

2019 HOUSE HUMAN SERVICES

HCR 3029

2019 HOUSE STANDING COMMITTEE MINUTES

Human Service Committee
Fort Union Room, State Capitol

HB 3029
2/6/2019
32291

- Subcommittee
 Conference Committee

Committee Clerk Signature Nicole Klaman

Explanation or reason for introduction of bill/resolution:

A concurrent resolution urging congress to pass a federal prohibition on abortions performed 20 weeks post fertilization

Minutes:

1

Chairman Weisz: opened hearing

Representative Vicky Steiner: In support, See **attached 1**. This resolution urges Congress to limit abortions performed.

Chairman Weisz: Questions?

Janne Myrdal, Senator: One thing that comes up often, want abortions to be rare and safe. Here in ND we stand for life.

Opposition: NONE

Chairman Weisz: Closed hearing

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Minutes:

Chairman Weisz: opened hearing

Representative Matthew Ruby: Motion Do Pass

Representative Kathy Skroch: Second

Chairman Weisz: Seeing no further discussion on this Resolution

Roll Call Vote Yes 11 No 2 Absent 1
Motion Carries, Do Pass

Representative Bill Tveit: carrier

Date: 2-6-19
 Roll Call Vote #: 4

**2019 HOUSE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. HCR 3029**

House Human Services Committee

Subcommittee

Amendment LC# or Description: _____

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
 Other Actions: Reconsider _____

Motion Made By Rep. Ruby Seconded By Rep. Skroch

Representatives	Yes	No	Representatives	Yes	No
Robin Weisz - Chairman	X		Gretchen Dobervich		X
Karen M. Rohr - Vice Chairman	X		Mary Schneider		X
Dick Anderson	X				
Chuck Damschen	X				
Bill Devlin	X				
Clayton Fegley	X				
Dwight Kiefert					
Todd Porter	X				
Matthew Ruby	X				
Bill Tveit	X				
Greg Westlind	X				
Kathy Skroch	X				

Total (Yes) 11 No 2

Absent 1

Floor Assignment Rep. Tveit

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

REPORT OF STANDING COMMITTEE

HCR 3029: Human Services Committee (Rep. Weisz, Chairman) recommends **DO PASS** (11 YEAS, 2 NAYS, 1 ABSENT AND NOT VOTING). HCR 3029 was placed on the Eleventh order on the calendar.

2019 SENATE JUDICIARY

HCR 3029

2019 SENATE STANDING COMMITTEE MINUTES

Judiciary Committee
Fort Lincoln Room, State Capitol

HCR 3029
3/12/2019
#33564 (15:10)

- Subcommittee
 Conference Committee

Committee Clerk: Meghan Pegel

Explanation or reason for introduction of bill/resolution:

A concurrent resolution urging Congress to pass a federal prohibition on abortions performed 20 weeks postfertilization.

Minutes:

3 Attachments

Chair Larson opens the hearing on HCR 3029. Senator Osland and Senator Myrdal were absent.

Vicky Steiner, District 37 Representative, testifies in favor (see attachment #1)

(4:05) Mark Jorritsma, Executive Director of Family Policy Alliance of ND, testifies in favor (see attachments #2-3)

(6:35) Christopher Dodson, ND Catholic Conference, testifies in favor

Dodson: We often talk about states' rights and where we draw the line for local control. When it comes to defending the basic human rights of someone, sometimes it's appropriate for the higher order to step in. North Dakota did what they could do, but let's do this for California, New York and others. The lives there need to be protected as well and that would take an act of congress. It is a legitimate role for congress and just as it was with the partial birth abortion act which was eventually upheld by the U.S. Supreme court. It took that action to get that to occur nationwide. We support this.

Vice Chairman Dwyer: The previous speaker cited CDC data from 2015. Is that the most recent information?

Dodson: I would think it's very possible. I look a lot at abortion and pregnancy statistics. CDC data tends to lag behind, and abortion statistics are notoriously slow and incomplete because some states don't require reporting like North Dakota does. It wouldn't surprise me if 2015 was the latest that the CDC would have.

Jorritsma: He is correct. The 2018 report uses the 2015 data because of the lag.

(9:15) Grace Jochim, student and citizen, testifies in favor

Jochim: I support this resolution because life is life. It's crazy that we consider something like a molecule on Mars life, but we don't consider a fetus life. If you kill a pregnant woman, it's considered a double homicide, but we don't consider a fetus life.

