**Senate Counsel, Research, and Fiscal Analysis**

G-17 STATE CAPITOL
75 REV. DR. MARTIN LUTHER KING, JR. BLVD.
ST. PAUL, MN 55155-1606
(651) 296-4791
FAX. (651) 296-7747

JO ANNE ZOFF SELLNER
DIRECTOR

**Senate**

State of Minnesota

# S.F. No. 581 - Prevention of Abortions, Unintended Pregnancies, and Sexually Transmitted Diseases

**Author:** Senator John Marty

**Prepared by:** Katie Cavanor, Senate Counsel (651/296-3801) KJC

**Date:** March 11, 2005

---

**S.F. No. 581** expands educational efforts to prevent unintended pregnancies; requires information be provided on family planning and referrals; and modifies the message of the ENABL program to include a comprehensive sexuality education program that promotes abstinence and promotes male sexual responsibility.

**Section 1** states the purpose.

**Section 2 (121A.231)** requires the Commissioner of Education to develop a plan that ensures all school districts provide comprehensive family life and sexuality education no later than 2008-2009 school year. Defines "comprehensive family life and sexual education."

**Section 3 (124D.222)** establishes a competitive statewide after-school enrichment grant program to provide implementation grants to community or nonprofit organizations, political subdivisions, or to school-based programs.

**Section 4 (145.4125)** requires that at a reasonable time before or after an abortion is to be performed or has been performed, the hospital or health care facility provide information to the woman on FDA-approved contraceptive methods, natural family planning, and referral information on local community resources that provide contraceptive services and family planning counseling at no cost or at a reduced cost to low-income clients.

**Section 5 (145.4243)** requires that as part of the printed information to be made available to women who are contemplating an abortion materials on all FDA-approved methods of contraception and natural family planning and referral information on public and private agencies and community resources that provide contraceptive services and counseling at no cost or at a reduced cost to low-income clients.

**Section 6 (145.426)** requires the Commissioner of Health to develop and maintain as part of the Department's Web site information on family planning and referrals to local community resources to assist women and families in preventing unintended pregnancies and on basic preventive reproductive health services.

**Section 7 (145.925)** requires that when allocating the family planning special projects grants, the commissioner must ensure that grants be available for special projects in every county.

**Sections 8 and 9 (145.9255)** require that the ENABL program be taught through a comprehensive sexuality education that promotes postponing sexual activity and promotes male sexual responsibility.

**Section 10 (256J.45)** requires information on family planning and referral sites to local community providers and resources be provided to MFIP clients.

**Section 11** requires the Commissioner of Education to establish eight regional training centers to implement comprehensive curriculum and program to prevent and reduce the risk of HIV/AIDS and unintended pregnancy.

**Section 12** appropriates money.

KC:rdr

**Senators Marty, Pappas, Langseth, Wiger and Kiscaden introduced--**

**S.F. No. 581:** Referred to the Committee on Health and Family Security.

A bill for an act

relating to prevention of abortion, unintended pregnancies, and sexually transmitted infection; increasing access to family planning services; expanding educational efforts to prevent unintended pregnancies; increasing wholesome after-school activities for youth; requiring development of a plan to ensure comprehensive family life and sexuality education; creating after-school enrichment programs; requiring the provision of contraceptive information; creating a family planning Web site; modifying the ENABL and family planning grant programs; establishing regional training sites for comprehensive family life and sexuality education in schools; requiring family planning information be provided to MFIP recipients; appropriating money; amending Minnesota Statutes 2004, sections 145.4243; 145.925, subdivision 9; 145.9255, subdivisions 1, 4; 256J.45, subdivision 2; proposing coding for new law in Minnesota Statutes, chapters 121A; 124D; 145.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. [PURPOSE.]

The legislature finds that many Minnesota women do not have access to birth control and information about family planning. The legislature further finds that providing access to family planning information and contraception will prevent abortions and unintended pregnancies and reduce the number of women who need medical assistance, MFIP, and other social services.

The legislature further recognizes that in the most recent peer-reviewed study of family planning cost-effectiveness, an analysis of California's program showed that for every $1,000,000 spent on family planning, over 900 unintended pregnancies were prevented and more than 350 abortions were

avoided. The unintended pregnancies prevented by the California family planning efforts saved an estimated $4.48 in public expenditures for every $1 spent.

Sec. 2. [121A.231] [COMPREHENSIVE FAMILY LIFE AND SEXUALITY EDUCATION.]

The commissioner shall develop a plan that ensures all school districts provide comprehensive family life and sexuality education no later than the 2008-2009 school year. For the purposes of this section, "comprehensive family life and sexuality education" means education in grades kindergarten through 12 that:

(1) respects community values and encourages family communication;

(2) develops skills in communication, decision making, and conflict resolution;

(3) contributes to healthy relationships;

(4) provides human development and sexuality education that is medically accurate and age appropriate;

(5) promotes responsible sexual behavior, including promotion of abstinence;

(6) addresses the use of contraception; and

(7) promotes individual responsibility.

Sec. 3. [124D.222] [AFTER-SCHOOL ENRICHMENT PROGRAMS.]

Subdivision 1. [ESTABLISHMENT.] A competitive statewide after-school enrichment grant program is established to provide implementation grants to community or nonprofit organizations, political subdivisions, or school-based programs. The commissioner shall develop criteria for after-school enrichment programs.

Subd. 2. [PROGRAM OUTCOMES.] The expected outcomes of the after-school enrichment programs are to:

(1) increase the number of children participating in adult-supervised programs in nonschool hours;

(2) support academic achievement, including the areas of reading and math;

(3) reduce the incidence of juvenile sexual activity;

(4) reduce the amount of juvenile crime;

(5) increase school attendance and reduce the number of school suspensions;

(6) increase the number of youth engaged in community service and other activities designed to support character improvement, strengthen families, and instill community values;

(7) increase skills in technology, the arts, sports, and other activities; and

(8) increase and support the academic achievement and character development of adolescent parents.

Subd. 3. [PLAN.] A grant applicant shall develop a plan for an after-school enrichment program for youth. The plan must include:

(1) collaboration with and leverage of existing community resources that have demonstrated effectiveness;

(2) creative outreach to children and youth;

(3) involvement of local governments, including park and recreation boards or schools, unless no government agency is appropriate;

(4) community control over the design of the enrichment program; and

(5) identification of the sources of nonpublic funding.

Subd. 4. [PLAN APPROVAL; GRANTS.] A grant applicant shall submit a plan developed under subdivision 3 to the commissioner for approval. The commissioner shall award a grant for the implementation of an approved plan.

Sec. 4. [145.4125] [FAMILY PLANNING INFORMATION.]

Before or after an abortion is or has been performed, the hospital or health care facility performing the abortion must provide the woman with written information on all FDA-approved methods of contraception and natural family planning and must offer referral information on local community resources that provide contraceptive services and family planning counseling at no cost or at a reduced cost to low-income clients. This information must be provided within a reasonable time before or after an abortion is to be performed.

Sec. 5. Minnesota Statutes 2004, section 145.4243, is amended to read:

145.4243 [PRINTED INFORMATION.]

(a) Within 90 days after July 1, 2003, the commissioner of health shall cause to be published, in English and in each language that is the primary language of two percent or more of the state's population, and shall cause to be available on the state Web site provided for under section 145.4244 the following printed materials in such a way as to ensure that the information is easily comprehensible:

(1) geographically indexed materials designed to inform the female of public and private agencies and services available to assist a female through pregnancy, upon childbirth, and while the child is dependent, including adoption agencies, which shall include a comprehensive list of the agencies available, a description of the services they offer, and a description of the manner, including telephone numbers, in which they might be contacted or, at the option of the commissioner of health, printed materials including a toll-free, 24-hours-a-day telephone number that may be called to obtain, orally or by a tape recorded message tailored to a zip code entered by the caller, such a list and description of agencies in the locality of the caller and of the services they offer;

(2) materials designed to inform the female of the probable anatomical and physiological characteristics of the unborn child at two-week gestational increments from the time when a female can be known to be pregnant to full term, including any relevant information on the possibility of the unborn child's survival and pictures or drawings representing the development of unborn children at two-week gestational increments, provided that any such pictures or drawings must contain the dimensions of the fetus and must be realistic and appropriate for the stage of pregnancy depicted. The materials shall be objective, nonjudgmental, and designed to convey only accurate scientific information about the unborn child at the various gestational ages. The material shall also contain objective information

describing the methods of abortion procedures commonly employed, the medical risks commonly associated with each procedure, the possible detrimental psychological effects of abortion, and the medical risks commonly associated with carrying a child to term; ~~and~~

(3) materials with the following information concerning an unborn child of 20 weeks gestational age and at two weeks gestational increments thereafter in such a way as to ensure that the information is easily comprehensible:

(i) the development of the nervous system of the unborn child;

(ii) fetal responsiveness to adverse stimuli and other indications of capacity to experience organic pain; and

(iii) the impact on fetal organic pain of each of the methods of abortion procedures commonly employed at this stage of pregnancy; and

(4) materials on all FDA-approved methods of contraception and natural family planning and referral information on public and private agencies and community resources that provide contraceptive services and counseling at no cost or at a reduced cost to low-income clients.

The material under this clause shall be objective, nonjudgmental, and designed to convey only accurate scientific information.

(b) The materials referred to in this section must be printed in a typeface large enough to be clearly legible. The Web site provided for under section 145.4244 shall be maintained at a minimum resolution of 70 DPI (dots per inch). All pictures appearing on the Web site shall be a minimum of 200x300 pixels. All letters on the Web site shall be a minimum of 11-point font. All information and pictures shall be accessible with an industry standard browser, requiring no additional plug-ins. The materials required under this section must be available at no cost from the commissioner of health upon request and in appropriate number to any person, facility, or hospital.

Sec. 6. [145.426] [FAMILY PLANNING WEB SITE.]

The commissioner of health shall develop and maintain, as part of the department's Web site, information on family planning and referrals to local community resources to assist women and families in preventing unintended pregnancies. The Web site must provide information on:

(1) family planning methods, including all FDA-approved methods of contraception and natural family planning;

(2) basic preventive reproductive health services, including breast and pelvic examinations; cervical cancer; screenings for sexually transmitted diseases (STD) and human immunodeficiency virus (HIV); and pregnancy diagnosis and counseling; and

(3) referrals to local community providers and resources, including subsidized family planning providers, that provide family planning services and counseling and basic preventive reproductive health services.

Sec. 7. Minnesota Statutes 2004, section 145.925, subdivision 9, is amended to read:

Subd. 9. [AMOUNT OF GRANT; RULES.] Notwithstanding any rules to the contrary, including rules proposed in the State Register on April 1, 1991, the commissioner, in allocating grant funds for family planning special projects, shall not limit the total amount of funds that can be allocated to an organization. The commissioner shall allocate to an organization receiving grant funds on July 1, 1997, at least the same amount of grant funds for the 1998 to 1999 grant cycle as the organization received for the 1996 to 1997 grant cycle, provided the organization submits an application that meets grant funding criteria. In allocating the grant funds, the commissioner shall ensure that grant funds for family planning special projects are available in every county. This subdivision does not affect any procedure established in rule for allocating special project money to the different regions. The commissioner shall revise the rules for family planning special project grants so that they conform to the requirements of this subdivision. In adopting these revisions, the commissioner is not subject to the

rulemaking provisions of chapter 14, but is bound by section 14.386, paragraph (a), clauses (1) and (3). Section 14.386, paragraph (b), does not apply to these rules.

Sec. 8. Minnesota Statutes 2004, section 145.9255, subdivision 1, is amended to read:

Subdivision 1. [ESTABLISHMENT.] The commissioner of health, in consultation with a representative from Minnesota planning, the commissioner of human services, and the commissioner of education, shall develop and implement the Minnesota education now and babies later (MN ENABL) program, targeted to adolescents ages 12 to 14, with the goal of reducing the incidence of adolescent pregnancy in the state ~~and promoting abstinence until marriage~~ through comprehensive sexuality education that promotes abstinence and promotes male sexual responsibility. The program must provide a multifaceted, primary prevention, community health promotion approach to educating and supporting adolescents in the decision to postpone sexual involvement ~~modeled after the ENABL program in California. The commissioner of health shall consult with the chief of the health education section of the California Department of Health Services for general guidance in developing and implementing the program~~.

Sec. 9. Minnesota Statutes 2004, section 145.9255, subdivision 4, is amended to read:

Subd. 4. [PROGRAM COMPONENTS.] The program must include the following four major components:

(a) A community organization component in which the community-based local contractors shall include:

(1) use of a ~~postponing sexual involvement~~ comprehensive sexuality education curriculum that promotes abstinence and promotes male sexual responsibility targeted to boys and girls ages 12 to 14 in schools and/or community settings;

(2) planning and implementing community organization strategies to convey and reinforce the MN ENABL message of postponing sexual involvement, including activities promoting awareness and involvement of parents and other primary

caregivers/significant adults, schools, and community; and

(3) development of local media linkages.

(b) A statewide, comprehensive media and public relations campaign to promote changes in sexual attitudes and behaviors, and reinforce the message of postponing adolescent sexual involvement ~~and~~, promoting abstinence ~~from sexual activity until marriage~~, and promoting male sexual responsibility. Nothing in this paragraph shall be construed to prevent the commissioner from targeting populations that historically have had a high incidence of adolescent pregnancy with culturally appropriate messages on abstinence from sexual activity.

The commissioner of health, in consultation with the commissioner of education, shall develop and implement the media and public relations campaign. In developing the campaign, the commissioner of health shall coordinate and consult with representatives from ethnic and local communities to maximize effectiveness of the social marketing approach to health promotion among the culturally diverse population of the state. The commissioner may continue to use any campaign materials or media messages developed or produced prior to July 1, 1999.

The local community-based contractors shall collaborate and coordinate efforts with other community organizations and interested persons to provide school and community-wide promotional activities that support and reinforce the message of the MN ENABL curriculum.

(c) An evaluation component which evaluates the process and the impact of the program.

The "process evaluation" must provide information to the state on the breadth and scope of the program. The evaluation must identify program areas that might need modification and identify local MN ENABL contractor strategies and procedures which are particularly effective. Contractors must keep complete records on the demographics of clients served, number of direct education sessions delivered and other appropriate statistics, and must document exactly how the program was implemented. The commissioner may select contractor sites for

more in-depth case studies.

The "impact evaluation" must provide information to the state on the impact of the different components of the MN ENABL program and an assessment of the impact of the program on adolescents' related sexual knowledge, attitudes, and risk-taking behavior.

The commissioner shall compare the MN ENABL evaluation information and data with similar evaluation data from other states pursuing a similar adolescent pregnancy prevention program ~~modeled after ENABL~~ and use the information to improve MN ENABL and build on aspects of the program that have demonstrated a delay in adolescent sexual involvement.

(d) A training component requiring the commissioner of health, in consultation with the commissioner of education, to provide comprehensive uniform training to the local MN ENABL community-based local contractors and the direct education program staff.

The local community-based contractors may use adolescent leaders slightly older than the adolescents in the program to impart the message to postpone sexual involvement provided:

(1) the contractor follows a protocol for adult mentors/leaders and older adolescent leaders established by the commissioner of health;

(2) the older adolescent leader is accompanied by an adult leader; and

(3) the contractor uses the curriculum as directed and required by the commissioner of the Department of Health to implement this part of the program. The commissioner of health shall provide technical assistance to community-based local contractors.

Sec. 10. Minnesota Statutes 2004, section 256J.45, subdivision 2, is amended to read:

Subd. 2. [GENERAL INFORMATION.] The MFIP orientation must consist of a presentation that informs caregivers of:

(1) the necessity to obtain immediate employment;

(2) the work incentives under MFIP, including the

availability of the federal earned income tax credit and the Minnesota working family tax credit;

(3) the requirement to comply with the employment plan and other requirements of the employment and training services component of MFIP, including a description of the range of work and training activities that are allowable under MFIP to meet the individual needs of participants;

(4) the consequences for failing to comply with the employment plan and other program requirements, and that the county agency may not impose a sanction when failure to comply is due to the unavailability of child care or other circumstances where the participant has good cause under subdivision 3;

(5) the rights, responsibilities, and obligations of participants;

(6) the types and locations of child care services available through the county agency;

(7) the availability and the benefits of the early childhood health and developmental screening under sections 121A.16 to 121A.19; 123B.02, subdivision 16; and 123B.10;

(8) the caregiver's eligibility for transition year child care assistance under section 119B.05;

(9) the availability of all health care programs, including transitional medical assistance;

(10) the caregiver's option to choose an employment and training provider and information about each provider, including but not limited to, services offered, program components, job placement rates, job placement wages, and job retention rates;

(11) the caregiver's option to request approval of an education and training plan according to section 256J.53;

(12) the work study programs available under the higher education system; ~~and~~

(13) information about the 60-month time limit exemptions under the family violence waiver and referral information about shelters and programs for victims of family violence; and

(14) information on family planning and referral to local

community providers and resources that provide family planning services and counseling at no cost or at a reduced cost and to the Department of Health's Web site established under section 145.426.

Sec. 11. [REGIONAL TRAINING SITES FOR COMPREHENSIVE FAMILY LIFE AND SEXUALITY EDUCATION IN SCHOOLS.]

The commissioner of education shall establish eight regional training centers in partnership with school districts outside of the cities of Minneapolis and St. Paul to implement comprehensive curriculum and programs to prevent and reduce the risk of HIV/AIDS and unintended pregnancy as required under Minnesota Statutes, sections 121A.23 and 121A.231. The commissioner shall provide technical and financial assistance to each school district to identify policy, curriculum, and service gaps, to purchase curriculum and materials and provide training or services to fill these gaps, to identify opportunities to coordinate HIV and sexuality education with other special curriculum offerings, and to assess the effectiveness of curriculum and services. Each regional training center shall provide programs and services to nearby school districts to meet the requirements of Minnesota Statutes, sections 121A.23 and 121A.231. The commissioner and each school district shall work with a community advisory committee to establish and review the operation of each training center.

Sec. 12. [APPROPRIATION.]

Subdivision 1. [DEPARTMENT OF EDUCATION.] The sums indicated in subdivisions 2 and 3 are appropriated from the general fund to the Department of Education for the fiscal years designated.

Subd. 2. [REGIONAL TRAINING SITES FOR COMPREHENSIVE FAMILY LIFE AND SEXUALITY EDUCATION.] For regional training sites for comprehensive family life and sexuality education:

$3,000,000 ..... 2006

$3,000,000 ..... 2007

Any balance remaining in the first year does not cancel but is available in the second year.

Subd. 3. [AFTER-SCHOOL ENRICHMENT GRANTS.] For after-school enrichment grants under Minnesota Statutes, section 124D.222:

$5,510,000 ..... 2006

$5,510,000 ..... 2007

Any balance remaining in the first year does not cancel but is available in the second year.

Subd. 4. [DEPARTMENT OF HEALTH.] (a) $1,200,000 is appropriated for fiscal year 2006 from the general fund to the commissioner of health for purposes of the ENABL program under Minnesota Statutes, section 145.9255.

(b) $100,000 is appropriated for fiscal year 2006 from the general fund to the commissioner of health for public education to promote the awareness and proper usage of emergency contraception. This appropriation shall only be used if the United States Food and Drug Administration approves the over-the-counter sale of emergency contraception.

