

HOUSE JUDICIARY  
SUBCOMMITTEE ON CIVIL LAW AND JUDICIAL ADMINISTRATION

Hearing Room 357  
8:30 am Tapes - 54

MEMBERS PRESENT:

Rep. Del Parks, Chair  
Rep. Bryan Johnston, Vice-Chair  
Rep. Kate Brown  
Rep. Chuck Carpenter  
Rep. Lisa Naito  
Rep. Eileen Qutub  
Rep. Bob Tiernan

STAFF PRESENT:

Milt Jones, Committee Counsel  
Sarah Watson, Committee Assistant

MEASURES HEARD:

HB 2894 - Public Hearing

These minutes contain materials which paraphrase and/or summarize statements made during this session. Only text enclosed in quotation marks

report a speaker's exact words. For complete contents of the proceedings, please refer to the tapes.

TAPE , A

004 CHAIR PARKS: Calls the meeting to order at 8:43 A.M.

PUBLIC HEARING ON HB 2894

007 MILT JONES, COMMITTEE COUNSEL: HB 2894 requires certified informed consent of pregnant woman 24 hours prior to abortion.

010 CHAIR PARKS: Explains process of meeting and the limited length of testimony.

Witnesses:

Rep. Eileen Qutub, District 8  
Rep. Kitty Piercy, District 39  
Rep. Kevin Mannix, District 32  
Jennifer Eastberg, Self  
Rep. Patti Milne, District 38  
Rep. Lynn Snodgrass, District 10  
Dr. Steven Marvel, Self  
Lisa Horowitz, Oregon NARAL  
Diane Alves, All Women's Health Clinic  
Dr. Mark Nichols, Oregon Health Sciences University  
Sally Anderson, Students for Choice

Joan Dewitts, Self  
Brenda Short, National Association of Social Workers  
Debbie Whyant, Self  
Rep. Judy Uherbelau, District 52  
Marie Bell, Self  
Laurie Wimmer, Self  
David Fidanque, ACLU  
Jennifer Meyer, Self  
Tevina Benedict, Women's Rights Coalition  
Mary Grainey, Self  
Vashti Young, Feminists For Life  
Doug Vandergreen, Western Center for Law and Religious Freedom  
Judy Ferris, Self  
Maura Roche, Planned Parenthood of Oregon  
Karen Fantozzi, Self

025 REP. EILEEN QUTUB, DISTRICT 8: Testifies in support of HB 2894.

104 REP. BROWN: Informed consent is covered by ORS 677 that covers all medical procedures. Why would you single out abortion and not include all medical procedures within the context of the bill?

108 REP. QUTUB: I would be willing to include all other procedures in this bill. The reason I singled out abortion is for the reasons I previously stated.

112 REP. JOHNSTON: Much of this information is not now given, is that right?

116 REP. QUTUB: Yes, we will see later why.

121 REP. KITTY PIERCY, DISTRICT 39: Testifies in opposition to HB 2894.

175 REP. CARPENTER: When a woman goes in for an abortion, what sort of information typically is now provided? What is the time frame we are discussing?

179 REP. PIERCY: I have seen the time a doctor spends with the patients that come into the office, and heard the discussions that take place.

188 REP. QUTUB: It is good that time is taken with these women when they come in to the clinics.

190 REP. PIERCY: It is good in any medical procedure for people to take time for that discussion. My view is that those discussions are already taking place and we don't need legislation to make that happen.

193 REP. QUTUB: I don't see any justification for not making it a sure thing, that women are informed of their options.

199 REP. PIERCY: I don't see this bill in that context. I think that doctors already talk about the pro's and con's of this medical procedure. What is in this bill is different than that, explains.

211 REP. QUTUB: Should those things be hidden from women?

212 REP. PIERCY: No, I believe that they are inappropriate in this situation.

223 REP. MANNIX, DISTRICT 32: Testifies in support of HB 2894.

259 CHAIR PARKS: I read that you said "let's face it in reality, this is a

method to discourage abortions". Was that in connection with this bill?

