

MINUTES  
**HOUSE STATE AFFAIRS COMMITTEE**

**DATE:** Monday, February 23, 2015

**TIME:** 8:30 A.M.

**PLACE:** Room EW40

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

**ABSENT/  
EXCUSED:** None

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

In response to committee questions, **Ms. Saltzer** stated the Iowa Medical Association stated abortion is not an appropriate use for telemedicine.

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

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

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

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

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

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

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

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

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

**ORIGINAL  
MOTION:**

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

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

**SUBSTITUTE  
MOTION:**

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

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

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

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

**VOTE ON  
SUBSTITUTE  
MOTION:**

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

**VOTE ON  
ORIGINAL  
MOTION:**

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

**ADJOURN:**

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

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Representative Loertscher  
Chair

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Kasey Winder  
Secretary

MINUTES  
**SENATE STATE AFFAIRS COMMITTEE**

**DATE:** Monday, March 16, 2015

**TIME:** 8:00 A.M.

**PLACE:** Lincoln Auditorium - WW02

**MEMBERS PRESENT:** Chairman McKenzie, Vice Chairman Lodge, Senators Davis, Hill, Winder, Siddoway, Lakey, Stennett and Buckner-Webb

**ABSENT/ EXCUSED:** None

**NOTE:** The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

**CONVENED:** Chairman McKenzie called the Senate State Affairs Committee (Committee) to order at 8:01 a.m.

**RS 23854** **Relating to Flags Flown at Half-Staff.**

**Senator Cameron** explained that the City of Rupert, in conjunction with local military personnel, established a monument to honor fallen service members. After the monument was completed, the military personnel requested that the flag be flown at half-staff. The City of Rupert ordered that the flag be flown at half-staff and then found that they did not have the authority for that order. They requested that the Governor order the flag to be flown at half-staff on an ongoing basis and found the Governor did not have the authority for that order. The purpose of **RS 23854** is to give the Governor the authority to order flags be flown at half-staff for a period of up to one year on monuments honoring fallen service members.

**MOTION:** **Senator Davis** moved to print **RS 23854**. **Senator Lakey** seconded the motion. The motion carried by **voice vote**.

**RS 23834** **Relating to Investigational Drugs to Authorize the Department of Health and Welfare to Administer an Expanded Access Program.**

**Senator Heider** stated this bill allows a marijuana derivative to help with epilepsy seizures. The drug Epidiolex is being used in clinical trials, approved by Federal Drug Administration (FDA), to counter the symptoms associated with epilepsy seizures in children. Dr. Robert Wechsler, neurologist, specializing in epilepsy has agreed to conduct clinical trials using the medication. Twenty-five children will be enrolled and tested in the trial. The trial will be expanded and funded for two to three years. Initial funding is \$223,500. The proposal has the support of the Governor's office, Idaho State Police (ISP) and the Department of Health and Welfare (HW).

**Senator Stennett** questioned whether Dr. Wechsler was certified for the trial. **Senator Heider** answered that Dr. Wechsler has approval from the FDA to conduct the trial. **Senator Stennett** asked how many children can be included in the trial for the \$223,500. **Senator Heider** replied that approximately 25 children will be included in the trial. **Senator Winder** clarified that this is an expanded access program for a clinical study of Epidiolex. **Senator Heider** added that there will be 25 children enrolled in the study this year. **Senator Lodge** asked if this study is just for children or can adults be enrolled in the trial. **Senator Heider** answered this year's trial will just be for children.

**MOTION:** **Senator Winder** moved to print **RS 23834**. **Senator Lodge** seconded the motion. The motion carried by **voice vote**.

**Relating to Abortion to Provide Requirements for Chemical Abortion and for Administering of Certain Drugs in Abortions, and Conditions of Anonymity.**

**Senator Nuxoll** stated this legislation requires the physical presence of a physician for an in-person examination and counseling of a pregnant woman prior to performing a chemical abortion. This bill will stop webcam abortions in Idaho. A webcam abortion is accomplished by a video conferencing system that replaces the personal face-to-face consultation with a physician.

**Senator Nuxoll** handed out a statement from the Roman Catholic Dioceses of Boise and read one statement from the document: "Access to yet another method of abortion will only further erode the respect for the value of human life. That is why we support H 154".

**Testimony in support of H 154:**

**David Ripley**, Idaho Chooses Life (ICL), said this legislation does not stop abortions from taking place or challenge the Supreme Court's ruling in Roe. What it does do, is create some common sense protections for women and girls considering a chemical abortion.

When the FDA approved the use of RU-486 it put limits on its use to protect the health and lives of women taking the drug. Over the past decade there has been a movement in the abortion industry to push the expanded use of RU-486 despite clear evidence that chemical abortions are more dangerous for women and girls than surgical abortion. As of 2012, 38 percent of all abortions in Idaho are being done with drugs; well above the national average. ICL expects that number to climb in the years ahead.