(c) $2,000,000 is appropriated for fiscal year 2006 from the general fund to the commissioner of health to provide grants to government or nonprofit entities operating a school-based clinic serving students in middle or high school that provides reproductive health services, including FDA-approved contraceptive methods, testing and treatment of sexually transmitted diseases, and sexual health education. Grant allocations must be based on a formula developed by the commissioner that recognizes the percentage of students served by each clinic who are uninsured.

(d) $5,000,000 is appropriated for the biennium beginning July 1, 2005, from the general fund to the commissioner of health for family planning special project grants under Minnesota Statutes, section 145.925.

reid.senate.gov
NEWS from U.S. Senator
HARRY REID
ASSISTANT DEMOCRATIC LEADER FROM NEVADA

# Reid Introduces Putting Prevention First Act

Thursday, April 22, 2004

WASHINGTON, D.C. – Working to address the health needs of American women, reduce the number of unintended pregnancies and sexually transmitted diseases and improve family planning programs, Senator Harry Reid introduced the Putting Prevention First Act today.

"One of the most heated debates of recent years has been on the issue of abortion," Senator Reid said. "People on both sides of the issue feel strongly. They have argued, demonstrated and protested with much emotion and passion. The issue isn't going to go away soon, and I doubt that one side will be able to suddenly convince the other to drop its deeply held beliefs."

"But there is a need – and an opportunity – for us to find common ground. We can find not only common ground, b[illegible]so common sense, in the "Putting Prevention First" legislation that I am introducing today," Reid added.

The "Putting Prevention First Act" is a comprehensive family planning initiative that seeks to expand access to preventive health care services and education programs that help reduce unintended pregnancy, infection with sexually transmitted diseases (STDs), and the need for abortion. The act, which has both Democratic and Republican cosponsors, consists of seven titles parts including Reid's legislation to require insurance plans to cover prescription contraceptives.

Reid has been working for years to pass his prescription legislation known as EPICC, The Equity in Prescription Insurance and Contraceptive Coverage Act.

"Because many women can't afford the prescription contraceptive they would like to use, many go without it. Far too often, this results in unintended pregnancies," said Reid. "Making contraception more affordable and more available will mean less unintended pregnancies and resulting abortions. We are not asking for special treatment of contraceptives – only equitable treatment within the context of an existing prescription drug benefit."

Additionally, the act would improve awareness and understanding of emergency contraception, ensure that rape victims have information about emergency contraception, and access to it, increase funding for the national family planning program, provide funding to allow states to implement a comprehensive approach to sexuality ed[illegible]tion in the schools that includes information about both abstinence and contraception, expand teen p[illegible]ncy prevention programs and allow states to expand Medicaid family planning services to low-income wo[illegible]en without having to apply for a waiver from the federal government.

The legislation has bipartisan support. Cosponsors include Senators Lincoln Chafee (R-RI), Barbara Boxer (D-CA), Patty Murray (D-WA), John Corzine (D-NJ), and Frank Lautenberg (D-NJ).

NYT 1/30/05

# Senator Clinton's Values Lesson

People in the Democratic Party who have been focused on social issues like abortion and gay rights were devastated by the results of the November election, and they have been wondering how to pursue their concerns in the inhospitable environment of the new Bush administration. Last week, Senator Hillary Rodham Clinton helped define a promising path.

Speaking on Monday to about 1,000 abortion rights supporters in Albany, Mrs. Clinton did two important things. First, at a moment when women's reproductive freedom is under severe assault, she firmly restated her support for Roe v. Wade, the landmark 1973 Supreme Court ruling that legalized abortion nationwide. What made Mrs. Clinton's speech noteworthy, however, was her second, complementary tack. Without retreating on principle, she deftly shifted the focus of the abortion discussion to where there is the broadest agreement, and where President Bush's policy failure is most apparent — namely, abortion prevention. Echoing her husband's call to make abortion "safe, legal and rare," the senator said that abortion "represents a sad, even tragic choice to many, many women," and that "the best way to reduce the number of abortions is to reduce the number of unwanted pregnancies in the first place."

This is sensitive political terrain, and Mrs. Clinton surprised, even offended some in her audience by voicing respect for those who oppose legalized abortion based on sincere religious or moral beliefs. Her critics argued that while the sentiment sounded fine, the reality is that most organized abortion opponents also oppose greater access to birth control, including backup emergency contraception. Even if that is true, it misses the point. The target of Mrs. Clinton's argument is not anti-abortion activists, but the broader public. Without giving ground on basic principles, she was appropriating the values issue for Democrats who support abortion rights — challenging "people of good faith" on both sides of the debate to find "common ground" in pursuing the shared goal of reducing the number of abortions.

The anti-abortion movement began gaining political traction when it focused on fairly narrow issues that most Americans find troubling — like parental notification and so-called partial-birth abortion. Meanwhile, it shifted attention away from President Bush's opposition to things that Americans almost universally favor and which are most critical for women trying to control their reproductive destiny, like ready access to birth control and comprehensive family planning. Mrs. Clinton wisely seeks to turn the argument around.

On the same day Mrs. Clinton spoke, the new Democratic minority leader of the Senate, Harry Reid, introduced the Prevention First Act, a modestly revised version of a bill introduced in the last session, which sets forth a detailed agenda for addressing the problem of unintended pregnancies. It calls for medically accurate sex education, including but not limited to abstinence counseling; expanded access to family planning services for low-income women; easing the availability of morning-after emergency contraception for all women, including victims of sexual assault; and putting an end to the discriminatory practice of health care plans of covering prescription drugs like Viagra, but not prescription contraceptives for women.

These are practical steps for cutting the nation's abortion rate. Perversely, they are also steps President Bush refuses to take. Thanks to Mrs. Clinton's frank talk, now everyone should know that.

# Putting Prevention First

## A Comprehensive Initiative to Reduce Abortion and Unintended Pregnancy

Senate File 581 (Marty) & House File 646 (Sieben)

**SF 581/HF 646** is a comprehensive approach to the reduction of abortion and unintended pregnancy and is similar to the 'Putting Prevention First' bill (S 20) introduced in Congress by Senate Minority Leader Harry Reid (Nevada).

Research from California shows that every million dollars spent on family planning services **prevented over 900 unintended pregnancies and avoided over 350 abortions**. In addition, for every dollar spent, taxpayers saved **$4.48 in public expenditures**, due primarily to lower health and human services costs.

The bill would:

- require all school districts to provide age appropriate **comprehensive family life and sexuality education**, and provide grants for school-based reproductive health clinics.
- reestablish wholesome **after-school enrichment programs** for at-risk youth.
- require social workers to **provide family planning information,** including natural family planning, and referral to clients receiving public assistance (MFIP), and clinics to provide such information to women receiving abortions, modifying the "Women's Right to Know".
- ensure access to **family planning services in every county** and **establish a website** for family planning information and referrals to local family planning service providers.
- **reform the MN ENABL** (Education Now and Babies Later) program so that, while it would still promote abstinence, it would provide comprehensive sexuality education and promote male sexual responsibility as well.
- establish **regional training centers** at eight school districts to provide assistance to other districts to improve their curriculum and programs aimed at preventing unintended pregnancy and sexually transmitted infections.

Appropriations:

- Recognizing that these pregnancy prevention efforts have a 4 to 1 payback, the bill adds $5 million /biennium to the current $4 million in the Family Planning Special Projects grant program to fully fund family planning services throughout the state.
- In addition, $3 million/biennium would be available for the regional training sites for schools, $2 million/biennium for the school-based clinics, $5.5 million/biennium for the after school enrichment program grants, $1.2 million for the revised ENABL program, and $100,000 for public education on awareness and proper usage of emergency contraception, if the FDA approves over-the-counter sale, as should be expected.

Those who oppose abortion should be very supportive of this legislation – **it would do more to reduce the number of abortions than *any* other legislative proposal in recent years**. And, regarding the state budget, this would result in **major savings over the next ten years.**

*For more information, contact Kathleen Murphy, Midwest Health Center for Women, 612-709-6350*
policy.mhcw@visi.com

**Senate Counsel, Research, and Fiscal Analysis**

G-17 STATE CAPITOL
75 REV. DR. MARTIN LUTHER KING, JR. BLVD.
ST. PAUL, MN 55155-1606
(651) 296-4791
FAX: (651) 296-7747
JO ANNE ZOFF SELLNER
DIRECTOR

**Senate**

**State of Minnesota**

# S.F. No. 917 - Providing Grants and Information Campaign for Positive Abortion Alternatives (Delete-Everything Amendment)

**Author:** Senator Dallas C. Sams

**Prepared by:** Katie Cavanor, Senate Counsel (651/296-3801) KTC

**Date:** March 14, 2005

---

**S.F. No. 917** creates a positive abortion alternatives grant program.

**Section 1 [145.4231]** establishes the positive abortion alternatives grant program and public information campaign.

**Subdivision 1** defines the following terms: "abortion" and "unborn child."

**Subdivision 2, paragraph (a)**, requires the Commissioner of Health to award grants to eligible applicants for the reasonable expenses of programs to support, encourage, and assist women in carrying their pregnancies to term by providing information, referrals, and assistance with securing necessary services to enable a woman to carry her pregnancy to term. Necessary services include: medical care, nutritional services, housing assistance, adoption services, education and employment assistance, child care assistance, and parenting education and support services.

**Paragraph (b)** states that an eligible program may provide one or more of the necessary services, in addition, to providing information and referral and may refer to other public or private programs rather than provide the care directly.

**Paragraph (c)** states that to be eligible for a grant, an agency or organization must :

(1) be a private, nonprofit corporation;

(2) demonstrate that the program is conducted under appropriate supervision;

(3) not charge women for services provided under the program;

(4) provide each pregnant woman counseled with accurate information on the developmental characteristics of unborn children, including offering the printed information described in the Women's Right to Know Act;

(5) ensure that the program's sole purposes are to assist and encourage women in carrying their pregnancies to term and to maximize their potentials thereafter;

(6) ensure that none of the grant funds are used to encourage or counsel a woman to have an abortion that is not necessary to prevent her death, to provide her with such an abortion, or to refer her for such an abortion; and

(7) have had an alternatives to abortion program in existence for at least one year as of July 1, 2005.

**Paragraph (d)** provides an inseverability clause for paragraph (b).

**Paragraph (e)** states that any organization that provides abortions, promotes abortions, or directly refers for abortions is ineligible to receive a grant, and any affiliate that provides, promotes, or directly refers for abortions are ineligible unless the organization and the affiliate are separately incorporated and independent from each other by not sharing:

(1) the same or similar name;

(2) medical or nonmedical facilities;

(3) expenses;

(4) employee wages or salaries; or

(5) equipment or supplies.

**Paragraph (f)** states that an organization that receives a grant and is affiliated with an organization that provides abortion services must maintain financial records that demonstrate strict compliance with this subdivision and that the affiliate receives no direct or indirect economic or marketing benefit from the grant.

**Subdivision 3** requires the commissioner to make the grants beginning no later than July 1, 2006, and biannually thereafter. The commissioner is required to monitor and review the

programs of each grantee to ensure that the grantee adheres to the purposes and requirements of the grant program, and the commissioner shall cease funding a grantee that fails to do so.

**Subdivision 4** provides for a severability clause for this section except as provided in subdivision2, paragraph (d).

**Section 2** appropriates $2.5 million in fiscal year 2007 from the general fund to the Commissioner of Health for the grant program, and $50,000 in fiscal year 2006 for administrative costs of program implementation.

KC:ph

**Senators Sams; Pariseau; Johnson, D.E.; Robling and Gerlach introduced--**
**S.F. No. 917:** Referred to the Committee on Health and Family Security.

A bill for an act

relating to health; providing for grants and public information related to positive abortion alternatives; appropriating money; proposing coding for new law in Minnesota Statutes, chapter 145.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. [SHORT TITLE.]

This act may be cited as the "Positive Alternatives Act."

Sec. 2. [145.4231] [POSITIVE ABORTION ALTERNATIVES.]

Subdivision 1. [DEFINITIONS.] For purposes of this section, the following terms have the meaning given:

(1) "abortion" means the use of any means to terminate the pregnancy of a woman known to be pregnant with knowledge that the termination with those means will, with reasonable likelihood, cause the death of the unborn child. For purposes of this section, abortion does not include an abortion necessary to prevent the death of the mother; and

(2) "unborn child" means an individual organism of the species Homo sapiens from fertilization until birth.

Subd. 2. [ELIGIBILITY FOR GRANTS.] (a) The commissioner of health shall make grants to agencies or organizations for the reasonable expenses of programs:

(1) providing information on, referral to, and assistance in securing the services of relevant existing programs or agencies that assist women in carrying their pregnancies to term

or providing services that assist women in carrying their pregnancies to term, including, but not limited to, agencies and programs that provide:

(i) medical attention for the pregnant woman for the duration of her pregnancy;

(ii) nutritional support services;

(iii) housing assistance;

(iv) adoption services;

(v) education and employment assistance; and

(vi) parenting education and support services; and

(2) providing information or services to women, in person and through community outreach, that encourage and assist women in carrying their pregnancies to term.

(b) To be eligible for a grant, an agency or organization must:

(1) be a private, nonprofit corporation;

(2) demonstrate that the program is conducted under appropriate supervision;

(3) not charge women for services provided under the program;

(4) provide each pregnant woman counseled with accurate information on the developmental characteristics of unborn children, including offering the printed information described in section 145.4243;

(5) ensure that the program's sole purposes are to assist and encourage women in carrying their pregnancies to term and to maximize their potentials thereafter;

(6) ensure that none of the funds provided are used to encourage or counsel a woman to have an abortion not necessary to prevent her death, to provide her such an abortion, or to refer her for such an abortion; and

(7) have had an alternatives to abortion program in existence for at least one year as of July 1, 2005.

(c) The provisions, words, phrases, and clauses of paragraph (b) are inseverable from this subdivision, and if any provision, word, phrase, or clause of paragraph (b) or the

application thereof to any person or circumstance is held invalid, such invalidity shall apply to all of this subdivision.

(d) Any organization or an affiliate of an organization that provides abortions, promotes abortions, or directly refers for abortions is ineligible to receive a grant under this program.

Subd. 3. [POSITIVE ALTERNATIVES PUBLIC INFORMATION CAMPAIGN.] (a) The commissioner of health shall develop and carry out a statewide public information campaign to educate the public about:

(1) the scientifically accurate developmental characteristics of the unborn child at various stages of gestation, including the information described in section 145.4243, paragraph (a);

(2) alternatives to having an abortion, including bringing a child to term to parent or for adoption;

(3) the availability and importance of prenatal care, including how to obtain it;

(4) the availability of adoption services, including how to start the process of making an adoption plan; and

(5) parenting and support services, including medical care, nutrition information, counseling, job training and assistance, education, and housing assistance.

(b) The campaign may include the following, all of which materials must be objective, nonjudgmental, and designed to convey only accurate scientific information and must be designed to reach populations of different languages and of different social and economic backgrounds:

(1) the preparation, publication, and dissemination of information, pamphlets, brochures, and other reports;

(2) the preparation, maintenance, and promotion of informative Web sites; and

(3) the preparation and dissemination of advertising.

Subd. 4. [APPROPRIATIONS.] $4,000,000 is appropriated biannually to the commissioner of health to make grants according to subdivision 2. $1,000,000 is appropriated

biannually to the commissioner of health to implement subdivision 3.

Subd. 5. [DUTIES OF COMMISSIONER.] The commissioner of health shall make grants under subdivision 2 beginning no later than February 15, 2006, and biannually thereafter. The commissioner shall monitor and review the programs of each grantee to ensure that the grantee carefully adheres to the purposes and requirements of subdivision 2 and shall cease funding a grantee that fails to do so.

Subd. 6. [SEVERABILITY.] Except as provided in subdivision 2, paragraph (c), if any provision, word, phrase, or clause of this section or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect the provisions, words, phrases, clauses, or applications of this section that can be given effect without the invalid provision, word, phrase, clause, or application and to this end, the provisions, words, phrases, and clauses of this section are declared to be severable.

Subd. 7. [SUPREME COURT JURISDICTION.] The Minnesota Supreme Court has original jurisdiction over an action challenging the constitutionality of this section and shall expedite the resolution of the action.

Senator Wergin ..... moves to amend S.F. No. 917 as follows:

Delete everything after the enacting clause and insert:

"Section 1. [145.4231] [POSITIVE ABORTION ALTERNATIVES.]

Subdivision 1. [DEFINITIONS.] For purposes of this section, the following terms have the meaning given:

(1) "abortion" means the use of any means to terminate the pregnancy of a woman known to be pregnant with knowledge that the termination with those means will, with reasonable likelihood, cause the death of the unborn child. For purposes of this section, abortion does not include an abortion necessary to prevent the death of the mother; and

(2) "unborn child" means an individual organism of the species Homo sapiens from fertilization until birth.

Subd. 2. [ELIGIBILITY FOR GRANTS.] (a) The commissioner of health shall award grants to eligible applicants under paragraph (c) for the reasonable expenses of programs to support, encourage, and assist women in carrying their pregnancies to term by providing information on, referral to, and assistance with securing necessary services that enable women to carry their pregnancies to term. Necessary services include, but are not limited to:

(1) medical care;

(2) nutritional services;

(3) housing assistance;

(4) adoption services;

(5) education and employment assistance;

(6) child care assistance; and

(7) parenting education and support services.

(b) In addition to providing information and referral under paragraph (a), an eligible program may provide one or more of the necessary services under paragraph (a) that assists women in carrying their pregnancies to term. To avoid duplication of efforts, grantees may refer to other public or private programs, rather than provide the care directly, if a woman meets eligibility criteria for the other programs.

(c) To be eligible for a grant, an agency or organization

must:

(1) be a private, nonprofit organization;

(2) demonstrate that the program is conducted under appropriate supervision;

(3) not charge women for services provided under the program;

(4) provide each pregnant woman counseled with accurate information on the developmental characteristics of unborn children, including offering the printed information described in section 145.4243;

(5) ensure that the alternatives to abortion program's sole purposes are to assist and encourage women in carrying their pregnancies to term and to maximize their potentials thereafter;

(6) ensure that none of the funds provided are used to encourage or counsel a woman to have an abortion not necessary to prevent her death, to provide her such an abortion, or to refer her for such an abortion; and

(7) have had the alternatives to abortion program in existence for at least one year as of July 1, 2005.

(d) The provisions, words, phrases, and clauses of paragraph (c) are inseverable from this subdivision, and if any provision, word, phrase, or clause of paragraph (c) or the application thereof to any person or circumstance is held invalid, such invalidity shall apply to all of this subdivision.

(e) An organization that provides abortions, promotes abortions, or directly refers for abortions is ineligible to receive a grant under this program. An affiliate of an organization that provides abortions, promotes abortions, or directly refers for abortions is ineligible to receive a grant under this section unless the organizations are separately incorporated and independent from each other. To be independent, the organizations may not share any of the following:

(1) the same or a similar name;

(2) medical facilities or nonmedical facilities, including but not limited to, business offices, treatment rooms,

consultation rooms, examination rooms, and waiting rooms;

(3) expenses;

(4) employee wages or salaries; or

(5) equipment or supplies, including but not limited to, computers, telephone systems, telecommunications equipment, and office supplies.

(f) An organization that receives a grant under this section and that is affiliated with an organization that provides abortion services must maintain financial records that demonstrate strict compliance with this subdivision and that demonstrate that its independent affiliate that provides abortion services receives no direct or indirect economic or marketing benefit from the grant under this section.