264 REP. MANNIX: I'm in favor of the reality check as to the effect of legislation. Any time a procedure requirement is set up, it does discourage that act from being carried out. A procedure requirement for informed consent, with a time frame, would make another procedure for a person to go through. That may discourage some people from going through with the procedure. I hope that the informed consent process will convince

some women that it is not in the best interest to proceed with the abortion.

279 CHAIR PARKS: Is there a middle ground between accepting and rejecting the bill?

282 REP. MANNIX: In terms of a middle ground, I would ask the committee to listen to testimony and issues discussed. If you receive information about

extraordinary circumstances that make you question the informed consent process, as a judiciary committee you need to consider that. I don't know what those circumstances might be, but this process should allow the committee to recognize if there needs to be an escape clause.

303 REP. QUTUB: The bill does allow for a medical emergency, if it compels termination for pregnancy, then all of the requirements are waived?

307 REP. MANNIX: Yes, that is a carefully wrought provision in regard to that situation. I can't think of another circumstance that would require an exception. If there are some other circumstances that need to be addressed, the committee needs to look at those.

326 REP. TIERNAN: It was my understanding that this bill is a middle ground bill. Can you compare this to other bills?

340 REP. MANNIX: In the perspective of informed consent, I believe that something may come up that you need to address. My social policy preference is to not allow abortions unless when necessary to protect the life of a mother. Discusses personal perspectives on abortion. This bill is severely compromised already, explains. What is wrong with making sure that a woman who is contemplating a decision should be informed of all the options?

400 REP. TIERNAN: The heart of this issue is the 24 hour notice waiting period. That is not a long enough amount of time when you are making this kind of a decision. What are the other waiting periods regarding other types of medical procedures, in order for someone to make a decision?

427 REP. MANNIX: You will need to ask your witnesses that question.

TAPE 52, SIDE A

013 JENNIFER EASTBERG, SELF: Testifies in support of HB 2894.

089 CHAIR PARKS: How short, is the amount of time that this decision is made in?

091 EASTBERG: It can vary, explains.

096 CHAIR PARKS: From the time a woman knows they are pregnant from a test in the clinic, when would an abortion be done?

097 EASTBERG: Within 2 to 7 days. Or they could wait until at least eight weeks when the fetus is more fully formed.

102 CHAIR PARKS: Your a psychologist?

107 EASTBERG: I am a licensed clinical social worker.

109 CHAIR PARKS: What was your job at Lovejoy?

110 EASTBERG: Explains duties at clinic.

115 CHAIR PARKS: What do you mean by "counseling"?

116 EASTBERG: Counseling is to provide a woman with an objective picture about the state that they are in. This is a crisis situation, explains.

123 CHAIR PARKS: Did you talk to the people that ran the clinic about your concerns?

125 EASTBERG: No because I didn't want to and couldn't deal with it at that time.

129 CHAIR PARKS: Is this in anyway comparable to a radical mastectomy in a woman's life?

131 EASTBERG: At some point the woman will at least understand that this was/is a life.

139 REP. CARPENTER: Your experience was ten to fifteen years ago? Do you think anything has changed in that time period?

144 EASTBERG: I doubt it, explains. I can't see anything that would be different in terms of what the woman is told. We are presenting the right for further informed consent.

153 REP. QUTUB: Does your experience as a counselor relate to this issue in any way?

155 EASTBERG: Yes, absolutely. I counsel women who have had abortions. This bill is based on what has happened to women.

161 REP. QUTUB: Why do women need that counseling if what happened was so long ago?

163 EASTBERG: Discusses how someone may deal with this sort of experience. There is denial about what happens, explains.

174 REP. TIERNAN: I would suspect that you were more pro-choice during your work at Lovejoy. Has that changed?

184 EASTBERG: I would consider myself pro-life. Explains that her decision change was why she left the clinic.

194 REP. TIERNAN: How many abortions were you involved in?

197 EASTBERG: Thousands.

198 REP. TIERNAN: Are you aware of any other physicians that have decided to get out of this industry, if so why?

202 EASTBERG: Yes, I know a number of people that have left their jobs. Discusses the doctors reasons for leaving the clinics. Discusses her situation.

