obtained for an alternatives-to-abortion program, thereby providing this legislative body and the state of North Dakota with a win-win proposal; one that would help provide better service statewide for women in crisis pregnancies, and for our state's smallest and most helpless citizens, at little to no direct cost to the state of North Dakota.

I urge a strong DO PASS recommendation for SB 2409. Thank you.



# NORTH DAKOTA HOUSE OF REPRESENTATIVES



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COMMITTEES:  
Judiciary  
Political Subdivisions  
Constitutional Revision, Chairman

## Written Testimony in support of SB 2409

Mr. Chairman and members of the Committee, I regret that I cannot be with you to speak to you in person about SB 2409, but I learned yesterday that you'd be taking it up this morning and I will be chairing a meeting of the Constitutional Revision Committee as you consider this bill. As a former member of the House Appropriations Committee, I would have enjoyed probably my only opportunity this session to testify before you.

SB 2409 is a positive effort to partner with faith based organizations in our state and to encourage their good work in the area of support for alternatives to abortion.

Whether you consider yourself "pro life" or "pro choice", you will probably agree on one thing: abortions should be more rare. SB 2409 gives us an opportunity to help reduce the number of abortions in North Dakota without establishing a costly, new government program, by supporting groups who are already doing good work toward that goal.

President Bush has recognized the work private, faith-based organizations do in a variety of areas and suggested that we support them, rather than having government try to accomplish the same objectives, which is usually more costly and less effective.

SB 2409 will funnel some resources in a positive direction and help women and children in our state. It has been significantly improved with House amendments and I respectfully urge your support of the amended bill.

Thank you for your consideration.

--Rep. Kim Koppelman

Handout # 53-2  
Sen Aaron Krauter  
3-23-05

SB 2409  
House Appropriations Committee  
Representative Svedjen, Chairman  
Monday, March 21, 2005

Chairman Svedjen and committee members.

My name is Aaron Krauter, State Senator from District 31. I stand before you today to introduce SB 2409, which establishes an alternatives-to-abortion or pregnancy services program in the state North Dakota.

This concept was heard in the 2001 Legislative Assembly as an interim study to evaluate the use of TANF dollars. The interim study was completed and it was concluded that it was appropriate for the Department of Human Services to use federal TANF dollars for a pregnancy service program.

My purpose for introducing SB 2409 is quite simple the number of abortions performed in North Dakota have not decreased, they have increased and I believe that with the current ruling of Roe-vs-Wade we still have the opportunity to educate people of all the positive options of childbirth.

The total number of abortions performed in North Dakota have risen since 2001:

Year	Total abortions
2001	1216
2002	1219
2003	1354
2004	1173 *(through the month of September)

SB2409 contains three sections and I describe them as the following:

Section 1. The Department of Human Services has until January 1, 2006 to provide services for alternatives-to-abortion. I envision this to be a contract type basis that the department can make with one or more entities with the flexibility to make a program work for all of North Dakota. The first six months of the biennium gives the department time to put out an RFP and develop a program with positive outcome-based results. This pregnancy service will promote childbirth instead of abortion by providing information, counseling and support services that assist pregnant women or women who believe they may be pregnant to choose childbirth and to make informed decisions regarding the choice of adoption or parenting with respect to their children.

Other states have developed pregnancy services programs with much success. Since March 1996, Pennsylvania has counceled more than 85,000 women with free and confidential support, encouragement, guidance and practical assistance to women so they do not need to choose abortion. Michigan and Louisiana enacted legislation in 2004 and Minnesota and Missouri are

considering legislation also. In the state of Florida, Lt. Governor Toni Jennings last week announced their \$4 million pregnancy services program.

Representative Koppelman and I drafted this legislation with flexibility for the department to look at what has been successful in other states and develop an RFP that will work for all of North Dakota and I literally mean all of North Dakota. As I look over the abortion statistics from all the counties in North Dakota it is apparent that we need a state wide approach.

Again, the approach must have positive outcome-based results meaning that the number of abortions or the abortion rate must be reduced. I feel that these results are very attainable when all the tools that can be made available to women are out there.

Just to give an example of a few that have been used in some states are the toll free 1-800 counseling number that is seen on billboards, television ads, newspapers, magazines, in high schools, on college campuses and heard on the radio. If a women is not positively sure she is pregnant she can receive a pregnancy test kit. If the women is in school, the program will help to find ways to continue the education. The program will provide counseling on how to tell your parents, or your boyfriend or the father. Most of all these are strictly confidential. I urge anyone of you to visit the web site [www.realalternatives.org](http://www.realalternatives.org) to learn more about what opportunities are available in Pennsylvania.

Section 2 of the bill requires that the Department of Human Service report to the Legislative Council during the 2005-06 interim on the status of the alternatives-to-abortion services program. The reporting will give all of us the opportunity to comment on the progress.

Section 3 of the bill appropriate \$500,000 of federal TANF grant dollars to establish the program. The Temporary Assistance for Needy Families (TANF) block grant dollars were established in the 1996 Welfare Reform Act. There is no required state match dollars. These are 100% federal draw down dollars.

During the 2001-03 biennium North Dakota did not use all of their block grant TANF dollars. There was a \$6,800,000 carryover left available. During the current 2003-05 biennium it is projected to have about \$10,800,000 carryover left. So you can see that there are TANF dollars available for this type of pregnancy services for North Dakota.

It also requires the department to contact the federal office of faith-based and community initiatives to seek sources of funding also.

Chairman Svedjen and committee member that ends my testimony on SB 2409 and I will happy to answer any questions.