

# MICROFILM DIVIDER

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SFN 2053 (2/85) 5M



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DESCRIPTION

1494

2007 HOUSE JUDICIARY

HB 1494

## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1494

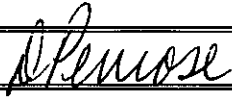
House Judiciary Committee

Check here for Conference Committee

Hearing Date: 1/22/07

Recorder Job Number: 1527

Committee Clerk Signature



Minutes:

**Chairman DeKrey:** We will open the hearing on HB 1494.

**Rep. Dan Ruby:** Sponsor of the bill. This bill does two things. First of all, it requires no public funding to go for prenatal genetic testing, unless the testing is a precursor to treatment for the woman or unborn child. The other thing is it restricts an insurance company, it says no insurance company, non-profit health services corp., or health services organization may require, as a condition of coverage, prenatal genetic testing without the pregnant woman's consent or use genetic information to coerce or compel a pregnant woman to have an abortion. I think that she should be able to make a decision to keep her child, without the penalty of losing her insurance coverage. I know there is a lot of testing being done on women who are pregnant. I am opposed to just testing for medical conditions that have no cure. There are false positives and false negatives all the time. I am not an expert in this field.

**Rep. Delmore:** Are you aware of any insurance company or health organization that has ever coerced or compelled a pregnancy woman to have an abortion in this state.

**Rep. Dan Ruby:** I have not, at this time. I don't know of any problem right now that this may be addressing. I was asked to introduce this and so it's not my language. I believe it is a good thing to have in our law, in the case that it would happen.

**Chairman DeKrey:** Thank you. Further testimony in support.

**Christopher Dodson, Exec. Dir., ND Catholic Conference:** (see attached testimony).

Perhaps the language isn't the best, but I think it is workable. We can also look at the state of TN, which funds prenatal genetic testing for its citizens, but expressly excludes prenatal testing for diseases for which there is no treatment in utero. They have language on the statute that has been working for years. There are ways to determine what you are testing for and whether or not the state should be covering it. You will hear about protocols and standards that this type of testing should be done. Behind all those protocols, is one basic fact that they serve no other legitimate purpose, other than to give information in regards to whether or not to abort. Those are the only tests that this bill covers. This is no different than restricting funding for sex determination. It serves no legitimate medical purpose, it can only be used to determine whether to perform an abortion or not. The state doesn't fund, nor does insurance companies, to perform tests to determine the sex of the child. Nor do they scientifically do ultrasounds that serve no medical purpose.

**Rep. Delmore:** How often are you aware of these tests being performed, and do you have specific tests that would be denied where the problem could be fixed and become a viable pregnancy. Are you ruling some of that out by saying none of these allowed.

**Christopher Dodson:** It is not our intention to rule those out. One, it doesn't prohibit the testing. Second, the determination of payment would follow, and they could look at the test under reasons given for a test, to determine if it should be paid.

**Rep. Delmore:** So if a test were given to see whether there were genetic problems that would affect the viability, you're saying that those tests couldn't be given even though perhaps that woman could find out that there is something that could be done, we've come a long way with medical research.

**Christopher Dodson:** First of all, the tests could be given. We're only dealing with the funding issue here and second, in a situation like you've described, I think it would be funded, because the purpose for the test being given would be determined if there is a condition there which we can treat.

**Rep. Koppelman:** Are state funds currently used to perform prenatal genetic testing.

**Christopher Dodson:** I haven't been able to ascertain that. It has become a more standard protocol, especially with a pregnancy woman over 35, to do these tests. We know that the number of children with Down's Syndrome that are born, has dramatically been reduced. That means that they have been aborted because there is no cure for that condition.

**Rep. Klemin:** Could you define prenatal genetic testing, tell me what's included within the scope of that term.

**Christopher Dodson:** I looked to see if there was any reason for a definition of prenatal genetic testing. I assume there wasn't, because I never found one. I assumed that in usage, regarding payments, they know what that means. It could be described also as those tests to determine the existence of conditions for which there is no treatment. That is all that is going to be excluded from funding.