Subd. 3. [DUTIES OF COMMISSIONER.] The commissioner of health shall make grants under subdivision 2 beginning no later than July 1, 2006. The commissioner shall monitor and review the programs of each grantee to ensure that the grantee carefully adheres to the purposes and requirements of subdivision 2 and shall cease funding a grantee that fails to do so.

Subd. 4. [SEVERABILITY.] Except as provided in subdivision 2, paragraph (d), if any provision, word, phrase, or clause of this section or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect the provisions, words, phrases, clauses, or applications of this section that can be given effect without the invalid provision, word, phrase, clause, or application and to this end, the provisions, words, phrases, and clauses of this section are declared to be severable.

Sec. 2. [APPROPRIATIONS; COMMUNITY HEALTH AND FAMILY PROMOTION.]

Of the general fund appropriation in fiscal year 2007, $2,500,000 is for positive abortion alternatives under Minnesota Statutes, section 145.4231. Of this amount, $100,000 may be used for administrative costs of implementing the grant program. An additional $50,000 is appropriated from the general

fund to the commissioner of health in fiscal year 2006 for administrative costs of program implementation."

Senator Moua moves to amend the delete-everything amendment (SCS0917A-1) to S.F. No. 917 as follows:

Page 2, lines 11 and 12, delete "sole purposes are" and insert "purpose is"

Page 2, line 15, delete "or counsel"

Page 2, line 16, delete the first comma and insert "or" and delete everything after "abortion"

Page 2, line 17, delete everything before the semicolon

Page 2, lines 26 and 29, delete "directly refers ~~for~~" and insert "encourages" or arranges

Senator Howe moves to amend the delete-everything amendment (SCS0917A-1) to S.F. No. 917 as follows:

Page 2, line 13, after the semicolon, insert "and"

Page 2, line 17, delete "and" and insert a period

Page 2, delete lines 18 and 19

Senator Berglin moves to amend the delete-everything amendment (SCS0917A-1) to S.F. No. 917 as follows:

Page 3, after line 13, insert:

"Subd. 3. [PRIVACY PROTECTION.] Any program receiving a grant under this section must have a privacy policy and procedures in place that ensure that the name, address, telephone number, or any other information that might identify any woman seeking the services of the program shall not be made public or shared with any other agency or organization without the written consent of the woman and all communications between the program and the woman must remain confidential. For purposes of any medical care provided by the program, including, but not limited to, pregnancy tests or ultrasonic scanning, the program must adhere to the requirements in section 144.335 that apply to providers before releasing any information relating to the medical care provided."

Page 3, line 14, delete "3" and insert "4"

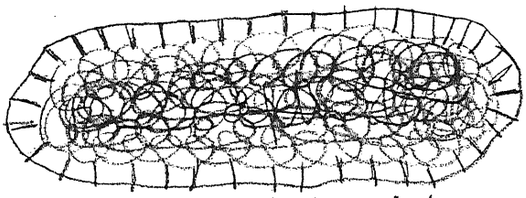
Page 3, line 21, delete "4" and insert "5"

Senator Kiscaden ..... moves to amend the delete-everything amendment (SCS0917A-1) to S.F. No. 917 as follows:

Page 1, line 28, before the period, insert ", including services that support the continuation and completion of high school"

Page 2, after line 19, insert:

"Notwithstanding clause (1), a school district may be eligible for a grant under this section."



p. 3, line 16 after the period insert:

"In awarding grants, the commissioner shall consider the programs demonstrated capacity in providing services to assista pregnant woman in carrying her pregnancy to term."

p. 1, line 16 after "of" insert "alternatives to abortion"

# Our Commitment of Care

1. Clients are served without regard to age, race, income, nationality, religious affiliation, disability or other arbitrary circumstances.
2. Clients are treated with kindness, compassion and in a caring manner.
3. Clients always receive honest and open answers.
4. Client pregnancy tests are distributed and administered in accordance with all applicable laws.
5. Client information is held in strict and absolute confidence. Client information is only disclosed as required by law and when necessary to protect the client or others against imminent harm.
6. Clients receive accurate information about pregnancy, fetal development, lifestyle issues, and related concerns.
7. We do not offer, recommend or refer for abortions or abortifacients, but we are committed to offering accurate information about abortion procedures and risks.
8. All of our advertising and communications are truthful and honest and accurately describe the services we offer.
9. All of our staff and volunteers receive proper training to uphold these standards.

Pregnancy Resource Center

To find a pregnancy center near you, call:

# 1-800-395-HELP



# Before You Decide

AN ABORTION

EDUCATION

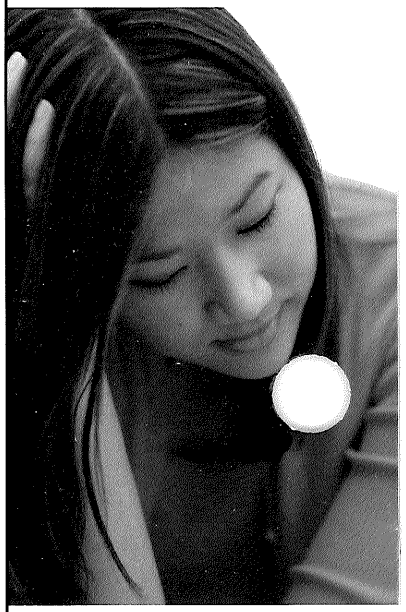
RESOURCE

# Know the Facts

You think you are pregnant. This was not in your plans. Fear, confusion and anger are just some of the feelings that you may be experiencing. You wonder what you are going to do.

Facing an unplanned pregnancy is hard. Before you decide, you deserve to know the facts. The law gives you the right to be fully informed about this important decision.

This brochure will help you understand more about your pregnancy, about the new life developing inside you, and about abortion. You do have positive options.



## questions and answers

Should I be **concerned** about having an abortion?

Abortion is not just a simple medical procedure. For many women, it is a life changing event with significant physical, emotional, and spiritual consequences. Most women who struggle with past abortions say that they wish they had been told all of the facts about abortion.

What can I do about people **pressuring** me?

Remember, no person will be required to live with the consequences of this decision as much as you will. If your boyfriend or parents are pressuring you to make a quick decision, explain your needs and try to involve them in counseling to explore your positive options. You have the right to continue with this pregnancy.

Can I have a baby and still **live my life?**

You may see this unplanned pregnancy as a major roadblock in your life. Thankfully, there are other routes that can get you back on track. Be encouraged to know that many women in the same situation have found the necessary help and resources to make positive choices and realize their dreams.

# Understand Your Pregnancy

During pregnancy, your body goes through many changes. Some common symptoms of early pregnancy include a missed period, nausea, breast tenderness, frequent urination, tiredness, and mood swings.

Most pregnancy tests are very reliable. However, to confirm that you are pregnant, a visit to an appropriate health care provider will be necessary.

Your doctor may request an ultrasound exam to confirm the status of your pregnancy. This information is important whether you are considering abortion or continuing with your pregnancy.

**Pregnancy Signs**

Missed Period

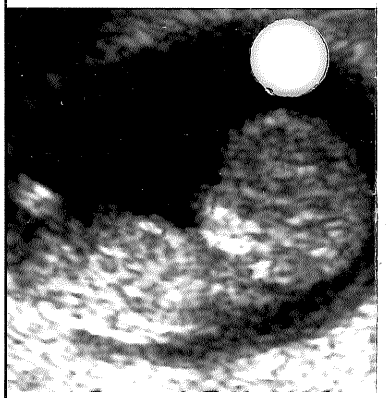
Nausea and Vomiting

Breast Tenderness

Frequent Urination

Feeling Tired

Mood Swings



ULTRASOUND AT
10 WEEKS

## definitions

### Cervix
The bottom opening to the uterus.

### Embryo
Human life at its earliest developmental stage.

### Fertilization
Joining of a male sperm and the female egg to form a human embryo.

### Fetus
A developing unborn baby with an observable human structure.

### Full Term Pregnancy
The stage at about 40 weeks after last menstrual period or 38 weeks after fertilization when the unborn baby is ready for birth.

### Last Menstrual Period (LMP)
The date when a woman started her last menstrual period before fertilization. This is the point in time from which the pregnancy and the age of the unborn baby are measured.

### Trimester
An interval of three months used to measure three successive stages of pregnancy - first trimester, second trimester, and third trimester.

### Uterus
The muscular female organ that contains the developing unborn baby.

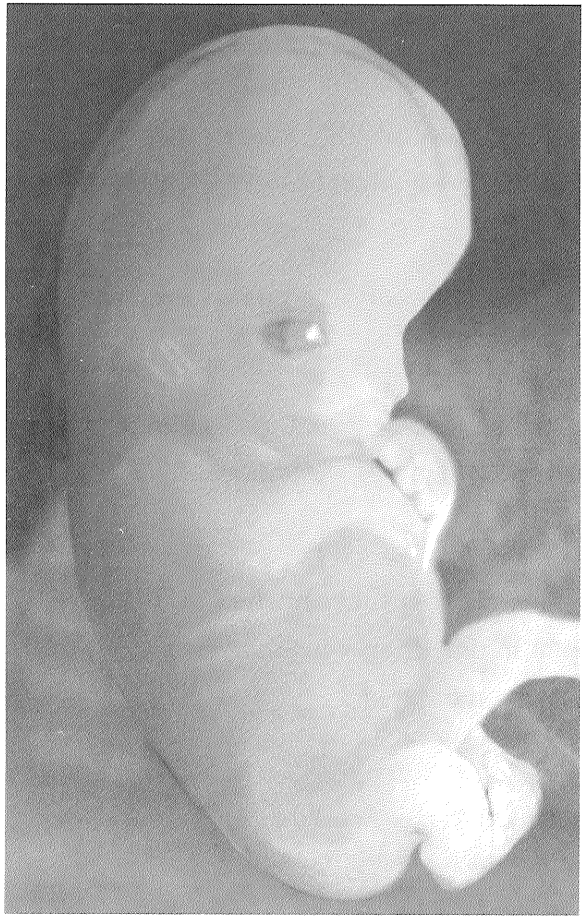
# See the Beginning

## DAY 1

When fertilization occurs, the baby's features, including sex, hair and eye color, have already been determined.

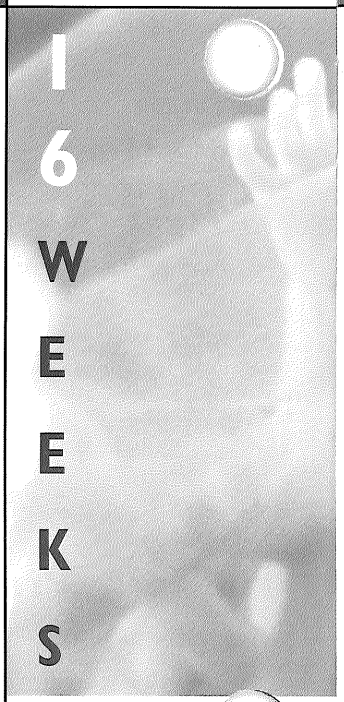
## 9 WEEKS

7 WEEKS FROM FERTILIZATION

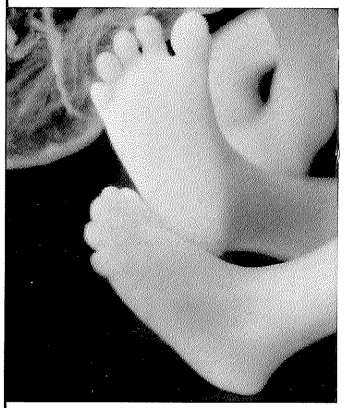


AT THIS AGE the baby's heart has been beating for one month.

## 16 WEEKS



AT THIS AGE baby re o loud noises.

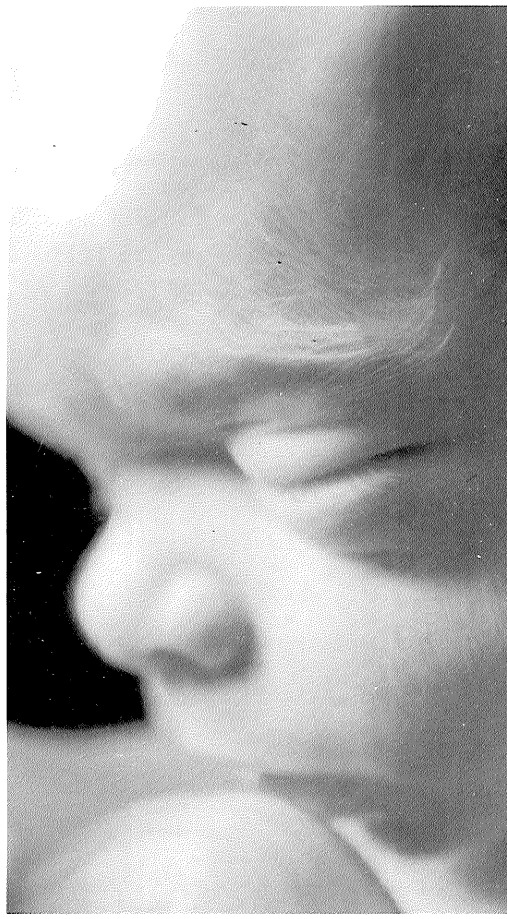


## 13 WEEKS

11 WEEKS FROM FERTILIZATION

## 22 WEEKS

20 WEEKS FROM FERTILIZATION



AT THIS AGE the baby's eyelashes can be seen.

# Learn about Abortion Procedures

## MANUAL VACUUM ASPIRATION

WITHIN 7 WEEKS AFTER LMP

This surgical abortion is done early in the pregnancy up until 7 weeks after the woman's last menstrual period. The cervical muscle is stretched with dilators (metal rods) until the opening is wide enough to allow the abortion instruments to pass into the uterus. A hand held syringe is attached to tubing that is inserted into the uterus and the fetus is suctioned out.

**Most Common**

## SUCTION CURETTAGE

WITHIN 6 TO 14 WEEKS AFTER LMP

In this procedure, the doctor opens the cervix with a dilator (a metal rod) or laminaria (thin sticks derived from plants and inserted hours before the procedure). The doctor inserts tubing into the uterus and connects the tubing to a suction machine. The suction pulls the fetus' body apart and out of the uterus. One variation of this procedure is called Dilation and Curettage (D&C). In this method, the doctor may use a curette, a loop-shaped knif to scrape the fetal parts out of the uterus.

## DILATION AND EVACUATION (D & E)

WITHIN 13 TO 24 WEEKS AFTER LMP

This surgical abortion is done during the second trimester of pregnancy. Because the developing fetus doubles in size between the eleventh and twelfth weeks of pregnancy, the body of the fetus is too large to be broken up by suction and will not pass through the suction tubing. In this procedure, the cervix must be opened wider than in a first trimester abortion. This is done by inserting laminaria a day or two before the abortion. After opening the cervix, the doctor pulls out the fetal parts with forceps.The fetus' skull is crushed to ease removal.

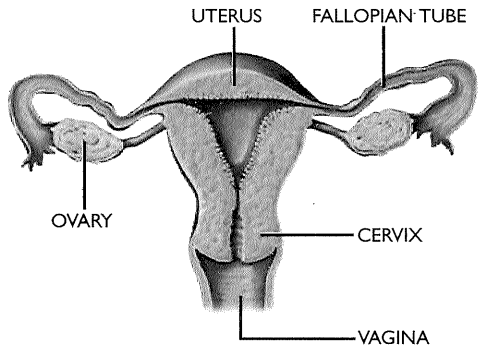
## DILATION AND EXTRACTION (D & X)

**Partial Birth**

FROM 20 WEEKS AFTER LMP TO FULL-TERM

This procedure takes three days. During the first two days, the cervix is dilated and medication is given for cramping. On the third day, the woman receives medication to start labor. After labor begins, the abortion doctor uses ultrasound to locate the baby's legs. Grasping a leg with forceps, the doctor delivers the baby up to the baby's head. Next, scissors are inserted into the base of the skull to create an opening. A suction catheter is placed into the opening to remove the skull contents. The skull collapses and the baby is removed.

**Female Reproductive System**




## RU486, MIFEPRISTONE

**Abortion Pill**

WITHIN 4 TO 7 WEEKS AFTER LMP

This medical abortion is used for women who are within 30 to 49 days after their last menstrual period. This procedure usually requires three office visits. The RU 486 or mifepristone pills are given to the woman who returns two days later for a second medication called misprostol. The combination of these medications causes the uterus to expel the fetus.

# Consider the Immediate Risks of Abortion

Some side effects may occur with induced abortion. These include abdominal pain and cramping, nausea, vomiting, and diarrhea. In most abortions, no serious complications occur. However, complications may happen in as many as 1 out of every 100 early abortions and in about 1 out of every 50 later abortions. Such complications may include:

## Heavy Bleeding

Some bleeding after abortion is normal. There is, however, a risk of hemorrhage, especially if the uterine artery is torn. When this happens, a blood transfusion may be required.

## Infection

Bacteria may get into the uterus from an incomplete abortion resulting infection. A serious infection may lead to persistent fever over several days and extended hospitalization.

## Incomplete Abortion

Some fetal parts may not be removed by the abortion. Bleeding and infection may occur. RU486 may fail in up to 1 out of every 20 cases.

## Allergic Reaction to Drugs

An allergic reaction to anesthesia used during abortion surgery may result in convulsions, heart attack and, in extreme cases, death.

## Tearing of the Cervix

The cervix may be cut or torn by abortion instruments.

## Scarring of the Uterine Lining

Suction tubing, curettes, and other abortion instruments may cause permanent scarring of the uterine lining.

## Perforation of the Uterus

The uterus may be punctured or torn by abortion instruments. The risk of this complication increases with the length of the pregnancy. If this occurs, major surgery, including a hysterectomy, may be required.

## Damage to Internal Organs

When the uterus is punctured or torn, there is also a risk that damage occur to nearby organs such as the bowel and bladder.

## Death

In extreme cases, other physical complications from abortion including excessive bleeding, infection, organ damage from a perforated uterus, and adverse reactions to anesthesia may lead to death. This complication is very rare and occurs, on average, in less than 20 cases per year.

# Consider Other Risks of Abortion

## Abortion and Breast Cancer

Medical experts are still researching and debating the linkage between abortion and breast cancer. However, here are some important facts:

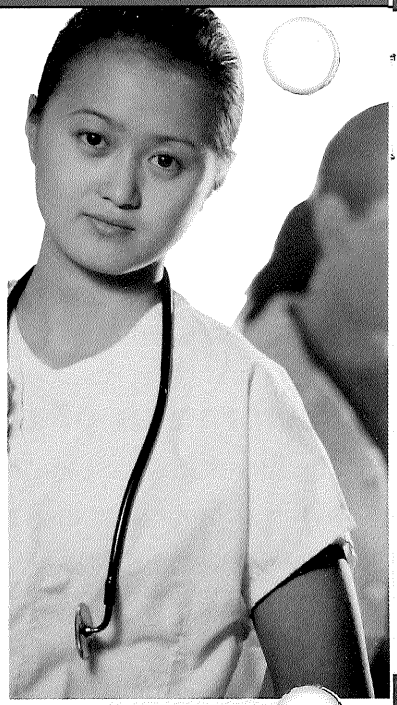
1) Carrying a pregnancy to full term gives protection against breast cancer that cannot be gained if abortion is chosen.

2) Abortion causes a sudden drop in estrogen levels that may make breast cells more prone to cancer.