212 REP. BROWN: Are you a member of licensed clinical social workers and do they have an opinion on this?

214 EASTBERG: Yes I am. Discusses the licensed clinical social workers position.

217 REP. BROWN: Haven't some of the medical personnel left because of the clinical violence?

219 EASTBERG: Yes, it is horrendous. That is what is creating this faction. Concludes testimony.

252 REP. PATTI MILNE, DISTRICT 38: Testifies in support of HB 2894.

358 REP. CARPENTER: According to this article, if informed consent already exists for medical procedures, why are we talking about this bill?

362 REP. MILNE: We need to address abortion specifically because informed consent is not taking place in many cases.

375 REP. CARPENTER: If it already exists, then isn't it more of an issue of enforcing the laws that currently exists, as opposed to creating a bill that singles out abortion? Wouldn't we be better off to enforce the statutes that currently exist for all medical procedures?

384 REP. MILNE: I disagree. We have a number of laws that aren't enforced.

395 REP. QUTUB: The boards were not doing what they were supposed to be doing in letting the public know about these laws.

408 REP. LYNN SNODGRASS, DISTRICT 10: Testifies in support of HB 2894.

TAPE 51, SIDE B

035 REP. BROWN: I'm not so concerned about the 24 hour notice period for women in Portland, as I am for women who live in Klamath Falls. For those women, it is a geographical and financial barrier to have them wait 24 hours, explains. There is a problem with the informed consent laws in all areas of medical procedures, so why would you single out abortion?

046 REP. SNODGRASS: Discusses her own medical procedure and that the telephone could have been used to give that consent, concerning the long distance problem. I don't feel that the abortion issue is being singled out, gives example.

063 REP. BROWN: If there is a problem with informed consent, why are we focusing on abortion rather than focusing on specifying the statute as it relates to all medical procedures?

069 REP. SNODGRASS: Discusses personal medical example of informed consent.

We need to single out abortion if they are not giving the correct informed consent.

091 DR. STEVEN MARVEL, SELF: Testifies in support of HB 2894.

110 CHAIR PARKS: Why would you have more of an insight into what is done with abortions? Have you done abortions?

112 MARVEL: No, I haven't. My understanding is that the issue of informed consent and the abuses have been identified in that industry.

124 REP. BROWN: A large portion of hysterectomies that have been done have not been needed. Can you respond to that?

130 MARVEL: I think we are getting off the issue. We are talking about informed consent.

137 REP. BROWN: Do you have any statistical evidence that informed consent is only a problem with the medical procedures of abortions?

140 MARVEL: I am not prepared to provide that information. We need to have more informed consent on all procedures. We, in the medical community, want people informed so that they can make the best decision.

154 CHAIR PARKS: Do you do that now?

155 MARVEL: Yes, I provide many procedures.

156 CHAIR PARKS: What is critical care? Do you document your procedures?

158 MARVEL: Yes, we specifically use diagrams, models, pamphlets, to explain procedures.

160 CHAIR PARKS: Do you have the patient initial the document to prove they saw it?

161 MARVEL: The informed consent happens prior to showing them this information. The informed consent is that they understand specifically what I am telling them about the procedure.

165 CHAIR PARKS: You don't find that burdensome?

165 MARVEL: No, not at all. That informed consent is considered normal.

166 CHAIR PARKS: Do you do that in each case? Do you have that form with you here?

168 MARVEL: We do that in every case. There is a standard consent form, (shows committee). Informed consent is as much signing a paper, as the patient understanding what is going on. Them signing the form, does not mean that they had informed consent.

177 CHAIR PARKS: Is that the form we are talking about?

(Milt hands form to doctor from Rep. Parks)

182 MARVEL: Most informed consent procedures talk about alternative procedures as well.

189 CHAIR PARKS: That form isn't a standard form?

190 MARVEL: I wouldn't consider it a standard form.

191 REP. NAITO: Are you aware of physicians that are not following the informed consent law?

194 MARVEL: That is my understanding, yes. It is the responsibility of the legislature and the people to make sure those things exist. For us to spell out the minimum requirements would appear to be welcomed.

210 REP. NAITO: Have you reported physicians that are not upholding the law? How do you know that the physicians that are in this area of work are not complying with existing law?