Chair Larson: I applaud you for having your thoughts well formulated.

Senator Luick: What year are you in school?

Jochim: I'm a Senior in high school.

Senator Luick: You stated they consider a molecule on Mars life. Where did you get that information?

Jochim: We were talking about it the other day.

Senator Luick: but it is true. Thank you.

(11:05) Ken Koch, bus driver and citizen, testifies in favor

Koch: Personally I support this. I remember well the debates that went on between President Reagan and Walter Mondale. I'll never forget the line that President Reagan used when Walter Mondale was supporting abortions even then. Finally, Mr. Reagan looked at him and said, "Well that's easy for you to say, your mother didn't abort you". I'll never forget that line. As a bus driver for the Flasher school, I can't imagine if one these kids would have been aborted and wouldn't be with me today.

(12:25) Jesse Bjerken, student and citizen, testifies in favor

Bjerken: I'm in support and think we can reduce the age for when we consider a fetus viable. Before this I was a Junior at Trinity Catholic School in Dickenson. We talked about abortion for two weeks and considered what would be the right development of the fetus. They consider it life when we can see heart or brain activity. At that time, we shouldn't allow abortion because we know they can feel pain and die. If we don't see the fetus at that development stage, I would say it has the right of a mentally disabled in which they can't speak for themselves and we do the thinking for them.

Vice Chairman Dwyer: When you were having your two-week discussion, did you have discussion about when science tells us that occurs, when there's brain activity or the heart starts beating?

Bjerken: I don't remember that far back, but I believe we did. We would say abortion would not be legal at that time.

Chair Larson closes the hearing on HCR 3029.

2019 SENATE STANDING COMMITTEE MINUTES

Judiciary Committee
Fort Lincoln Room, State Capitol

HCR 3029
3/12/2019
#33571 (5:10)

- Subcommittee
 Conference Committee

Committee Clerk: Meghan Pegel

Explanation or reason for introduction of bill/resolution:

A concurrent resolution urging Congress to pass a federal prohibition on abortions performed 20 weeks postfertilization.

Minutes:

No Attachments

Chair Larson begins discussion on HCR 3029.

Tom Tracy, Jamestown citizen, testifies in favor

Tracy: I believe it's very important that the North Dakota would send a very solid prolife message as often as they can, and this is an opportunity to do so. Things are really changing on the national level in regard to abortion. Parts of the New York legislature are cheering a ruling that a woman could deliver on Friday but have an abortion on Wednesday, and that's hideous and unbelievable. Then to add to that, the Governor of Virginia is saying a baby could actually be born, but it was scheduled to be aborted, so maybe we'll abort it. I really want to testify to the importance of this resolution for what this type of thinking can lead to. Don't think for one second that this type of thinking wouldn't lead to the other end of the spectrum to older people who have lived out their youthfulness and are no longer productive citizens anymore, worse- they're sucking taxpayer's money at an extremely high rate just to live out the last years of their lives. If you check Medicare statistics, about 70% of all Medicare funding goes for people that are 80 years old or older. In our current economy, we're doing great overall. No matter where you are in the social economic ladder, health-wise you will get all the care you need through Medicare or insurance; practically nobody gets left out. However, if we ever have an economic downturn, and the money isn't there to fund these programs, where are those cuts going to take place? If this type of thinking catches on, it won't be only babies. We're going to be at the other end of the spectrum where grandparents and great grandparents are going to go too. That's something to think about. That's why I believe this resolution needs to be passed, and North Dakota needs to send a message.

Senator Luick: There are countries in Europe that do allow that today, adult euthanasia.

Chair Larson ends discussion on HCR 3029.

2019 SENATE STANDING COMMITTEE MINUTES

Judiciary Committee
Fort Lincoln Room, State Capitol

HCR 3029
3/13/2019
#33616 (0:40)

- Subcommittee
 Conference Committee

Committee Clerk: Meghan Pegel

Explanation or reason for introduction of bill/resolution:

A concurrent resolution urging Congress to pass a federal prohibition on abortions performed 20 weeks postfertilization.

Minutes:

No Attachments

Chair Larson begins discussion on HCR 3029. Senator Osland was absent.