3) Most studies conducted so far show a significant linkage between abortion and breast cancer.

## Effect on Future Pregnancy

Scarring or other injury during an abortion may prevent or place at risk future wanted pregnancies. The risk of miscarriage is greater for women who abort their first pregnancy.



A 1994 study in the Journal of the National Cancer Institute found: "Among women who had been pregnant at least once, the risk of breast cancer in those who had experienced an induced abortion was 50% higher than among other women."

## Emotional Impact

Some women experience strong negative emotions after abortion. Sometimes this occurs within days and sometimes it happens after many years. This psychological response is known as Post-Abortion Stress (PAS). Several factors that impact the likelihood of Post-Abortion Stress include: the woman's age, the abortion circumstances, the stage of pregnancy at which the abortion occurs, and the woman's religious beliefs.

### PAS Symptoms

- Guilt
- Anger
- Anxiety
- Depression
- Suicidal Thoughts
- Anniversary Grief
- Flashbacks of Abortion
- Sexual Dysfunction
- Relationship Problems
- Eating Disorders
- Alcohol and Drug Abuse
- Psychological Reactions

## Spiritual Consequences

People have different understandings of God. Whatever your present beliefs may be, there is a spiritual side to abortion that deserves to be considered. Having an abortion may affect more than just your body and your mind -- it may have an impact on your relationship with God. What is God's desire for you in this situation? How does God see your unborn child? These are important questions to consider.

# Explore Your Options

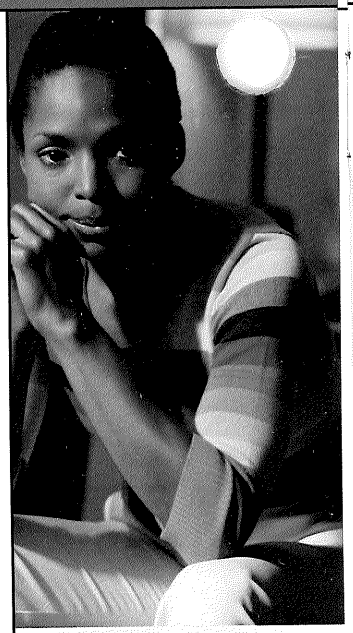
You have the legal right to choose the outcome of your pregnancy. But **real empowerment** comes when you find the resources and inner strength necessary to make your **best choice**. Here are some other options.

## Parenting

Choosing to continue your pregnancy and to parent is very challenging. But with the support of caring people, parenting classes, and other resources, many women find the help they need to make this choice.

## Adoption

You may decide to place your child for adoption. Each year over 50,000 women in America make this choice. This loving decision is often made by women who first thought abortion was their only way out.



*"Since I could not provide what we needed, the best decision I ever made was to find a loving adoptive family to raise my daughter. She loves her family and loves me too. I didn't give her up, I gave her more."*
*Donna*

# help is available

Facing an unplanned pregnancy can seem overwhelming. That is why knowing where to go for help is important. Talk to someone you can trust - your partner, your parents, a pastor, a priest or perhaps a good friend. Also, the caring people at your pregnancy center are available to help you through this difficult time. To find a pregnancy center near you, call 1-800-395-HELP.


REFERENCES

*Stages and Photos of Prenatal Development*

1) F. Gary Cunningham, et al., Williams Obstetrics, 2001, McGraw-Hill
2) Michigan Department of Community Health, Informed Consent for Abortion, 2001
3) Andrzej Zachwieja, The Development of the Preborn Child, (photos)

*Abortion Procedures and Risks*

American College of Obstetricians & Gynecologists Practice, Bulletin, #26, Medical Management of Abortion, April 2001
American College of Obstetricians & Gynecologists, Induced Abortion, 2001
3) Warren Hern, Abortion Practice, 1990, Philadelphia: J.B. Lippincott Company
4) Martin Haskell, M.D., Second Trimester Abortion: From Every Angle, paper presented at the Fall Rish Management Seminar of the National Abortion Federation, September 13-14, Dallas, Texas
5) Abortion Surveillance Report, July 1991, U.S. Department of Health and Human Services, Centers for Disease Control
6) Population Council, "Medical Abortion, Frequently Asked Questions-Mifepristone & Misoprostol," December 1999
7) K. Armstrong, et al, "Assessing the Risk of Breast Cancer," New England Journal of Medicine, Volume 342, #8, February 24, 2000
8) J. Brind, "Induced Abortion as an Independent Risk Factor for Breast Cancer: A Comprehensive Review and Meta-Analysis," Journal of Epidemiology and Community Health, 50:481-496, 1996
9) "Risk of Breast Cancer Among Young Women: Relationship to Induced Abortion," Journal of the National Cancer Institute, Volume 86, #21
10) Anne Speckhard and Vincent Rue, 1992, "Post-Abortion Syndrome: An Emerging Public Health Concern," Journal of Social Issues, Volume 48, #3
11) Terri K. Reisser, M.S., and Paul C. Reisser, M.D., 1992, Identifying and Overcoming Post-Abortion Syndrome, Focus on the Family
12) Major B, et al., 2000, "Psychological Responses of Women after First-trimester Abortion," Archives of General Psychiatry, 57(8):777-784

## *What am I going to do?*

*w* can I be sure I am pregnant?

How should I tell my family?

Can I continue in school?

Can I keep my job?

What about finances?

Should I keep my baby?

Is marriage the solution?

## *Who will help if.....*

ı are pregnant and your first thought is, "No!, not me....please, not me!" Who will listen and really understand what you are going through?

## *We Will!*

## *We are here for you!*

# Pregnancy Resource Center of Pine City

**575 4th Street**
**P.O. Box 187**
**Pine City, MN 55063**

**Phone: 320-629-2792**
**24 hour hotline**

**Hours:**

**Monday 2:00 PM—8:00 PM**

**Thursday 2:00 PM—5:00PM**

**And By Appointment**

**Please feel free to email us:**
***pinecityprc@650dialup.com***

**An unplanned pregnancy can be a .fficult thing to face.**

**We can help!**

# You are not alone - you have options

## Here's how we can help, now...

- Free pregnancy tests
- Offer alternatives to abortion
- Answer questions about abortion
- Answer questions about sexually transmitted diseases
- Emotional and spiritual support
- Make referrals to other agencies
- Information on other community resources
- Offer assistance and guidance depending on particular needs and circumstances

## Ways we can help, later on...

- Ongoing personal counseling
- Assist with planning for future of parents and babies
- Support group
- Mentor program
- Through an incentive program prospective parents can earn baby equipment and clothing
- Prenatal and postnatal guidance
- Car-seat safety class

Offer assistance depending on particular circumstances and needs

## Who We Are

*The Pregnancy Resource Center of Pine City is a non-profit organization developed for the purpose of providing personal, spiritual, and practical assistance to those who face a pregnancy that demands crucial decisions. The intent of the Center is to help women and their partners make life-affirming choices for themselves and their babies by making information, practical assistance and counseling available.*

No judgments made

No strings attached

All services are free and confidential

## Free Services

***Birthline offers a full range of free services and practical help.***

- Pregnancy tests with immediate results
- Medical exams on site
- Prenatal education and vitamins
- Decision-making skills
- Assistance in securing help with food, clothing, housing and finances
- Emotional support
- Fathers' rights and responsibilities
- Adoption referrals
- Pre- and post-abortion counseling

## 24 Hour Help Line

*If you need help, call Birthline at...*

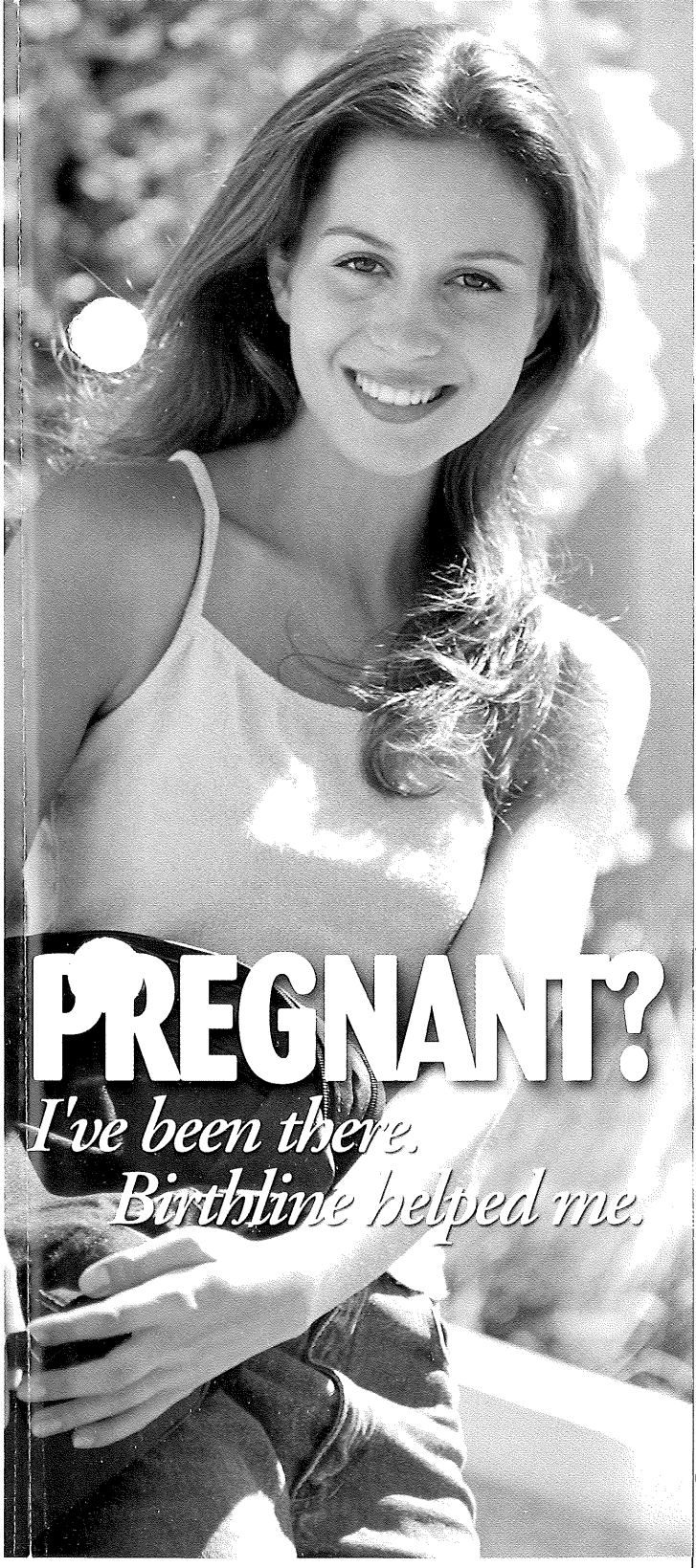
**(320) 253-4848**

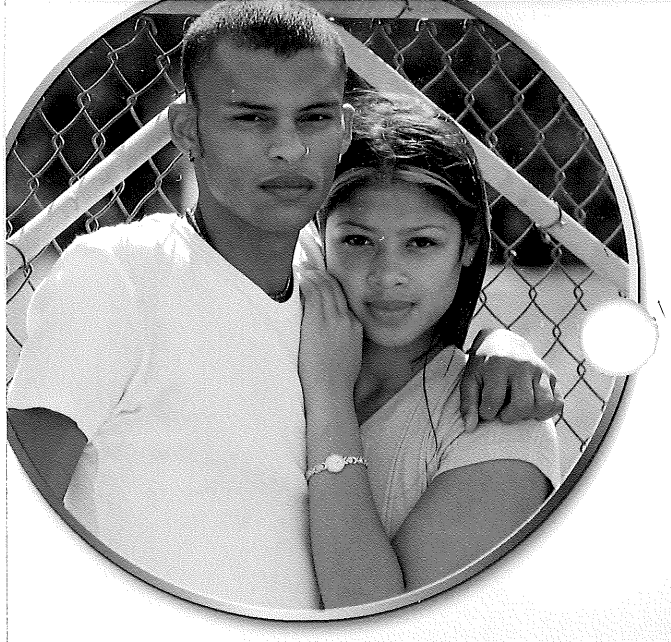
*or*

**1-(800) 786-0200**

BIRTHLINE Inc.

2700 1st Street North, Suite 302
P.O. Box 7487
St. Cloud, MN 56302-7487
www.birthline.org
(located 1 block off Division Street behind Firestone)





- ***Free and confidential services.***
- ***Birthline offers many resources to empower you in making the best decision.***

***No pressure.***
***No hassling.***
***No judgments.***

***Just good listeners,***
***great resources***
***and strong support.***

## Charitable Contributions

*Birthline is a Christian, pro-life, nonprofit agency staffed primarily by volunteers.*

For more than 30 years, Birthline has been helping women of all ages in our community deal with the possibility of an unplanned pregnancy. Birthline also helps individuals who have experienced a pregnancy loss through abortion. Through our HEART Program, Birthline has taken an active role in the lives of the youth of our community to promote healthy lifestyle choices and to provide abstinence education.

Your gifts are put to work in the most cost-effective manner to bring about the greatest effect. We are committed to be good stewards of all funding we receive.

Because of our nonprofit status, all gifts you choose to make are tax deductible.

*Ways you can share your respect for life:*

- Century Club membership
- Evening For Life sponsorship
- Endowment fund gifts
- Legacy gifts - charitable trusts, bequests, estate plans
- United Way paycheck deductions
- Memorial gifts
- In-kind layette gifts
- In-kind Treasure Chest gifts
- The gift of your time and service
- The gift of your prayers and support

*88% of charitable contributions goes directly to client services.*

# Are You...

**Pro-life, non-judgmental, caring, a good listener, concerned for persons with an unplanned pregnancy?**

# Do You...

**Believe in abstinence until marriage, want to help make a difference, enjoy working with people?**

***If you answered yes to all of the above questions, Birthline needs you.***

More than 150 volunteers show their dedication to the mission of Birthline by volunteering their time in so many ways. Without their dedication to Birthline, our labor of love for those seeking help with an unexpected pregnancy could not happen.

## VOLUNTEERS ARE ALWAYS NEEDED.

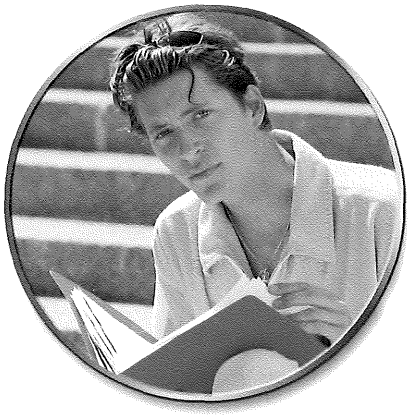
***Orientation programs are provided, giving volunteers the tools and training to assist our clients with their special needs.***

- As a Phone volunteer, you will answer the Birthline help line out of the comfort of your own home. Assist callers with their concerns, schedule appointments and make referrals to area agencies.
- As an Office volunteer, you will be serving the Birthline client to confidentially discuss concerns regarding pregnancy and/or lifestyle decisions.
- As an Auxiliary volunteer, you can assist with fund-raising, bulk mailing, speaking, office help and many other roles. You also can serve on Birthline's board of directors.

If any of these Volunteer opportunities interest you, please call Birthline for more information at (320) 252-4150.

***"My girlfriend and I were really scared. We weren't sure where to turn. Birthline was there for us."***

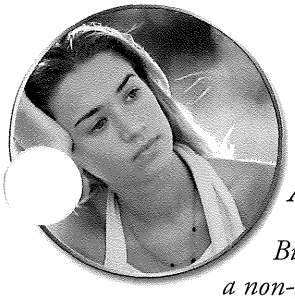
***Matt, 21***



### *Someone to turn to.*

*Regardless of your age, marital status or financial situation, Birthline offers you the help you need. If you are experiencing an unexpected pregnancy, Birthline offers you someone to turn to. Our services are strictly confidential and free of charge.*

*Birthline's professionals and trained volunteers have been dedicated to helping individuals for more than 30 years.*



## Decision Making

### *A shoulder to lean on.*

*Birthline provides you with a non-judgmental friend you can turn to at any time. Volunteers work on a one-on-one basis, offering a willing ear to listen and a helping hand in exploring all options and making important life decisions.*

***"Sara was not only competent and caring, she was the friend I needed at a very difficult time in my life."***

***Jessica, 26***

Wakota

# *THE FIRST NINE MONTHS*

The growth pattern described in this brochure is recognized by medical information and documented by scientific research. Slight variations in developmental days may exist from individual to individual.



Focus on the Family
Colorado Springs, CO 80995

P.O. Box 9800, Stn. Terminal
Vancouver, B.C. V6B 4G3



4 5 6 7 8 9 / 04 03 02

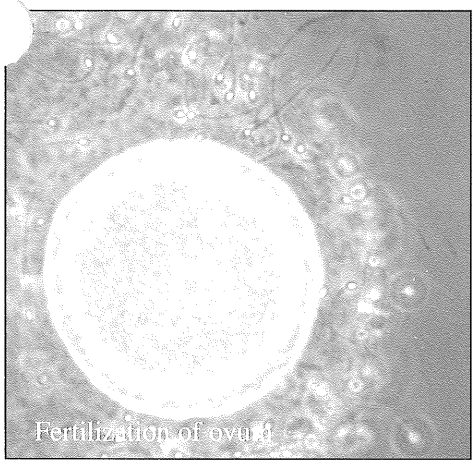
Printed in the U.S.A. LF177/3608 Rev. 7/99

The following is a step-by-step journey through the first chapter of human life. During the short nine months from conception to birth, a microscopic single cell evolves with amazing speed into a seven-pound, 20-inch, fully formed infant.

Not long ago, the first nine months of human life were a mystery to all. Only in recent years have scientific and technological advances allowed us to directly observe life as it develops within the womb. We now know in great detail how the unborn fetus looks, acts and grows.

## THE FIRST NINE MONTHS

**DAY 1** Sperm joins with ovum (egg) to form one cell–smaller than a grain of salt. The new life has inherited 23 chromosomes from each parent, 46 in all. This one cell contains the complex genetic blueprint for every detail of human development–the child's sex, hair and eye color, height, skin tone.


Fertilization of ovum

Lennart Nilsson

**DAYS 3 - 4** The fertilized egg travels down the fallopian tube into the uterus, where the lining has been prepared for implantation.

**DAYS 5 - 9** During this time, the fertilized egg implants itself in the rich lining of the uterus and begins to draw nourishment.

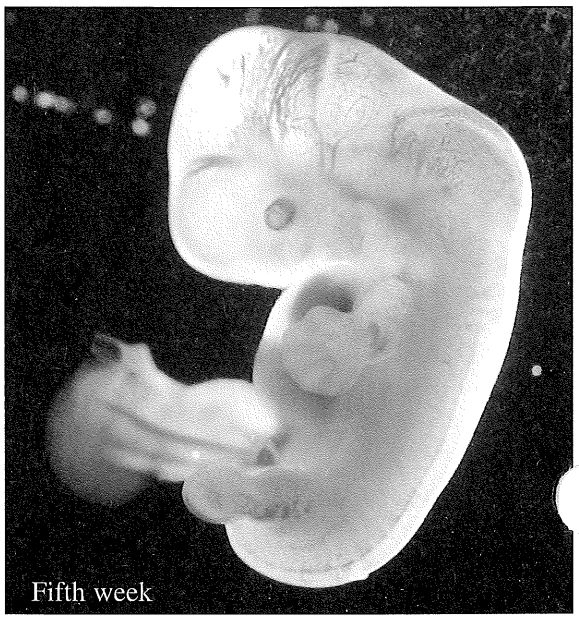
**DAYS 10 - 14** The developing embryo signals its presence through placental chemicals and hormones, preventing the mother from menstruating.

