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I L L I N O I S:

STATE HOUSE OF REPRESENTATIVES

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AMENDMENT TO THE ILLINOIS HEALTH

:

CARE RIGHT OF CONSCIENCE ACT :

SENATE BILL 1564 :

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Springfield Illinois

Wednesday, May 13, 2015

HUMAN SERVICES COMMITTEE HEARING

The following pages constitute the proceedings held in the above-captioned matter held at the Illinois State House of Representatives, Illinois State Capitol, 301 S. 2nd St., Springfield, Illinois, when were present:

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A P P E A R A N C E S

REP. LITESA WALLACE, CHAIR

REP. ROBYN GABEL, VICE CHAIR

REP. PETER BREEN

REP SHERI JESIEL

REP. MARY FLOWERS

REP. LAURA FINE

REP. KELLY CASSIDY

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REP. CYNTHIA SOTO

REP. BRIAN STEWART

REP. JOHN CABELLO

REP. JAMIE ANDRADE, JR.

REP. CAROL AMMONS

REP. PATRICIA R. BELLOCK

MINDY SWANK

KATIE TOUSMA

CHRIS FORMARKSIS

IDA PHILLIPS

LORIE CHAITEN, ACLU

ANNA PAPROCKI, ESQ., AMERICANS UNITED FOR LIFE

GEORGE BROWER

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A P P E A R A N C E S - Continued

LANCE LECHNER

LINDA KOWALSKI

ROBERT HEIZE

RALPH RIVERS, ILLINOIS CITIZENS FOR LIFE

HEATHER MORENO

PETER HUIZENGA

VERONICA PRICE

CHRISTINA SEIS

KURT WILDER

DEBBIE SHULTZ, LIFETIME PREGNANCY HELP CENTER

DR. MAURA QUINLAN

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C O N T E N T S

PRESENTATION OF SB 1564

PAGE

By Vice Chair Gabel

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TESTIMONY ON SB 1564

By Ms. Chaiten, Esq.

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By Ms. Swank

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By Dr. Quilan

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By Ms. Paprocki

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By Ms. Shultz

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1 P R O C E E D I N G S

2 CHAIR WALLACE: The Chair recognizes Rep.
3 Gabel to present Senate Bill 1564.

4 VICE CHAIR GABEL: Thank you very much, Madam
5 Chair. So there's been quite a bit of discussion
6 about, about this bill. This is the Health Care Right
7 of Conscience Act that we're making a small
8 modification to. I would like to just state for the
9 record that there has been a lot of misinformation
10 going on around about this bill, so I really want to be
11 perfectly clear.

12 First of all, this bill does not require
13 anyone to perform or participate in an abortion.
14 Secondly, it does not require anyone to refer for an
15 abortion. And third, it does not require any patient
16 to listen to information about treatment options they
17 object to.

18 So the bill protects both patients and health
19 care providers when a provider asserts a religious or
20 conscientious objection to providing a health care
21 service. An amendment in the Senate removed that
22 position from the Illinois Catholic Conference, the

1 Illinois Catholic Health Association, and the State
2 Medical Society. It assures that patients will be
3 given information about their medical circumstances and
4 treatment options consistent with the medical standard
5 of care. This is just basic medical ethics.

6 I would like now to introduce Lorie Chaiten,
7 an attorney with the American Civil Liberties Union,
8 who can talk more about the bill and answer any
9 questions.

10 CHAIR WALLACE: I'm sorry. One moment. Yeah.
11 I'm going to just read in the oral witnesses 'cause we
12 have 341 proponents. And so we've already introduced
13 Lorie. There is Mindy Swank and Katie Tousma providing
14 oral testimony.

15 For the opponents. For the opponents we have
16 1,928 opponents, and so I am asking to just read those
17 who will provide oral testimony and the 1,928
18 proponents, opponents are -- freezing the rep. Here we
19 go. Those providing oral testimony who are opposed are
20 Chris Formarksis, Ida Phillips, Anna Paprocki of
21 Americans United for Life, George Brower, Lance
22 Lechner, Linda Kowalski, Robert Heize, Michelle, Ralph

1 Rivera of Illinois Citizens for Life, Heather Moreno,
2 Peter Huizenga, Veronica Price, Christina Seis, Kurt
3 Wilder, and that will be it for oral testimony. And
4 now I ask that we not to read 800 plus opponents.

5 Thank you, we'll proceed with testimony of the
6 proponents.

7 MS. CHAITEN: Sorry about that. Thank you,
8 Madam Chair and the Members of the Committee. So the
9 Health Care Right of Conscience Act is a law that we're
10 talking about today. Currently it says that doctors,
11 nurses, and hospitals can refuse to provide care and
12 even information to their patients if they object to
13 doing so on religious grounds.

14 That means that, for example, that if I am a
15 doctor and I have religious objections to providing my
16 patients with contraception, I don't have to do so.
17 Indeed, the current statute says that I don't even have
18 to tell them about their contraceptive options and
19 there are no repercussions. I cannot be held
20 accountable if my patient is harmed by my refusal to
21 give them all of the information that they need in
22 order to understand their medical circumstances and to

1 make informed medical decisions.

2 This is contrary to the standard of care that
3 governs medical practice in Illinois. If I have a back
4 problem my doctor might talk to me about surgery as one
5 of my treatment options. But if there are options
6 short of surgery, for example, a steroid shot, the
7 standard of care would require that my doctor tell me
8 about those options as well. They cannot simply
9 withhold information from me and be practicing medicine
10 in accordance with the standard of care.

11 Senate Bill 1564 is about making sure that
12 patients get the information they need in accordance
13 with the standard of care. This is why the Catholic
14 Hospital Association, the Catholic Conference, the
15 State Medical Society, are no longer opposed. They
16 understand that patients cannot be kept in the dark
17 about their medical circumstances and their treatment
18 options. This is why we were actually able to
19 negotiate the bill that brings us here today.

20 It's important that you understand what the
21 bill does not do. Some of the opponents may be
22 confused. They, there are people saying things like

1 people will be forced to participate in an abortion,
2 but the bill does no such thing. It makes clear, in
3 fact, that health care providers can refuse to
4 participate in any service they object to on religious
5 grounds. But when they do so, their patients must
6 still be told about their legal treatment options in
7 accordance with current standards of medical care.

8 What do we mean by legal treatment options?
9 We've heard much about things like genital mutilation.
10 That is not a legal treatment option. That is not
11 something a doctor would have to talk about with their
12 patient.

13 However, if a pregnant woman's water breaks at
14 an early point in pregnancy when the fetus is not
15 viable and she is at risk of her, her life is at risk,
16 she's at risk for life-threatening infection and
17 hemorrhage, the standard of care requires that she be
18 told about all of her treatment options, including the
19 option of ending her pregnancy to prevent infection, to
20 prevent hemorrhage, and other harm. This is a legal
21 treatment option.

22 Opponents claim that the bill imposes a new

1 mandate in Illinois law. They're wrong about that.
2 Illinois law already says that doctors can be sued for
3 malpractice if they fail to get informed consent from
4 their patients, if they fail to give patients
5 information about legal treatment options in accordance
6 with medical standard of care.