Senator Luick: Motions for a Do Pass.
Senator Myrdal: Seconds.

A Roll Call vote was Taken: 4 yeas, 1 nay, 1 absent. Motion carries.

Senator Myrdal will carry the bill.

REPORT OF STANDING COMMITTEE

HCR 3029: Judiciary Committee (Sen. D. Larson, Chairman) recommends **DO PASS** (4 YEAS, 1 NAYS, 1 ABSENT AND NOT VOTING). HCR 3029 was placed on the Fourteenth order on the calendar.

2019 TESTIMONY

HCR 3029

#1
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2/6/19
pg. 1

HCR 3029

Human Services Committee

Chairman Robin Weisz

Vice Chair Karen Rohr

Thank you Chairman Weisz. Committee members of Human Services,

Vicky Steiner, District 37, Dickinson.

This concurrent resolution 3029 urges Congress to draw some lines in the sand on abortion and the rights of the unborn child. It protects against what I would call convenience abortions after 20 weeks of pregnancy.

Over 20 states have enacted legislation banning abortion after 20 weeks of pregnancy. North Dakota's House of Representatives recently passed its own ban on dismemberment abortions.

New York allows abortion up until delivery. The failed Virginia bill that precipitated debate recently would also have allowed the killing of unborn babies until birth for virtually any reason- and, if those babies happen to survive an attempt on their lives, after birth as well. The mother could ask for them to be resuscitated if she chose after the child was born. We are moving into an expansion of abortion, defining a mother's choice when the child is out of the mother's womb.

One of the arguments that Planned Parenthood uses against this ban is that only 1% of abortions are done in the last trimester. The U.S. Center for Disease Control reports in 2015, there were 638,169 abortions in the country, down from a high of 1.4 million in 1990. 1% in 2015 would be 6,380. That is almost the entire population of Valley City, N.D. 1% of 1.4 million is almost the population of Jamestown, N.D. Don't buy the argument that its only 1%. Even if it were only one child, one life, that this resolution saved, it would be worth our time and that of Congress to protect it.

Please consider giving this bill a Do Pass for our most vulnerable citizens in their mother's wombs.

Thank you.

NORTH DAKOTA HOUSE OF REPRESENTATIVES



STATE CAPITOL
600 EAST BOULEVARD
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Representative Vicky Steiner

District 37
859 Senior Avenue
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COMMITTEES:
Finance and Taxation
Government and Veterans Affairs, Vice Chairman

#1
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3.12.19

HCR 3029

Judiciary Committee

Chair Senator Diane Larson

Thank you Chair Larson. Committee members of Senate Judiciary committee,

Vicky Steiner, District 37, Dickinson.

This concurrent resolution HCR 3029 urges Congress to draw some lines in the sand on abortion and the rights of the unborn child.

Over 20 states have enacted legislation banning abortion after 20 weeks of pregnancy. North Dakota's House of Representatives recently passed its own ban on dismemberment abortions.

New York allows abortion up until delivery. The failed Virginia bill that precipitated debate recently would also have allowed the killing of unborn babies until birth for virtually any reason-and, if those babies happen to survive an attempt on their lives, after birth as well. The mother could ask for them to be resuscitated if she chose after the child was born. We are moving into an expansion of abortion, defining a mother's choice when the child is out of the mother's womb.

One of the arguments that Planned Parenthood uses against this ban is that only 1% of abortions are done in the last trimester. The U.S. Center for Disease Control reports in 2015, there were 638,169 abortions in the country, down from a high of 1.4 million in 1990. 1% in 2015 would be 6,380. That is the almost the entire population of Valley City, N.D. 1% of 1.4 million is almost the population of Jamestown, N.D. Don't buy the argument that its only 1%. Even if it were only one child, one life, that this resolution saved, it would be worth our time and that of Congress to protect it.

Please consider giving this bill a Do Pass for our most vulnerable girls and boys in their mothers' wombs.

Thank you.

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Testimony in Favor of House Concurrent Resolution 3029

**Mark Jorritsma, Executive Director
Family Policy Alliance of North Dakota
March 12, 2019**

Good morning Madam Chair Larson and honorable members of the Senate Judiciary Committee. My name is Mark Jorritsma and I am the Executive Director of Family Policy Alliance of North Dakota. I am testifying in favor of House Concurrent Resolution 3029 and respectfully request that you render a "DO PASS" on this resolution.

