HOUSE COMMITTEE ON JUDICIARY

SUBCOMMITTEE ON FAMILY LAW

March 20, 1997 Hearing Room 357

3:15 P.M. Tapes 51 - 55

MEMBERS PRESENT:

Rep. Ron Sunseri, Chair

Rep. George Eighmey, Vice-Chair

Rep. Roger Beyer

Rep. Peter Courtney

Rep. Charles Starr

Rep. Judy Uherbelau

MEMBER EXCUSED:

STAFF PRESENT:

William E. Taylor, Counsel

Lauri A. Smith, Administrative Support

MEASURE/ISSUES HEARD:

Measure pertaining to Oregon's Death with Dignity Act

HB 2952

These minutes are in compliance with Senate and House Rules. <u>Only text enclosed in quotation</u> <u>marks reports a speaker's exact words.</u> For complete contents, please refer to the tapes.

Tape/#	Speaker	Comments
Tape 51, A		
003	Chair Sunseri	Calls meeting to order at 3:23 P.M.
HB 2952 - WORK SESSION		
		Opens a work session on HB 2952.

004	Chair Sunseri	Asks testimony be directed to the implementation of Measure 16. Testimony will be heard on previous Measures before the Committee as not all have had the opportunity to be heard.
044	Norma Stoufer	Private Citizen Testifies in opposition of Measure 16 and presents written testimony.
		(EXHIBIT A)
110	Dr. William M. Petty	Board Certified Specialist in Gynecological Oncology Testifies in opposition of Measure 16 and presents written testimony.
		(EXHIBIT B)
128	Chair Sunseri	Is it your understanding that a person who took 9 grams of barbiturates will survive for a day or longer before death or could the person ultimately survive?
135	Petty	If one takes a large amount of barbiturates, one may become unconscious and not have normal cerebral functions. After one to ten days when the person doesn't eat or drink this would ultimately lead to death. To say that seconal caused the death or that the incapacity caused the death would be hard to define.
139	Rep. Eighmey	When you stated a 25% failure rate, you did not mean 25% lived?
142	Petty	Mr. Derek Humphry states that oral medications will fail 25% of the time.
146	Vice Chair Eighmey	After reading the material, by failure you mean that 25% do not die within the first three hours, correct?
150	Petty	I believe that is what was stated in an article in The Oregonian. Continues testimony.
	Rep. Eighmey	In your written testimony you stated that a significant number of attempts fail. However, within your oral statement, you state there is a significant number of suicide attempts that fail.
206		Do you mean in your written statement that a significant number of attempts using the type of ingestion referred to in paragraph four, page one or do you mean suicides in general by use of a gun or by jumping, etc.? What do you mean by this statement?
215	Petty	I was referring to the oral ingestion.
216	Rep. Eighmey	OK. By failure again, you mean that ingestions are not immediately successful but eventually become successful with the passage of time?
220	Petty	Yes.
221	Rep. Uherbelau	In regards to reference #1 attached to your written testimony, can you provide your reason for its inclusion?
229	Petty	Reads directly from reference #1.

233		However, I am unable to read what proceeds this as it is written in a language other than English.
	Rep. Uherbelau	Where you reference that the Dutch use 9 grams of secanol and use a back up lethal injection. Your support documentation does not appear to back up that statement. Reference #2 states it continues from another page. Are we missing, therefore, additional page(s)?
242	Petty	Responds by directing attention to the picture on Reference #2.
245	Rep. Uherbelau	The foundation of your comment is generated from the one picture?
247	Petty	Yes, but I have other references at home.
250	Dr. Steven L. Marvel	Lung Disease Specialist and Critical Care Specialist Testifies in support of HB 2952 and presents written testimony. (EXHIBIT C)
200	Magyal	
300	Marvel	Continues testimony.
345	Chair Sunseri	You have testified that lethal prescriptions would likely induce vomiting. We have had it suggested that an anti-vomiting prescription would precede the lethal prescription for termination of life. Would the use of anti-vomiting medication preclude the scenario that you describe on page 2 of your written testimony? Would taking the medication assist in a patient's death to occur within a few hours rather than lingering beyond?
357	Marvel	We see failure of medications given for vomiting and nausea in hospitals. It could help some possibly to use these medications. Would it take away all chances of vomiting and, therefore, failures of the medications? No medication can significantly protect against all chances of vomiting.
367	Chair Sunseri	There is a wide spectrum of prescriptions available based on a patient's final illness. There seems to be some variance as to which prescriptions are fatal. Do you see the potential of creating a universal prescription?
381	Marvel	I do not believe there will be one universal prescription. Even the most toxic substances that are available, there is a lag period prior to passing out. During this time the patient may still incur vomiting and second thoughts may arise. How do we interpret the patient's reactions, is it a call for help?
393	Rep. Eighmey	You advocate delay, but you stated that you are diametrically opposed to implementing Measure 16. "What do you wish to accomplish during the delay period to implement something you do not want implemented? What do you want us to accomplish during the delay of implementing Measure 16?"