7 1564 simply makes clear that the same standard
8 of care applies when health care providers object to
9 providing care on religious grounds. Their patients
10 must still get the information they need. Their
11 patients cannot be left in the dark.

12 Opponents complain that they should not have
13 to talk about the benefits of health care they oppose.
14 But the standard of care requires that an informed
15 consent discussion between a doctor and a patient
16 include a discussion of the risks, the benefits, and
17 the alternatives of the patient's treatment options.
18 Health care providers cannot choose to withhold any of
19 that information.

20 If an individual provider does not want to
21 have that conversation with a patient, someone else in
22 their facility can step in and do so. But the patient

1 cannot be denied important medical information. They
2 cannot be left in the dark.

3 Opponents claim the bill violates federal law
4 and will deprive Illinois billions of dollars of
5 federal funds. As six members of the Illinois
6 congressional delegation made clear in their letter to
7 you, these opponents are wrong. The federal laws
8 they're talking about involve penalties for
9 discriminating against health care providers who refuse
10 to perform, participate, or refer for abortion. They
11 do some other things as well, but that's the relevant
12 part.

13 Senate Bill 1564 is not about discrimination.
14 It is about ensuring that patients get information when
15 health care providers object to care on religious
16 grounds. In other words, it's about accommodating
17 religious belief, not discriminating because of it.

18 Indeed, if a health care provider is
19 discriminated against, rather than accommodated under
20 the Health Care Right of Conscience Act, there's an
21 express provision that permits them to pursue a claim
22 of discrimination, a claim for damages.

1 In addition, this bill does not require any
2 health care provider to perform, participate in, or
3 refer for any health care. Illinois is simply not at
4 risk for losing federal funds because it passes a law
5 that gives patients standard of care information and
6 protects them from harm.

7 Finally, opponents complain that crisis
8 pregnancy centers would have to talk about abortion.
9 If a crisis pregnancy center holds itself out as a
10 health care provider, the medical standard of care
11 applies. That means that they have to accurately
12 discuss a patient's treatment options with her. If
13 they don't and the patient suffers harm, they won't be
14 able to use the Health Care Right of Conscience Act to
15 shield themselves from liability.

16 They cannot claim to be providing all options
17 to their patients and then just withhold the
18 information they don't like. The notion that patients
19 should be able to count on their health care providers
20 to give complete and accurate information about their
21 medical condition should not be controversial.

22 Senate Bill 1564 is a reasonable change in the

1 law that creates important protections for Illinois
2 patients. I urge you to vote yes on this bill. Thank
3 you.

4 CHAIR WALLACE: Thank you very much. I'd like
5 to note that we're winding down on time in terms of,
6 before session. So let's make sure that testimony is
7 succinct and factual. Thank you.

8 MS. SWANK: Good morning. My name is Mindy
9 Swank and I am pleased to be with you today. A few
10 years ago, a few years ago after my first son was born,
11 my husband, Adam, and I were happily expecting our
12 second child. Unlike my first pregnancy, this
13 pregnancy was not to be easy.

14 Weeks into my pregnancy doctors told us that
15 the baby suffered a number of severe anomalies. At 20
16 weeks as we were coping with that news and trying to
17 understand how our lives would change, my water broke.
18 The doctors told us that the baby was not going to
19 live. We were heartbroken, but our nightmare was just
20 beginning.

21 When we learned that my water had broken, the
22 doctors told me that waiting to miscarry could lead to

1 hemorrhage and infection. I knew that these
2 complications could threaten not only my future
3 fertility, but also my life. And as the mother of a
4 young son, that worried me.

5 Adam and I prayed together, talked at length,
6 and in the end decided to terminate the pregnancy. It
7 was a difficult decision for me as someone raised in a
8 conservative and religious home, but my baby was not
9 going to live and my health was at risk. This was the
10 best decision for my health and for my family.

11 The doctors responsible for my care couldn't
12 help me end the pregnancy and avoid these risks to my
13 health. The reason for this is that the hospital
14 operated under religious restrictions imposed by the
15 Catholic Church. They could not provide me the care I
16 needed to keep from getting sick. I could only get
17 help if I was already infected or hemorrhaging.

18 Adam and I were confused and frustrated. We
19 attempted to go to a secular hospital a few hours away
20 for help in terminating the pregnancy, but we could not
21 get the procedure covered by our insurance at that
22 hospital, and we could not afford to pay for the

1 services out of pocket.

2 We understand that the barrier to our
3 insurance covering the procedure resulted from the
4 religious hospital's failure to provide adequate
5 records showing that the procedure was medically
6 necessary. Had the religious hospital made my health
7 information available, our insurance would have
8 provided coverage. Without any other options, we
9 simply went home to wait.

10 A few weeks later I woke up bleeding. Adam
11 took me to our local hospital, a hospital that also
12 follows the Catholic health care restrictions. The
13 doctors there told me that I was not sick enough for
14 them to induce labor and help end the pregnancy. I was
15 told to monitor my bleeding and temperature and come
16 back if I bled more or if I had a fever.

17 No one offered to help us find somewhere else
18 to go that was not limited by religious restrictions.
19 No one talked to us about options other than waiting to
20 get sick enough for them to help us.

21 Over the next five weeks I went to the same
22 hospital four different times, each time bleeding and

1 seeking care. At 27 weeks I woke up bleeding a lot
2 more than I had been. Desperate to prove I was sick
3 enough for them to treat me, I brought to the hospital
4 all the pads and clothing I had bled through. The
5 doctors decided that I was sick enough to induce
6 delivery. I gave birth to a baby boy who never gained
7 consciousness and he died within a few hours.

8 No one should ever have to go through this. I
9 urge you to pass this bill and ensure that other
10 couples will get the information they need to make
11 informed health care decisions and to access the care
12 that they need. Thanks.

13 CHAIR WALLACE: Okay. Rep. Cassidy moves that
14 Senate Bill 1564 do pass and we'd like to open the
15 roll. Okay, Bellock will be going now. Thank you.
16 For the record, Bellock is on the roll-list now.

17 DR. QUINLAN: Good morning. My name is Maura
18 Quinlan. I am a board-certified obstetrician with a
19 master's in public health and maternal and child health
20 policy. I am the chair of the Illinois section of the
21 American College of Obstetricians and Gynecologists,
22 commonly called ACOG, and I am testifying today in

1 support of Senate Bill 1564.

2 Senate Bill 1564's changes to Illinois law are
3 needed to protect patients and providers. Illinois law
4 currently allows doctors, hospitals, and other health
5 care providers to not give a patient information that
6 conflicts with the provider's religious beliefs. This
7 is contrary to doctors' basic ethical obligations to
8 deny patients the information patients need in order to
9 understand their medical condition, consider their
10 treatment options, and obtain care. This is also
11 inconsistent with ACOG's policies which prioritize
12 patient-centered care and autonomous decision making.

13 I have seen patients have to wait for
14 necessary medical care because professionals in a
15 religiously affiliated hospital struggled with whether
16 providing the needed care conflicted with their
17 hospital's religious directives. I have also seen
18 patients who were not told about all their treatment
19 options because of a hospital's religious directive.