I will be brief with my testimony, since most of us know the basic facts and history, and some of this is spelled out in the resolution itself.

- There were roughly 8,300 20-week or later abortions performed in the U.S. in 2015, according to CDC data.¹
- A preborn child prior to 20 weeks postfertilization reacts to invasive procedures with reflex reactions, hormonal stress responses, and cortical responses to pain.²
- The Pain-Capable Unborn Child Protection Act, which would ban late-term abortions nationwide after 20 weeks post-fertilization on the basis that a preborn child is capable of feeling pain, has been passed by the U.S. House of Representatives, but never by the U.S. Senate. This included a vote against the bill by former North Dakota Senator Heidi Heitkamp.
- Numerous polls have shown that a ban on abortions after 20 weeks is supported by a majority of Americans, with that percentage only increasing over the years.³
- Polling indicates that a majority of North Dakotans were in favor of the most recent Pain-Capable Unborn Child Protection Act.⁴

This resolution would urge the U.S. Congress to pass a federal prohibition on abortions performed 20 weeks postfertilization. Family Policy Alliance of North Dakota supports this resolution. We believe human life is sacred and that we're all created in the image of God, so we respect and protect life, including preborn babies.

For these reasons, I respectfully request that you vote House Concurrent Resolution 3029 out of committee with a "DO PASS" recommendation. Thank you for the opportunity to testify and I stand for any questions you may have.

¹ https://www.cdc.gov/reproductivehealth/data_stats/abortion.htm

² See Attachment 1.

³ See Attachment 2.

⁴ See Attachment 3.

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UNLEASHING CITIZENSHIP

FamilyPolicyAlliance.com/NorthDakota

Science of Fetal Pain

Babies as young as 20 weeks post-fertilization can survive and thrive with appropriate care and treatment

Groundbreaking *New England Journal of Medicine* study demonstrates that babies delivered as young as 20 weeks post-fertilization (22 weeks gestation) can survive, and active intervention for treatment greatly improves their survival.¹ Doctors who consider these preterm babies as patients demonstrate that active treatment significantly benefits these young babies.

Unborn babies are treated as patients by fetal surgeons, and receive pain medication

Fetal surgeons recognize unborn babies as patients. Perinatal medicine now treats unborn babies as young as 16 weeks post-fertilization (18 weeks gestation). Pain medication for unborn patients is routinely administered as standard medical practice.²

- One of the premier fetal surgeons makes the obvious point: “Fetal therapy is the logical culmination of progress in fetal diagnosis. In other words, the fetus is now a patient.”³
- A European fetal surgery team states: “The administration of anesthesia directly to the fetus is critical in open fetal surgery procedures.”⁴
- The leading textbook on clinical anesthesia says: “It is clear that the fetus is capable of mounting a physiochemical stress response to noxious stimuli as early as 18 weeks gestation.”⁵
- Here is what is told to the mother before fetal surgery by a group who have done many such surgeries:⁶ “You will be given general anesthesia, and that anesthesia will put your baby to sleep as well. In addition, during the prenatal surgery, your unborn baby will be given an injection of pain medication and medication to insure that the baby doesn’t move.”

Unborn babies can feel pain by 20 weeks post-fertilization or earlier

Previous uninformed notions that unborn and newborn babies could not feel pain, or misinformation on ability of preterm infants to survive, are refuted by a growing body of scientific evidence. Legislation should reflect the scientific facts.

Brain responses and connections. A new 2015 study used functional magnetic resonance imaging (fMRI) to measure pain response in newborns (1-6 days old) vs. adults (23-36 years old).⁷ The authors found that “the infant pain experience closely resembles that seen in adults.” Babies had 18 out of 20 brain regions respond like adults, also showing much greater sensitivity to pain, responding at a level four times as sensitive as adults.