**DAY 20** Foundations of the brain, spinal cord and nervous system are already established.

**DAY 21** The heart begins to beat.

**DAY 28** The backbone and muscles are forming. Arms, legs, eyes and ears have begun to show.

**DAY 30** At one month old, the embryo is 10,000 times larger than the original fertilized egg– and developing rapidly. The heart is pumping increasing




Lennart Nil

quantities of blood through the circulatory system. The placenta forms a unique barrier that keeps the mother's blood separate while allowing food and oxygen to pass through to the embryo.

**DAY 35** Five fingers can be discerned in the hand. The eyes darken as pigment is produced.




Lennart Nilsson

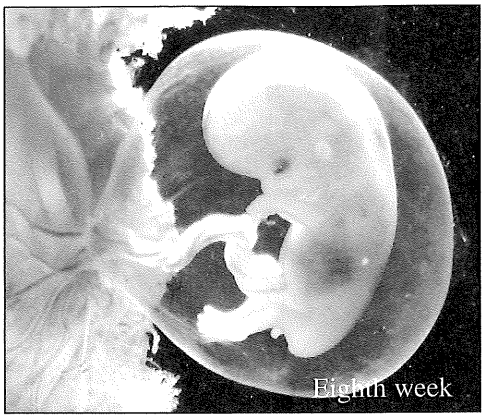
**DAY 40** Brain waves can be detected and recorded.

**WEEK 6** The liver is now taking over the production of blood cells, and the brain begins to control movement of muscles and organs. The mother is about to miss her second period and has probably confirmed that she is pregnant.

**WEEK 7** The embryo begins to move spontaneously. The jaw forms, including teeth buds in the gums. Soon the eyelids will seal to protect the embryo's developing light-sensitive eyes, and will reopen at about the seventh month.

**WEEK 8** At a little more than an inch long, the developing life is now called a fetus–Latin for "young one" or "offspring." Everything is now present that will be found in a fully developed adult. The heart has been beating for more than a month, the stomach produces digestive juices and the kidneys have begun to function. Forty muscle sets


Fifth month




Lennart Nilsson

begin to operate in conjunction with the nervous system. The fetus' body responds to touch, although the mother will not be able to feel movement until the fourth or fifth month.

**WEEK 9** Fingerprints are already evident in the skin. The fetus will curve its fingers around an object placed in the palm of its hand.

**WEEK 10** The uterus has now doubled in size. The fetus can squint, swallow and wrinkle its forehead.

**WEEK 11** At this time, the fetus is about two inches long. Urination occurs. The face has assumed a baby's profile, and muscle movements are becoming more coordinated.

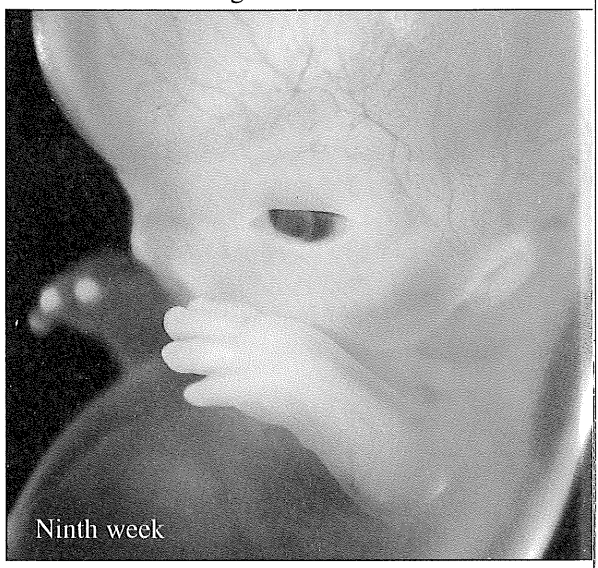
**WEEK 12** The fetus now sleeps, awakens and exercises its muscles energetically– turning its head, curling its toes, and opening and closing its mouth. The palm, when



stroked, will make a tight fist. The fetus breathes amniotic fluid to help develop its respiratory system.

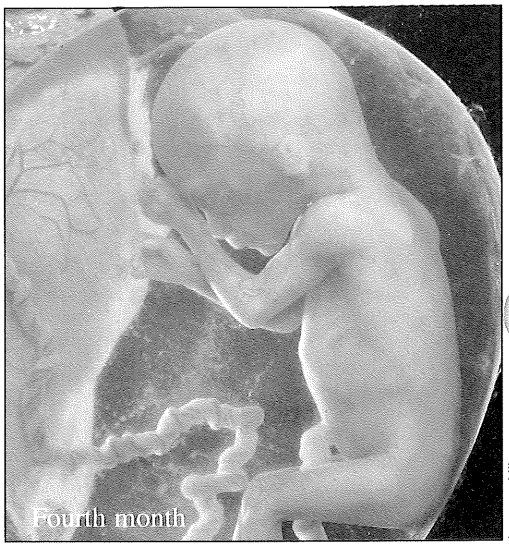
**WEEK 13** Fine hair has begun to grow on the head, and sexual differentiation has become apparent.

**MONTH 4** By the end of this month, the fetus is eight to ten inches in




Lennart Nilsson

length and weighs a half pound or more. The mother will probably start to "show" now. The ears are functioning, and there is evidence that the fetus hears quite a bit: the mother's voice and heartbeat as well as external noises. The umbilical cord has become an engineering marvel, transporting 300 quarts of fluids per day and completing a round-trip of fluids every 30 seconds.




Lennart Nilsson

**MONTH 5** Half the pregnancy has now passed, and the fetus is about 12 inches long. The mother has definitely begun to feel movement by now. If a sound is especially loud or startling, the fetus may jump in reaction to it.

**MONTH 6** Oil and sweat glands are functioning. The delicate skin of the growing baby is protected from the fetal waters by a special ointment called "vernix." If the baby were born in this month and given the proper care, he would survive.

**MONTH 7** The baby now uses the four senses of vision, hearing, taste and touch. He can recognize his mother's voice.

**MONTH 8** The skin begins to thicken, with a layer of fat stored underneath for insulation and nourishment. Antibodies increasingly build up. The



baby absorbs a gallon of amniotic fluid per day; the fluid is completely replaced every three hours.

**MONTH 9** Toward the end of this month, the baby is ready for birth. The average duration of pregnancy is 280 days from the first day of the mother's last menstrual period, but this varies. Most babies (85 percent to 95 percent) are born somewhere between 266 and 294 days. By this time the infant normally weighs 6 to 9 pounds, and his heart is pumping about 250 gallons of blood a day. He is fully capable of life outside the womb.

Ron Smith

## future pregnancy risks (con't)

- Prior induced abortion increases the risk of delayed delivery. Women who had one, two, or more induced abortions are about 200% more likely to have a post-term delivery (over 42 weeks).

*Abortion Risks and Complications*, © 1997, 2000 Elliot Institute. Compiled by David C. Reardon, Ph.D.

- Prior induced abortion is associated with an increased risk of ectopic pregnancy. There is a significant trend between the number of previous induced abortions and ectopic pregnancy risk.

C Tharaux-Deneux, et all., "Risk of ectopic pregnancy and previous induced abortion," *American Journal of Public Health*, Vol. 88, Issue 3 401 – 405 (1998).

## mothers younger than 20 years old

- Teenagers, who account for about 30% of all abortions, are at a much higher risk for many long-term complications related to abortion.

*Abortion Risks and Complications*, © 1997, 2000 Elliot Institute. Compiled by David C. Reardon, Ph.D.

A teenage girl is 10 times more likely to attempt suicide if she has had an abortion in the last six months than is a comparable teenage girl who has not had an abortion.

Garfinkel, et al., *Stress, Depression and Suicide: A Study of Adolescents in Minnesota*, (Minneapolis: University of Minnesota Extension Service, 1986). Cited in *The Post-Abortion Review* 1(2) Summer 1993. © 1993 Elliot Institute.

## spiritual health

- Direct abortion is gravely contrary to the moral law. Formal cooperation in abortion risks the loss of one's eternal salvation.

*I have set before you life and death, blessing and curse; therefore choose life, that you and your descendants may live* (Deut. 30:19).

## alternatives

**For pregnancy and abortion counseling, information and resources, call toll-free:**

*Birthrig*
1-800-550-4900

**For information on adoption call toll-free:**

*Bethany Christian Services*
1-800-BETHANY
(1-800-238-4269)

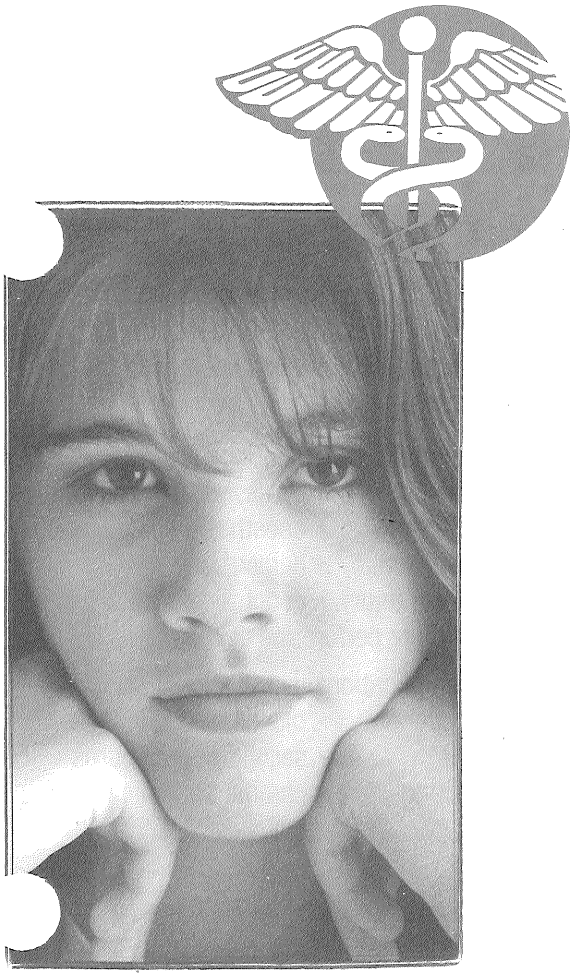
**If you or someone you know has had an abortion and would like resources, counseling or information on healing retreats, call toll-free:**

*Rachel's Vineyard*
1-877-HOPE-4-M
(1-877-467-3463)

ALL
American Life League

P.O. Box 1350, Stafford, VA 22555
(540) 659-4171 • fax (540) 659-2586 • www.all.org





# surgical ABORTION your risks

# IF YOU THINK ABORTION IS A SAFE PROCEDURE, PLEASE KEEP READING.

## short-term complications

- About **1 in 10** women undergoing elective abortion suffers immediate complications, of which **one-fifth** are considered life threatening.
- Common major complications are:
  - infection
  - embolism
  - convulsions
  - cervical injury
  - ripping or perforation of the uterus
  - excessive bleeding
  - anesthesia complications
  - hemorrhage
  - endotoxic shock

Minor complications include:

- infection
- fever
- vomiting
- bleeding
- second-degree burns
- chronic abdominal pain

*Abortion Risks and Complications*, copyright 1997, 2000 Elliot Institute. Compiled by David C. Reardon, Ph.D. http://www.afterabortion.org/physica.html.

## depression

- Women whose first pregnancies ended in abortion were 65% more likely to be at high risk of clinical depression.

Cougle JR, Reardon DC, Coleman PK. "Depression associated with abortion and childbirth: a long-term analysis of the NLSY cohort." *Med Sci Monit*, 2003; 9(4): CR105-112

- After their abortions, married women were 138% more likely to be at high risk of clinical depression compared to similar women who carried their first pregnancies to term.

Reardon DC, Cougle JR. "Depression and unintended pregnancy in the National Longitudinal Survey of Youth: a cohort study." *British Medical Journal*, 324: 151-152.

- Women were 63% more likely to receive mental care within 90 days of an abortion compared to delivery. In addition, abortion was most strongly associated with subsequent treatments for neurotic depression, bipolar disorder, adjustment reactions and schizophrenic disorders.

Coleman PK, Reardon DC, Rue VM, Cougle JR. "State-funded abortions vs. deliveries: A comparison of outpatient mental health claims over five years." *American Journal of Orthopsychiatry*, 2002, Vol. 72, No. 1, 141–152.

A survey of post-abortive women found that:

**60%** commented that the decision to abort made their lives worse, and

**94%** regretted the decision to abort.

"Survey of Reaction to Abortion," *The Post-Abortion Review*, Fall 1994, pp. 6–8.

## death

- Women who had abortions were almost twice as likely to die in the following two years. Also, over the next eight-year period women who aborted had:

**154%** higher risk of death from suicide,

**82%** higher risk of death from accidents,

**44%** higher risk of death from natural causes.

Reardon DC, Ney PG , Scheuren FJ, Cougle JR, Coleman, PK, Strahan T. "Deaths associated with pregnancy outcome: a record linkage study of low income women." *Southern Medical Journal*, August 2002, 95(8):834-841.

## substance abuse

- Women with a history of abortion are twice as likely to use alcohol, five times more likely to use illicit drugs and ten times more likely to use marijuana during the first pregnancy they carry to term compared to non-abortive women.

Coleman PK, Reardon DC, Rue VM, Cougle JR. "History of induced abortion in relation to substance use during pregnancies carried to term." *American Journal of Obstetrics and Gynecology*. December 2002; 187(5).

## breast cancer

- A meta-analysis of 28 reports concluded that induced abortion is a significant independent risk factor for breast cancer.

J. Brind, et all, "Induced abortion as an independent risk factor for breast cancer: a comprehensive review and meta-analysis," *Journal of Epidemiology and Communit Health*, Vol. 50, 481-496.

- Among women who had been pregnant at least once, the risk of breast cancer in those who had an abortion was 50% higher than among other women. Women 18 and under or 30 and over were at highest risk.

JR Daling, et all, "Risk of breast cancer among young women: relationship to induced abortion," *Journal of Epidemiology and Community Health*, Vol. 86, 21 (1994).

- One abortion almost doubles breast cancer risk; two or more abortions further increases risk.

**Elliot Institute, "A List of Major Physical Sequelae Related to Abortion." http://www.afterabortion.org/physica.html.**

## pelvic inflammatory disease

- Of patients who have chlamydia at the time of the abortion, 23% develop PID within 4 weeks. Studies found that 20 to 27% of patients seeking abortion have chlamydia. About 5% of patients not infected by chlamydia develop PID within 4 weeks after a first trimester abortion.

*Abortion Risks and Complications*, © 1997, 2000 Elliot Institute. Compiled by David C. Reardon, Ph.D.

## future pregnancy risks

- Women who had one, two, or more induced abortions are about 200% more likely to have a subsequent pre-term delivery, compared to women who carry to term. Pre-term delivery increases the risk of neo-natal death and handicaps.

*Abortion Risks and Complications*, © 1997, 2000 Elliot Institute. Compiled by David C. Reardon, Ph.D.

## *WHAT IF MY PARENTS AND FRIENDS PRESSURE ME TO KEEP MY BABY?*

It may be hard for your parents and others to know that you are considering adoption. Your parents may be thinking of a grandchild, your boyfriend may think it's his duty to be a father, and your friends may be thinking of a lovable and cuddly baby. Ultimately though the decision to release your child for adoption or raise your baby yourself is one that *you* will live with for the rest of your life. It should be a decision that you make after you consider your options carefully.

## *WHEN DO I HAVE TO DECIDE ABOUT ADOPTION?*

You can decide at any point in your pregnancy or after the baby is born. Some birth mothers decide long before the birth while others may place the baby in foster care while they make the decision after the birth. However, many have found that making a commitment to adoption before the birth makes the placement easier for the birth mother.

## *WHAT WILL OTHERS THINK OF ME FOR CHOOSING ADOPTION?*

Those who care about you will understand. Most importantly, you will know that you have made the right and loving decision for you and your child.

## *HOW DO BIRTH PARENTS FEEL AFTER ADOPTION?*

It's normal to be sad after placing a child for adoption. But many birth mothers who have placed a baby for adoption say that the peace of mind that can come from knowing that you helped give your child the best possible start in life can be a real source of strength.

## *WILL MY BABY BE WELL TAKEN CARE OF?*

Adoption agencies have long waiting lists of couples who are unable to have children and who are ready to love and raise a child. Authorities estimate that 15 to 20 loving couples wait for a healthy infant available, and many families are waiting to adopt babies who are born with handicaps. Many couples wait up to six years for a "chosen child". Some wait forever...

## *WILL I KNOW ANYTHING ABOUT MY BABY'S NEW PARENTS?*

Regulations vary on the amount of information that is shared. Most importantly you will know that they can provide your child with a great deal of love and security and that's really what adoption is all about!

## *IS ADOPTION THE EASY WAY OUT?*

No. It might be much easier to announce "It's my child and I'll take care of her somehow!" When you consider adoption it forces you to think about yourself and those who are close to you. Most especially it forces you to consider your child's future. Adoption isn't an easy way out, it's a mature act of selfless love for your child. Adoption works! Please think about it.

For more information about adoption contact.

**Catholic Charities**
651-641-1180

**Holy Family Adoption Agency**
651-298-0133

**New Life Family Services**
651-730-4342

# *ADOPTION:*

## *A Loving Choice*

"I'm pregnant."

When you first found out that you are pregnant you probably thought "Why me? What about my future? What am I going to do?"

When you find yourself unexpectedly pregnant you've got some major decisions to make. You owe it to yourself to take the time to explore your options and decide what is best for you and the tiny growing person inside you. This brochure was created to help you consider your possibilities. By reading it carefully you'll be one step closer to making one of the most important decisions of your life.

Those who know you're pregnant will probably have lots of advice for you. Some may say that you have a right to control your own body and that abortion is the best answer.

This may seem like an easy solution, but it isn't. Most pregnancies aren't even detected until the sixth week. By then, your baby's heart has been beating for 3 weeks, brain waves can be read, the nervous system has been complete for about two weeks and she is about to begin moving, although you will not feel it for *3½ months more.* So remember that abortion isn't just a matter of controlling your own body. There are now two of you to consider. Abortion will certainly not help your unborn child and it may have serious, far-reaching consequences for you.

Knowing that you ended your child's life without giving her a chance can be a devastating emotional burden. Also, physical complications from abortion are far more common than you may think. It could even damage your reproductive system and make it impossible for you to have a normal pregnancy later in life. Don't allow yourself to be talked or forced into a decision that you may regret for years to come.

## *WHAT DO I DO?*

How do you solve your problem in a way that respects both you and your baby's lives and futures? Why not focus on choices that are positive and life giving, such as:

- keeping your child yourself or within your family
- placing your child in foster care for a period of time
- placing your child for adoption

## *ARE YOU READY TO BE A PARENT?*

Right now your major concern should be deciding how you can provide the best environment for your child's physical and emotional upbringing. Ask yourself:

- am I willing to give the next 18 or more years of my life to love and be responsible for my child, and to place concern for his or her well being above my own?
- could I raise a child and still meet my own school, career and social needs?
- could I do this without having to depend on my family to take over for me?