**Rep. Klemin:** You mentioned ultrasound. Is that included within the scope of prenatal genetic testing.

**Christopher Dodson:** I do not think it is, because it doesn't identify a genetic condition.

**Rep. Delmore:** Are the tests labeled to see if I want an abortion or not. Secondly, what if I want to know, say I'm 43 years old, it's my first pregnancy, and I really want to have children. Don't I have a right to know that there might be something wrong, to give me time to adjust to the fact that I may have a child with special needs.

**Christopher Dodson:** You have the right to know, but you may not have the right to state funding or to have insurance premium dollars paying for it, because it doesn't serve a medical purpose. It's no different than if somebody wants to know whether it is a boy or a girl.

**Rep. Delmore:** It might be for my mental or emotional health. Are the tests labeled.

**Christopher Dodson:** They do have testing for certain purposes, to identify whether or not a certain condition or genetic condition exists. Of course, what could be treated, can change. If it becomes a treatment that you can provide, there would be a legitimate reason for this genetic test.

**Rep. Delmore:** Under provisions of this law; however, if I wanted to know for legitimate reasons, but not for an abortion, I would not be able to do it.

**Christopher Dodson:** You'd be able to find that out, but if you were on medical assistance paid for by the State, it would not be covered by the State. If you were under a group health insurance plan, you would have to pay for it yourself or minor.

**Rep. Wolf:** Who would make the determination whether this service is going to be covered or not.

**Christopher Dodson:** Medical assistance, such as Medicaid and health insurers do that all the time, as to whether or not a particular procedure or test is for a legitimate medical purpose and they would make that determination based on the data they have at that time.

**Rep. Wolf:** How do they know if it is legitimate or not. They won't know what's in my head.

**Christopher Dodson:** What is at issue isn't your intent, the issue is whether or not that particular test will be covered by insurance or state medical assistance. That's an objective standard. That doesn't depend on what the intent is for giving the test.

**Chairman DeKrey:** You stated that the number of births for Down Syndrome children is down and the use of abortions, is that a scientific fact or that just conjecture because the number is down.

**Christopher Dodson:** It is due to abortion. In fact, there was a recent Washington Post column about this matter last week or the week before. Because there is nothing to prevent the conception of a child with Down's Syndrome, the only explanation for the decrease would be a change in age patterns with regard to conception or abortion.

**Rep. Dahl:** Would genetic tests be included with paternity tests.

**Christopher Dodson:** Paternity tests aren't. That is a separate part of the code.

**Rep. Klemin:** In your written testimony, this only restricts funding for prenatal testing for conditions for which there is no treatment. I don't see that it actually says that in this bill, but assuming that it could be read into that, where do we get lists of diseases for which there is no treatment that you can test for.

**Christopher Dodson:** I assume that there could be a list and it changes because health insurers and Medicaid do have a system of determining what is the purpose of the test and whether it is a legitimate medical procedure that should be reimbursed. This would fall into that same category.

**Rep. Klemin:** Since there is nothing here that says that, how is somebody who is going to do this test, going to know what to test for and can't test for.

**Christopher Dodson:** I think that is something that can be worked out; TN has done it for at least a decade. We can make some calls and find out.

**Chairman DeKrey:** Thank you.

**Rep. James Kerzman:** I am a sponsor of this bill, and support this.

**Chairman DeKrey:** Thank you. Further testimony in support of HB 1494.

**Stacey Pflieger, ND Right to Life:** (see attached testimony).

**Chairman DeKrey:** Thank you. Further testimony in support. Testimony in opposition. All testimony previously given in HB 1464, 1466 and 1489 will be included with the record of this bill.

**Dan Ulmer, Blue Cross/Blue Shield:** We are not really opposed to this matter, you need to understand that you are entering into a field that you may not want to go. You have a lot of grayness here. We don't make a requirement for genetic testing. When you get to the point that you use the genetic information to coerce or compel a pregnancy woman to have an abortion, the question is what is coerce or compel mean. If you take a test and you have a child who has a problem, you may have a woman wondering what to do with this particular child. So do we just stop giving these tests to parents who may have a Down Syndrome child, age 35 which is standard protocol at this juncture. Mom gets tested if she is over 35. Under this, we wouldn't be able to give this test. Basically this morning, BC/BS tried to stay out of this particular issue, it is a perennial issue that has gone on for a long time. We don't set policy statements, but we do need to tell you that there are issues that you need to look closely at in terms of the advancement in prenatal care as well as delivery. There are decisions that are very difficult for parents to make. Our medical staff called me this morning to tell me to come up here to oppose this particular bill. There is a list of prenatal diseases that can be treated or not, but the list has gotten longer with what diseases can be treated as a result of genetic testing and the future is bright in this regard to making it better for moms and kids.