In 2013 a study used that same fMRI technique to study the brains of healthy human babies still within the womb, from 22-37 weeks post-fertilization (24-39 weeks gestation). They found that functional neuronal connections

¹ Rysavy MA *et al.*, Between-Hospital Variation in Treatment and Outcomes in Extremely Preterm Infants, *N Engl J Med* 372, 1801, May 7, 2015

² See, e.g., Ramirez MV, Anesthesia for fetal surgery, *Colombian Journal of Anesthesiology* 40, 268, 2012; Tran KM, Anesthesia for fetal surgery, *Seminars in Fetal & Neonatal Medicine* 15, 40, 2010; Schwarz U and Galinkin JL, Anesthesia for fetal surgery, *Semin Pediatr Surg* 12, 196, 2003

³ Adzick NS, Prospects for fetal surgery, *Early Human Development* 89, 881, 2013

⁴ Mayorga-Buiza MJ *et al.*, Management of fetal pain during invasive fetal procedures. Lessons learned from a sentinel event, *European Journal of Anaesthesiology* 31, 88, 2014

⁵ Brusseau R and Bulich LA, Anesthesia for fetal intervention, in *Essential Clinical Anesthesia*, Charles Vacanti, Pankaj Sikka, Richard Urman, Mark Dershwitz, B. Scott Segal, Eds., Cambridge University Press, NY; July 2011; 772-776

⁶ Adzick NS *et al.*, A Randomized Trial of Prenatal versus Postnatal Repair of Myelomeningocele, *N Engl J Med* 364, 993, 2011 (from the Informed Consent section of the supplementary Protocol to the paper)

⁷ Goksan S *et al.*, fMRI reveals neural activity overlap between adult and infant pain, *eLife* 4:e06356, 2015

sufficient to experience pain already exist by 22 weeks post-fertilization (24 weeks gestation).⁸

Increased sensitivity to pain. In 2010 one group noted that “the earlier infants are delivered, the stronger their response to pain.”⁹ This increased sensitivity is due to the fact that the neural mechanisms that inhibit pain sensations do not begin to develop until 32-34 weeks post-fertilization (34-36 weeks gestation), and are not complete until a significant time after birth.¹⁰ This means that unborn, as well as newborn and preterm infants, show “hyperresponsiveness” to pain.¹¹

Fetal reactions provide evidence of pain response. The unborn baby reacts to noxious stimuli with avoidance reactions and stress responses. As early as 6 weeks post-fertilization (8 weeks gestation) the baby exhibits reflex movement during invasive procedures.¹² There is extensive evidence of a hormonal stress response by unborn babies as early as 16 weeks post-fertilization (18 weeks gestation)¹³ including “increases in cortisol, beta-endorphin, and decreases in the pulsatility index of the fetal middle cerebral artery.”¹⁴

Two independent studies in 2006 used brain scans of the sensory part of unborn babies’ brains, showing response to pain.¹⁵ They found a “clear cortical response” and concluded there was “the potential for both higher-level pain processing and pain-induced plasticity in the human brain from a very early age.”

Dr. Ruth Grunau, a pediatric psychologist at the University of British Columbia, said, “We would seem to be holding an extraordinary standard if we didn’t infer pain from all those measures.”¹⁶

Embryological development shows presence of pain sensory mechanisms. The basic organization of the human nervous system is established by 4 weeks (28 days) post-fertilization (6 weeks gestation).¹⁷ The earliest neurons in the cortical brain (the part responsible for thinking, memory and other higher functions) are established during the fourth week.¹⁸ Nerve synapses for spinal reflex are in place by 8 weeks post-fertilization (10 weeks gestation).¹⁹ Sensory receptors for pain (nociception) develop first around the mouth at 5 weeks post-fertilization (7 weeks gestation), and are present throughout the skin and mucosal surfaces by 18 weeks post-fertilization (20 weeks gestation).²⁰ Connections between the spinal cord and the thalamus (which functions in pain perception in fetuses as well as adults) are relatively complete by 18 weeks post-fertilization (20 weeks gestation).²¹

⁸ Thomason ME *et al.*, Cross-Hemispheric Functional Connectivity in the Human Fetal Brain, *Sci Transl Med* 5, 173ra24, 2013

⁹ Badr LK *et al.*, Determinants of Premature Infant Pain Responses to Heel Sticks, *Pediatric Nursing* 36, 129, 2010

¹⁰ Brusseau R and Bulich LA, Anesthesia for fetal intervention, in Essential Clinical Anesthesia, Charles Vacanti, Pankaj Sikka, Richard Urman, Mark Dershwitz, B. Scott Segal, Eds., Cambridge University Press, NY; July 2011; 772-776