20 By requiring protocols for when health care
21 providers object to providing information and care on
22 religious grounds, Senate Bill 1564 will improve

1 patient access to essential medical information and
2 will reduce confusion and delay in their accessing
3 care.

4 Patients seeking health care should not have
5 to wonder if they're receiving complete information
6 about all of their treatment options. A patient who
7 delivers or that plans to deliver at a Catholic
8 hospital and wants or needs a tubal ligation needs to
9 be informed about the religious restrictions affecting
10 her care in time for her to ensure that she can deliver
11 at a hospital that will perform the procedure at the
12 time of the C-section or immediately after birth.

13 A patient in the process of miscarrying who
14 needs medical intervention to protect against
15 hemorrhage and infection should know about all the
16 standards of treatment options, including surgical
17 options and where she can go to get such care.

18 Women of reproductive age should be given
19 complete information about all appropriate
20 contraceptive options for avoiding unintended
21 pregnancy. All of what I have described is the
22 standard of care within my specialty. Senate Bill 1564

1 will assure that patients seeking care at religious
2 institutions also get this standard of care
3 information.

4 It's important, as has been mentioned, that
5 this proposal still allows my colleagues in Illinois to
6 refuse care based on religious objections, but they
7 have to do so in accordance with procedures designed to
8 protect the patient, to make sure that the patient gets
9 information about her condition and treatment options,
10 the information she's entitled to.

11 The existing law only speaks to the needs of
12 the doctor who has the religious objection. This bill
13 will add the needs of doctors who want to give full
14 information to patients but work in religious
15 hospitals, and most importantly, the essential needs of
16 the patients.

17 Senate Bill 1564 simply brings Illinois law in
18 line with established medical ethics, medical ethics
19 that I learned at my Catholic medical school that
20 requires health care providers to take into account
21 patients' interests when the provider is asserting a
22 religious objection. In this way, every patient can

1 act according to his or her own conscience just as
2 readily as the physician can.

3 As a physician who cares for Illinois patients
4 every day, I cannot stress enough the importance of
5 this bill. On behalf of myself as a physician and on
6 behalf of the Illinois section of the American College
7 of OBGYN, I strongly urge this committee to support
8 Senate Bill 1564.

9 CHAIR WALLACE: Thank you, and thank you,
10 Mindy, for sharing your story. Are there opponents
11 with oral testimony? Are there questions of the
12 proponents at this time? The Chair recognizes Rep.
13 Breen.

14 REP. BREEN: Thank you, Madam Chairman. I
15 just want to get the scope of the bill straight. And
16 Representative, as I understand it, this law will
17 regulate all doctors' offices, not just hospitals, but
18 it's all doctors' offices across the state. Is that
19 right?

20 VICE CHAIR GABEL: Yes. Anybody practicing
21 medicine.

22 REP. BREEN: So, and that would include as

1 well -- I, I see dispensaries on the list. Is that --
2 so pharmacies are also included?

3 VICE CHAIR GABEL: Not really.

4 REP. BREEN: I think under the Health Care
5 Right of Conscience Act, which we know applies to
6 pharmacies, I believe that this also, they're
7 considered health care facilities.

8 VICE CHAIR GABEL: The bill talks about
9 providing correct medical information, and I don't
10 think that pharmacies are in a position to explain
11 medical information to their patients.

12 REP. BREEN: I think because they wouldn't --

13 MS. CHAITEN: Yeah. Basically Illinois law,
14 common law, and statutory law creates certain duties
15 for different kinds of health care providers, duties
16 that they owe their patients. So pharmacists owe their
17 clients, their patients, a certain, a certain kind of
18 duty.

19 If those health care providers are seeking the
20 special protections that Illinois law already provides
21 under the Health Care Right of Conscience Act, not to
22 meet every one of those duties, not to perform a

1 particular kind of care, not to administer a particular
2 type of drug, then they have to do so in accordance
3 with protocols that are designed to ensure that the
4 patient will get what they need. And the specifics of
5 the protocols that are listed in here, that this is
6 language that was drafted by the Catholic Conference,
7 by the Illinois State Medical Society, and by the
8 Catholic Health Association, sets a floor.

9 It sets a minimum, but obviously what we're
10 talking about and what the bill says is that, within
11 that duty if you're seeking an out from the Health Care
12 Right of Conscience Act, you need to adhere to a
13 protocol that your health care facility has designed
14 that ensures that the patient will get the information
15 they need about how to access care.

16 REP. BREEN: The question was does it apply to
17 pharmacies.

18 MS. CHAITEN: Right --

19 REP. BREEN: So it does apply to pharmacies?

20 MS. CHAITEN: Pharmacists, if pharmacists --
21 if pharmacies and pharmacists are seeking an exemption
22 under the Health Care Right of Conscience Act, they

1 will have to do so in accordance with this type of a
2 protocol.

3 REP. BREEN: Sure. And, and I believe that
4 the Morr-Fitz vs. Blagojevich and the Morr-Fitz vs.
5 Quinn Act, I believe that the ACLU was involved as an
6 amicus on the side of the state in that case probably.
7 Lorie Ann, I'm assuming you guys were there. So this
8 would, this would actually impact the holding of the
9 fourth district in the Morr-Fitz vs. Blagojevich case.
10 It could.

11 MS. CHAITEN: What it would say is that for --
12 so that decision came out under the Health Care Right
13 of Conscience Act. And that's an important decision
14 because there, the Illinois Appellate Court read this
15 statute and said, uh-mm. There aren't any protections
16 for patients. This is only protecting health care
17 providers.

18 And so what this bill does is it says that
19 where those pharmacies want to refuse to return a
20 patient's prescription, they want to refuse to transfer
21 a patient somewhere else, they've got to do so in
22 accordance with protocols that are designed to ensure

1 that a patient gets the information they need.

2 REP. BREEN: Well, Lorie, it doesn't say
3 anything about refusing to return a prescription --

4 MS. CHAITEN: Well, that is what they're
5 seeking; that is what they're doing. You're asking
6 about a factual situation. I'm answering about a
7 factual situation.

8 REP. BREEN: And again, so we just -- now
9 we've got the scope. So it's pharmacies, all doctors'
10 offices, hospitals. We've had pregnancy centers
11 confirmed earlier. Now how -- I want to get to how
12 this bill will be enforced. So the requirement on, I
13 believe on doctors' offices and pregnancy centers,
14 would that be enforced by IDFPR? That normally is the
15 entity that would regulate a doctor's license, I
16 believe.

17 MS. CHAITEN: So the bill does not, does not
18 contain, for example, an enforcement mechanism where a
19 state agency has an obligation to come in and examine
20 the protocols.

21 The way this works is when a health care
22 provider is seeking a carve-out, an exemption from

1 their duty to their patients under the Health Care
2 Right of Conscience Act, they only get those special
3 protections that Illinois law already provides them if
4 they deny the care, deny the, the service that they
5 find objectionable in accordance with protocols that
6 are designed, that were created by the facility in
7 which they work and are designed to ensure that the
8 patient gets what they need.