**Rep. Koppelman:** I'm not familiar with the specifics on how insurance coverage works in these areas. Does a company like BC/BS, or health insurer currently require tests as a condition of coverage that would be for the specific purpose, without the pregnant woman's



consent as the bill says, or that it would be used to coerce or compel someone to have an abortion.

**Dan Ulmer:** No, we would not compel to do that, any of those particular tests. Now, we hope that no coercion would happen in that regard. However, we do determine what tests are available to people is done on what's called medical efficacy; whether or not there is an effect, whether or not there's some treatment that can take place. I think it's important to understand that as well, as we look forward to particular advancements in genetic testing in our lifetime and in these children's lifetime, they will be phenomenal in terms of what we would be able to do in the field of genetics.

**Rep. Koppelman:** Would the insurance company require that kind of test under current practices.

**Dan Ulmer:** Protocol probably would. Women who are over the age of 35 and are pregnant, the medical protocol is that they should have this particular tests so they are aware of potential for Down's Syndrome.

**Rep. Koppelman:** The insurance company pays for that.

**Dan Ulmer:** Yes.

**Rep. Koppelman:** The purpose for that test would be information, but not treatment of this condition.

**Dan Ulmer:** Yes, the treatment would then be up to the physician and patient.

**Rep. Koppelman:** The test would be a cost to the insurance company, if the child were born and you had a condition like that, it would be more expensive to the insurance company.

**Dan Ulmer:** Yes, complications are massive and we cover those.

**Chairman DeKrey:** Thank you. Further testimony in opposition to HB 1494. We will close the hearing.

## 2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1494

House Judiciary Committee

Check here for Conference Committee

Hearing Date: 1/24/07

Recorder Job Number: 1848

Committee Clerk Signature

*Ann Penrose*

Minutes:

**Chairman DeKrey:** We will take a look at HB 1494.

**Rep. Klemin:** I move a Do Not Pass.

**Rep. Wolf:** Seconded.

**Rep. Delmore:** I think this bill is restricting testing for perhaps unborn children that could be fixed. Why would we want to pass that kind of legislation, I have no idea. There is no laundry list here, no list attached, we are not in a position, that is determination that needs to be made by the woman and doctor.

**Rep. Klemin:** There is no description of the scope of what is included, and the sponsor couldn't tell us what would be. Also, it talks about the insurance on the second part, what does it mean? I think that the list of what diseases can be treated is getting longer, so this talks about diseases that can't be treated. I don't know what that means either. I think there is a lot of vagueness in here, there are a lot of things that aren't defined. I don't think it would stand up in court either.

**Chairman DeKrey:** We have a motion before us. Further debate? Clerk will call the roll.

11YES 2 NO 1 ABSENT

DO NOT PASS

CARRIER: Rep. Klemin

Date: 1/24/07  
Roll Call Vote #: 1

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. 1494

House JUDICIARY Committee

Check here for Conference Committee

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

Action Taken Do Not Pass

Motion Made By Rep. Klemin Seconded By Rep. Wolf

Representatives	Yes	No	Representatives	Yes	No
Ch. DeKrey		✓	Rep. Delmore	✓	
Rep. Klemin	✓		Rep. Griffin	✓	
Rep. Boehning	✓		Rep. Meyer	✓	
Rep. Charging			Rep. Onstad	✓	
Rep. Dahl	✓		Rep. Wolf	✓	
Rep. Heller	✓				
Rep. Kingsbury	✓				
Rep. Koppelman		✓			
Rep. Kretschmar	✓				