¹¹ Greco C and Khojasteh S, Pediatric, Infant and Fetal Pain, *Case Studies in Pain Management*, Alan David Kaye and Rinoo V. Shah, Eds., (Cambridge: Cambridge University Press, 2014), 379

¹² Ohashi Y *et al.*, Success rate and challenges of fetal anesthesia for ultrasound guided fetal intervention by maternal opioid and benzodiazepine administration, *J Maternal-Fetal Neonatal Medicine* 26, 158, 2013

¹³ Myers LB *et al.*, Fetal endoscopic surgery: indications and anaesthetic management, *Best Pract Res Clin Anaesthesiol* 18, 231, 2004; Brusseau R and Mizrahi-Arnaud A, Fetal Anesthesia and Pain Management for Intrauterine Therapy, *Clinics in Perinatology* 40, 429, 2013

¹⁴ Lin EE and Tran KM, Anesthesia for fetal surgery, *Seminars in Pediatric Surgery* 22, 50, 2013

¹⁵ Slater R *et al.*, Cortical Pain Response in Human Infants, *J Neuroscience* 25, 3662, 2006; Bartocci M *et al.*, Pain Activates Cortical Areas in the Preterm Newborn Brain, *Pain* 122, 109, 2006

¹⁶ Qiu J, Does it hurt?, *Nature* 444, 143, 2006

¹⁷ Carlson BM, Patten’s Foundations of Embryology, Sixth Edition, McGraw-Hill, Inc., New York; 1996.

¹⁸ Bystron I *et al.*, The first neurons of the human cerebral cortex, *Nature Neuroscience* 9, 880, 2006.

¹⁹ Okado N *et al.*, Synaptogenesis in the cervical cord of the human embryo: Sequence of synapse formation in a spinal reflex pathway, *J. Comparative Neurol.* 184, 491, 1979; Okado N, Onset of synapse formation in the human spinal cord, *J. Comparative Neurol.* 201, 211, 1981

²⁰ Brusseau R, Developmental Perspectives: Is the Fetus Conscious?, *International Anesthesiology Clinics* 46, 11, 2008; Lowery CL *et al.*, Neurodevelopmental Changes of Fetal Pain, *Seminars in Perinatology* 31, 275, 2007

²¹ Van de Velde M and De Buck F, Fetal and Maternal Analgesia/Anesthesia for Fetal Procedures, *Fetal Diagnosis and Therapy* 31, 201, 2012; Van Scheltema PNA *et al.*, Fetal Pain, *Fetal and Maternal Medicine Review* 19, 311, 2008



#2
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National Polling: Pain-Capable Unborn Child Protection Act

QUINNIPIAC UNIVERSITY

- 60% support federal legislation limiting abortions after 20 weeks, 33% oppose.
- 56% of Independents and 46% of Democrats support a 20-week limit.

GALLUP

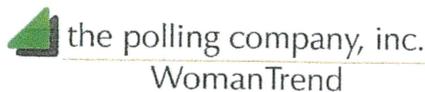
"Americans Frown on Second- and Third- Trimester Abortions..."

- 64% support prohibiting 2nd trimester abortions.
- 80% support prohibiting 3rd trimester abortions.



"Majority of Americans favor restricting abortion at 20 weeks..."

- 56% think abortion should be limited after 20 weeks, versus 27% who chose a 24-week limit.
- 60% of women backed the 20-week limit, versus 24% backing the 24 week limit.
- 51% of Democrats backed the 20-week limit, versus 33% backing the 24-week limit.



"Nearly 2 in 3 voters nationwide are in favor..."

- 64% of voters nationwide favor a bill like the Pain-Capable Unborn Child Protection Act



"Six in ten Americans support banning abortions after 20 weeks."

- 60% of Women are just as likely as 63% of men to support a limit on abortion after 20 weeks
- 62% of people who identify as "Pro-Choice" support a 20 week limit.

National Journal

"As Wendy Davis captures national attention for blocking late-abortion ban, new poll finds support for the measure, especially among women..."

- 50% of women support limiting abortions after 20 weeks, versus 44% in opposition.
- 52% of young adults (18-29) support, versus 39% in opposition.

THE HUFFINGTON POST

"Most Americans would favor sweeping new national restrictions on abortion after the 20th week of pregnancy..."

- 59% support limiting abortions after 20 weeks.
- 41% "strongly favor" a 20-week limit, while just 21% "strongly oppose."