If you answer no to any of the above questions then you should seriously consider adoption as the best and most loving life-giving choice for you and your child. It may be difficult to imagine releasing for adoption the child who you've loved enough to give life and nurture for nine months. But please open yourself to the possibility by trying to understand adoption better. The following questions will help guide you to that understanding.

## *WHAT IS ADOPTION?*

Adoption is a legal procedure which places a child with adoptive parents who raise the child as a member of their own family.

## *IS ADOPTION PERMANENT?*

Yes. The child legally becomes a permanent member of the adoptive family. Some states/provinces allow a period of time after the child is placed for the birth mother to re-consider her decision.

## *HOW IS ADOPTION DONE?*

There are two parts to adoption. First the birth mother gives permission for the child to be adopted. In some areas the baby's father's consent is also necessary. Secondly, a couple wanting to adopt a child must apply and be accepted as prospective adoptive parents by a government approved agent. A thorough home study is done to ensure that the couple will be able to provide proper care and love for a child.

## *AM I SELFISH TO CONSIDER ADOPTION?*

No. It means that you are concerned about being a good mother and sensible enough to realize that raising a child can be difficult, even with the help of family and friends. It's not selfish to choose what is best for you and your baby. You have already given your child the ultimate gift — Life.

## *DON'T CHILDREN BELONG WITH THEIR BIRTH PARENTS?*

Sometimes a birth parent isn't ready to raise a child. Adoptive parents may be better equipped to provide the permanence and security that children need.

## *ISN'T IT BETTER IF I MARRY MY BOYFRIEND AND WE RAISE THE BABY?*

Wanting to provide a secure family for your child shows your love and maturity because you realize that raising a child in a loving family situation is important. However, getting married because you are pregnant is now recognized to be a poor basis for building a loving family. Marriage failures are high for those who marry under such pressures.

# You're pregnant

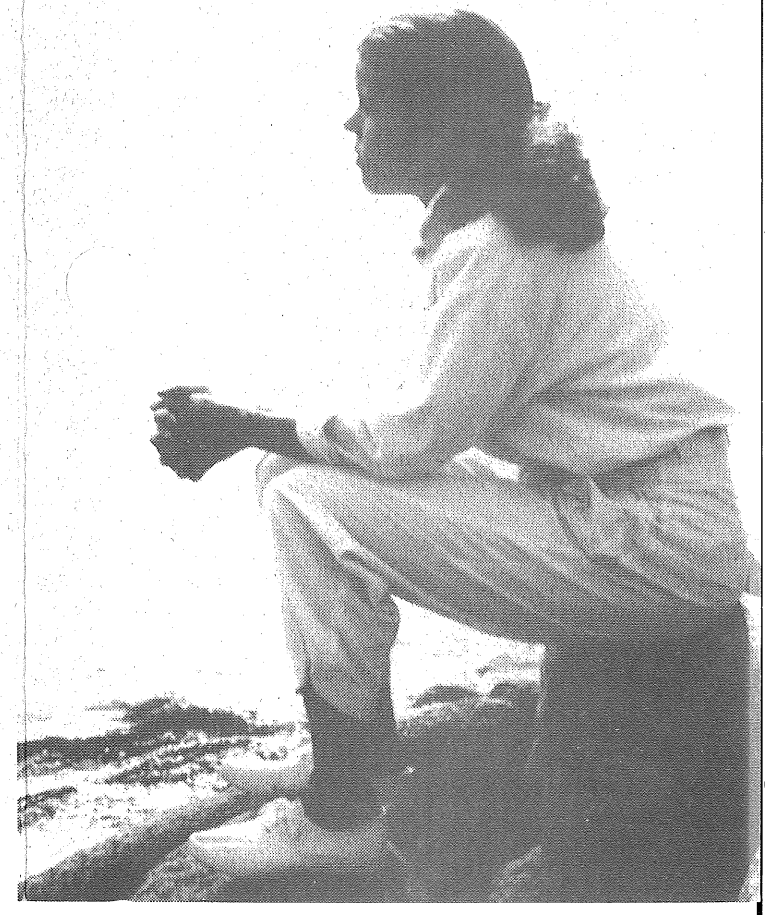
## and you feel troubled, confused fearful, alone.

You need medical care, but can't afford it.

You need a place to live.

You need help sorting out your relationships, your commitments, your life.

You don't know what to do.



# We can help.

## The Wakota/Apple Valley Life Care Center is here to work with you to address all your concerns.

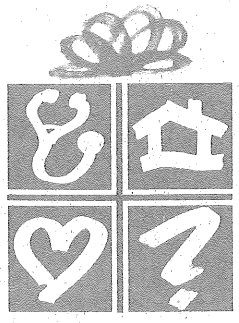
### Medical
- Am I eligible for state medical care?
- Is a low-cost, comprehensive medical program right for me?

### Housing
- Is the place where I am presently staying a supportive environment?
- Do I need a low-cost or no-cost living arrangement?

### Relationships
- What can I expect from my baby's father?
- What can I expect from my parents?
- Who will be my "support person"?

### Decisions
- How will this pregnancy affect my plans for the future?
- What are my alternatives and what does each involve?
- What help is available to me?
- Can I complete my education?

## Let us help you tie all the pieces together.



**Call** to set up an appointment with our Advocate Program counselor at the following locations:

**Wakota Life Care Center**
**651-457-1195**

1140 Robert Street South, West St. Paul 55118

**Apple Valley Life Care Center**
**952-431-5011**

to Hampton Bank
15025 Glazier Avenue, Suite 236B
Apple Valley 55124

## —— Additional Services ——

**Alpha Women's Center & Maternity Home** Stable, safe, temporary housing for pregnant women providing a Christian family environment. **Savage: 952-447-5683**

**Bethany Christian Services** Offers b[illegible]arent counseling focusing on the emotional, [illegible]l and spiritual needs of those facing an u[illegible]ned pregnancy. Adoption services also available. **Willmar: 320-214-0601**

**Cradle of Hope** Offers grants and interest-free loans disbursed directly to those who provide services necessary for a mother to carry her baby to term. **Roseville: 651-636-0637**

**Girard Hall** A group home for pregnant girls and women. Daycare, job and educational opportunities offered; decision counseling available. **La Crosse, Wisc.: 608-791-3985**

**Grace Place** A home and resource center for single pregnant women offering support and guidance. Residents and non-residents benefit from Grace Place's education, information, referrals and advocacy. **Winona: 507-452-2283**

**New Beginnings** A residence for pregnant women, 14–28 years old. Job and educational opportunities offered; medical care and professional c[illegible]eling about their future is arranged. **[illegible]ud: 1-877-974-7174**

**The Nurturing Network** Primarily for the college or career woman experiencing an unplanned pregnancy. Financial, residential, educational and employment resources are located in every state, all without charge. **1-800-TNN-4MOM**

**Perry Center** Maternity home for single pregnant women providing for their physical, emotional and spiritual needs in a residential setting. www.perrycenter.org **Fargo, N.D.: 701-241-9289**

**Safe Place for Newborns** Confidential help for overwhelmed new mothers, and foster care for newborns at risk of being abandoned. Newborns may be brought to any hospital. www.safeplacefornewborns.org **1-877-440-BABY**

**Share-a-Life** Over 40 homes in the Twin Cities area that offer free room and board to women 18 years of age and older for the duration of their pregnancy. **651-690-5758** or **651-683-1560**

**Sidelines National Support Network** Supporting women with complicated pregnancies and their families. **1-888-447-4754**

## —— Post-Abortion Services ——

**Conquerors** A post-abortion support group affiliated with New Life Family Services and the Greater Minnesota Assn. of Evangelicals. **Minneapolis: 612-866-7643 ext. 163**

**Marian Project** A network of trained, qualified people offering free, confidential, one-on-one help for women and men of all ages coping with abortion's painful after-effects. **St. Paul: 651-291-4515**

**P.A.T.H. (Post-Abortion Transition to Healing)** Professionally operated, eight-week group therapy sessions for women seeking healing from emotional, physical or psychological trauma due to abortion. **St. Paul: 651-291-4515**

***National Office of Post-Abortion Reconciliation & Healing: Toll free: 1-800-5WE-CARE***

*Organizations listed are not necessarily endorsed by MCCL.*

MCCL Since 1968

Minnesota Citizens Concerned for Life
4249 Nicollet Avenue
Minneapolis, MN 55409
www.mccl.org • 612-825-6831

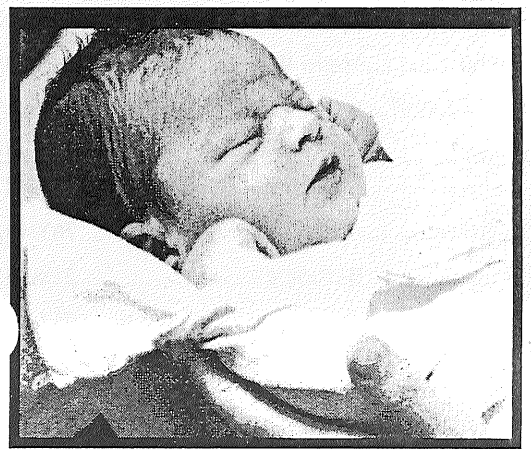


Linda Allen

# Pregnant? Need Help?

## Organizations Offering Alternatives to Abortion

**Over 100 centers reaching out to meet the needs of pregnant girls and women**



## Pregnancy Care Centers

offer services including free pregnancy testing, counseling and alternatives to abortion and many other forms of assistance. Available services vary by center. Most telephone numbers listed are 24-hour hotlines. Individual centers are sponsored by various organizations; some are faith-based, all are open to women of all faiths.

**Minnesota Citizens Concerned For Life**

## Minnesota

| | | |
|---|---|---|
| **Alexandria** | Birthright | 320-762-1224 |
| **Anoka** | New Life Family Services | 763-323-3435 |
| **Apple Valley** | LifeCare Ctr | 952-431-5011 |
| **Aurora** | Birthright | 218-780-2504 |
| **Austin** | Birthright | 507-437-3373 |
| | Rachel's Hope | 507-[illegible]5 |
| **Bemidji** | Birthright | 218-751-9237 |
| | Northern Cradle | 218-444-9024 |
| **Brainerd** | Birthright | 218-829-8470 |
| | Lakes Area Pregnancy Ctr | 218-825-0793 |
| **Burnsville** | Amnion Crisis Preg. Ctr | 952-898-4357 |
| **Cannon Falls** | New Beginnings | 507-263-7900 |
| **Cambridge** | Pregnancy Resource Ctr | 763-689-4319 |
| **Coon Rapids** | Birthright | 763-757-0715 |
| | Epiphany Caring for Life | 612-803-2225 |
| **Crystal** | Metro Women's Ctr | 763-533-8642 |
| **Detroit Lakes** | Agape Caring Preg. Ctr | 218-847-8552 |
| **Duluth** | Birthright | 218-723-1801 |
| | Lk. Superior LifeCare Ctr | 218-727-3399 |
| **Elk River** | Abba Crisis Pregnancy Ctr | 763-441-7777 |
| **Ely** | Birthright | 218-365-2421 |
| **Excelsior** | Minnetonka LifeCare Ctr | 952-4[illegible]3 |
| **Fairmont** | Caring Pregnancy Ctr | 507-238-2330 |
| **Faribault** | Southeast LifeCare Ctr | 507-332-7644 |
| **Fergus Falls** | Agape Caring Preg. Ctr | 218-736-6050 |
| **Forest Lake** | Lakes LifeCare Ctr | 651-464-4340 |
| **Hastings** | Birthright | 651-437-2313 |
| **Hibbing** | Pregnancy LifeCare Ctr | 218-262-5768 |
| **Hopkins** | Minnetonka LifeCare Ctr | 952-938-4496 |
| **Hutchinson** | Birthright | 320-587-5433 |
| **Int'l Falls** | Northern LifeCare Ctr | 218-285-7673 |
| **Lindstrom** | Chisago Co. LifeCare Ctr | 651-257-2550 |
| **Little Canada** | Preg. Counseling Ctr | 651-644-3937 |
| **Little Falls** | Birthline, Inc | 800-786-0200 |
| **Mankato** | Birthright | 507-387-7818 |
| **Marshall** | Birthright | 507-532-3660 |
| **Milaca** | Rum River Life Choices Ctr | 320-983-3771 |
| **Minneapolis** | Birthright | 612-338-2353 |
| | City Life Ctr | 612-874-1808 |
| | Northside LifeCare Ctr | 612-522-6589 |
| | Southside LifeCare Ctr | 612-823-0301 |
| | U of M New Life Family Services | 612-623-TEST |
| | University LifeCare Ctr | 612-623-3211 |
| **Monticello** | Birthright | 763-295-2232 |
| **Moorhead** | Birthright | 701-237-0359 |
| **Mora** | Crisis Pregnancy Ctr | 320-679-4493 |
| **Morris** | LifeCare Ctr | 320-589-0300 |
| **Mountain Lk** | Elizabeth House | |
| | Pregnancy Caring Ctr | 507-427-2889 |
| **No. St. Paul** | Women's LifeCare Ctr | 651-777-0350 |
| **Northfield** | Birthright | 507-645-7638 |
| **Owatonna** | Birthright | 507-455-1622 |
| **Park Rapids** | Caring Pregnancy Ctr | 218-732-5212 |
| **Pine City** | Pregnancy Resource Ctr | 320-629-2792 |
| **Redwood Falls** | Choices Pregnancy Ctr | 507-637-2534 |
| **Richfield** | New Life Family Services | 612-866-7715 |
| **sdale** | Robb. Women's Ctr | 763-531-9554 |
| **Rochester** | Birthright | 507-288-9374 |
| | New Life Family Services. | 507-281-1124 |
| **Roseau** | No Region Preg Care Ctr | 218-463-0580 |
| **St. Cloud** | Birthline | 320-253-4848 |
| | Caritas Family Services | 320-650-1666 |
| | Pregnancy Resource Ctr | 320-253-1962 |
| **St. Paul** | Birthright | 651-646-7033 |
| | Highland Life Care Ctr | 651-695-0111 |
| | LifeCare Center East | 651-776-2328 |
| | New Life Family Services | 651-730-4342 |
| | Pro-Life Action Ministries | 651-771-1500 |
| **Sandstone** | Center of Hope | 320-245-2485 |
| **Sauk Centre** | Central MN LifeCare Ctr | 320-351-4025 |
| **Savage** | Alpha Women's Ctr | 952-447-5683 |
| **Stillwater** | St. Croix Valley LifeCare Ctr | 651-439-5964 |
| **Thief River Fls** | LifeCare Ctr | 218-681-1279 |
| **Waconia** | Birthright | 952-442-4026 |
| **Wadena** | Crisis Pregnancy Ctr | 218-631-2324 |
| **West St. Paul** | Wakota LifeCare Ctr | 651-457-1195 |
| **Willmar** | Hope Pregnancy Ctr | 320-235-7619 |
| **Winona** | Birthright | 507-4[illegible]1 |
| **Worthington** | Helping Hand Preg. Ctr | 507-372-2112 |

## North Dakota

| | | |
|---|---|---|
| **Fargo** | First Choice Clinic | 701-237-6530 |
| | Women's Care Clinic | 701-232-2716 |
| **Grand Forks** | Lutheran Socal Services | 701-772-7577 |
| | Women's Pregnancy Ctr | 701-746-8866 |

## South Dakota

| | | |
|---|---|---|
| **Big Stone City** | Birthright | 605-862-7831 |
| **Brookings** | Birthright | 605-692-2693 |
| **Sioux Falls** | Alpha Health Services | 605-361-3500 |
| | Bethany Christian Services | 605-336-6999 |
| | Birthright | 605-977-4781 |
| **Watertown** | Catholic Services | 605-886-[illegible]21 |

## Wisconsin

| | | |
|---|---|---|
| **Hudson** | Birthright | 715-386-8004 |
| **La Crosse** | New Life Preg. Coun. Ctr. | 608-785-2377 |
| **Osceola** | LifeCare Ctr | 715-755-BABY |
| **River Falls** | Pregnancy Helpline | 715-425-8539 |
| **Superior** | Lk. Superior LifeCare Ctr | 715-394-4102 |

***America's Crisis Pregnancy Helpline***
***Toll free: 1-800-672-2296***

***Birthline Hotline***
***Toll free: 1-800-786-0200***

***Birthright Hotline***
***Toll free: 1-800-550-4900***

# The Safe Slumber Crib Program

**If you would like to help, please complete the reply card below.**

☐ I / we would like to sponsor _____ new crib(s) at $105 each*

☐ Enclosed please find a tax-deductible donation* of $ _____

☐ I am interested in volunteering for *Cradle of Hope's* Safe Slumber Crib Program

☐ Please call me

*Checks may be made payable to *"Cradle of Hope"*

NAME

ADDRESS

CITY STATE ZIP

TELEPHONE

▼ TEAR OFF AT FOLD AND MAIL IN ENVELOPE ▼

***Thank You!*** **Please detach the completed reply card and mail in a stamped envelope addressed to:**


*Cradle of Hope*

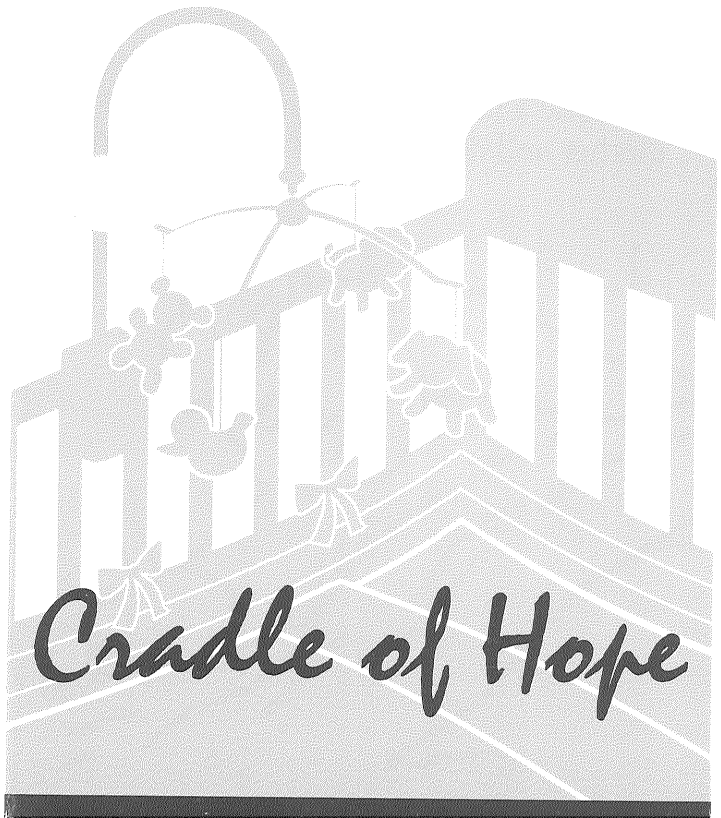
*Safe Slumber Crib Program*
*1935 West County Road B2, Suite 241*
*Roseville, MN 55113*

(651) 636-0637


*Cradle of Hope* is a non-profit organization providing financial assistance to pregnant women and to infants up to three months of age.

Donations to *Cradle of Hope* are totally tax-deductible.


# The Safe Slumber Crib Program


**Since it began** in 1973, *Cradle of Hope* has distributed cribs to mothers in need. This year, we will distribute hundreds of cribs throughout Minnesota in response to a growing need for a safe, comfortable sleeping environment for newborn babies.

