

Abortion Reporting Requirement Act

Sponsored by Senator Florence Shapiro and Representative Geanie Morrison

Current Policy in Texas

- ◆ Abortion complications are categorized as pregnancy-related complications, thereby skewing the statistics about the dangers and risks of pregnancy and childbirth.
- ◆ The current reporting requirements are not enforced, resulting in information gaps on abortion and pregnancy in Texas.

Source: Section 245.011 of the Texas Health and Safety Code

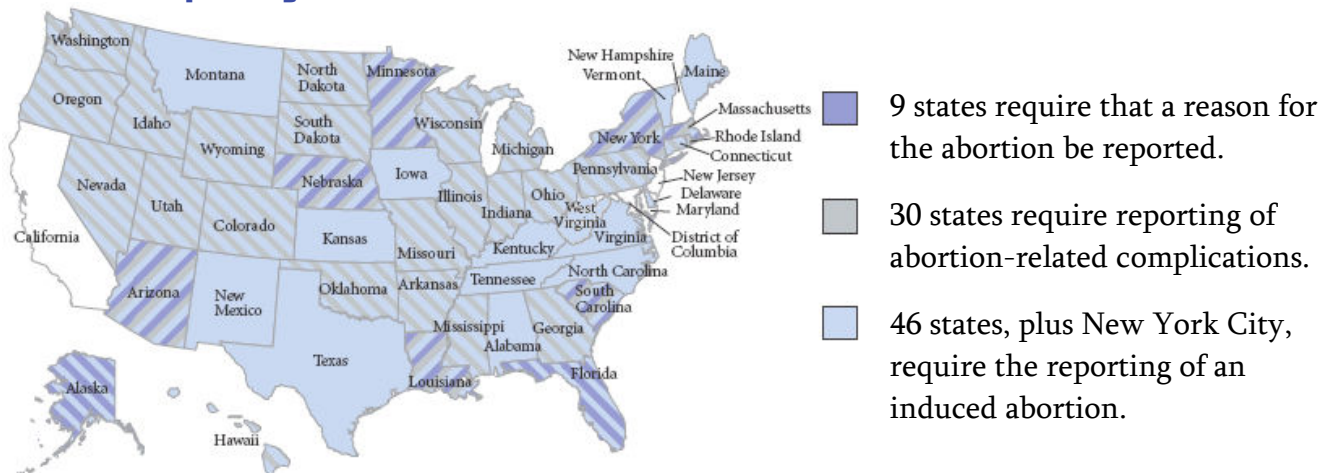
The Abortion Reporting Requirement Act will

- ◆ inform women that they cannot be coerced to undergo an abortion;
- ◆ offer doctors a way to identify and help women who are abused or coerced;
- ◆ collect demographic data on abortions;
- ◆ require separate reporting for medical complications caused by an abortion; and
- ◆ determine how many women feel abortion is their only choice due to economic pressure.

Legislative Purpose

- ◆ To improve the relevancy and accuracy of abortion statistics in Texas
- ◆ To protect women who are victims of domestic violence
- ◆ To establish a manner by which the state can assess where outreach programs for pregnant women are most needed, especially low-income, pregnant women
- ◆ To ensure that abortions are held to the same medical standards as other medical procedures

Abortion Reporting in the USA



For more information, contact Texas Right to Life's Legislative Staff:

Elizabeth Graham 713.299.4297 • Adam Black 281.658.9842 • Shane Williams 281.851.8796 • John Seago 936.672.0233



6776 Southwest Freeway, Suite 430 • Houston, TX 77074

Tel: 713.782.LIFE • Fax: 713.952.2041 • TexasRightToLife.com

The anonymity of the patient and the doctor is protected at all times.