		One question, I would ask those testifying, what is their personal experience with self administration of medications in lethal dosages for
160		We have heard testimony on both sides stating that death is a 100% assured and then there are physicians who say it is not. How do you respond to this view?
128	Coombs Lee	Continues testimony.
078		Chief Proponent of Measure 16. Testifies in support of Measure 16 and presents written testimony and two support articles. (EXHIBIT D)
		Physician Assistant, Nurse Practitioner, Attorney at Law, and one of the
061		Yes.
058		The people you see through the emergency room, who have attempted suicide are people across the board, young and old, for a variety of reasons, correct?
053	Marvei	In part that is true of my view as a physician on Measure 16. However, as an individual, I have seen patients who attempt suicide and those who requested assistance in dying and there are many unmet needs. We as physicians need to identify and address these needs.
049	Rep. Unerbelau	Is the uncomfortableness about assisting someone because you are a physician and this Measure brings physicians into the realm of assisted suicide?
044		I do believe somebody could make a rational decision to end their life, but do I think it is a safe one for society, no.
028	-	You think the desire to commit suicide is based upon fears. Do you think no person could ever make a rational decision to end their life?
025	Marvel	I do not think there is a time table. I could project, however, it would take educating society.
020	Rep. Eighmey	repeal Measure 16? When will be that point when you have sufficiently persuaded a sufficient number of people to repeal Measure 16?
Tape 52		When should the Legislature have sufficient information to decide to
Tane 57		with more information.
440	Maryal	Responds by stating that the people can make a more informed decision
435	Ren Fighmey	In advocating delay of Measure 16, you feel that there will hopefully be sufficient evidence brought forward to delay implementation.
		We need to improve the care to our terminally ill patients. Provides examples.
405		I do not see that Measure 16 can be controlled and monitored. I see a delay as a chance for the public to get all of the information that was not previously available to them.

169	Coombs Lee	hastened deaths. As part of my written testimony I have included the only public information, I am aware of, that has been published by people who had direct experience in the United States. Currently, this activity is illegal so many physicians are not willing to collect data of their experiences.
181	Rep. Uherbelau	Are you familiar with the Model State Act?
185	Coombs Lee	The Harvard Act? Yes, I am.
186	Rep. Uherbelau	If Measure 16 is to be amended there are two things within the Model State Act that I would like to include in Oregon's Act. One such amendment would be to include a mandatory view of competency.
192	Coombs Lee	No it is not directly stated in the Act. However, the way the Oregon Health Division has drafted its rules and structured its forms there is a fact affirmative finding that is requested from the first physician, the consulting physician and of the witnesses. So we have four people affirmatively stating that the patient is capable.
205	Rep. Uherbelau	Who will the rules apply to, those under the Oregon Health Plan or anyone who uses this method?
209	Coombs Lee	Those rules are the mechanisms for implementation. The rules were drafted under the authority of the enabling portion within Measure 16. They are meant to empower the Oregon Health Division to receive, supervise, and report on all activity under the Act.
214	Rep. Uherbelau	Another concern testified to is there maybe nonphysical or medical reasons by somebody wanting to commit suicide. I notice in the Model Act that it provides for consultation perhaps from a social worker to talk over the non-medical options or other problems that maybe putting some pressure on the patient in making a rational decision. How would you feel about that type of amendment?
228	Coombs Lee	Responds by stating that too much safeguard at some point could become not a safeguard but a barrier. I would oppose any additional steps being added to Measure 16.
241	William E. Taylor	Counsel You refer to Health Division Rules?
242	Coombs Lee	Yes.
243	Taylor	Which rules are you referring to? Per the statutes, the Health Division shall make rules to facilitate the collection of information. Are you saying they have rules concerning whether someone is capable under the Act?
247	Coombs Lee	Per Grant Higginson's testimony in the Overview Hearings on Measure 16, he provided the process how draft administrative rules were promulgated but that they have not been adopted due to the injunction. The draft rules included a form and various reporting requirements.