It is the philosophy of *Cradle of Hope* that each and every baby born deserves safe peaceful slumber. We provide a new mother with a crib when she has no other way of acquiring one – not only because of the necessity of a safe and comfortable bed for her infant, but also as a symbol of hope and encouragement to a young woman who has already sacrificed much for her child.

# The Safe Slumber Crib Program

## How it works...

- *Cradle of Hope* obtains cribs and crib mattresses at a discount from an area retailer.
- Each month *Cradle of Hope* distributes crib vouchers for new cribs to selected crisis pregnancy centers.

  Staff members at the crib sites distribute the vouchers to women in need in accordance with *Cradle of Hope* criteria and guidelines.


*Cradle of Hope*

*Safe Slumber Crib Program*
*1935 West County Road B2, Suite 241*
*Roseville, MN 55113*
**(651) 636-0637**


## Why second-hand cribs often aren't the answer...

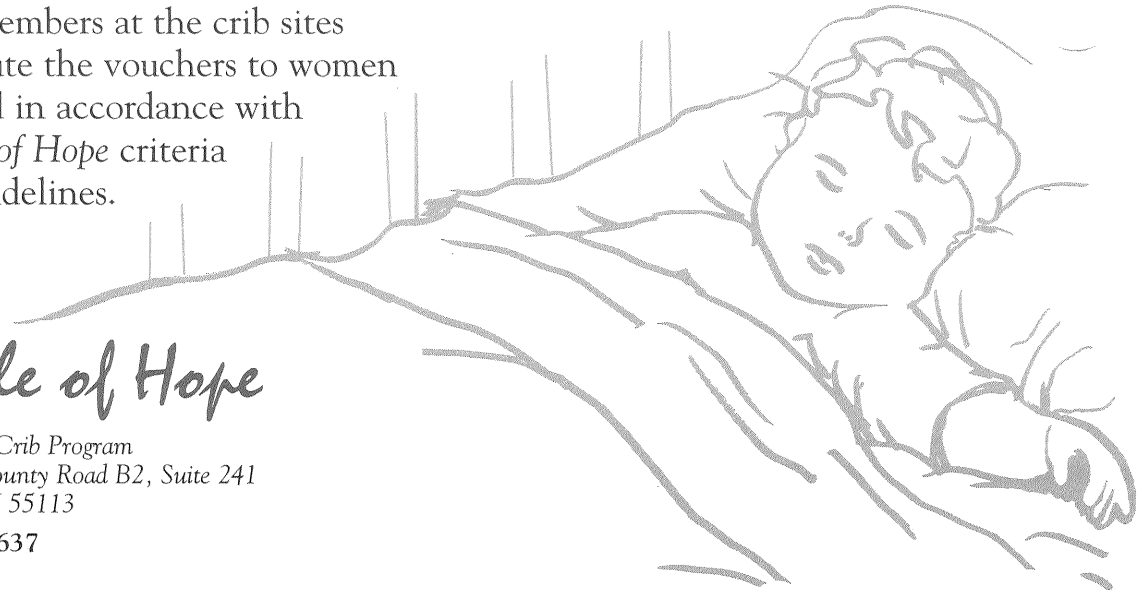
Sometimes people ask us
*"Why can't these mothers just use someone else's crib like I did?"*

**Two reasons why:**

1) Second-hand or used cribs are hard to find. Many parents and grandparents choose to hold on to cribs so they can be used for visiting infants and/or passed on to other family members.
2) Older cribs are often unsafe, with slats that are too far apart and styles that do not meet updated safety standards.

**The *Safe Slumber* solution:**

Through your contributions, we can purchase a *new* crib and mattress for a mother and child in need – for just $105.



# We Need Your Help.

*Cradle of Hope's Safe Slumber Program* depends on you! All cribs purchased by *Cradle of Hope* are the direct result of individual contributions from people who care about mothers and their children.

**Your gift of $105 or more will provide safe slumber for a baby in need.**

In addition to your financial gift, help is needed in spreading the word about our *Safe Slumber* program. There may be individuals, churches, youth groups, and civic organizations willing to sponsor cribs. Or, you may want to organize a *Safe Slumber* fundraising event.

If you'd like to help, complete and mail the attached reply card, or call *Cradle of Hope* at (651) 636-0637.

## I WOULD LIKE TO HELP...

- ❑ Enclosed please find a tax-deductible donation of $ _____
- ❑ I am interested in volunteering for Cradle of Hope.

Name _____

Address _____

_____

City, State, Zip _____

Telephone (  ) _____

Detach and return to:
Cradle of Hope, 1935 W Co. Rd B2 #241, Roseville, MN 55113

# REACHING OUT

## How can I help?

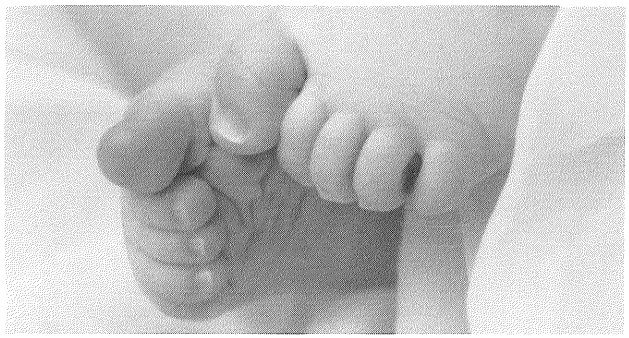
*Cradle of Hope is an organization where people are excited about the cause they are united around and I can't help but be energized by that attitude. It is a place that values the lives of women and their children and promotes the welfare of boti I feel that through Cradle of Hope I am making a difference in their lives."*

*—Wenonah Speltz, Volunteer*

- Our ability to help women is totally dependent upon the generosity of our donors. Cradle of Hope is supported by individual gifts, fundraising events and by grants from various organizations and foundations.
- Through the "Safe Slumber" program, donors can sponsor new cribs for infants, providing hope and encouragement to their mothers.
- All donations are tax-deductible.
- If you have time and talents to share, call our office at **651-636-0637** or e-mail us at cradleofhope@cradleofhope.org
- Visit our website at www.cradleofhope.org

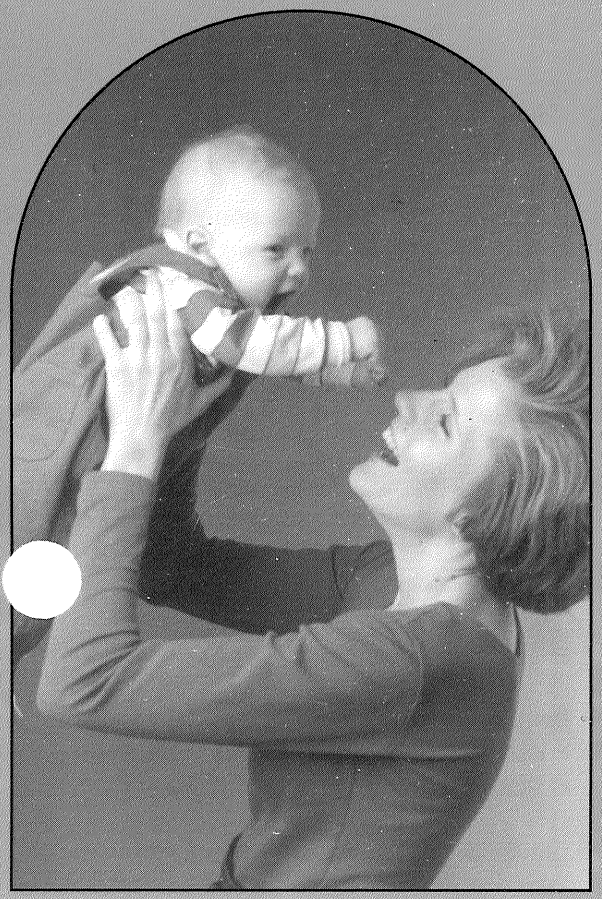
*Our goal, as always, is to say, "yes" to the mothers who have made a commitment to life.*

## PLEASE GIVE, TODAY.



# Cradle of Hope

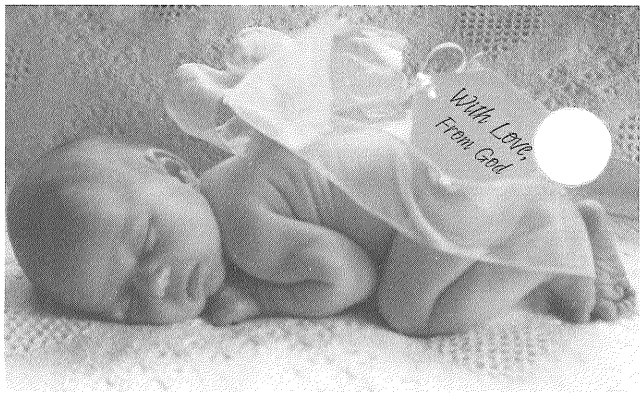
## ...motherhood fund



***Supporting...***
***a Mother's Hope, a Child's Life***

# CRADLE OF HOPE

## Who do we serve?




- Cradle of Hope operates a non-profit *motherhood fund* dedicated to helping two very important groups of people—mothers and their babies!
- Cradle of Hope provides emergency funds to mothers who are in financial crisis due to pregnancy.
- An eligible applicant must be pregnant or have a baby under three months of age, and her financial crisis must be related to the pregnancy or to birth of her child.
- Grants are typically made on a one-time basis.
- Rent, cribs, health care, transportation, and adoption support are examples of the many expenses covered by the motherhood fund.
- Cradle of Hope assists all women regardless of their age, source of income, marital status, race, or religion.

*I want to thank you so much for all you have done for my daughter and myself. Your organization relieves pressure for mothers who are striving to establish good homes for ourselves and our children."*

*—Nicole*

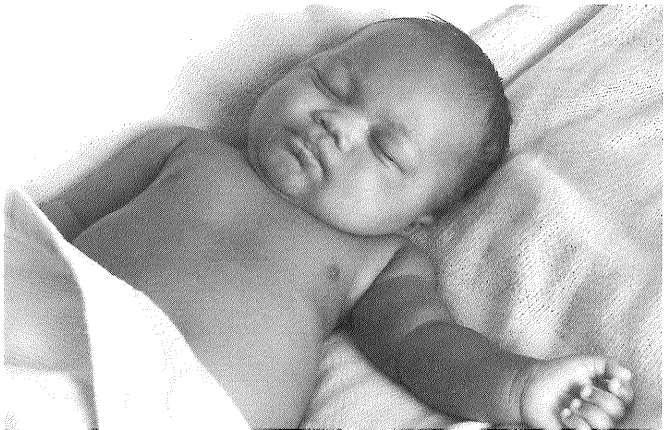
# SUPPORTING ...

## A Mother's hope, a child's life

*Dear Cradle of Hope,*
*I don't have a lot of money to send but I hope this litt' helps. I want all of you to know that my gr ughter is now 13 years old! Her life is the direct result of your work. You gave us time to talk and to plan for this beautiful child...she fills our hearts with pride and joy every day. Thank you!!!*

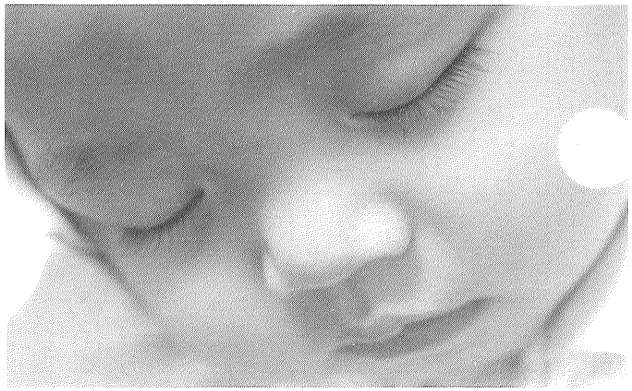
*—My prayers are with you always, Judy*

- Imagine a woman with no source of funds for pregnancy-related expenses...she may have been abandoned or rejected; her health may prevent her from working; her baby's health may be at risk. These situations can cause financial hardships that may seem like insurmountable obstacles. The *motherhood fund* can turn her desperation into hope.
- Crisis pregnancy counselors frequently serve women who "fall between the cracks" and need immediate help with maternity-related expenses. The *motherhood fund* came into existence to provide cial aid for these women.
- When Cradle of Hope started in 1973, there were enough funds to give financial aid to only five women. Now an average of 1,000 women are helped annually.



# THE MOTHERHOOD FUND

## How can I apply for assistance?



- Most women are referred to Cradle of Hope by a social service agency or a crisis pregnancy center.
- After evaluating a woman's needs, and determining that the criteria is met, the agency fills out an application form and submits it to our office.
- The Cradle of Hope Funds Approval Committee reviews all grant requests, basing approval upon information provided by both the counselor a the mother, before notifying them of the dec
- The amount of an approved grant is dependent upon the availability of funds, and all checks are issued directly to the creditor or service provider.

Mickie and her husband, Tom, had been experiencing hard times. High blood pressure and premature labor had forced Mickie to quit her job and stay on strict bed rest. Tom earned enough income to pay part of the family's monthly expenses. Family, friends, and church helped with food and other smaller needs. In order to achieve a healthy birth outcome, they have suffered financially. Cradle of Hope approved a grant for rent.

CATHOLIC CHARITIES

March 9, 2005

**Testimony on Positive Alternatives Act**
Given by Mary Ann Sullivan, MSW, LISW
Deputy Program Officer
Catholic Charities of St. Paul and Minneapolis

Thank you for the opportunity to testify about the critical need in which family-centered initiatives like Catholic Charities' Prenatal, Adoption and Parenting programs find themselves, and the exponential good that can be accomplished through funds provided by Positive Alternatives Act (S.F. 917, H.F. 952).

Since 1917, Catholic Charities Seton Services has been providing prenatal medical and social services, parenting and adoption support to women and their families in need. We serve women from the inner city and outlying counties struggling in poverty, without health coverage, looking for information about resources. Many of the women we serve have untreated mental health and/or chemical health issues, experience domestic violence, are immigrants or undocumented women with minimal social supports. We are grateful to be able to help them with healthy birth outcomes, parenting assistance and/or adoption planning.

Although we reach 600 women with high-risk pregnancies (unplanned, and/or experiencing multiple risk factors in their lives) annually, it is the many others we *don't* reach with whom we are also concerned. We find that we need to double book appointments or delay initial prenatal visits due to an increasing demand for appointments and our inadequate staffing. We also find that we are not able to provide outreach services to the community with our existing staffing.

At this time, the programs at Catholic Charities' Seton Services are funded only by charitable contributions, which are not predictable or reliable. Funding provided by the Positive Alternatives Act would provide a base source of income with which we could build an infrastructure to serve the families still waiting for help.

Funding from the Positive Alternatives Act would make the following possible:

- Outreach to women before they make a decision regarding their pregnancy
- Increased prenatal clinic hours in the evenings and weekends
- Housing assistance for pregnant women and their families
- Additional birthparent and adoption counseling services
- Social service counseling and support available at additional community sites in proximity to populations at risk
- Additional parenting support services pre and post partum (parenting support groups, parenting classes, family goal planning, in-home visits, financial literacy classes, help accessing community resources)
- Assistance with basic needs (vitamins, food, clothing, furniture, car seats, transportation assistance)
- Referral to other Catholic Charities programs, which provide support with basics such as housing, furniture, family counseling and employment services

Passing the Positive Alternatives Act makes good fiscal sense for the community by preventing medical crisis situations, and good moral sense by helping families struggling in poverty to receive adequate care and information. For these reasons and more, I encourage you to pass the Positive Alternatives Act (S.F. 917, H.F. 952).

# Table 17
## Reason for Abortion*, 2003

| | |
|---|---|
| Pregnancy was a result of rape | 75 |
| Pregnancy was a result of incest | 9 |
| Economic reasons | 2,493 |
| Does not want children at this time | 5,621 |
| Emotional health is at stake | 995 |
| Physical health is at stake | 841 |
| Continued pregnancy will cause impairment of major bodily function | 27 |
| Pregnancy resulted in fetal anomalies | 146 |
| Unknown or the woman refused to answer | 5,357 |
| Other stated reason | 2,473** |

*Note: No total is given because a woman may have given more than one response

**See Table 17a

## Table 17a
## Other Stated Reason for Abortion, 2003

| | |
|---|---|
| Single parent of one or more children | 802 |
| Education Goals; desire to finish high school and/or college | 500 |
| Already have children, do not intend to have more | 351 |
| Relationship Issues, including abuse, separation, and extra-marital affairs | 335 |
| Other miscellaneous responses | 1,109 |
| Total* | 3,097 |

*Total is greater than 'Other Stated Reason' total on Table 17 because some women stated more than one other reason

## Written Testimony of Julie Seminitis submitted to the

## State Senate Health and Family Security Committee

## Tuesday, March 15, 2005

My name is Julie Seminitis and I live in Sartell, MN. I recently earned a master's degree in Social Responsibility from St. Cloud State University. In order to meet the requirements for that degree, I conducted a research project and completed a starred paper titled, Crisis Pregnancy Centers in St. Cloud, MN: Are women being misled?

I appreciate this opportunity to explain to you my interest in crisis pregnancy centers, the purpose of my study, and some of the results of my research.

I first became aware of anti-choice crisis pregnancy centers when I was an undergraduate student at St. Cloud State University. I designed my own women's studies major and was very active in the campus feminist community. At that time, the St. Cloud Crisis Pregnancy Center regularly placed ads in the school newspaper and flyers in women's restrooms advertising free pregnancy tests and "confidential and caring counseling". A woman who lived on my floor in the residence hall confided that she had suspected that she might be pregnant and that she and her partner had visited the St. Cloud Crisis Pregnancy Center in order to take advantage of the free pregnancy test. She explained that she hadn't realized that the St. Cloud Crisis Pregnancy Center was an anti-choice organization and that she would not be provided with contraception or an abortion referral.

Eight years ago I visited the St. Cloud Crisis Pregnancy Center for the first time. I had previously sought free pregnancy testing and counseling from a legitimate medical clinic in St. Cloud, now known as Planned Parenthood. When I walked into the St. Cloud Crisis Pregnancy Center, I honestly expected a similar experience. These establishments appear to be medical facilities that presumably provide comprehensive and accurate medical information. When I entered the counseling room at the St. Cloud Crisis Pregnancy Center I saw anti-choice posters and religious literature and I became

very uncomfortable. I was afraid to admit that I consider abortion to be one of the three choices a woman can make in regard to an unplanned pregnancy. I was grateful that I was not truly in need of pregnancy counseling at that time and I left the office as quickly as possible.

My interest in exposing the truth behind the doors of the St. Cloud Crisis Pregnancy Center continued to grow. I heard testimony from classmates, clients and co-workers who had visited these centers without any prior knowledge that these were anti-choice organizations. I began to recognize a pattern. The average woman in St. Cloud was unaware that the St. Cloud Crisis Pregnancy Center, (now known as the Pregnancy Resource Center), and Birthline are an anti-choice organizations, not legitimate medical clinics.

The St. Cloud Crisis Pregnancy Center Project began in 2001 with research to determine the scope and practices of CPCs in St. Cloud, Minnesota. At that time, I recruited three teams of two people who visited the CPCs posing as potentially pregnant women and their support persons. The investigations continued with a second set of volunteers in the Fall of 2003. Three teams of two people completed phone investigations as well as undercover visits to both crisis pregnancy centers in St. Cloud.