Total (Yes) 11 No 2

Absent 1

Floor Assignment Rep. Klemin

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

**REPORT OF STANDING COMMITTEE (410)**  
January 24, 2007 4:47 p.m.

**Module No: HR-16-1157**  
**Carrier: Klein**  
**Insert LC: . Title: .**

**REPORT OF STANDING COMMITTEE**

**HB 1494: Judiciary Committee (Rep. DeKrey, Chairman) recommends DO NOT PASS**  
**(11 YEAS, 2 NAYS, 1 ABSENT AND NOT VOTING). HB 1494 was placed on the**  
**Eleventh order on the calendar.**

2007 TESTIMONY

HB 1494



*Representing the Diocese of  
Fargo and the Diocese  
of Bismarck*

Christopher T. Dodson  
Executive Director and  
General Counsel

**To:** House Judiciary Committee  
**From:** Christopher T. Dodson, Executive Director  
**Subject:** House Bill 1494 (Funding for Prenatal Genetic Testing)  
**Date:** January 22, 2007

The North Dakota Catholic Conference supports House Bill 1494.

It is the long-standing policy of North Dakota not to compel its citizens to fund abortion through taxpayer or insurance premium dollars. House Bill 1494 would extend that policy to prenatal genetic tests which serve no purpose other than provide information to be used for deciding whether or not to abort an unborn child.

The bill does not prohibit prenatal genetic testing. Nor does it prohibit state or insurance coverage for prenatal genetic tests that are used as a precursor to treating the woman or the unborn child. It only restricts funding for prenatal testing for diseases for which there is no treatment.

Like abortion itself, prenatal genetic testing for conditions that cannot be treated is highly controversial. In addition to implicitly encouraging abortion, the practice raises serious moral and social issues concerning eugenics, discrimination against the disabled, cultural attitudes towards parents who chose not to abort, and society's commitment to those who are different.

As it has with abortion, the state should ensure that people are not forced to financially support this practice with tax or insurance premium dollars.

We ask for a **Do Pass** recommendation on House Bill 1494.



*North Dakota Right to Life Association*

Testimony before the HOUSE JUDICIARY COMMITTEE  
House Bill 1494  
January 22, 2007 8:00 am

Chairman DeKrey, members of the committee, I am Stacey Pflieger, Legislative Director of the North Dakota Right to Life Association. I am here today in support of HB 1494 relating to limitations on abortion.

HB 1494 reaffirms the tradition of the state of North Dakota prohibiting state funding for abortion and abortion counseling. In addition, no health insurance contracts, plans or policies delivered in North Dakota may provide coverage for abortions except by an optional rider for which an additional premium is paid. [The only exception to these limitations is if an abortion is necessary to prevent the death of the woman.]

The North Dakota Right to Life Association believes that a human being once conceived has the innate right to life regardless of disabilities. HB 1494 limits the funding that may be used to pay for prenatal genetic testing UNLESS the testing is a precursor to treatment for the woman or unborn child. In addition, HB 1494 requires that the testing cannot be done without the woman's consent nor can the test results be used to coerce a woman into having an abortion.

The North Dakota Right to Life Association urges a **DO PASS** recommendation on HB 1494.



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## TESTIMONY IN OPPOSITION TO H.B. 1494

Chairman DeKrey, members of the Judiciary committee, my name is Tim Stanley and I am the Senior Director of Government and Public Affairs for Planned Parenthood Minnesota, North Dakota and South Dakota. Thank you for this opportunity to present testimony regarding H.B. 1494, a bill which would prohibit any public funds from being used to pay for genetic testing unless that testing is a precursor to treatment for the woman or the fetus.

For more than 75 years, Planned Parenthood has worked in our region to make sure all people have the information and the means to decide freely and responsibly whether and when to have children.

Planned Parenthood believes strongly that decisions surrounding reproductive health care are best left to women, families and their doctors, and that is why we oppose H.B. 1494. H.B. 1494 is an unconstitutional measure that would curtail women from exercising their reproductive health options. As an advocate for women's health and on behalf of the women and men we serve, I am here today to implore the committee to recommend this bill does not pass.