9 REP. BREEN: But then what -- well, and I
10 respectfully disagree with your contention about it
11 being a duty, but who enforces this law?

12 MS. CHAITEN: So if the provider denies care,
13 denies information, doesn't tell the patient that they
14 have certain treatment options and the patient is
15 harmed, the patient could sue the provider for
16 malpractice.

17 Today as we sit here they have a defense under
18 the Health Care Right of Conscience Act. If this
19 passes --

20 REP. BREEN: Wait, wait. Suing for
21 malpractice for not --

22 MS. CHAITEN: For not giving full options, for

1 not telling the patient that they could, for, if
2 they're miscarrying at 18 weeks and they don't tell
3 them that one of their options is to terminate that
4 pregnancy, and that patient becomes infected and loses
5 her future fertility, as we sit here today, arguably
6 that provider gets protections under the Health Care
7 Right of Conscience Act.

8 What we want to see is that there be protocols
9 in place that ensure that the patient gets that
10 information. And if they don't, that patient has a
11 cause of action against that provider.

12 REP. BREEN: Wait, wait, under the existing --

13 MS. CHAITEN: And potentially IDFPR has, has,
14 has a disciplinary mechanism, but what we are doing is
15 saying that, yes, you get to refuse, you get to adhere
16 to your religious beliefs, but your patient cannot be
17 harmed as a result of it.

18 REP. BREEN: Just to be clear then, IDFPR
19 could take action against a, a health care provider, a
20 doctor in, I believe -- they regulate doctors. I'm not
21 sure who regulates nurses and other licensed medical
22 professionals.

1 MS. CHAITEN: We have statutes that regulate
2 health care providers, and for example under Section 22
3 of the Medical Practice Act, if a health care
4 professional behaves in an unprofessional manner, which
5 has a very long list of things that define them as
6 unprofessional, then IDFPR can step in. If IDFPR steps
7 in --

8 REP. BREEN: But just to be clear --

9 MS. CHAITEN: -- and they have adhered to the
10 protocols that this bill would require, then they
11 cannot be disciplined. They still get the protections
12 that the Health Care Right of Conscience Act allows.

13 REP. BREEN: But only if they adhere to
14 protocols.

15 MS. CHAITEN: If they do not adhere to
16 protocols and their refusal harmed a patient, then
17 their -- potential, I mean it depends on the facts of
18 the case, of course, but there are those mechanisms.
19 That's how medical practice is governed in Illinois.
20 All we're saying is that patients whose doctors and
21 nurses object get to have the same protections that
22 other patients have.

1 REP. BREEN: Well, again now, we're just
2 trying to figure out how this -- without a specific
3 enforcement clause, I'm presuming then that IDFPR would
4 promulgate rules to enforce this particular law, and
5 then -- I mean hospitals are governed by the department
6 of public health; is that right?

7 MS. CHAITEN: You can presume all you want. I
8 can't say that -- what I am saying to you is that the
9 Health Care Right of Conscience Act today doesn't have
10 those rules, right? The Health Care Right of
11 Conscience Act is a statute that creates broad
12 protections and exemptions for health care providers.
13 All this bill does is it says you get those
14 protections, but your patient also has to be protected.

15 REP. BREEN: Again, the reason --

16 MS. CHAITEN: And so the way that the Health
17 Care Right of Conscience --

18 CHAIR WALLACE: I'm sorry. Thank you very
19 much for the very spirited --

20 REP. BREEN: I just want to ask my question
21 and get a quick answer.

22 CHAIR WALLACE: -- question and response, but

1 let us make sure that we're speaking one at a time.

2 REP. BREEN: The reason I'm asking, Madam
3 Chairman, is that Senator Biss on the floor in the
4 Senate said that corrective action would be taken if a
5 facility or provider didn't follow this law, or this
6 bill. And so I'm worried what is that corrective
7 action? Because we're not hearing a clear statement of
8 what is the corrective action.

9 MS. CHAITEN: So the clear statement is what I
10 said previously, and that is that Illinois law creates
11 duties of health care providers to their patients. The
12 Health Care Right of Conscience Act as it exists today
13 allows health care providers to not adhere to all of
14 those duties.

15 This bill says you get those special
16 protections that Illinois law has created for you under
17 the Health Care Right of Conscience Act, but you only
18 get them if you've adhered to a protocol that's
19 designed to ensure that your patient isn't harmed. And
20 I'm paraphrasing. I'm not reading the whole thing.

21 REP. BREEN: Just so -- I want to be clear.
22 What the contention is, is that there is a duty under

1 the current -- there's a duty under one set of Illinois
2 law, the medical practice act, to provider either --
3 well, or there is a common law duty --

4 MS. CHAITEN: A common law and the standard of
5 care --

6 REP. BREEN: -- to either provide an abortion,
7 refer for an abortion, or do information for an
8 abortion. And then the Health Care Right of Conscience
9 Act has exemptions to that, and without those
10 exemptions applying, then that is the base duty.

11 MS. CHAITEN: This bill is not about providing
12 abortion, or referring for abortion, or participating
13 in abortion. This bill is about the standard of care
14 that doctors have to adhere to in order to not be
15 committing malpractice, in order to be treating their
16 patients appropriately.

17 And so depending on the context in which a
18 patient comes to a doctor, and depending on that
19 patient's needs, that standard of care would dictate
20 the kind of care that the patient gets. The doctor
21 gets to refuse to provide that care, but this bill says
22 the patient gets the information they need so they

1 don't suffer harm as a result.

2 So I'm not -- I'm really not going to let you
3 put words in my mouth.

4 REP. BREEN: Well, I know, but again, we're
5 trying to figure out, and again you raised the issue of
6 pregnancy centers. Usually those are technicians or
7 nurses who are the ones who are doing the work. I know
8 everybody keeps talking about doctors, but I'm really
9 as much worried or more about nurses and technicians
10 who are in a setting where they don't want to hand a
11 list of local abortion clinics to a particular client
12 who asks for it.

13 MS. CHAITEN: And there is absolutely nothing
14 about this bill that requires them to hand a list of
15 local abortion clinics. What I'll say about pregnancy
16 centers is they vary dramatically in what they do and
17 how they hold themselves out. But if you look at, for
18 example, the website of -- I think it's called Lifetime
19 Medical Center here in Springfield. They, their
20 website says come to us. We give all-options
21 counseling. We will talk to you about all of your
22 options.

1 So if that their objection today is that they
2 don't want to talk about abortion, how is it that they
3 are meeting their duty to patients when they hold
4 themselves out as health care providers who are saying
5 that they're going to give all-options counseling?

6 In terms of if they don't provide the care,
7 what this bill says is they have a choice. And again,
8 this is language that came from the Catholic
9 Conference. They can either refer, which we know that
10 some providers do; they can transfer, which many of the
11 Catholic hospitals said they will do with a miscarrying
12 patient; or if they aren't comfortable doing any of
13 those things, they can provide written information
14 about other providers who they reasonably believe may
15 provide the care they're denying.