265	Taylor	The Act, also, requires each physician to pass upon judgment as to whether the person is suffering from depression or an impairing judgment. Yet, the Committee has heard testimony from doctors saying that not all attending physicians would be necessarily qualified to make that evaluation. Do you have an feelings about this view? Do you feel that all attending physician's are so qualified or that there maybe a need across the board for a psychiatrist or psychologist to make these decisions?
280	Coombs Lee	Any physician or consulting physician may impose an additional evaluation of a patient. This is a concern discussed a lot because there is some research that reveals that physicians are not good at picking up signs of depression. Critical to understanding the research that it was based on people who come in with headaches, fatigue and chronic colds. The research showed that physicians are not very good at ferreting out the role that depression might play. That is quite different from stating that a physician will not be able to diagnosis a pathological depression when someone comes to them with a request to die.
311	Taylor	Are you saying that all attending physicians are qualified to diagnosis psychological disorders, psychiatric disorders, and depression causing impairment of judgment?
318	Coombs Lee	Measure 16 does not require a physician to make a psychological or psychiatric diagnosis, those are best left to the experts in the field, but to be only to be alert to the warning signs. Provides examples of warning signs.
334	Rep. Beyer	You are opposed to any changes in the Act?
341	Coombs Lee	I have some concerns that changes in the Act in this chamber may make the Act vulnerable to repeal, delays, or remanded in another arena. I would not be opposed to reasonable changes that do not thwart the intent or delay the implementation of Measure 16.
352	Rep. Beyer	One of my concerns is that Measure 16 does not define the residency requirement of a patient. I am wondering from you as an author of the Act addressed the residency issue.
359	Coombs Lee	I assumed common sense would prevail as to who was a resident of Oregon. Further shares by examples.
375	Rep. Beyer	I have many concerns regarding residency under this Act. I wouldn't be imposed to setting a six month waiting period to be an Oregon resident and set this requirement within Measure 16.
383	Taylor	Do you intend the word "residence" to mean the "domicile" of the patient? Domicile is defined as meaning a place of habitation in Oregon.
385	Coombs Lee	It is my expectation that people who consider themselves residents of Oregon are domiciled in the state.
392	Taylor	You mentioned that the physicians would be the one to determine whether the patient is a resident of Oregon?

Coombs Lee	In most cases, the physician will know if their patient is a resident of Oregon. Continues by providing examples.
Chair Sunseri	Is there any intent to allow persons from out of state to accomplish assisted suicide in Oregon?
Coombs Lee	Absolutely not.
Rep. Uherbelau	Shares concerns regarding persons from outside the state who use our physicians for treatments. So are we excluding those people?
Coombs Lee	The intent of Measure 16 was to serve Oregon residents only.
Valerie Vollmar	Attorney practicing in Oregon and a teacher at Willamette University. Testifies in support of Measure 16 and refers to her written testimony included in (EXHIBIT L of March 13, 1997) House Judiciary Subcommittee on Family Law Public Hearing on HB 2952.
Vollmar	Continues testimony.
B	
Vollmar	Continues testimony.
Vollmar	Continues testimony.
Vollmar	Continues testimony.
Vollmar	Continues testimony. Refers to proposed amendments (EXHIBIT F of March 12, 1997) House Judiciary Subcommittee on Family Law Public Hearing on HB 3362.
Vollmar	Continues testimony.
Rep. Uherbelau	Where within the -3 amendments is the reference to residency?
Vollmar	I direct your attention to Section 6, Page 1 of the proposed -3 amendment to HB 3362. Continues testimony.
Vollmar	Continues testimony.
Rep. Uherbelau	Do you have any suggestions about defining residency within the usual concept in Measure 16?
Vollmar	You do not want to impose any requirement of going to an agency for certification of residency. I think it is possible to indicate factors that can be relevant in deciding residency without having any particular combination that is required to effect residency. There are places in statutes as well as regulations that use the term state of residency in Oregon. Sometimes it is left undefined. I think it would be possible to indicate at minimum that a person maintain a residence here within the State.
	Coombs LeeChair SunseriCoombs LeeRep. UherbelauCoombs LeeValerie VollmarVollmarVollmarVollmarVollmarVollmarVollmarVollmarVollmarVollmarVollmarVollmarVollmarRep. UherbelauVollmarRep. UherbelauRep. UherbelauNollmarRep. UherbelauNollmarRep. UherbelauNollmarNollmar