The volunteers that contributed their time to the St. Cloud Crisis Pregnancy Center Project were all students from St. Cloud State University. There were ten women and two men. Two teams posed as dating couples. These students were recruited through a pro-choice student organization. One participant has shared her journal entries and I will include her reflection in my testimony. She wrote:

> "Any time an investigation takes place some participant training must accompany it, and this investigation is no different. In order to preserve as much of the project's integrity and credibility as possible, the short training period did little to inform participants of expectations or probable outcomes... Therefore, I went into the Crisis Pregnancy Center relatively unbiased and uninformed with few assumptions of what to expect."

My research revealed a very significant factor that I would like you to be aware of and to take into consideration.
Not all crisis pregnancy centers are created equally, and most people are unaware of this.
Unlike legitimate medical clinics, there is no accountability or regulation, no system in place to monitor what is really being said and done at these centers. The mission seems honorable, to provide support and resources to women experiencing an unplanned pregnancy- but the methods are dangerous. I have found that many people, regardless of their position on choice, are alarmed by the findings of my research.

Investigations of Crisis Pregnancy Centers in St. Cloud revealed that "counselors" often provided false information and used shame to coerce women into continuing a pregnancy. One undercover volunteer was told, "premarital sex is a sin and all sins are created equally…that she "may as well be out there robbing banks" and that the only way for her to atone for her sins is to have the baby.

St. Cloud crisis pregnancy centers rarely have trained medical practitioners available. Questions are often answered with evasion. For example, women are not told the results of their pregnancy tests, they are told, "you need to make a choice" or "you have a decision to make." One woman was told, "the doctor isn't used to the ultrasound machine- but he can usually get it to work."

St. Cloud crisis pregnancy centers often give women misleading and false information about the health and psychological risks of abortion. For example, one woman was told "most women leave an abortion with pieces of the baby still inside of them."

A participant in my research project wrote the following journal entry after a visit to a St. Cloud crisis pregnancy center:

"… Before taking the pregnancy test I was told that I had two honorable choices: raising the child as a single parent or adoption… this led the volunteer to explain:
'First of all, many women that have abortions become infertile (not true- according to the

Guttmacher Institute less than .5% of women experience complications),
secondly the uterus often becomes punctured, leaving the woman wounded (not true), third- abortion causes breast cancer (not true According to the Journal of the American Medical Association, (April 21, 2004)

A comprehensive analysis of studies from around the world concludes there is no link between having an abortion and breast cancer. The findings were made by the Collaborative Group on Hormonal Factors on Breast Cancer, which analyzed data from 53 epidemiological studies conducted in 16 countries),

And finally the volunteer stated
" many women who have an abortion becomes suicidal, while women that give up their babies for adoption feel happiness and pride for doing the right thing.

I asked, "so most women that have an abortion are suicidal afterwards, and most women that give up their babies are happy? And she said, "Yes. Happy because they know they did the right thing in God's eyes."

Some crisis pregnancy center volunteer counselors make big promises in order to convince a woman to choose to parent. For example,
"Luckily there is plenty of state aid available… food shelves… good Samaritans that are always willing to help.. and friends to baby-sit.. Everyone loves babies! And you can easily get daycare assistance from the state."

Crisis Pregnancy Centers use language filled with violent images and non-medical terminology. One CPC volunteer described an abortion procedure that she purportedly experienced; she "was injected with chemicals that burned her baby to death." Another CPC volunteer stated that the doctor uses a "suction thing" to "suck pieces of the baby out" and then "put it on a strainer to make sure all the pieces of the baby are out." Most of the potentially pregnant women were told that there would be no way for them to keep their decision private, that many people would find out about their decision.
I have heard testimony from people who have been harassed by crisis pregnancy center volunteers. The nature of this project did not allow for a method to test the

frequency of this allegation. Incidentally, both of the CPCs called women at home after explicitly being asked not to.

According to a participant in this project, "upon leaving the center the counselor asked me if she could call the number I had given her. Because I gave her a false number, I agreed. When Kris called to make our appointment, the receptionist said she would need to check the schedule and call back, so they already had her cell phone number. I specifically stated that they were not authorized to call the cell phone number. Despite this request, Kris received a call several days later form the Pregnancy Resource Center.

As I stated previously, not all crisis pregnancy centers operate in the same manner. Some of these centers consistently use lies, evasion and misinformation to scare women into continuing an unplanned or unwanted pregnancy. This is not a legitimate or ethical method of supporting pregnant women. I am asking you to please consider the credibility of some of the potential recipients of this Act.

# Testimony of Anne Halverson to the Minnesota State Senate Health and Family Security Committee Tuesday, March 15, 2005

My name is Anne Halverson. I am 21 years old and I have a one year old son. When I became aware of the fact that I could be pregnant I went to Birthright in downtown Minneapolis. I picked Birthright because I heard their commercial on a popular radio station. Based off of their commercial I believed that they would be honest and supportive of my situation. I took a pregnancy test and while I waited for the results I was directed to a private room. While in there I looked at all the brochures and pamphlets. One book in particular stuck out to me. It was a book about the negative effects of having an abortion. I looked through it and it listed all these horrible side effects that could occur if I were to have an abortion. I was 19 years old and to hear that I might never be able to have children again or that I might become more prone to breast cancer scared me. I had never been fully educated on pregnancy or abortion.

When the test came back positive, the woman I was working with came in and asked me what I was planning on doing. I explained that I was scared and I wasn't sure what I was going to do. She asked me if I was married, I said no. She asked me if I knew who the baby's father was, which I did. She then told me he would have to pay child support. I told her I wasn't yet sure what I was going to do, whether I was even going to have the baby; at that point I myself was in shock and scared and didn't know whom I would even turn to. She asked me why on earth I wouldn't have this baby, as if keeping the baby was a consequence for my "irresponsible" behavior. She made it seem that having this baby was the only way for me to rectify a bad situation.

She didn't ask me anything further about my situation such as did I have a job? Did I live with my family? Did I have doctor I could see for prenatal care? She didn't refer me to any clinics or to other resources that might have been of help to me. Because she didn't ask me these questions, she didn't know that I was 19 years old, living on the street, unemployed and that for these very reasons I couldn't imagine keeping this child. It was confusing to me that she didn't offer any further help except to tell me to come back once I had my baby and they would give me diapers and some coupons for food. I never went back.

After leaving Birthright I immediately called my sister who directed me to the Midwest Health Center for Women. I took another pregnancy test there and again it came back positive. However when the woman there took me aside and into a private room, it wasn't filled with pamphlets and brochures. She explained to me that my test was positive and immediately she told me that I had options and that I didn't have to do any of this alone.

She explained that she would be willing to explain any or all of the options to me. She didn't ask me personal questions that made me feel that I had done something bad. She gave me several resources I could turn to for counseling. She sat with me and helped me come up with a way to tell my mom. We talked about having this baby and raising it. We also talked about adoption and abortion. She presented each of the options without bias. I never felt that she was partial to one more than the others. She didn't maKe me feel like this was something "bad" that I had done or that the only of fixing the situation was by having this child.

I left the Midwest Health Center for Women feeling so much more in control of this scary situation. I didn't feel pressured into anything and I felt like I had more choices and that I had more control over my situation. I felt supported that I would make the right decision for myself.

I can only share with you what my personal experience was. What was helpful to me was a clinic that was honest and presented all my options without bias. I did not experience this at Birthright. My experience at Birthright made me feel as though having this child was the only "right" thing to do. I left there feeling as though I had really screwed up. They didn't share with me any resources like clinics for prenatal care or places I could turn to for housing or food. I felt scared and alone after leaving Birthright.

I don't believe that giving government money to these clinics is appropriate. The staff are not medical personnel nor do they give out medically accurate information. They are not as supportive as they purport to be. They do not present the full range of medically safe and legally available options to women. They decide what's best for the pregnant woman before she has a chance to consider the options and her reality – how will she support a child? Is she physically able to carry a child? Would she be able to give up her child?

I believe that in order to prevent unplanned pregnancies you need to educate people who are sexually active. I had a half semester of health education in high school. It was very general and it didn't address issues that sexually active teenagers were actually facing. Mostly we discussed how to prevent STD's. The only birth control we discussed were condoms and abstinence. We didn't learn anything about other forms of

contraception or resources available to us if any of us got pregnant. There was no discussion of the actual repercussions of teen pregnancy: how would we afford a child? How would we continue going to school? There was no discussion about how we could prevent unplanned pregnancies or why we should. And we never, ever discussed abortion as an option.

I do believe that if the government wants to invest in ways to prevent unplanned pregnancies, not just prevent abortions, they should be investing in organizations that present medically accurate information to people about birth control and alternative options to pregnancy. This includes comprehensive sex education in our schools and also supporting family planning programs and clinics staffed by medical personnel.

I feel that another point needs to be made. All these health care subsidy and day care subsidy programs are about to be cut and yet if I become pregnant again I can't afford to support another baby. However the expectation of the Pawlenty Administration is that of course I would keep this child, rather then even consider abortion.

Michael J. Bolen
Attorney At Law
7250 York Ave. So, Suite 422
Edina, Minnesota 55435
(952) 927-7371 mjbolen@mn.rr.co

March 15, 2005

Honorable Becky Lourey , Chair, and Members of the
House Family Security Committee
Office 24-G Capitol State Office Bldg., St. Paul MN

Re: S.F. No. 917, the so-called "POSITIVE ALTERNATIVES ACT" (The "Act")

Dear Chairperson Lourey and Committee Members:

I have previously requested opportunity to testify on the above captioned Act. My testimony was to relate to its patent unconstitutionality by virtue of the *Women of Minnesota v. Gomez,* 542 N.W. 2d 17 (1995), my analysis which would contend that Minnesota remains a *Roe v. Wade (1973)* state (any statute impinging on a woman' s decision making fundamental right to an abortion prior to fetal viability would be subject to strict judicial scrutiny, proof of a compelling state interest, and require that the least invasive means be employed to accomplish this compelling state interest). While in my opinion the Minn. Supreme Court rejects *sub silentio* the U.S. Supreme Court's opinion in *PP of SE PA .v . Casey(1992)* insofar as it adopts the less stringent analytical standard of "undue burden" and overrules parts of *Akron I* (1981) and *ACOG v. Thornburgh* (1986) relating to prohibiting the state from interfering with the woman's decision making right, by permitting the state to persuade the woman to bear the child if the information given is not false. Thus, Minnesota upholds the physicians' independence to advise the patient in his best clinical judgment free and clear of state mandated messages. *PP of Middle Tenn. v. Sundquist,* 38 S.W. 3d 1 (2000) at page 12, cites *Gomez* as holding what I concluded above and Tenn. likewise rejected *Casey's* undue burden test..

Further, I was prepared to testify as to the religious nature of the Act in violation of Art. I, Sec. 16 "Freedom of Conscience; No Preference Be Given to Any Religious Establishment of Mode of Worship", a part of the Bill Of Rights under the Minnesota Constitution. I would have cited and entered into the record the `Brief of Amici Curiae Religious Coalition for Reproductive Choice, Fifty-Three Other Religious Organizations and Religiously Affiliated Organizations, et al" filed March 29, 2000, in the U.S. Sup. Court in *Stenberg v. Carhart,* Case No. 99-830, to demonstrate the divergence, if not clash, of religious views. `I also would have testified as to my lack of confidence in the present Commissioner of Health and was prepared to prove several examples of her lack of neutrality in this matter when the Act invests her considerable unchecked powers of determining disbursements.

Yesterday afternoon, I was informed that my testimony would not be entertained as it would be more properly presented to the Judiciary Committee. However, as I anticipate that the Minnesota Citizen's Concerned For Life (MCCL), who claim authorship of this legislation, will falsely claim before this Committee (as it also repeatedly claims in its website) that the Act is authorized by Minn. Stats. Sec. 256B.001. *Gomez* Head note No. 6 reads as follows: " Medical assistance and general assistance programs statutes that permit use of public funds for childbirth-related medical services but prohibit similar use of public funds for medical services related to therapeutic abortions violate constitutional right of privacy under Minnesota Constitution. M.S.A. Const. Art. 1, Secs. 2, 7, 10; M.S.A. Secs. 256B.011, 246B.02, 256B.0625, subd. 16, 256.B.40, 261.28, subd. 11. At page 23 these statutory sections are identified as the "origins the statutory scheme now challenged". At page 31, the Court further recites and discusses Sec. 256B.011 (State's policy favoring normal childbirth over abortion is to be "given preference and support by law and state action" At page 32 the Court declares this and the other challenged sections unconstitutional on privacy grounds as follows: "Because the challenged provisions apply at all stages of pregnancy, including prior to viability, they do not withstand strict scrutiny, and thus must be invalidated." (Underlining supplied)

The Act is aimed at the heart of the *Gomez* holding, to-wit: **"It is critical to note that the right of privacy under our constitution protects not simply the right to an abortion, but rather it protects the woman's *decision (Court's* Emphasis) to abort; any legislation infringing on the decision-making process then, violates this fundamental right."** The MCCL scheme is similar to that employed by the "scientific creationists" in a Louisiana law which was held by the U.S. Supreme Court to have "no secular purpose" and was summarily held to violate the "establishment clause" of the 1st. Amendment. See *Edward v. Aguillard,* 482 U.S. 578 (1997). A *CAVEAT against unintended consequences.* In *Gomez,* the Court makes it clear that the state is not required to fund child-bearing or abortion, but if it funds one, it must fund the other. By implication the Court could deny the state the right to pay for child bearing expenses if the state prohibits (as in the Act here) payment for abortion expenses including consultation thereon.

Respectfully submitted,

_____

**Senate Counsel, Research, and Fiscal Analysis**

G-17 STATE CAPITOL
75 REV. DR. MARTIN LUTHER KING, JR. BLVD.
ST. PAUL, MN 55155-1606
(651) 296-4791
FAX: (651) 296-7747
JO ANNE ZOFF SELLNER
DIRECTOR

**Senate**
**State of Minnesota**

# S.F. No. 1005 - Adopted Persons Records Access

**Author:** Senator Ann Rest

**Prepared by:** Joan White, Senate Counsel (651/296-3814)

**Date:** March 14, 2005

---

**Section 1** amends the Department of Health adoption birth records, by changing the status of the birth record under the data privacy act from "confidential" to "private data." Confidential data means data that is made not public by statute or federal law and is inaccessible to the individual subject of the data. Private data means data that is made by statute or federal law applicable to the data (a) not public, and (b) accessible to the individual subject of the data. This section also provides upon request the information contained in the original birth record to the adopted person who is the subject of the vital record if that person is at least 19 years old.

**Section 2** changes the certified copies of court findings and the order or decree of adoption, the certificate of adoption, or decree of intercountry adoption from confidential to private data under the data practices act, and allows the adopted person to receive the same upon request if the person is at least 19 years old.

**Section 3** modifies what adoption services are provided and to whom. Under current law, the agency is required to provide services to adult genetic siblings if there is no known violation of the confidentiality of a birth parent or if the birth parent gives written consent. The bill strikes the language related to confidentiality and written consent, requires the agency, upon request, to provide services to any adult siblings, and requires adopted persons 19 years or older to be advised of any siblings. If the person was committed to the guardianship of the state due to a termination of parental rights and was not adopted, the person must be advised of other siblings who were adopted or were committed to the guardianship of the state and not adopted.

A new paragraph (b) allows a person age 19 or older who was adopted from a foreign country to receive copies of all documents and referral information from the agency, upon request. Birth parent

identities must be included consistent with the policies of the adopted person's country of origin. The agency is required to provide information about procedures for contacting birth parents.

**Section 4** applies to adoptive placements made on or after August 1, 1982. Current law specifies a process that must be followed if an adopted person requests that an agency give the adopted person the information on the their original birth record.

This process requires the agency supervising the adoptive placement to inform the birth parents of the adopted person's right at age 19 to request original birth record information and the birth parent's right to object to the release of that information by filing an affidavit of nondisclosure. Under current law, if a birth parent does not file an affidavit of nondisclosure before the adopted person reaches age 19, the agency will release the information to the adopted person who has requested it. If the birth parent has filed an affidavit of nondisclosure, an adopted person may petition the court for the release of the identifying information about a birth parent.

The amendment to this section clarifies that this process from current law remains in effect for all adopted placements made up until August 1, 2005, the effective date of this bill.

**Section 5** adds a new subdivision specifying a new procedure for the release of birth records and other information to adopted persons for all adoptive placements made on or after August 1, 2005. This new subdivision requires the agency responsible for or supervising the placement to obtain from the birth parents an affidavit attesting that the birth parents have been informed of the provisions in this section, which include:

(1 ) the right of the adopted person to receive a copy of the original birth record, and the last known address, birth date, and birth place of each birth parent, and all medical and social information from the birth parent history form;

(2) that each birth parent may state that parent's contact preference subject to the adopted person's rights under clause (1). The contact preference is direct contact, contact through an intermediary, or no contact at all. The birth parent may change the contact preference and time prior to the birth parent's death;

(3) that a birth parent who files a no contact preference understands that the agency will release the information under clause (1), and that indicating no contact does not preclude the adopted person from contacting the birth parent; and

(4) that if the birth parent does not file a contact preference before the adopted person reaches age 19, the agency will provide the adopted person with the information upon request.

**Section 6** significantly modifies the statute dealing with access to the original birth certificate by authorizing the Commissioner of Health to give adopted persons age 19 or older access to the person's original birth record information.

The bill changes the access to birth records as follows:

**Subdivision 1** relates to the request for information. The new language applies to adoptions granted before August 1, 2005, and requires the Commissioner of Health to disclose the information contained in the original birth record unless there is an unrevoked affidavit of nondisclosure on file at the Department of Health. If there is an unrevoked affidavit of nondisclosure, the Commissioner of Health is required to notify the adopted person of the date of the filing of the affidavit.

**Subdivision 2** provides that if a birth parent has filed an affidavit of nondisclosure, the adopted person may request the assistance of the Commissioner of Human Services in contacting the birth parent, notifying the birth parent of the adopted person's request for birth record information, and inquiring if the birth parent desires to revoke the affidavit of disclosure. This subdivision also strikes information that was to be provided to each parent, and adds language that lists what information must be provided to the adopted person after the attempt to contact the birth parent, which includes: the date the birth parent was contacted, the birth parent's response, and if the birth parent decided after being contacted to revoke the affidavit of nondisclosure, a copy of the signed and dated affidavit of disclosure. If the birth parent did not revoke the affidavit of nondisclosure, the birth parent must be advised of the right to file a consent to disclosure at any time with the Commissioner of Health.

**Subdivision 3** strikes language that prevents the commissioner from disclosing information on the original birth record if either parent filed an unrevoked affidavit stating that the information should not be disclosed. New language allows the information to be disclosed if the Commissioner of Human Services certifies an inability to notify a parent who had filed an affidavit of nondisclosure or certifies that the parent is deceased.

**Subdivision 4** strikes language related to the disclosure of information after notice, and adds language requiring the commissioner to release a copy of the original birth record pursuant to section 5 upon request of an adopted person 19 years or older for all adoptions granted on or after August 1, 2005.

**Subdivision 5** is stricken. Current law under this subdivision prohibited the disclosure of information if a deceased parent at any time prior to the death of the parent filed an unrevoked affidavit stating that the information should not be disclosed. The adopted person was required to petition the court for the disclosure of the original birth record.

**Section 7** makes this bill effective August 1, 2005.

JW:rdr