This legislation requires several specific items of the abortion industry:

- Section 1 of the bill includes the definitions. Section 2 requires a physician's physical presence.
- A physical examine must occur so the woman or girl can determine how far along she is so that it can be determined whether RU-486 is appropriate and safe in her specific case.
- The doctor must confirm that the baby is in the uterus, and not in the fallopian tube.
- The doctor must talk with the girl or woman about her options and the risks associated with undergoing an abortion as required by the informed consent law.
- The physician must make every effort to see the woman after she takes the drugs to ensure the baby has been removed from the uterus.
- There are civil damages for the woman in cases of malpractice.
- It would allow the Attorney General or county prosecutor to stop a physician who disregarded these standards from continuing to perform abortions.
- It protects the anonymity of the woman or girl involved if a lawsuit is filed.

**Senator Stennett** asked what is the change in the legislation that their organization is seeking. **Mr. Ripley** clarified that the proposed amendment to the legislation would add a phrase at the end of the definition of abortifacient stating that nothing in the definition shall apply when RU-486 is used to treat an ectopic pregnancy.

**Kerry Uhlenkott**, Right to Life of Idaho, Inc. (RTL), advised that Planned Parenthood (PP) has initiated plans nationwide to install webcam facilities in every state in order to perform what are called webcam abortions. The webcam will make it possible for women in remote areas to obtain abortions without having to meet a doctor. RTL's main concern is that the doctor is never physically present to



examine the woman in a webcam abortion. PP opened their first webcam facility in Iowa in 2008. The Iowa Board of Medicine voted eight to two in August of 2013 to ban the webcam practice by requiring that a physician must be physically present when administering abortion drugs.

The pro-life movement in Idaho along with several Idaho OB/GYNs agree that Idaho should be preemptive and ban this practice before it becomes a reality here. There are 18 states that have already passed similar legislation. Similar legislation is in effect in 16 other states.

Promoters of webcam abortions would have you believe that this procedure is a legitimate form of telemedicine and is safe and effective. The chemical abortions, which combine two very potent drugs, can have significant physical and physiological health risks for the mother.

**Ms. Uhlenkott** concluded her presentation by referring to an e-mail from Dr. Brian Johnson who practices Family Medicine at St. Luke's in Twin Falls and Jerome. It discusses the difficulty of diagnosing an ectopic pregnancy even with a complete in-person examination and laboratory studies.

**Susan Thayer** was employed by PP of Greater Iowa from April of 1991 to December of 2008 as a Clinic Manager for the Storm Lake Center. She stated in 2007, upper management mandated that every PP center would become a webcam abortion facility. The idea for webcam came from a crime scene show where telemedicine was used. For PP it was a solution to the shortage of doctors willing to travel the state doing surgical abortions. Without a doctor, nurse or any other medical staff on site, transvaginal ultrasounds are done by entry level and non-medical staff. The image is then scanned to a doctor that determines the length of gestation. **Ms. Thayer** explained in detail how the process works for a webcam telemedicine abortion after gestation is determined.

**Lindsey Rees**, registered nurse, Stanton health care Magic Valley, stated she has experience in case management, rural health connection and coordinated care with telehealth, and she is trained in obstetric ultrasound. **Ms. Rees** spoke to the danger of certified medical assistants, licensed practical nurses or even registered nurses who would not be fully qualified to perform an assessment required to administer the medication, let alone provide follow-up care to the women taking the RU-486 route for abortion.

**Senator Stennett** asked if **Ms. Rees** referenced national statistics. **Ms. Rees** answered that they are FDA statistics. **Senator Stennett** commented that it was her understanding that the abortion medications are typically .01 to .03 percent of a risk factor for serious complications. If a woman had an ectopic pregnancy or a diseased baby in utero, what is the rate of complications? **Ms. Rees** stated that the complication rate is one out of four for severe bleeding. **Senator Stennett** asked what is the complication rate for the surgical removal of a pregnancy. **Ms. Rees** stated she did not have statistics for surgical removal. **Senator Stennett** asked for the recovery rate for the surgical removal. **Ms. Rees** answered six hours. **Senator Stennett** asked how many post-surgery checkups are needed. **Ms. Rees** answered one appointment.

**Terry Lennox**, registered nurse, Rachel's Vineyard Post Abortion Healing Ministry, spoke on the complexity of the decision process when a woman chooses the option of chemical abortion. The woman has little time to grapple with the life-altering decision that she makes under often heart-wrenching circumstances. The physical presence of her doctor is not only ethical; it is critical to ensuring her physical and emotional safety and survival.