16 And keep in mind, that could simply be there
17 is an OBGYN practice down the street that offers full
18 service care. They can, they can talk to you. They
19 can counsel you. They can facilitate your access to
20 care that we won't provide.

21 REP. BREEN: And just --

22 CHAIR WALLACE: I'm sorry to interject. I

1 know we may have more questions. We have still
2 oppositional testimony and we also have other members
3 of the committee who have questions for this particular
4 panel.

5 REP. BREEN: And Madam Chairman, I'm just
6 trying to figure out because we're hearing different
7 answers here, and I want to understand what, when you
8 say reasonably believe may, that is the language of
9 providing information. And you've stated, well, I can
10 send you to a gynecological practice that has full
11 service so I know that they will include abortion
12 amongst their services.

13 MS. CHAITEN: That is not what I said.

14 REP. BREEN: Well, you said a full service,
15 and so full service, I'm assuming what you mean by that
16 is that they will provide abortions. Again, I can't
17 hand you a list --

18 MS. CHAITEN: Well, they will refer for
19 abortion, or they will talk to the patient about all of
20 their options. And if the patient says I choose
21 termination, they will assist that patient in -- they
22 will facilitate access to that care. That's the health

1 care that is being denied.

2 Not only does the crisis pregnancy center not
3 provide abortion, but they won't refer for abortion.
4 They won't facilitate access to abortion or to whatever
5 other care they disapprove of. If they say you know
6 what, there's a doctor down the road you can go to,
7 that doctor might, in fact, help that patient
8 understand what her treatment options are and where she
9 can go to get that care.

10 CHAIR WALLACE: Thank you very much, Lorie.
11 In the interest of time, and in the spirit of the
12 intention of the bill, we're going to move forward.
13 We're going to allow Rep. Jesiel to ask her question.

14 Obviously, termination of pregnancy is one of
15 many health care options that might be available to a
16 woman and her reproductive health. So let's move
17 forward to Rep. Jesiel.

18 REP. JESIEL: Thank you, Madam Chair.
19 Question of sponsor and or possibly the attorney, ACLU
20 attorney. I'm just wondering if this bill also
21 provides conversely for any of the ASTCs or the PTSCs
22 that provide for pregnancy termination services. Are

1 those facilities required conversely to provide
2 alternatives for pro-life under this bill?

3 MS. CHAITEN: They are health, they are, they
4 are required -- they're health care facilities. They
5 are doctors and nurses and other health care providers
6 and they are a health care facility. They have duties
7 just like other health care providers do under Illinois
8 law to make sure that they get informed consent from
9 their patients.

10 And as I said in my testimony, that includes
11 talking about risks, benefits, and alternatives. So
12 yes, in fact, and in fact they do, if a patient comes
13 in and they're not sure and they want to have that
14 conversation, and they decide in the end that they
15 don't want to terminate their pregnancy, they will
16 assist them in accessing the care elsewhere. They will
17 refer them to somebody who can provide prenatal care,
18 etc.

19 So yes, this, this is not -- again, it's not a
20 bill about abortion. We have a system in place in
21 Illinois that sets up these duties for how health care
22 providers offer their patients care. We're just making

1 sure that all patients get that.

2 REP. JESIEL: Okay. I'm just wondering a
3 question of the sponsor. Would, would be willing to
4 amend this bill to include that these types of surgical
5 centers - Planned Parenthood, the PSTCs - provide and
6 required to provide? Because you're saying that they
7 may or they do, but could you require that they provide
8 that kind of information? Would you be willing to --

9 MS. CHAITEN: They, they already come within
10 the definition of a health care facility under the
11 Health Care Right of Conscience Act and elsewhere in
12 Illinois laws. So they're already covered. If your
13 concern is that -- I mean, pregnancy crisis centers
14 aren't mentioned in the bill either. So the only --
15 it's just says medical doctor, nurses.

16 REP. JESIEL: No, the only point I'm making is
17 that if we're going to require people who, by
18 conscience are objecting to having to provide some of
19 that information, perhaps there could be the other
20 consideration on the other end to provide as a matter
21 of treatment or an option of treatment for pro-life
22 services, or ways to not terminate or carry a child to

1 --

2 VICE CHAIR GABEL: You know, we can talk about
3 it. There's just a time crunch. So it may be putting
4 it in the record, but we, we can talk about it.

5 CHAIR WALLACE: Are there other questions for
6 the proponents? We still need to get to the opponents.
7 Thank you very much for your testimony.

8 And as our opponents come forward, let's
9 please be mindful of the time that we take in terms of
10 testimony and I ask that, that the members of the
11 committee also be mindful of the time they take with
12 questioning. Thank you.

13 Please state your name and your position.

14 MS. PAPROCKI: Thank you. I'm Anna Paprocki.
15 I'm an attorney with Americans United for Life. And I
16 thank you for the opportunity to speak with you today.
17 I'm not only speaking today in my capacity as a lawyer
18 with AUL, but also as a woman and a patient in
19 Illinois.

20 The reach of this bill is very broad. It does
21 as we've heard impact crisis pregnancy centers.
22 There's over 30 medicalized pregnancy help centers,

1 crisis pregnancy centers that are health care
2 facilities that will be required under this bill to
3 participate by giving information about abortion
4 providers. They're forced to violate their core
5 mission.

6 These centers exist to offer women hope and
7 alternatives to abortion, but under this, this bill
8 they, at minimum, have to provide in writing a list of
9 providers that they reasonably believe will provide the
10 service they object to. So a generalized list is not
11 acceptable. A generalized list of OBs wouldn't be
12 acceptable.

13 They have to reasonably believe that these
14 providers provide abortion. So, so it violates their
15 core mission. There isn't -- it doesn't -- it's not
16 acceptable to their core mission to find someone else
17 in their facility. These facilities exist to offer
18 women alternatives to abortion.

19 Now Ms. Swank's story is very sad, but this
20 bill does not address Ms. Swank's story. It goes far
21 beyond that. Illinois law already does, already
22 requires the transfer of requested medical records.

1 Illinois law, the conscience law itself explicitly
2 states that doctors have a duty to inform their
3 patients about their condition, prognosis, and risks,
4 and doctors have to comply with emergency care
5 standards.

6 This bill goes much further than that and
7 requires all health care facilities to promote and
8 facilitate abortions for any reason and at any stage of
9 pregnancy.

10 Their, their -- Ms. Swank's story as sad as it
11 is does not justify requiring crisis pregnancy centers
12 to advertise for abortion clinics. It is also, it's
13 not just bad policy, it is a clear violation of federal
14 law.

15 There's a bipartisan letter from members of
16 the Illinois federal delegation explaining the
17 violations of the Coates/Snow amendment, the
18 Hyde/Weldon amendment, and the Church amendment. The
19 Coates/Snow amendment, for example, longstanding
20 federal law, conditions Illinois' federal funding on
21 assurance that the State won't discriminate against
22 health care entities and physicians that object not to

1 just referring for abortion, but also if they refuse to
2 make arrangements for abortion.

3 And this bill --

4 CHAIR WALLACE: Okay, the roll is already open
5 and she would like to have the opportunity. So Rep.
6 Flowers.

7 REP. FLOWERS: I need clarity. Right now how
8 is this bill violating your, the current law, in
9 regards to your right of conscience?