Proposed Reporting Form

ABORTION REPORT DEPARTMENT OF STATE HEALTH SERVICES				
WHITE SECTION TO BE COMPLETED BY PATIENT:				
1. AGE	2. RACE/ETHNICITY	3. MARITAL STATUS	4. RESIDENCE – MUNICIPALITY	5. RESIDENCE – COUNTY
6. RESIDENCE – STATE		7. NATION OF RESIDENCE		8. AGE OF FATHER OF UNBORN CHILD
9. SPECIFIC REASON(S) FOR INDUCED ABORTION		14. REFERRED TO FACILITY BY		
A. <input type="checkbox"/> I FEEL COERCED, PERSSUDED, OR FORCED TO HAVE THE ABORTION. B. <input type="checkbox"/> I HAVE ALL THE CHILDREN I WANT. C. <input type="checkbox"/> I CANNOT AFFORD THE CHILD. D. <input type="checkbox"/> I DO NOT DESIRE THE CHILD. E. <input type="checkbox"/> THE UNBORN CHILD HAS DIAGNOSED DOCUMENTED HEALTH PROBLEMS. F. <input type="checkbox"/> THE FATHER OF THE CHILD OPPOSES THE PREGNANCY. G. <input type="checkbox"/> MY PARENT(S) OPPOSES THE PREGNANCY. H. <input type="checkbox"/> I FEAR LOSS OF FAMILY SUPPORT. I. <input type="checkbox"/> I FEAR LOSING MY JOB. J. <input type="checkbox"/> A SCHOOL COUNSELOR RECOMMENDS ABORTION. K. <input type="checkbox"/> A PHYSICIAN RECOMMENDS ABORTION. L. <input type="checkbox"/> MY PREGNANCY IS A RESULT OF RAPE. M. <input type="checkbox"/> MY PREGNANCY IS A RESULT OF INCEST. N. <input type="checkbox"/> I DO NOT WISH TO COMPLETE THIS SECTION.		A. <input type="checkbox"/> PHYSICIAN B. <input type="checkbox"/> SELF (TV, RADIO, ETC.) C. <input type="checkbox"/> FRIEND OR FAMILY D. <input type="checkbox"/> CLERGY E. <input type="checkbox"/> SCHOOL COUNSELOR F. <input type="checkbox"/> SOCIAL SERVICES AGENCY G. <input type="checkbox"/> HEALTH DEPARTMENT H. <input type="checkbox"/> FAMILY PLANNING AGENCY I. <input type="checkbox"/> OTHER (SPECIFY)		
NUMBER OF PREVIOUS PREGNANCIES:		15. I WAS OFFERED TO VIEW THE "WOMAN'S RIGHT TO KNOW" INFORMATION		
10. <input type="checkbox"/> ENDING IN LIVE BIRTHS		A. <input type="checkbox"/> YES B. <input type="checkbox"/> NO		
11. <input type="checkbox"/> TERMINATED BY INDUCED ABORTION		16. IF YES, I CHOSE		
12. <input type="checkbox"/> ENDING IN MISCARRIAGE OR SPONTANEOUS ABORTION		A. <input type="checkbox"/> TO VIEW THE INFORMATION ON THE INTERNET. B. <input type="checkbox"/> TO VIEW THE INFORMATION IN BOOKLET FORM.		
GRAY SECTION MUST BE COMPLETED BY THE ATTENDING PHYSICIAN:				
1. NAME OF LICENSED FACILITY AT WHICH ABORTION WAS PERFORMED		2. LICENSED FACILITY – MUNICIPALITY		3. LICENSED FACILITY – COUNTY
5. THE SIGNATURE, AREA OF SPECIALTY AND LICENSE NUMBER OF PHYSICIAN (MUST BE SIGNED BY THE PHYSICIAN PERFORMING THE ABORTION)		4. TYPE OF LICENSED FACILITY WHERE ABORTION WAS PERFORMED		
SIGNATURE: _____ AREA OF SPECIALTY _____		A. <input type="checkbox"/> ABORTION FACILITY B. <input type="checkbox"/> PRIVATE LICENSED PHYSICIAN'S OFFICE C. <input type="checkbox"/> LICENSED HOSPITAL D. <input type="checkbox"/> HOSPITAL SATELLITE CLINIC E. <input type="checkbox"/> AMBULATORY SURGICAL CLINIC		
LICENSE NUMBER: _____		6. TYPE OF ABORTION PROCEDURE		