Medical and mental health care professionals' assessments are always more accurate and more finely tuned when a trusting, in-person, rapport is established with the patient. They look for subtle but significant clues. The woman deserves informed, compassionate, competent, and proactive health care. **Ms. Lennox** concluded that there are physical and psychological considerations that cannot be addressed by webcam abortions that replace the personal face-to-face consultation with a physician.

**Jesse Taylor**, representing, Angela Dwyer, Clinic Manager, Stanton health care, advised that this bill will be instrumental in providing a continued baseline level of safety for women that are seeking a chemical abortion in the State of Idaho. It is critical to have a physical evaluation and a complete health history of the patient by the prescribing physician to confirm gestational age, physical condition, to eliminate the potential for drug interactions and rule out the possibility of an ectopic pregnancy prior to any abortifacients being administered. The practice of telemedicine eliminates these very important diagnostic parameters and places the patient at greater risk for complications and potentially life-threatening outcomes. Abortifacients are very powerful agents that are not without complications. A physical examine, consultation and follow-up care are absolutely necessary to keep the complications to a minimum. To dispense this abortifacient remotely is irresponsible and dangerous.

**Marilyn Scott Francis**, former Director of Pregnancy Crisis, Twin Falls, spoke of a hotline call where a woman had been given the chemical abortion medication to end her pregnancy. She did not believe in abortion but PP told her that it is not an abortion because it was not a baby yet. She was surprised to see such a perfectly formed baby at the end of the abortion.

**Julie Lynde**, Executive Director, Cornerstone Family Council (CFC), addressed a few arguments of those who are opposed to the legislation:

- The Legislature is coming between a woman and her doctor: the legislation seeks to secure that the doctor will be physically present and speaking to the woman or girl face to face.
- This is a private decision between a woman and her doctor: in a webcam abortion, where is that professional half of those two decision makers; where is that doctor who is joining her in this decision?
- Women in the remote parts of Idaho need this type of access to abortion: the Department of Health and Human Services, along with the FDA have published various guidelines for the use of RU-486. One of the circumstances under which a woman should not be given RU-486 is the inability to have quick access to emergency medical service.

**Vickie Wooll, M.D.**, Stanton health care, spoke about safe and sound medical procedures. She has not found that the chemical abortion medications are safe. They are strong and potentially dangerous. They must be prescribed in a supervised fashion with immediate access to emergency room care and someone knowledgeable to support any complications that can arise. In medical school, doctors are taught to do no harm. Standards for ethical medical practice are thorough evaluations, assessments, and a treatment plan for the patient. The patient is given choices and education which takes time. The FDA has set the rules for how the chemical abortion medication can be used, and these drugs have a black box warning label. The black box label indicates that a drug carries significant risk of serious or life threatening adverse affects. Commonplace incidents that affect patient safety are:

- Patients don't know when they got pregnant.
- There is no prescribed dosage for the pediatric population ages 14 to 17.

- All three of the drugs have black box warnings labels. For RU-486 there is a serious risk of infection from bacteria.
- There is a bleeding risk caused by the medication or an incomplete abortion.
- There is a lack of access to a physician two weeks post treatment to make sure the abortion took place.
- Ectopic pregnancy sometimes can be missed.
- There could be a drug reaction if the patient is on any other medication.

**Senator Stennett** asked why the chemical abortion drugs with their contraindications are more adversely harmful than any other powerful medications on the market. **Dr. Wooll** explained that the FDA has labeled them with black box warnings. One of the drugs used as an abortive is a cancer killing agent and the other two medications have statistics that show they are problematic. **Senator Stennett** commented that there are many drugs in the marketplace that have the FDA black box warnings.

**Senator Hill** inquired if FDA black box warnings were typical with most medications. **Dr. Wooll** answered that a black box warning is an exception. Black box labeling denotes special care, it warns that a drug has the potential for infection or suppressing white blood cell count, or other issues.

**Ken McClure**, attorney, representing the Idaho Medical Association (IMA), advised the Committee to amend **H 154** to add an ectopic pregnancy definition. The definition of abortifacient on line 16 states "any other chemical or drug dispensed with the intent of causing an abortion". Idaho Code § 18-604 defines an abortion as the use of any means to intentionally terminate the clinically diagnosable pregnancy of a woman with the knowledge that the termination by those means will, with reasonable likelihood, cause the death of the unborn child. The IMA's concern is the procedure to deal with an ectopic pregnancy that uses another drug or chemical which, by this definition, is an abortifacient. The language of this provision says that no physician shall give a woman a drug for the purpose of causing an abortion without going through the provisions of Subsection 2. On Line 29 "the physician must first determine if it is clinically feasible that the unborn child is within the uterus and not ectopic". Under the language of this bill it would be illegal for a physician to treat an ectopic pregnancy.