217 MARVEL: From previous testimony, you can hear what people's experiences are with abortion clinics.

220 REP. NAITO: I am talking about your experience and whether you have made any reports on physicians?

223 MARVEL: No.

225 REP. TIERNAN: You stated that this bill is the bare minimum of a requirement and that the abortion industry operates outside the medical industry. What is the medical industry's general standard for informed consent? Why do you feel that they are operating outside of the medical industry standards?

234 MARVEL: Discusses minimum standards of consent.

242 REP. TIERNAN: Is there a time requirement?

243 MARVEL: There is no time requirement. Most medical procedures do not happen in the same day, explains. The 24 hour minimum would not be burdensome at all.

249 REP. JOHNSTON: Asks about what the informed consent includes. Asks about section of bill relating to pregnant women. That section seems to be beyond the three tests that informed consent requires.

265 MARVEL: We all may differ on what a person needs to know to make a decision. If you are going to remove the fetus, it should seem reasonable that they should know what that fetus looks like. "Bare minimum", relating to informed consent, was maybe a poor choice of words.

Recess for full committee at 10:00 am

Re-opens the meeting at 10:35 am

298 LISA HOROWITZ, OREGON NARAL: Testifies and submits written testimony in opposition to HB 2894. (EXHIBITS A, B)

395 CHAIR PARKS: Is this the form that is used? (Cites EXHIBIT B)

396 HOROWITZ: Yes, that is the form we use in our clinics.

397 CHAIR PARKS: Are you associated with a clinic?

398 HOROWITZ: Yes, the Feminist Women Health Center which run the All Women's Health Services, one in Portland and Eugene.

408 CHAIR PARKS: What is the procedure for a woman who goes to a clinic? I am concerned about the way the Lovejoy clinic was portrayed, so I want you to tell us what happens in your clinic.

421 DIANE ALVES, ALL WOMEN'S HEALTH SERVICES: Testifies and submits written testimony in opposition to HB 2894. (EXHIBIT C) Discusses the procedures of the All Women's Health Services clinics.

TAPE 52, SIDE B

012 REP. JOHNSTON: Does the woman have to request that she goes to the option counseling?

013 ALVES: No, explains that they tell the women that if they want to know of other options, they will be referred to option counseling.

015 REP. JOHNSTON: Could you tell us what happens when a woman knows what she wants when she comes into your clinic?

016 ALVES: Yes, option counseling is a different business than what we do.

019 REP. BROWN: Can you tell me what is discussed in option counseling?

022 ALVES: Options about adoption are discussed, cites some options.

026 REP. BROWN: If someone wanted to go through an adoption, would the option counselor provide phone numbers for those options?

028 ALVES: Yes.

031 REP. QUTUB: What if they need financial services for adoption?

035 ALVES: They have at the counseling clinic, all of the options and informational resources there.

037 CHAIR PARKS: Do they have to affirmatively say that they want the options discussed?

039 ALVES: If they want an abortion, then we then talk to them about their decision and informed consent. Explains what is discussed with a woman about an abortion, if that is what they choose. At any time during the procedure, if we feel that the women may be changing their mind, then we ask them again if that is what they want. If they do stop with the procedure, we then discuss their options.

064 REP. JOHNSTON: What are the conditions of these discussions? Who leads it, where is it held, is the woman alone?

066 ALVES: Explains that there are patient advocates who explains and go through the whole process with the women when they come into the clinic. Discusses what the advocate does and how the discussion happens.



077 REP. QUTUB: If your clinic goes through all of these things, why do you oppose this bill?

081 ALVES: Because the clinics are already doing this, they are following the law now.

082 REP. QUTUB: Why do you oppose the bill then?

083 ALVES: The bill goes above and beyond what needs to be done. There are already specific laws that require us to do what we do.

085 REP. QUTUB: What don't you do in your clinic, that this bill would require you to do?

087 ALVES: Explains that they do ultrasounds, but that this bill would make the clinic show the results of that ultrasound to the woman. Our job is to help make the decisions that are made, as comfortable as possible for the women.