7. DATE OF ABORTION ____/____/____		10. WEEKS OF GESTATIONS		A. <input type="checkbox"/> NON-SURGICAL ABORTION (SPECIFY) _____
8. DID THE WOMAN SURVIVE THE ABORTION? A. <input type="checkbox"/> YES B. <input type="checkbox"/> NO		11. METHOD USED TO VERIFY PREGNANCY OF WOMAN		B. <input type="checkbox"/> SUCTION AND CURETTAGE C. <input type="checkbox"/> DILATION AND CURETTAGE D. <input type="checkbox"/> DILATION AND EVACUATION E. <input type="checkbox"/> LABOR AND INDUCTION F. <input type="checkbox"/> DILATION AND EXTRACTION G. <input type="checkbox"/> HYSTEROTOMY/HYSTERECTOMY H. <input type="checkbox"/> OTHER (SPECIFY): _____
9. IF NO, THE CAUSE OF DEATH		12. METHOD OF PAYMENT		
		A. <input type="checkbox"/> SELF PAY B. <input type="checkbox"/> PRIVATE INSURANCE C. <input type="checkbox"/> PUBLIC HEALTH PLAN		
14. TOTAL AMOUNT OF FEES COLLECTED		15. TYPE OF ANESTHETIC, IF ANY USED FOR THE WOMAN		
13. IF THE INFANT WAS BORN ALIVE, WAS LIFE-SUSTAINING MEASURES PROVIDED TO THE INFANT? A. <input type="checkbox"/> YES B. <input type="checkbox"/> NO		16. TYPE OF ANESTHETIC, IF ANY USED FOR THE CHILD		
14. HOW LONG DID THE INFANT SURVIVE?		17. METHOD OF DISPOSAL OF FETAL TISSUE AND REMAINS		
18. ABORTION COMPLICATIONS				
A. <input type="checkbox"/> NONE B. <input type="checkbox"/> SHOCK C. <input type="checkbox"/> UTERINE PERFORATION D. <input type="checkbox"/> CERVICAL LACERATION E. <input type="checkbox"/> HEMORRHAGE F. <input type="checkbox"/> ASPIRATION/ALLERGIC RESPONSE G. <input type="checkbox"/> INFECTION/SEPSIS H. <input type="checkbox"/> BORN ALIVE INFANT I. <input type="checkbox"/> DEATH OF MOTHER J. <input type="checkbox"/> OTHER (SPECIFY)				
TO BE COMPLETED ONLY IF THE PATIENT IS UNDER 18 YEARS OF AGE:				
1. THE PARENT, GUARDIAN, OR MANAGING CONSERVATOR CONSENTED:		2. INSUFFICIENT TIME TO OBTAIN CONSENT DUE TO		3. WAS THE MINOR EMANCIPATED?
A. <input type="checkbox"/> IN PERSON AT THE TIME OF THE ABORTION B. <input type="checkbox"/> AT A PLACE OTHER THAN THE LOCATION WHERE THE ABORTION WAS PERFORMED C. <input type="checkbox"/> NO CONSENT WAS OBTAINED		A. <input type="checkbox"/> SERIOUS RISK OF IMPAIRMENT B. <input type="checkbox"/> DEATH C. <input type="checkbox"/> NOT APPLICABLE		A. <input type="checkbox"/> YES B. <input type="checkbox"/> NO
5. IF FATHER OF THE UNBORN CHILD IS THREE OR MORE YEARS OLDER THAN THE WOMAN, WAS SEXUAL ABUSE REPORTED? A. <input type="checkbox"/> YES B. <input type="checkbox"/> NO		6. IF JUDICIAL AUTHORIZATION WAS RECEIVED, THE PROCESS THE PHYSICIAN OR THE PHYSICIAN'S AGENT USED TO INFORM THE WOMAN OF THE JUDICIAL BYPASS, WHETHER COURT FORMS WERE PROVIDED TO HER, AND WHAT ENTITY MADE THE COURT ARRANGEMENT FOR THE MINOR		4. WAS JUDICIAL AUTHORIZATION RECEIVED? A. <input type="checkbox"/> YES B. <input type="checkbox"/> NO
THE FACILITY MUST PROVIDE THE PATIENT WITH A COPY OF THIS REPORT FOR HER PERSONAL MEDICAL FILES.				