366	Taylor	afraid to talk on the records on their own proposals. They are afraid of both of the proponents on this Measure in subjecting themselves to potential wrath.
383	Dr. David M. Smith	Co-Author of the Oregon Psychiatrist Association Task Force Report on the Ethics of Physician-Assisted Suicide. Assistant Professor of Psychiatry at Oregon Health Sciences University. However, testimony is given individually not representing his employer or any other agency.
		Testifies in support of Measure 16 and presents written testimony and support article. (EXHIBIT E)
430	Smith	Continues testimony.
470	Smith	Continues testimony.
Tape 52,	, B	
030	Smith	Continues testimony.
080	Smith	Continues testimony.
096	Rep. Uherbelau	Could the Committee obtain a copy of the Oregon Psychiatric Association ("OPA") position paper referenced by Dr. David M. Smith?
097	Smith	Refers to "Report of the Committee on the Ethics of Physician-Assisted Suicide by the Oregon Psychiatric Association" given to the Subcommittee on Family Law on (March 11, 1997 EXHIBIT C)
120	Richard Walsh	>residency requirement concerns >informed consent level necessary >tightening up the definitions to protect the doctors will expose patients to more potential abuses and less safeguards >physicians already have too much immunity
170	Walsh	Continues testimony. >severability clause concern ORS 127.895 >safeguards could be thrown out over the years by the courts due to their vagueness >Oregon voters did not make themselves fully aware of the statute >our Measure will be a model all over the world >laws made today will effect our children tomorrow
		Continues testimony
		>need to look to HMO as it applies to Measure 16

		>Measure 16 fits like a glove with HMO policies
		>meant to save money
		>coincidence that Measure 16 and the rise of HMO happened at the same time
220	Walsh	>definition of attending physician in Measure 16 as is in Workers Compensation
		>under HMO attending physician chosen for you and gives the Insurance Companies the right to choose the physicians for you
		>consulting physician is appointed by the attending physician, where then is the patient's choice
		>concerned with objectivity of making of life/death decisions
		Continues testimony.
	Walsh	>need safeguards in place before the first person is asked to terminate their life
270		>economic reasons for death are many
		>provides an example of what is needed instead to save costs
		>we have money available to prisoners, but we don't pay a dime to the dying and elderly
297	Rep. Uherbelau	Do you have any evidence of conspiracy between HMO and the drafters of Measure 16?
		We know from testimony Thursday [March 13, 1997 House Judiciary Subcommittee on Family Law] that HMO has already gone on-line and is set up to pay for the procedures of assisted suicide.
300	Walsh	It is very much in HMO's interest. If you want to find out if they are
		part of the deal separate them from the process. If they object, you will have your answer.
315	Rep. Uherbelau	Do you have any expert knowledge that the definition of attending physician used within Measure 16 is anything other than what is used by the health care system?
323	Walsh	ORS 127.800 defines attending physician and compares this to HMO's definition within litigation passed on workers compensation.
332	Rep. Uherbelau	I am not stating that the definitions are different. I am asking if you have any evidence that those definitions are nothing more than a definition taken from what is understood in the health care industry?

337		The health care industry is moving to HMO definitions when defining who is an attending physician.
	Walsh	We need to deal with the reality in the health care industry that an attending physician means an HMO physician for over half of your constituents.
		Executive Director, Oregon Center for Family Policy
342	Michael Howden	Testifies in support of HB 2952 and presents written testimony. (EXHIBIT F)
392	Howden	Continues testimony.
442	Howden	Continues testimony.
Tape 53	, A	
042	Robert J. Castagna	General Counsel and Executive Director of the Oregon Catholic Conference Submits written testimony and proposed amendments on HB 2952. (EXHIBIT G)
092	Castagna	Continues testimony.
142	Castagna	Continues testimony.
192	Castagna	Continues testimony.
242	Castagna	Continues testimony.
290	Joan Mahler	Director of Planning and Government Relations for Providence Health System in Oregon Testifies in support and submits written testimony on HB 2952.
		(EXHIBIT H)
340	Mahler	Continues testimony.
390	Mahler	Continues testimony.
409	Alicia Super	Nurse Pain Consultant and Supportive Care Specialist for the Providence Health System in Oregon Testifies in support and submits written testimony on HB 2952. (EXHIBIT I)
459	Super	Continues testimony.
TAPE 54 A	4,	
030	Super	Continues testimony.
040	Chair Sunseri	Is there education for people or are they more aware of assistance in the final phase of life?
042	Super	That's one of our goals of our Coalition to educate both the community and health care professionals to understand the tasks of life's final phase.
045	Chair Sunseri	People who are involved in the hospice program have expressed a deep satisfaction in helping people through the final moments. Do you find when human beings help another human being there is a self satisfaction in helping others even though another benefits from this attention?