10 MS. PAPROCKI: To mine personally? Well, as a
11 patient in Illinois, I seek care at an OB that --

12 REP. FLOWERS: Okay, I'm sorry, not your right
13 as a doctor.

14 MS. PAPROCKI: Well, I can actually answer
15 personally too.

16 REP. FLOWERS: If there was -- how is this
17 violating the current law?

18 MS. PAPROCKI: So I think my OBGYN practice is
19 actually a perfect example. So I go to Downers Grove
20 OBGYN. I choose to go there because they are
21 authentically pro-life, because they in no way refer or
22 arrange for abortion. And that's consistent with --

1 and I choose to drive a distance to go see them.

2 REP. FLOWERS: Okay, wait a minute. Let me,
3 let me just -- because -- and that's your choice. But
4 if I were to go there and under your scenario, that
5 doctor could refuse to care for me because of this,
6 under your scenario.

7 MS. PAPROCKI: No, actually the Illinois
8 Health Care Right of Conscience Act in no way allows a
9 doctor to discriminate against a patient. It allows a
10 doctor to refuse to participate in a service that
11 violates his or her conscience. So it would not, based
12 on race, based on lifestyle, would not allow --

13 REP. FLOWERS: If I needed the service, if I
14 needed the service, and if it meant my life -- see the
15 difference -- this is my concern about this
16 legislation. A doctor take an oath to do no harm.

17 MS. PAPROCKI: Right.

18 REP. FLOWERS: And so in this business there
19 are certain things that you'll have to do because you
20 never know what the situation of the patient's going to
21 be. So for a doctor to know that my life might be, my
22 life is in this doctor's hands, and because of his

1 right of conscience, he could refuse my care. Fine.

2 Can you just tell me where I can go to get the help?

3 MS. PAPROCKI: Well, the Illinois Conscience
4 Law already requires doctors to comply -- it's explicit
5 that doctors have to comply with emergency medical
6 standards. So there's not --

7 REP. FLOWERS: Let's pretend like it's not an
8 emergency.

9 MS. PAPROCKI: Right.

10 REP. FLOWERS: Let's pretend like I just need
11 this information. Let me tell you my conflict, okay?
12 Back in 1999 I passed the patient, the patient's bill
13 of rights to remove gag orders from doctors because
14 back in those days the HMOs were prohibiting doctors
15 from telling patients about their pre-existing
16 conditions, and some of them died as a result of that.

17 So I'm asking you, are -- is this leaving the
18 gag orders on doctors that will not be able to tell me
19 if you don't want to do it where can I go?

20 MS. PAPROCKI: No, doctors, doctors can tell
21 you. If it doesn't violate their conscience, there's
22 no, nothing in this, the Health Care Right of

1 Conscience Act --

2 REP. FLOWERS: But it might violate their
3 conscience, but it would be the right thing to do in
4 regards to doing no harm to the patient.

5 MS. PAPROCKI: But, but a doctor who takes an
6 oath to do no harm, and many Catholics and non-
7 Catholics alike believe that abortion harms not only
8 the baby that is going to be killed in this, but also
9 the women.

10 So what this law does is it actually forces a
11 lot of doctors to violate their, what they believe
12 they've took with the Hippocratic Oath of doing no harm
13 to their patients in promoting and facilitating a
14 procedure that harms them and their child.

15 CHAIR WALLACE: Okay, thank you.

16 REP. FLOWERS: Well, this bill is not -- I
17 have not read -- I know what the bill implies. But
18 abortion clinics and abortions is not in this
19 legislation. So I have to deal with the language
20 that's here. So with all due respect, I would like to
21 be recorded as voting...

22 CHAIR WALLACE: Okay, thank you. Rep. Flowers

1 and Rep. Andrade are both voting in favor of Senate
2 Bill 1564.

3 Please continue with your testimony.

4 MS. PAPROCKI: Yeah, well, and I just want to
5 say that the, go back to the violations of federal law
6 that were misconstrued earlier. It is very clear how
7 this violates the Coates/Snow amendment, Church
8 amendment, and the Hyde/Weldon amendment. And I know
9 you've all received a letter from the Illinois federal
10 delegation, a bipartisan letter explaining those
11 violations.

12 The stakes are very high with the loss,
13 potential loss of all federal funding, including but
14 not limited to the federal share of Medicaid, but
15 there's also free speech concerns with this. Federal
16 courts have already struck down similar requirements on
17 pregnancy centers and that would subject the State to
18 costly litigation about free speech concerns.

19 And I did just want to -- again, I'm sorry
20 Rep. Flowers had to leave us, but just reiterate that
21 this denies me my choice to see a provider that
22 authentically and wholly respects life. My doctor's

1 office I think is a prime example of who is impacted by
2 this bill.

3 There would be new duties imposed on them to
4 have, to provide, you know, written referrals or give
5 information. And that denies me my opportunity that
6 I'm blessed to have in my area. It denies me my
7 choice.

8 CHAIR WALLACE: Thank you. Please state your
9 name.

10 MS. SHULTZ: My name is Debbie Shultz, and I'm
11 the founder and executive director of Lifetime
12 Pregnancy Help Center here in Springfield. And I am
13 honored to be here to present opposition to Senate Bill
14 1564.

15 I want to tell a story about one of our
16 clients. Bri came in on a summer warm afternoon with
17 her mother. She had already had a positive home test,
18 and she said that when she read that result she felt
19 paralyzed. She then went to Planned Parenthood to have
20 that result confirmed. And at that time she had not
21 told her parents yet, but she felt like she had to have
22 an abortion.

1 And the reason why was because Bri was a good
2 student. She was involved in her high school poms and
3 in her show choir. This was her senior year and she
4 was looking forward to all the adventures and promises
5 that come along with a senior year. She was also
6 anticipating going away to college the next fall and
7 being able to live an independent life. But she felt
8 like being pregnant unexpectedly was going to hinder
9 those dreams.

10 So she did tell her mother, and being adopted
11 and coming from a large family, her biological mother
12 chose birth for all of her children. But yet Bri was
13 to the point of desperation where she could only think
14 about her senior year. Her mom encouraged her to come
15 to Lifetime, and so I sat down with Bri and I talked to
16 her about all of her options.

17 I talked to her about adoption. I talked to
18 her about parenting. I talked to her about abortion.
19 I gave her factual information about abortion
20 procedures, about the risks involved with abortion,
21 psychologically, physically, emotionally, relationally,
22 spiritually. And I also talked to her about my

1 personal testimony of how abortion affected me 20
2 years, when I was 20 years old. That abortion decision
3 has affected me the rest of my life.

4 Bri left that day still wanting to have an
5 abortion, overwhelmed by her circumstances, but at
6 least she had information. And she was determined that
7 she was going to do her own research. She went online
8 and she read about other teens and their responses to
9 abortion that they had and the regrets that they felt.
10 But she was sure that that wouldn't be her reaction.

11 She felt very anxious because she knew that
12 the time was short on making this abortion decision.
13 She came back to Lifetime and I again shared with her
14 in more detail the actual procedures, the risks, and in
15 more detail how abortion has impacted my life.