097 REP. QUTUB: Are you aware of ultrasounds are a part of yearly gynecological examinations?

100 ALVES: No.

101 REP. QUTUB: Discusses that her gynecologist does annual ultrasounds on her.

106 REP. TIERNAN: You said that everything in the bill is already done. You said that the legislation is unnecessary?

109 ALVES: Yes, this bill goes above and beyond what needs to happen.

110 REP. TIERNAN: What in the bill, do you believe is not necessary?

113 ALVES: What needs to happen, is what is already happening under the current law. Women are getting informed consent.

115 REP. TIERNAN: How many hour notice is given?

115 ALVES: It depends on many issues, explains.

120 REP. TIERNAN: Does the woman have a minimum requirement, as to how soon after that time of informed consent, an abortion is done?

123 ALVES: That depends on how far along the woman is, scheduling, etc. We don't have a set amount of time for that.

128 REP. TIERNAN: What is the minimum time frame?

129 ALVES: Anywhere from a day, to a couple of weeks.

131 REP. TIERNAN: Once the person is fully informed, what is the minimum amount of time under your rules that you would perform an abortion?

137 ALVES: That depends. Gives an example of a woman coming in from out of

town and that the procedure could happen that day.

142 REP. TIERNAN: It could be that day, there is no 24 hour notice?

143 ALVES: Yes it could be that day.

144 CHAIR PARKS: How many women would have the procedure within 24 hours of when they first contacted you?

149 ALVES: It depends, explains that they do different procedures on different days, so abortions are not done every day. Most of the time it depends on where the woman is in her pregnancy. If they do have to come back, it is because they are not far enough along in the pregnancy.

157 CHAIR PARKS: Explains what that means.

158 ALVES: We want to wait to do an abortion until the woman is at least seven to eight weeks along in the pregnancy to ensure getting all of the pregnancy.

162 CHAIR PARKS: I don't understand that either.

163 DR. MARK NICHOLS, OREGON HEALTH SCIENCES UNIVERSITY: There is a possibility, when an abortion is done early in the pregnancy, of not getting all of the pregnancy from the uterus and that the woman may have to have the procedure done again.

170 CHAIR PARKS: You could miss it?

171 NICHOLS: Yes, there would have to be a later abortion procedure. At seven to eight weeks the success rate is much higher.

177 REP. JOHNSTON: If you took one hundred women, could you give us a figure as to how many of those women had their abortions within a 24 hour period?

184 ALVES: It is hard for me to say that because there are only certain days that we do that procedure.

186 REP. JOHNSTON: Do you keep records that would help us discern that figure?

189 ALVES: I could find some records, but I'm not sure how helpful those would be.

193 CHAIR PARKS: It might occur to some of the members that you are trying to be evasive.

195 ALVES: Out of those hundred women, we could possibly do 50-60 procedures within 24 hours. Because of the scheduling problem, we may only do 20 of them within that 24 hour period.

203 REP. TIERNAN: What kind of informed consent do we have now? My understanding is that these people have abortions the same day. These are very hard decisions that women make, do you think performing abortions that day is a problem?

215 ALVES: No, because the woman has considered and made choices before she comes to us.

217 REP. TIERNAN: How can they make that decision before they know the informed consent and the procedural risks that take place?

222 ALVES: When they come to us, at anytime if they have questions, we send them to other places.

230 REP. BROWN: What is the cost of an abortion?

233 ALVES: First trimester abortions are about \$270?

236 REP. BROWN: How much does an ultrasound cost?

237 NICHOLS: The cost is about \$150 to \$200, explains.

247 CHAIR PARKS: What does an ultrasound do?

248 NICHOLS: In the abortion setting, it helps to show how far along the women is.

253 REP. BROWN: Are the Feminist Women's Health Centers, profit or non-profit?

255 ALVES: Non profit.

256 REP. BROWN: If the patient wishes to have their partner there, is that available?

260 ALVES: Yes.

261 REP. BROWN: What else in the bill do you feel is unnecessary?

264 ALVES: Explains reasons and cites parts of the bill that they disagree with.

283 CHAIR PARKS: What would be the other health risks of waiting 24 hours?

289 NICHOLS: The 24 hour time period could make the procedure much later, explains. Discusses risks of waiting longer to have abortions. Describes first trimester vs. second trimester abortions and that the risks are significantly greater in second trimester abortions.

344 REP. QUTUB: The danger of having a second trimester abortions validates why we need this legislation. Why is there a danger to wait 24 hours? Would it make it better if there was not an ultrasound involved?