050	Super	Shares her experiences in the final moments of a patient's life.
		Continues testimony.
100	Super	Continues testimony.
		Public Health Nurse
165	Catherine Shuck	Testifies in support of Measure 16 and presents written testimony.
		(EXHIBIT J)
		Psychiatric Social Worker
215	Timothy W. Shuck	Testifies in support of Measure 16 and presents written testimony.
		(EXHIBIT K)
265	Shuck, Timothy W.	Continues testimony.
		One of the Chief Petitioner of Measure 16.
		Testifies in support of Measure 16 and presents written testimony.
316	Elven "Al" Sinnard	(EXHIBIT L)
		Refers to Dr. Marcia Angell's written testimony in (EXHIBIT I on March 11, 1997) Subcommittee on Family Law Public Hearing on HB 2265 & HB 3362.
366	Sinnard	Continues testimony.
416	Sinnard	Continues testimony.
466	Sinnard	Continues testimony.
Tape 53	, B	
035	Sinnard	Continues testimony.
085	Sinnard	Continues testimony.
103	Shuck, Timothy W.	Shares additional concerns.
	Dr. Joseph Eusterman,	Licensed Physician in Oregon.
124	M.D., M.S. Med.,	Testifies in opposition of Measure 16 and presents written testimony.
	FACOEM, CIME	(EXHIBIT M)
174	Eusterman	Continues testimony.
		Board certified Obstetrician and Gynecologist.
186	Dr. Richard Thorne	Testifies in opposition of Measure 16 and presents written testimony and supporting documents (x5). (EXHIBIT N)

236	Thorne	Continues testimony.
286	Thorne	Continues testimony.
		Continues testimony.
336	Thorne	Refers to cassette tape given to Chair Sunseri recording Dr. Peter Goodwin and ask it to be distributed to all Committee members.
386	Thorne	(Only 1 copy available) Continues testimony.
436	Thorne	Continues testimony.
458		Measure 16 is not really about personal autonomy. Per your written testimony you state that the ultimate target is a person who someone else has decided should die but won't die. Can you please tell be what your evidence is for this statement?
471	Thorne	Responds by stating the evidence is in Holland. Further provides his reasoning.
Tape 54,	, B	
035	Thorne	Continues response.
039	Rep. Uherbelau	You stated both orally and in writing that it is the duty of the physician in Holland to kill a child that is disabled? Could you cite the authority for that fact?
041	Thorne	I can get it for you. I do not have it right now.
042		You did not cite to any authority for any of your remarks. Do you have written authorities?
046	Thorne	The summary of reprints in my written testimony (EXHIBIT N) will identify the authorities.
055	Rep. Unerbelau	So within the summary of reprints there is evidence that the suicide rate, for example, in Oakland County, Michigan is tied to the Kevorkian rampage?
060	Thorne	I don't know. I didn't say. What has happened is that Kevorkian is from Oakland County, Michigan. This is where he has done most of his suicides. Is there a relationship? Continues to share his concern by an example.
066	-	As a physician, you have both the knowledge of and access to the means to take your own life, if you so choose, correct?
068	Thorne	I can write a prescription.
069	Uherbelau	So you have that option?
071	Thorne	I have that option but what's your point?
		Medical Ethical Consulting Services worked in Netherlands, Belgium and Luxembourg and a hospital pharmacist in Oregon.