If accurate abortion data are as necessary to policymaking as recent debate suggests, steps need to be taken to bolster the existing systems. Doing so first requires further research into the limitations of the current systems and data, and a significant will to improve state-level data collection and management.

The Guttmacher Institute (funded by Planned Parenthood Federation of America)

Senate Bill 182 and House Bill 36

Relating to informed consent to an abortion

Sponsored by Senator Dan Patrick and Representative Frank Corte, Jr.

Current Situation in Texas

- ◆ Due to ever-advancing technology, ultrasounds provide a window into the womb that was unavailable years ago.
- ◆ Abortion facilities in Texas already conduct ultrasounds to date the pregnancy and to determine the method of abortion to be used.
- ◆ Abortion facilities are neglecting to, and in some cases refusing to, show women their ultrasounds before an abortion.

Senate Bill 182/House Bill 36 will

- ◆ give every pregnant woman the opportunity to view an ultrasound image of her unborn child before the abortion;
- ◆ provide a list of agencies and organizations that offer ultrasounds at no cost to the woman; and
- ◆ assist every woman undergoing an abortion in understanding the medical information related to her pregnancy and the abortion.

Legislative Purpose

- ◆ Women in Texas will have additional information about their reproductive healthcare decisions.
- ◆ Informed consent in women's health care will be strengthened.

Ultrasound performed between 10 and 12 weeks



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Is an ultrasound already a routine aspect of an abortion procedure?

Virtually all of the doctors interviewed routinely made ultrasound part of this service [medical abortion]. Nearly all providers of surgical abortions now use ultrasound machines.

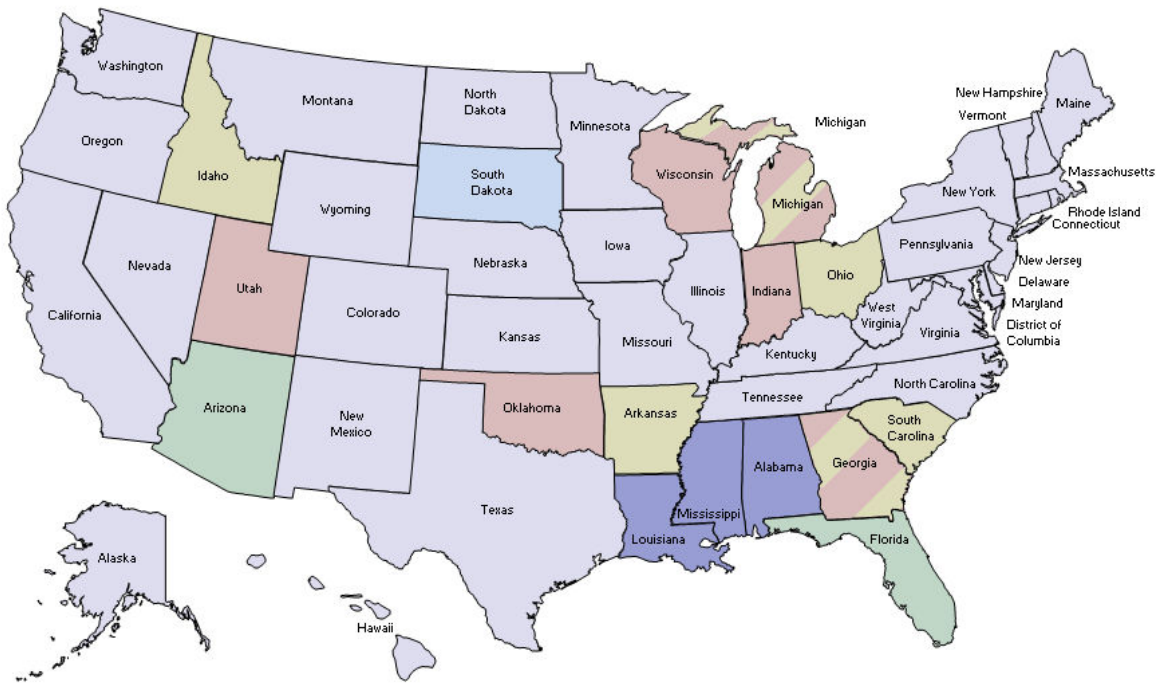
*From a 1998 survey of abortion providers conducted by
The Guttmacher Institute (funded by Planned Parenthood Federation of America)*

