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Y. Costa Richardson
Operator's Signature

10/10/03
Date

2003 HOUSE HUMAN SERVICES

HB 1467

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Yolanda Rickford
Operator's Signature

10/6/03
Date

2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1467

House Human Services Committee

☐ Conference Committee

Hearing Date 1-28-03

Tape Number	Side A	Side B	Meter #
1	x		22.7-51.1
1		x	0-23.4
Committee Clerk Signature <i>Sharon Pryor</i>			

Minutes: Chairman Price called the hearing to order. All committee members were present.

Representative Warnke: appeared to give information on HB 1467. (SEE ATTACHED TESTIMONY).

Representative Weisz: the 1.4 million that is what we would lose?

Representative Warnke: Yes, that is the amount we would lose.

Representative Ruby: supports the bill and provided written testimony (SEE ATTACHED TESTIMONY).

Representative Neimeier: would like to see the North Dakota statistics.

Representative Sitte: co-sponsored the bill and presented written testimony (SEE ATTACHED TESTIMONY). and urged a DO PASS motion.

Representative Niemeier: if we eliminate Title X what would happen to married poverty people?

Representative Sitte: I would hope that there would be enough committed people, of your way of thinking, that would step forward and establish some clinics that you would want to support as

Jo Costa Richardson
Operator's Signature

10/6/03
Date

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House Human Services Committee

Bill/Resolution Number HB 1467

Hearing Date 1-28-03

some charitable organization, just as I support other kinds in my life. I think it is well for the state.

Tim Lindgren, State Director for North Dakota Life League: we represent about 1,500 families through out North Dakota. Our organization is educational and we work to promote respect for human beings in all stages of life. Presented written testimony **(SEE ATTACHED TESTIMONY)**. There are 3 times as many out of wedlock pregnancies today as there was in 1978. Abortions have not followed this trend.

Suzanne Klundt, Volunteer Director of a Crisis Pregnancy Center in Bismarck (NEW LIFE): appeared in support of HB 1367. We help the girls make the best decision for themselves. We stress abstinence, and a healthy life style for them, we are privately funded.

Jean King, Bismarck: appeared in opposition of HB 1467. Title X was provided for low income families that needed assistance, to provide for family planning who could not provide for them selves. Birth control is not covered by insurance. Title X does not fund abortions.

Robin Iszler, Project Director for Central Valley Family Planning, Jamestown: opposes HB 1467.

And provided a written statement **(SEE ATTACHED TESTIMONY)**.

Jessica Perkins: appeared on opposition of HB 1467, and stated the people are going to have sex whether told to or not, a lot can't afford birth control, so they go to family clinics for birth control this is much needed in North Dakota. They would have to close their doors.

Don't cut funds, increase awareness.

Pat Egberg, Director of Health Services of Valley City State University: appeared in opposition of HB 1467.

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House Human Services Committee

Bill/Resolution Number HB 1467

Hearing Date 1-28-03

Barb Lenington, Bismarck: appeared on opposition of HB 1467. 48.6 % of all statistics are made up on the fly, we need to look at the background of those statistics, people don't know how to use the condom properly, these programs are there to show them how to use birth control in a proper manner.

Deb Linkin, Jamestown: promotes abstinence, but people are going to continue to have sex.

Christopher Dodds, North Dakota Catholic Conference: appeared neutral on HB 1467. There are many problems in the Title X program. There are serious moral problems provided in Title X. You can't stop the money coming unless you change the law.

Hearing closed.

Dr. John Joyce, Committee Health Section Chief with the Dept. of Health appeared neutral with written testimony. We are among the 3 lowest in the nation for out of wedlock births. Feels there are multiple factors that affect the emotional health of our young people and this was a healthy discussion, the issues have to be discussed.

2003 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1467

House Human Services Committee

☐ Conference Committee

Hearing Date January 29, 2003

Tape Number	Side A	Side B	Meter #
1		x	6.7 - 16.7
Committee Clerk Signature <i>Sharon Engstrom</i>			

Minutes: Committee Work

Rep. Price stated she received an e-mail from Tim Lindgren who said just to amend the bill to say that nobody could use the money for what he doesn't want, but that is not an option.

Rep. Porter: during the interim it was brought up that we should just not accept the money, but the way this bill was presented was to just not take the money, but has a hard time saying no to the money because one area of objection when it does so much good in other areas.

Rep. Pollert: stated he can't support the bill and found some of the testimony rather disgusting with contraceptives (Fargo clinic), etc.

Rep. Price: ran into Mary Kay Hermanson of Fargo who says it was used during an aids promotion and it was not in the main lobby, but is not typical for their clinic.

Rep. Uglem: Christopher Dodson didn't speak against this bill and that bothers him.

Rep. Sandvig: abstinence is still the best thing but will vote for the bill.