080	Wernow, Ph.D., R,Ph.	Testifies in opposition and presents written testimony.
		(EXHIBIT O)
130	Wernow	Continues testimony.
174	Chair Sunseri	Are you a physician who practiced in Holland?
176	Wernow	I am not a physician. I have wrote a doctorate in the area of medical ethics.
177	Chair Sunseri	Could you describe the progression of physician assisted suicide in the Netherlands?
180	Wernow	Provides an overview for the Committee and refers to a Hastings Center Report by Henk A.M.J. ten Have and Jos V. M. Welie plus additional research materials.
		(EXHIBIT W)
		General Surgeon in Private Practice.
190	Dr. Deborah A. Eisenhut	Testifies in opposition of Measure 16 and presents written testimony.
		(EXHIBIT P)
240	Eisenhut	Continues testimony.
263	Norene Goplen	Director of Lutheran Advocacy Ministry of Oregon and testifies on behalf of Evangelical Lutheran Church in American and Oregon Synod with the cooperation of Lutheran Family Service of Oregon and SW Washington and the NW District of the Lutheran Church of Missouri Synod.
		Testifies in opposition to Measure 16 and presents written testimony.
212	C - u l - u	(EXHIBIT Q)
313	Goplen	Continues testimony.
363	Goplen	Continues testimony.
413	Goplen	Continues testimony.
		Occupational therapist with a specialty in geriatrics.
440	Denise Kean	Testifies in opposition of Measure 16 and presents written testimony.
		(EXHIBIT R)
474	Kean	Continues testimony.
Tape 55, A]	
035	Kean	Continues testimony.
085	Kean	Continues testimony.
111	Chair Sunseri	Have you seen increase in the attempt deal with pain management?
		I frequently do not see doctors visiting nursing homes often enough to

115	Kean	assist in pain management. I think that should be improved.
121	Louise Ferrell	Private citizen. Testifies in opposition to HB 2952 and presents written testimony. (EXHIBIT S)
155	Bevin Gilmore	Clerical occupation in the health care industries Testifies in support of HB 2952 and presents written testimony. (EXHIBIT T)
205	Gilmore	Continues testimony.
223	Giustino Zanotto	Private citizen and testifies in opposition of Measure 16. >religious concerns at moment of dying
273	Zanotto	Continues testimony. >example of a relative's moment prior to death
337	Chair Sunseri	Closes the public hearing on HB 2952. Adjourns meeting a 7:30 P.M.
		Written testimony and support articles from Hildy Boespflug, RN on HB 2952. (EXHIBIT U) Written testimony from Grant Higginson, M.D., M.P.H. on HB 2952.
		(EXHIBIT V)

Submitted by, Reviewed by,

Lauri A. Smith, Sarah Watson,

Administrative Support Office Manager

EXHIBIT SUMMARY

- A HB 2952, written testimony, Norma E. Stoufer, 2 pages.
- B HB 2952, written testimony and support articles, William M. Petty, 41 pages.
- C HB 2952, written testimony, Steven L. Marvel, 3 pages.
- D HB 2952, written testimony and support articles, Barbara Coombs Lee, 17 pages.

- E HB 2952, written testimony and support article, David M. Smith, 9 pages.
- F HB 2952, written testimony, Michael Howden, 3 pages.
- G HB 2952, written testimony and proposed amendment, Robert J. Castagna, 13 pages.
- H HB 2952, written testimony and support article, Joan Mahler, 5 pages.
- I HB 2952, written testimony, Alicia Super, 4 pages.
- J HB 2952, written testimony, Catherine Shuck, 2 pages.
- K HB 2952, written testimony, Timothy W. Shuck, 3 pages.
- L HB 2952, written testimony, Elven "Al" Sinnard, 3 pages.
- M HB 2952, written testimony, Joseph H. Eusterman, 3 pages.
- N HB 2952, written testimony and support articles, Richard M. Thorne, 35 pages.
- O HB 2952, written testimony, Jerome R. Wernow, 4 pages.
- P HB 2952, written testimony, Deborah A. Eisenhut, 3 pages.
- Q HB 2952, written testimony, Norene Goplen, 5 pages.
- R HB 2952, written testimony, Denise Kean, 2 pages.
- S HB 2952, written testimony, Louise Ferrell, 1 page.
- T HB 2952. written testimony, Bevin Gilmore, 3 pages.
- U HB 2952, written testimony and support articles, Hildy Boespflug, 12 pages.
- V HB 2952, written testimony, Grant Higginson, 2 pages.
- W HB 2952, Hastings Center Report and research materials, Jerome R. Wernow, 42 pages.