Do women want to see the ultrasound images?

The ultrasound has a huge impact on women contemplating abortion. Some women report that they've been denied the option to view an ultrasound image; these women have actually asked and been denied. One woman in particular thought she had been deceived. She went to the clinic not fully understanding what they provide. She thought that she might have miscarried. They did a D&C and told her that she had miscarried. She still doubts whether she actually miscarried because she was denied the right to see her ultrasound. This was over a year ago, and she cries like it had just happened.

Angelica Rosales, the House of Hope, El Paso, Texas

Abortion and Ultrasounds in the USA



- 3 states require the facility to do an ultrasound for each abortion and offer the woman the opportunity to view the image.
- 6 states require written or verbal information regarding available ultrasound resources.
- 6 states require the facility to offer each woman the opportunity to view the ultrasound only if an ultrasound is already provided.

- 2 states require the facility to offer each woman the opportunity to view the ultrasound only after the first trimester.
- 1 state requires the facility to offer each woman an ultrasound and the opportunity to view the image with mandated verbal description.
- These states do not have any laws on the books regarding abortions and ultrasounds.

Making the *Choose Life* license plate a reality in Texas

FACT SHEET ON HB 109

Authored by Rep. Larry Phillips (R-Sherman)



Purpose of the *Choose Life* license plate:

- ★ Promote adoption as a compassionate alternative to abortion.
- ★ Raise funds for nonprofit charitable organizations that assist women considering adoption for their unborn children.

How it has worked in other states:

- ★ The *Choose Life* license plate is on the road in 19 states, is approved in three more, and has raised more than \$9 million for the mission of supporting pregnant women who are considering the loving option of adoption.
- ★ A percentage of the fee paid for the specialty license plate is distributed to nonprofit charitable organizations that assist women who are considering adoption for their children. In other states, the funds are used to promote adoption by meeting the material needs of the pregnant woman and for adoption counseling training.
- ★ The 5th Circuit Court of Appeals has upheld the Louisiana *Choose Life* specialty plate.

What will happen if the *Choose Life* license plate becomes available in Texas:

- ★ Twenty-two dollars of the \$30 fee paid for the specialty license plate will go toward this pro-adoption mission, while the other \$8 will meet the production costs of the Texas Department of Transportation.
- ★ Attorney General Greg Abbott will administer the funds from the sales of the plate. His office already administers funds from another pro-child specialty license plate, the Lone Star Proud for Kids plate, which benefits CASA (Court Appointed Special Advocates).
- ★ The funds will be given as grants to nonprofit charitable organizations that work with women in crisis pregnancy situations who are considering adoption. Organizations that perform or make referrals for abortion will not be eligible for these funds.

Why a bill?

- ★ Although the Texas Department of Transportation has an administration procedure for directly creating specialty license plates, the *Choose Life* plate is not a candidate for this process because the "Choose Life" message is objected to by some parties.

For more information, visit www.TXChooseLife.org or call Texas Alliance for Life at 512.477.1244

Texas Alliance for Life is the official state contact for Choose Life, Inc., the national organization working to get the Choose Life license plate on the road in all 50 states.