H.B. 1494 would deny some pregnant women and their families the ability to choose how to proceed with a pregnancy. In order to be eligible for publicly-funded genetic testing, a woman might have to agree beforehand that she would seek "treatment" for herself or her fetus. The word "treatment" goes undefined in H.B. 1494 and can be interpreted in numerous ways leaving the language of this bill vague and open for interpretation. For example, this legislation could require a woman to seek "treatment" prior to getting genetic testing despite what the results of the test show. Therefore, if a woman receives testing and the results show no fetal anomaly she would still be required to seek treatment. On a similar note, if it was determined through genetic testing that there was a fetal anomaly, but a woman decided to carry her pregnancy and not seek "treatment", for personal reasons, this too would be in violation of the law. In other words, for a woman to receive genetic testing she would be forced to agree to seek "treatment," despite the results of the testing or her own moral beliefs.

This legislation is not only an affront to women and families – especially those who hear difficult news as a result of genetic testing, it is also likely unconstitutional. While the State can determine how its funds are spent, it cannot tell a recipient of those funds that she cannot engage in constitutionally protected conduct with separate funds. H.B. 1494 seems to prohibit just that – a woman who received publicly-funded genetic testing would be prohibited from later, with her own funds, exercising her constitutional right to choose to have an abortion. This, the State cannot do. *See Rust v. Sullivan*, 500 U.S. 173, 196 (1991) (explaining that the Supreme Court has held laws unconstitutional when "the Government has placed a condition on the recipient of the subsidy rather than on a particular program or service, thus effectively prohibiting the recipient from engaging in the protected conduct outside the scope of the federally funded



program”); *Perry v. Sinderman*, 408 U.S. 593, 597 (1972) (“[I]f the government could deny a benefit to a person because of his constitutionally protected [conduct], his exercise of those freedoms would in effect be penalized and inhibited. . . . allow[ing] the government to ‘produce a result which [it] could not command directly.’”) (quoting *Speiser v. Randall*, 357 U.S. 513, 526 (1958)); see also *Regan v. Taxation With Representation*, 461 U.S. 540, 545 (1983); *Harris v. McRae*, 448 U.S. 297, 317 n.19 (1980); *Planned Parenthood of Mid-Missouri v. Dempsey*, 167 F.3d 458, 461 (8th Cir. 1999).

In addition, H.B. 1494 is hopelessly vague. What is “treatment”? If genetic testing revealed no problems and a woman chose to continue the pregnancy to term (and therefore, do nothing), was the testing a “precursor to treatment”? And how could a provider of genetic testing be assured in advance that the woman will seek “treatment”? If the provider was not sure, she could not go forward with the testing because she could find herself criminally liable and subject to jail time. See N.D. Cent. Code §§ 12.1-32-01; 14-02.3-05 (violation is a class B misdemeanor).

In order to pass constitutional muster, a law must provide those affected with “a reasonable opportunity to know what [conduct] is prohibited, so that [they] may act accordingly.” *Grayned v. City of Rockford*, 408 U.S. 104, 108 (1972). H.B. 1494 does not do that. A vague law is especially problematic where, as here, “the uncertainty induced by the statute threatens to inhibit the exercise of constitutionally protected rights.” *Colautti v. Franklin*, 439 U.S. 379, 391 (1979). In addition, where, as here, “a statute imposes criminal penalties, the standard of certainty is higher.” *Kolender v. Lawson*, 461 U.S. 352, 358 n.8 (1983).

H.B. 1494 fails this test and would deny women and their families the ability to make fully informed decisions about their pregnancies. Therefore, on behalf of the nearly 5 million men, women and teens that Planned Parenthood serves across the country each year, I urge you to recommend that H.B. 1494 does not pass.



January 22, 2007

Chairman DeKrey and members of the House Judiciary Committee:

My name is Vicky Altringer and I am a member of the League of Women Voters, North Dakota. We speak in opposition to House Bills HB 1464, HB 1466, HB 1489, and HB 1494.

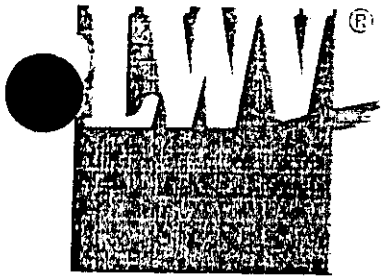
The League of Women Voters Public Policy Position on Reproductive Choice, as announced by our national board in January, 1983 is as follows:

*The League of Women Voters of the United States believes that public policy in a pluralistic society must affirm the constitutional right of privacy of the individual to make reproductive choices.*

A copy of the League's study, review and updates on our position is attached for your examination.