366 NICHOLS: The authors of the bill must have been concerned that there was coercion going on in the clinic setting. Discusses testimony of clinic

settings by previous people. The average amount of time spent in counseling is thirty to forty-five minutes and women are given a huge amount of information. Cites section 7, 1b. What is unnecessary and is currently not done, is forcing women to look at their ultrasound results.

Recess at 11:10 am.

Re-opens the meeting at 11:18 am.

423 DR. MARK NICHOLS, OREGON HEALTH SCIENCES UNIVERSITY: Testifies and submits written testimony in opposition to HB 2894. (EXHIBIT D)

TAPE 53, SIDE A

033 REP. TIERNAN: Asks about the 24 hour notice and if a person drives a long way to a clinic to have the procedure vs. a person who drives a long way, receives informed consent, and the next day has the procedure. The second option, to me, seems much safer.

052 NICHOLS: Eighty-six percent of the counties in the United States, do not have abortion providers. That is a very wide spread problem.

055 REP. TIERNAN: Three-fourths of the people who have abortions are probably from the Portland area.

057 NICHOLS: If someone travels a great distance and we impose the 24 hour notice, that would be a barrier, explains. Gives example of woman coming and not being able to have the procedure with the 24 hour notice.

068 REP. TIERNAN: If someone is going to come from that distance, be informed, have the procedure done, then be sent home, that doesn't seem responsible. Staying over the night would provide the opportunity for the 24 hour period.

076 ALVES: We have women having the procedure and going back to work the same day. So driving a long distance would not be a big deal.

080 REP. TIERNAN: This would all be a part of a women making a very hard decision?

083 ALVES: Yes, we have women that go directly back to work after the procedure is done.

084 REP. CARPENTER: Do you know of any complaints before the board of medical examiners of people who did not receive the correct informed consent?

092 NICHOLS: I don't know the answer to that. Physicians and health care providers who perform these procedures, are very careful and are involved in great risks, explains.

106 REP. QUTUB: The women may not be being coerced by the counselor at the clinic, but there are some women that are coerced either by boyfriends, parents, etc. One place they should be able to go and find proper information, is the clinic. The wording in the bill about ultrasounds "encourages" ultrasounds, but does not mandate it. Cites case about abortion.

129 NICHOLS: I agree. But the bill does require showing the woman pictures of two week intervals during the pregnancy. The informed consent process that currently occurs, covers the process very thoroughly. Viewing a diagram, doesn't apply in any other medical situation. The standard is clear for medical statutes. What we are not considering is the time when a woman discovers she is pregnant to when she comes into the clinic. Women agonize over this choice.

175 SALLY ANDERSON, STUDENTS FOR CHOICE: Testifies and submits written testimony in opposition to HB 2894. (EXHIBIT E)

200 JOAN DEWITTS, SELF: Testifies in support of HB 2894.

252 CHAIR PARKS: What year was this?

255 DEWITTS: This was in 1971, I was fourteen years old. Continues with testimony.

327 BRENDA SHORT, NATIONAL ASSOCIATION OF SOCIAL WORKERS: Testifies in opposition to HB 2894.

338 REP. QUTUB: How do you see this as obstructing freedom?

340 SHORT: The 24 hour waiting period is demeaning in that when women reach this point in a pregnancy, they have already made and have the choice to make up their minds.

345 REP. QUTUB: What about those that don't fit into the "most" category?

351 SHORT: I think that this is an unnecessary bill. We already have informed consent, it is in the statute, this procedure should not be singled out.

364 DEBBIE WHYANT, SELF: Testifies in support of HB 2894.

415 CHAIR PARKS: What year was this?

417 WHYANT: This was in 1974, when I was eighteen. Continues with testimony.

TAPE 54, SIDE A

014 REP. QUTUB: People have stated that women usually have a long time to think about their decision, was that the case with you?