#### **Testimony in opposition to H 154:**

**Barbara Condon**, representing herself, Idaho Falls, stated she believes this legislation is harmful to women and detrimental to women's access to safe and affordable health care. In regards to **H 154**, the debate of members of the House State Affairs Committee commented that if the passage of this bill can prevent even one abortion it will be worth it. The life of the fetus should be protected over the life and welfare of the pregnant woman even under harsh circumstances when becoming pregnant. Stop legislating medical decisions for women in Idaho. She asked the Committee to leave those decisions where they belong, between a woman and her physician.

**Hannah Brass Greer**, Legislative Director, Planned Parenthood, explained there has been a significant amount of misinformation about the safety of chemical abortion via telemedicine. **Ms. Greer** proceeded to explain the process.

- A woman undergoes an ultrasound by a health care provider for accurate dating of pregnancy and the ultrasound is viewed by the physician.
- The physician reviews medical history and discusses the abortion process plus abortion alternatives with the patient.
- Once the woman confirms she wants to terminate the pregnancy the doctor administers the first medication and subsequent medication.
- One to two weeks after the abortion the patient comes in for a follow-up appointment.
- A telemedicine visit is similar to the face-to-face visit with the physician. At the satellite location, the woman would meet with a health care provider.
- Once the ultrasound and physical review have been completed, the physician comes on the scene using a two-way camera to talk directly to the patient.

**Senator Buckner-Webb** asked since PP doesn't currently provide telemedicine abortions, why is PP interested in this legislation. **Ms. Greer** replied that anytime the Legislature tries to legislate the practice of medicine and insert itself into the examination room, PP will oppose that legislation. This legislation deals only with abortion and no other health care procedure; it is about restricting access and making it harder for Idaho women to get care.

**Senator Winder** explained that in Ms. Greer's testimony, about 6,000 Idaho patients are served by PP a year. How many of these individuals are seeking abortions? **Ms. Greer** answered it was approximately 10 percent per year.

**Senator Lakey** asked for clarification on her testimony about why this legislation is redundant. **Ms. Greer** answered H 189 deals with the Telehealth Access Act, which also restricts medication abortion via telemedicine.

**Senator Buckner-Webb** asked for the percentage of risk for chemical abortions. **Ms. Greer** replied it is between .01 to .03 percent risk of serious complications.

**Melissa Ruth**, Program Manager, Idaho Coalition Against Sexual and Domestic Violence (ICASDV), advised that instead of limiting access to safe and legal abortions, the Legislature should focus on reducing violence and unintended pregnancies so all women are safe and can choose when and if to start or expand their families. Medical decisions should be left to a woman in consultation with her family, her faith, and her health care provider, not Legislators.

**Senator Hill** stated that he sat on the Board of the Family Crisis Center for many years but there was never any advocacy to make abortion more available. Is this the official stance of the ICASDV and how did the organization arrive at that decision. **Ms. Ruth** answered that the ICASDV opposes H 154 she would have to direct the question on their official stance on abortion to their executive director.

**Kathy Griesmyer**, Public Policy Strategist, American Civil Liberties Union (ACLU), stated the ACLU of Idaho opposes H 154 as it places medically unnecessary requirements on physicians performing medical abortions in an attempt to restrict a woman's right to access abortion care.

**Cindy Gross**, representing herself, stated that politicians have no business being in the middle of a patient's medical decisions. She told about her personal experience with abortion and how she relied on her doctor for medical advice and her husband for support. She asked the Committee to vote no on H 154.

**Lauren Bramwell**, representing herself, advised that a rural woman in the State of Idaho should have access to care and spoke to the following points: 1) safety of medical abortions; 2) potential of telemedicine; and 3) overstepping of governmental power in an area which should remain between a woman and her doctor.

**Senator Lakey** stated that telemedicine is a useful technology for access to a specialist when working with the treating physician. He does not believe it is appropriate to create greater access to a lower standard of medical care for the patient. These are situations that are dangerous for the patient physically, mentally and emotionally along with black box label drugs with contraindications. He does not believe that having access to the safest and most effective method of treatment should be replaced by a lower standard of care.

**MOTION:** **Senator Buckner-Webb** moved to hold H 154 in Committee. **Senator Stennett** seconded the motion.

**SUBSTITUTE MOTION:** **Senator Hill** moved that H 154 be referred to the 14th Order for amendment for possible amendment. **Senator Lakey** seconded the motion. The motion carried by **voice vote**. **Senators Buckner-Webb** and **Stennett** requested to be recorded as voting nay.

**ADJOURNED:** **Chairman McKenzie** adjourned the meeting at 10:20 a.m.

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Senator McKenzie  
Chair

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Twyla Melton, Secretary

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Carol Deis, Assistant Secretary