Based on our support of the LWVUS pro-choice public policy position and a twenty-four year history of re-affirmation of this policy by our members at our biennial conventions, we request a committee vote of DNP on HB 1464, HB 1466, HB 1489, and HB 1494.

Thank you for this opportunity to testify against these bills.



## PUBLIC POLICY ON REPRODUCTIVE CHOICES \*\*

### The League's History

The 1982 convention voted to develop a League position on Public Policy on Reproductive Choices through concurrence. During fall 1982, League members studied the issue and agreed to concur with a statement derived from positions reached by the New Jersey and Massachusetts LWV's. The LWVUS announced the position in January 1983.

In spring 1983, the LWVUS successfully pressed for the defeat of S.J. Res. 3, a proposed constitutional amendment that would have overturned *Roe v. Wade*, the landmark Supreme Court decision that the right of privacy includes the right of a woman, in consultation with her doctor, to decide to terminate a pregnancy. Also in 1983, the League joined as an *amicus* in two successful lawsuits to challenge proposed regulations by the federal Department of Health and Human Services (HHS). Favorable court decisions thwarted attempts by HHS to implement regulations requiring parental notification by federally funded family planning centers that provide prescription contraceptives to teenagers.

The League has joined with other pro-choice organizations in continuous opposition to restrictions on the right of privacy in reproductive choices that have appeared in Congress as legislative riders to funding measures. In 1985, the League joined as an *amicus* in a lawsuit challenging a Pennsylvania law intended to deter women from having abortions. In 1986, the Supreme Court found the law unconstitutional, upholding a woman's right to make reproductive choices.

In 1986, the League opposed congressional provisions to revoke the tax-exempt status of any organization that performs, finances or provides facilities for any abortion not necessary to save the life of a pregnant woman. In 1987, the League unsuccessfully opposed regulations governing Title X of the Public Health Service Act. The League reaffirmed that individuals have the right to make their own reproductive choices, consistent with the constitutional right of privacy, stating that the proposed rule violated this right by prohibiting counseling and referral for abortion services by clinics receiving Title X funds.

In 1988 and 1990, the League urged congressional committees to report an appropriations bill for the District of Columbia without amendments limiting abortion funding. The League also urged support of 1988 legislation that would have restored Medicaid funding for abortions in cases of rape or incest.

The League joined in an *amicus* brief to uphold a woman's right of privacy to make reproductive choices in the case of *Webster v. Reproductive Health Services*. In July 1989, a sharply divided Supreme Court issued a decision that severely eroded a woman's right of privacy to choose abortion. Although *Webster* did not deny the constitutional right to choose abortion, it effectively overruled a significant portion of the 1973 *Roe* decision. The *Webster* decision upheld a Missouri statute that prohibited the use of public facilities, employees

\*\* *Impact on Issues: A Guide to Public Policy Positions, 2004-06, LWVUS, Washington, DC*

or funds for counseling, advising or performing abortions and that required doctors to conduct viability tests on fetuses 20 weeks or older before aborting them.

The League supported the "Mobilization for Women's Lives" in fall 1989. Also in fall 1989, the League joined an *amicus* brief in *Turnock v. Ragsdale*, challenging an Illinois statute that would have effectively restricted access to abortions, including those in the first trimester, by providing strict requirements for abortion clinics. In November 1989, a settlement in the case allowed abortion clinics to be defined as "special surgical centers," and to continue to perform abortions through the 18<sup>th</sup> week of pregnancy without having to meet the rigorous equipment and construction requirements for hospitals.

In 1990 the LWVUS joined the national Pro-Choice Coalition and began work in support of the Freedom of Choice Act, designed to place into federal law the principles of *Roe v. Wade*.