017 WHYANT: That was not the case. Explains that even though she was farther along, she was in denial.

023 REP. JUDY UHERBELAU, DISTRICT 52: Testifies in opposition of HB 2894.

046 REP. QUTUB: Shortly after your abortion, would you have been able to talk about it in this way?

050 WHYANT: I was specifically told by the physician never to talk about this procedure.

061 MARIE BELL, SELF: Testifies in support of HB 2894.

136 REP. TIERNAN: I believe that this bill has nothing to do with pro-life or pro-choice. Discusses a bill that was passed out last session concerning abortion. What is wrong with informing people and giving them the opportunity to think about the repercussions of their decisions. Gives example of surgery and of person not being correctly informed of consent. Discusses scheduling problem.

175 LAURIE WIMMER, SELF: Testifies in opposition to HB 2894.

244 REP. QUTUB: Can we trust insurance companies to give women rates that are the same as men? You are asking us to trust someone on one issue, yet as an advocate for women you would not say the same thing.

259 WIMMER: I know of very few other procedures that are as devoted in hiring counselors to spend time with these people. Women who are seeking abortions are typically given many times over an hour with a counselor.

267 REP. QUTUB: With a doctor?

268 WIMMER: That time is spent with a counselor. I have never maintained that doctors ought to be trusted, my position has been consistent.

277 DAVID FIDANQUE, ACLU OF OREGON: Testifies in opposition to HB 2894.

416 JENNIFER MEYER, SELF: Testifies in support of HB 2894.

TAPE 53, SIDE B

009 CHAIR PARKS: Where did this happen?

010 MEYER: Tennessee. Continues with testimony.

024 TEVINA BENEDICT, WOMEN'S RIGHTS COALITION: Testifies in opposition to HB 2894.

061 REP. JOHNSTON: I disagree with your statement about the state saying their position about abortion. Do you think that the state does not have the right to say that as a public policy matter, that abortion is bad?

067 BENEDICT: I think that the state does not have a right to say that abortion is bad. Sometimes an abortion is the right choice for a woman. Abortion should not be labeled as bad, it is a legal right. What we want is to prevent the unwanted pregnancies that lead to abortions.

076 REP. JOHNSTON: I think we can say that the State can say that we want for there to be less abortions. But we should not erect barriers to women that have made that choice.

084 REP. BROWN: There is a distinction between the state setting a policy, saying we need to find other options to abortions, and that we need to prevent unwanted pregnancies.

100 MARY GRAINEY, SELF: Testifies and submits testimony in support of HB 2894. (EXHIBIT E)

122 CHAIR PARKS: This has a reference to SB 803?

127 GRAINEY: SB 803 requires that any woman requesting an abortion would be given and shown an ultrasound and wait the 24 hours.

133 VASHTI YOUNG, FEMINISTS FOR LIFE: Testifies in support of HB 2894.

234 DOUG VANDERGREEN, WESTERN CENTER FOR LAW AND RELIGIOUS FREEDOM: Testifies in support of HB 2894.

310 JUDY FERRIS, SELF: Testifies in support of HB 2894.

327 CHAIR PARKS: We were not trying to demean, but we are trying to say that things are different all over the country and in the last twenty years, things have changed.

333 FERRIS: Continues with testimony.

393 MAURA ROCHE, PLANNED PARENTHOOD OF OREGON: Testifies and submits  
written testimony in opposition to HB 2894. (EXHIBIT F)

TAPE 54, SIDE B

029 KAREN FANTOZZI, SELF: Testifies in support of HB 2894.

048 REP. TIERNAN: This is an individuals right to get all of the  
information they can. I don't understand the scheduling problem.

057 CHAIR PARKS: Adjourns the hearing at 12:48 pm.

Submitted by, Reviewed by,

Sarah Watson Debra Johnson  
Committee Assistant Committee Coordinator

#### EXHIBIT SUMMARY:

- A. Testimony on HB 2894 - Lisa Horowitz - 3 pages
- B. Testimony on HB 2894 - Lisa Horowitz - 2 pages
- C. Testimony on HB 2894 - Dianne Alves - 5 pages
- D. Testimony on HB 2894 - Dr. Mark Nichols - 5 pages
- E. Testimony on HB 2894 - Sally Anderson - 1 page
- F. Testimony on HB 2894 - Mary Graineey - 4 pages
- G. Testimony on HB 2894 - Maura Roche - 1 page
- H. Testimony on HB 2894 - Diane Bassett - 1 page
- I. Testimony on HB 2894 - Rep. Brown - 1 page