16 She later shared with me that the
17 conversations that she had at Lifetime those two times,
18 as well as visiting with her doctor, that she realized
19 what the right thing was to do for her. She had her
20 first ultrasound and she didn't expect to fall in love
21 like she did. Hearing that heartbeat and seeing the
22 tiny body move is truly a miracle.

1 That was a defining turning point in her
2 decision. She stated that was my baby. I chose life
3 for my baby. She graduated from high school in
4 October, she enrolled in Barber College, and she
5 continued working throughout her pregnancy even though
6 it was very difficult going through this journey all
7 alone.

8 On February 7th, her baby girl arrived,
9 delivered at nine pounds, twelve-and-a-half ounces.
10 Bri stated that she felt overwhelmed, but not by
11 regretting her decision, but by knowing that her life
12 had just changed forever.

13 And this is a quote. "Anaya is now five years
14 old and it is amazing to look into her eyes and see
15 what a blessing Lifetime Pregnancy Help Center was at
16 such a crucial time in my life. My decision has never
17 been second-guessed and I could not be more satisfied
18 with the outcome."

19 Bri is one of thousands of mothers who visit
20 pregnancy centers every single year throughout Illinois
21 in search for answers, looking for hope, looking for
22 someone who cares. Since Lifetime opened six years

1 ago, we have served over 1,300 clients. Many of those
2 joining our earn-while-you-learn program resulting in
3 over 3,800 client visits.

4 This bill would require pregnancy center
5 workers to violate our core mission by referring
6 mothers for abortions or distributing information on
7 where to obtain abortion. It would also force us to
8 discuss the so-called benefits of abortion. This
9 directly tramps on our rights of conscience as health
10 care providers and our religious beliefs.

11 Abortion is destroying a human life, the most
12 vulnerable in our society, and can bring devastating
13 effects upon the mother and family, as I personally
14 have experienced. And Lifetime and other pregnancy
15 centers throughout the state cannot have any part in
16 promoting that destruction. Thank you so much.

17 CHAIR WALLACE: Thank you. As the roll is
18 already open, I would like to add Rep. Ammons as a yes
19 vote.

20 Are there any questions? Okay. Recognizing
21 Rep. Fine.

22 REP. FINE: Good morning. Thank you for being

1 here today. Listening to your story it sounded to me
2 like you were arguing in favor of the bill, because you
3 said that this young lady came to you and you told her
4 what her options were, and then she was able to make
5 her decision. So I think the key word here is people
6 know their options.

7 And to me my understanding of this legislation
8 is it's not just for pregnancy options. I have
9 children. What if I go to the doctor and the doctor
10 thinks, well, I wouldn't do this for my kid, so I'm not
11 going to tell you that you can do it for yours.

12 I think what you're doing by opposing this
13 legislation is limiting my choices to decide what's
14 best for me and my family when it comes to either my
15 rights as a woman, or my rights to take care of my
16 children, or if something happens to one of my family
17 members.

18 This, this same situation could happen. What
19 if you have a family member who's in the hospital on
20 the brink of death and the doctor says to you, well,
21 you could, you know, let them, we could stop feeding
22 them, or we could give them medications to ease their

1 pain? That should be my choice, but I need to know
2 what those choices are.

3 And I think this is very important legislation
4 to explain to me what my choices are as a patient. And
5 to deny me the right of that knowledge I think would
6 just be wrong. So I thank you for bringing forward
7 this bill.

8 MS. SCHULZ: If I may address that
9 clarification, that we do offer the information because
10 we do believe it's very important that everyone be able
11 to make an informed decision. We're not there to tell
12 anyone what to do.

13 The difficulty in this bill is that we'd be
14 required to refer our clients to get an abortion. A
15 written referral of where they can get an abortion,
16 that's a referral and that completely goes against our
17 right of conscience. That's where the conflict for me
18 as a pregnancy center comes in. I can't speak on the
19 other health issues. Maybe Anna can.

20 CHAIR WALLACE: Rep. Gabel, is that the --

21 VICE CHAIR GABEL: Well, it's not a referral.
22 It says that they do have to provide them in writing

1 with, the exact language is through a -- they will have
2 to provide in writing, writing information to the
3 patient about other health care providers who they
4 reasonably believe may offer the health care services,
5 the health care facility, physician, or health
6 personnel refuses to permit, perform, or participate in
7 because of a conscience-based objection.

8 So they would, as we've talked about earlier,
9 they could give -- she -- a paper with one name on it.
10 This an OBGYN. They may have information on what
11 you're seeking. They do not have to have a list of
12 abortion clinics, absolutely not. As we've said, they
13 have to provide a name of some health care provider
14 that they reasonably believe may offer or have more
15 information about this.

16 I mean, you know, and I'm, I'm very happy that
17 the woman made the right choice for her, and it's, it's
18 a beautiful story. And to me the key in that whole
19 story was that the woman had her options and could
20 decide what to do.

21 MS. PAPROCKI: And I just want to clarify, and
22 you read the language, but it says you reasonably

1 believe may offer not or refer. So you have to
2 reasonably believe that these are, these are abortion-
3 providing health care providers. So, so that is --

4 VICE CHAIR GABEL: That is not true.

5 MS. PAPROCKI: Or any, but use abortion as an
6 example, since this is where there are a lot of, where
7 the rubber meets the road. There's a lot of
8 conscientious objection to abortion. So this is a very
9 concrete example of where we're going to see conscience
10 violations.

11 But going to your question just very quickly.
12 I think, you know, even talking about how crisis
13 pregnancy centers, pregnancy help centers, how they
14 talk about abortion, they do talk about abortion. So
15 in some ways this is, you know, again, it's -- what
16 your point, I think, with your question, and with her
17 testimony illustrates that there isn't a problem that
18 abortion isn't being talked about.

19 The sticking points in this are, are that you
20 have to talk about benefits of abortion. So what does
21 that mean? And then also the written referral or
22 giving information on where to obtain abortions.

1 CHAIR WALLACE: Okay, thank you. I didn't --

2 MS. CHAITEN: Can I just briefly respond to
3 that?

4 CHAIR WALLACE: I actually was going to -- I'm
5 sorry. I'm going to, I'm going to allow you to do that
6 as well. And we also have Rep. Cassidy with a
7 question.

8 But when we start to speak about risk,
9 benefits, harm, no harm, we're talking in a, in the
10 most objective scientific manner in terms of medical
11 terminology, not necessarily if you have an abortion
12 this will greatly benefit you.

13 It is if you're at risk and this pregnancy
14 needs to be terminated, the benefit would be your life
15 will be saved or you will not get infection. And yes,
16 there are many other conscientious -- there are many
17 other issues that might be a result of conscientious
18 objective. I mean there are some religious beliefs
19 that blood transfusions should not be allowed.

20 But if I am bleeding out, should I then not be
21 allowed to have access to that? So just trying to
22 allow this conversation to shift away from it only

1 being about abortion because this bill covers many more
2 medical situations, many more medical issues that
3 people may or may not object to due to the doctor's own
4 religious beliefs.