In 1990-91, the League, in *New York v. Sullivan*, joined in opposition to the "gag rule" regulations of the Department of Health and Human Services that prohibit abortion information, services or referrals by family-planning programs receiving Title X public health funds. In June 1991 the Supreme Court upheld the regulations, and Leagues across the country responded in opposition. The LWVUS urged Congress to overturn the gag rule imposed by the decision.

The 1990 League convention voted to work on issues dealing with the right of privacy in reproductive choices, domestic and international family planning and reproductive health care, and initiatives to decrease teen pregnancy and infant mortality (based on the International Relations and Social Policy positions). The LWVUS quickly acted on a series of pro-choice legislative initiatives. The League supported the International Family Planning Act, which would have reversed U.S. policy denying family planning funds to foreign organizations that provide abortion services or information. The LWVUS opposed the Department of Defense Policy prohibiting military personnel from obtaining abortions at military hospitals overseas and supported the right of the District of Columbia to use its own revenues to provide Medicaid abortions for poor women.

Throughout 1991 and 1992, the League continued to fight efforts to erode the constitutional right of reproductive choice by supporting the Freedom of Choice Act and attempts to overturn the gag rule. In coalition with 178 other organizations, the League also filed an *amicus* brief in *Planned Parenthood of Southeastern Pennsylvania v. Casey*, arguing that constitutional rights, once recognized, should not be snatched away. In June 1992, the Court decision in *Casey* partially upheld the Pennsylvania regulations, seriously undermining the principles of *Roe*. In response, Leagues stepped up lobbying efforts in support of the Freedom of Choice Act. The 1992 LWVUS convention voted to continue work on all domestic and international aspects of reproductive choice.

During 1993, the League continued to support legislative attempts to overturn the gag rule. Late in 1993, President Clinton signed an executive order overturning it and other restrictive anti-choice policies. The LWVUS continued to work for passage of the Freedom of Choice Act and against the Hyde Amendment. The LWVUS supported the Freedom of Access to Clinic Entrances (FACE) Act, a response to escalating violence at abortion clinics. The FACE bill passed and was signed by the President in 1993.

Throughout the health care debate of 1993-94, the League pressed for inclusion of reproductive services, including abortion, in any health care reform package. In 1995, the League joined with other organizations to oppose amendments denying Medicaid funding for abortions for victims of rape and incest.

In 1998, the LWVUS also opposed the "Child Custody Protection Act," federal legislation designed to make it illegal for an adult other than a parent to assist a minor in obtaining an out-of-state abortion. The League also worked against proposals that would ban late-term abortions as interfering with a women's right of privacy to make reproductive choices.

In spring 2000, the LWVUS joined an *amicus curiae* brief in *Stenberg v. Carhart*. The brief urged the Supreme Court to affirm a U.S. Court of Appeals ruling that a Nebraska law criminalizing commonly used abortion procedures was unconstitutional. The Court's affirmation of the ruling in June 2000 was pivotal in further defining a woman's right to reproductive freedom.

As Congress continued to threaten reproductive rights with legislative riders to appropriations bills, the League contacted congressional offices in opposition to these back door attempts to limit reproductive choice. Throughout the 107<sup>th</sup> Congress, the League signed on to group letters opposing these riders and supporting the right to reproductive choices.

In 2002, the LWVUS lobbied extensively against attempts to limit funding for family planning and, in 2003, the League lobbied the House to support funding for the United Nations Population Fund, which lost by just one vote. The League strongly opposed the passage of the so-called Partial-Birth Abortion Act in 2003, but it was passed by Congress and signed into law by President Bush.

In March 2004, the LWVUS lobbied in opposition to the Unborn Victims of Violence Act (UVVA), which conveys legal status under the Federal Criminal code to an embryo and fetus, but Congress passed the bill and the president signed it. The law was challenged and is currently in the courts.

The League was a cosponsor of the March for Women's Lives held in Washington, D.C. on April 25, 2004. The March demonstrated widespread support for the right to make reproductive choices and included many delegations of state and local Leagues.

## THE LEAGUE'S POSITION

Statement of Position on Public Policy on Reproductive Choices  
Announced by National Board, January 1983

The League of Women Voters of the United States believes that public policy in a pluralistic society must affirm the constitutional right of privacy of the individual to make reproductive choices.