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the polling company, inc./ WomanTrend
On behalf of
Susan B. Anthony List

TOPLINE DATA

Multi-State Dual-Frame (30% Cell) Post-Election Survey of 1650 Actual Voters

Field Dates: November 28-30, 2016

	OVERALL	FLORIDA	MISSOURI	MONTANA	NORTH DAKOTA	OHIO	WISCONSIN
N=	1650	375	250	200	200	375	250
Margin of Error:	± 2.41%	± 5.06%	± 6.20%	± 6.93%	± 6.93%	± 5.06%	± 6.20%

LATE-TERM ABORTIONS

[TREND] As you may know, the House of Representatives approved legislation that would prohibit abortions nationwide after 20 weeks, which is at five months of pregnancy, with exceptions for cases in which the mother's life is endangered or in cases of rape and incest.

Would you say you (ROTATED) support or oppose (END ROTATE) this legislation?

(PROBED: And would that be STRONGLY or SOMEWHAT support/oppose?)

	NOV 8th	OVERALL	FLORIDA	MISSOURI	MONTANA	NORTH DAKOTA	OHIO	WISCONSIN
TOTAL SUPPORT (NET)	64%	62%	59%	60%	63%	56%	67%	64%
STRONGLY SUPPORT	43%	31%	29%	35%	36%	26%	34%	28%
SOMEWHAT SUPPORT	21%	30%	30%	25%	27%	29%	32%	36%
TOTAL OPPOSE (NET)	28%	29%	32%	30%	27%	37%	25%	28%
SOMEWHAT OPPOSE	6%	9%	9%	8%	5%	15%	6%	11%
STRONGLY OPPOSE	22%	21%	23%	22%	22%	22%	19%	16%
DO NOT KNOW/CANNOT JUDGE (VOL.)	8%	9%	9%	11%	11%	7%	9%	8%

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[TREND] And which of the following reasons comes closest to explaining why you oppose the legislation. Would you say it is... (ROTATED)

BECAUSE YOU THINK ALL ABORTIONS SHOULD BE PROHIBITED
 BECAUSE YOU THINK ABORTION SHOULD STILL BE AN OPTION BEYOND 20 WEEKS
 BECAUSE YOU THINK ABORTION SHOULD BE ALLOWED AT ANY TIME IN THE PREGNANCY
 NONE OF THE ABOVE (VOL.)
 DON'T KNOW (VOL.)
 REFUSED (VOL.)

NOV 8th N=230	OVERALL N=483	FLORIDA N=119	MISSOURI N=75	MONTANA N=53	NORTH DAKOTA N=74	OHIO N=92	WISCONSIN N=70
16%	35%	26%	33%	36%	43%	42%	31%
36%	30%	34%	24%	31%	36%	24%	29%
26%	21%	21%	25%	28%	9%	19%	29%
15%	11%	12%	14%	5%	6%	15%	12%
4%	2%	3%	4%	-	2%	1%	-
2%	2%	4%	-	-	4%	-	-

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Does knowing that your Senator, **[INSERT NAME]¹**, voted to allow abortions after 20 weeks or five months, make you (ROTATED) more likely or less likely (END ROTATE) to support them for re-election?

(PROBED: And would that be MUCH or SOMEWHAT more likely/less likely?)

	OVERALL	FLORIDA	MISSOURI	MONTANA	NORTH DAKOTA	OHIO	WISCONSIN
TOTAL MORE LIKELY (NET)	24%	29%	27%	22%	24%	22%	21%
MUCH MORE LIKELY	14%	15%	15%	14%	14%	13%	11%
SOMEWHAT MORE LIKELY	11%	13%	12%	8%	10%	10%	10%
TOTAL LESS LIKELY (NET)	55%	46%	56%	59%	61%	56%	57%
SOMEWHAT LESS LIKELY	17%	15%	16%	15%	19%	19%	18%
MUCH LESS LIKELY	38%	31%	39%	43%	41%	37%	39%
NO DIFFERENCE	11%	10%	11%	9%	9%	12%	14%
DO NOT KNOW/ CANNOT JUDGE (VOL.)	8%	13%	5%	8%	5%	8%	7%
REFUSED (VOL.)	2%	2%	1%	2%	2%	1%	2%