5 Lorie, and then we'll go to Rep. Cassidy.
6 Let's move a little more quickly.

7 MS. CHAITEN: Well, thank you, 'cause that
8 just took away one of the things I wanted to talk
9 about, about the benefits that a patient who is at risk
10 for harm needs to understand if a treatment option will
11 help them. So thank you for that.

12 I want to very briefly - and I'm happy to talk
13 to anybody afterwards if necessary - but I want to be
14 clear. This written piece of, this written document
15 does not, is not a referral, does not require a
16 referral. It says that they reasonably believe may
17 offer the health care service that the health care
18 facility, physician, or health care personnel refuses
19 to permit, perform, or participate in on conscience
20 grounds.

21 So if I'm a crisis pregnancy center and one of
22 the things I refuse to participate in is I won't refer

1 for abortion, that's something I won't do, but I have
2 to make sure I'm sending that patient somewhere else
3 where I reasonably believe they may have a fuller
4 discussion about other places where the person could
5 access care.

6 That's why the OBGYN down the road works in
7 that context. This isn't a referral. It's not a
8 requirement for referral. And again, it is only what
9 is required in order to avoid liability if the patient
10 is harmed because you didn't give them what they
11 needed.

12 CHAIR WALLACE: Thank you. Rep. Cassidy.

13 REP. CASSIDY: Lorie, to that point, and this
14 might sound a little silly, especially since we hardly
15 use them anymore, but could this reasonably be the 0
16 page from the Yellow Pages? Here are all the
17 obstetricians in, in the city?

18 MS. CHAITEN: So I would like to think that a
19 health care professional wouldn't just hand the Yellow
20 Pages --

21 REP. CASSIDY: Well, we'd hope they'd do
22 better than that, but in theory?

1 MS. CHAITEN: But in theory if they have a
2 reasonable belief, they look at their community's
3 Yellow Pages, they see who their OBGYNs are, and they
4 know which ones, you know, will in fact have a full
5 conversation about where a person might go for the care
6 that they need, then give the Yellow Pages with a check
7 mark if that's what's needed.

8 But make sure that the patient doesn't leave
9 in the dark. This is about patients really just not
10 knowing where to turn.

11 REP. CASSIDY: My point is simply that we're
12 not demanding that they do exhaustive research and
13 interview and all of that. We're simply making sure
14 that they provide some options and some alternatives.

15 MS. CHAITEN: And that was, in fact, exactly
16 the language used by the folks who were representing
17 the Catholic Conference when we were talking about this
18 language. They said we don't want to have to be out
19 there researching who's going to do it. But they were
20 willing to say -- if we reasonably believe that when we
21 send the patient on, they'll get what they need without
22 us needing to be a part of it, that will work.

1 So reasonably believe may offer the care in
2 terms of participating and referring that's being
3 denied.

4 REP. CASSIDY: Thank you. As someone who had
5 to be born in a different state than my family lived in
6 because of the restrictions of the only hospital in my
7 hometown and my mother's medical situation, I fully
8 appreciate what we're trying to accomplish here.
9 Please add me as a cosponsor if I'm not already.

10 CHAIR WALLACE: Okay. Do we have any other
11 questions? Rep. Breen.

12 REP. BREEN: Yes, ma'am. I wanted to ask you
13 a question. Do you believe in good conscience that a
14 Christian can hand someone a list of -- of a woman
15 seeking an abortion, can a Christian in good conscience
16 hand that woman a list of places that you believe may
17 offer that woman an abortion?

18 MS. SHULTZ: No.

19 REP. BREEN: So if that's true, then your
20 pregnancy center may shut down if this bill passes.

21 MS. SHULTZ: Correct.

22 REP. BREEN: Thank you.

1 CHAIR WALLACE: Okay. Thank you for everyone
2 who has testified. I'm going to briefly share a story
3 of a very close friend of mine, in fact, my very best
4 friend. Going through a divorce, had her reproductive
5 options available to her. She had the Mirena, the most
6 recent IUD, inserted after the birth of her fourth
7 child. Because, again, she was going through a
8 divorce. She did not want to bring any more children
9 into the marriage.

10 The Mirena ruptured her uterus. She had to
11 have an invasive surgery to have that, that piece of
12 material removed, and in between the removal of the
13 Mirena and going onto another long-term birth control
14 option she became pregnant again.

15 Various abusive complications with the
16 relationship in terms of refusal of sexual intercourse
17 with the person she was married to, but that's a whole
18 nother story. She became pregnant again and she was
19 worried because after having recently had that surgery,
20 and having recently had a hole in her uterus, how could
21 she continue this pregnancy.

22 She went to her doctor to find out what she

1 could best do. Her doctor did invoke the right of
2 conscience and said that I cannot tell you, you know,
3 what additional things. After about three-and-a-half
4 weeks she ultimately was able to see a provider who
5 would assist her, and she learned that the developing
6 embryo, or fetus at that point, had attached to a blood
7 clot.

8 Had this pregnancy gone to term -- and the
9 heart rate was low at that point anyway. But her life
10 was at risk and those weeks of waiting and waiting, she
11 may have very well left her four children without a
12 mother. And so I just share that story because we talk
13 so much about abortion and termination of pregnancy,
14 and then we had Mindy share her awful story, and I went
15 into labor with my son at 28 weeks.

16 And so I think we have to detach this from the
17 moral pro-life or pro-choice, or what have you, but
18 what is right for the life of the patient. Will the
19 patient survive? Will the patient be unharmed by
20 whatever the decisions that the health care providers
21 are going to make?

22 And if the answer is the patient will not go

1 unharmed, so in other words if the patient will be
2 harmed, we have to allow them to seek medical attention
3 from someone who will save them from infection, save
4 them from whatever harm it may be. And we don't need
5 to do that in a way that burdens our conscience.

6 So as the roll is already open, I will vote
7 yes. And we will continue to take the roll.

8 VICE CHAIR GABEL: Yes.

9 REP. CASSIDY: Yes.

10 REP. DEMMER: No.

11 REP. FINE: Yes.

12 REP. JESIEL: No.

13 REP. SOTO: Yes.

14 REP. STEWART: No.

15 REP. CABELLO: No.

16 REP. BREEN: And because existing law already
17 covers, according to what Ms. Chaiten said, the
18 situations that have been dealt with, in particular the
19 one that was just related by the chairman, and because
20 it would shut down the state's pregnancy centers, I
21 vote no.

22 CHAIR WALLACE: Thank you. With there being

1 eight voting in favor, four voting -- oh, five opposed,
2 and zero voting present, Senate Bill 1564 will be
3 favorably reported to the House Floor.

4 (Whereupon, the proceeding was concluded.)

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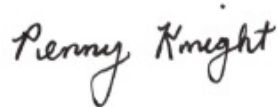
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CERTIFICATE OF TRANSCRIBER

I, Penny Knight, do hereby certify that this transcript was prepared from audio to the best of my ability.

I am neither counsel for, related to, nor employed by any of the parties to this action, nor financially or otherwise interested in the outcome of this action.



5/9/17

DATE

Penny Knight