La Costa Richard
Operator's Signature

10/16/03
Date

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House Human Services Committee

Bill/Resolution Number HB 1467

Hearing Date January 29, 2003

Rep. Devlin stated we can't use sight of the good things that this money is used for because we don't agree with one part.

Rep. Potter made a motion for DO NOT PASS, second by Rep. Amerman.

VOTE: 12 - 1 - 0

Rep. Potter

FISCAL NOTE
Requested by Legislative Council
01/21/2003

Bill/Resolution No.: HB 1467

1A. **State fiscal effect:** Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.

	2001-2003 Biennium		2003-2005 Biennium		2005-2007 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues				(\$1,633,712)		(\$1,633,712)
Expenditures				(\$1,633,712)		(\$1,633,712)
Appropriations				(\$1,633,712)		(\$1,633,712)

1B. **County, city, and school district fiscal effect:** Identify the fiscal effect on the appropriate political subdivision.

2001-2003 Biennium			2003-2005 Biennium			2005-2007 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts
			(\$1,439,427)			(\$1,439,427)		

2. **Narrative:** Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.

The proposed legislation would prohibit the department from applying for or receiving Title X Family Planning federal funding. This legislation would have a negative fiscal impact on the department with the loss of \$1,633,712 in federal funding including salary and operating expenses for 2 staff members. No general funds currently are allocated for support of this program. This would also mean the loss of \$1,439,427 in federal funding to local health departments and non-profit organizations across North Dakota with which the department contracts to provide family planning services.

Family planning services include: physical assessment and health screening, pregnancy testing, basic infertility services, counseling and education, sexually transmitted disease services, diagnosis and treatment of minor gynecologic problems, contraceptive services and community education. Client education and counseling addresses infertility, genetics, health promotion/disease prevention, nutrition, preconception care, pregnancy, STDs, HIV/AIDS and other issues which may arise from review of an individual's health history, physical assessment or laboratory services.

Services are targeted for low-income clients who have limited resources to pay for health care services. For calendar year 2002, 13,048 clients served were at or below 200 % of the federal poverty level [\$17,721/gross annual income].

3. **State fiscal effect detail:** For information shown under state fiscal effect in 1A, please:

A. **Revenues:** Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.

The Health Department's appropriation bill (HB1004) would need to be reduced if this bill passes. We would not be allowed to participate in title X (family planning) of the federal Public Health Services Act.

B. **Expenditures:** Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.

The Health Department's appropriation bill (HB1004) would need to be reduced if this bill passes. We would not be

allowd to participate in title X (family planning) of the federal Public Health Services Act

C. **Appropriations:** Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.

The Health Department's appropriation bill (HB1004) would need to be reduced if this bill passes. We would not be allowd to participate in title X (family planning) of the federal Public Health Services Act

Name:	Kathy J. Albin	Agency:	Health
Phone Number:	328.4542	Date Prepared:	01/24/2003

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Operator's Signature

Yolanda Rickford

Date

10/16/03

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☐ Check here for Conference Committee

Action Taken

1DNP

Rep Amerman

Absent

Rep. ~~Beard~~ Potter

Operator's Signature Al Costa Richardson

10/16/03
Date

REPORT OF STANDING COMMITTEE (410)
January 30, 2003 8:47 a.m.

Module No: HR-18-1315
Carrier: Potter
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE
HB 1467: Human Services Committee (Rep. Price, Chairman) recommends **DO NOT**
PASS (12 YEAS, 1 NAY, 0 ABSENT AND NOT VOTING). HB 1467 was placed on the
Eleventh order on the calendar.

(2) DESK, (3) COMM

Page No. 1

HR-18-1315

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Richard Costa
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10/6/03
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2003 TESTIMONY

HB 1467

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Valerie Richardson
Operator's Signature

10/16/03
Date

IR

**JANUARY 28, 2003
REP. AMY WARNKE
DISTRICT 42**

TESTIMONY ON HB 1467

Madame Chair and members of the committee, my name is Amy Warnke and I am a State Representative from District 42 in Grand Forks. I am here to testify neutral on HB 1467 and provide some basic background information.

I served as the Chair of the Interim Budget Section on Human Services which looked at this very issue. Before you make your final decision, there are some things I think you should know.

Through testimony, we found out that our public health units are currently using the Title X money for a myriad of reasons including: Infertility counseling, pre-natal care, fetal development education, STD education etc. Federal guidelines for Title X dictate (through purpose area "c"), that we must provide services for "pregnancy termination". We heard from directors of the public health units that they are only providing information if the woman specifically requests it. We are not providing the actual abortions, but referrals have been made and information concerning procedures/methods etc. has been distributed. The percentage of dollars used for this purpose is very low, however.

My concern is that once the state of North Dakota refuses the Title X grant, it is free for any private organization to claim. Both the abortion clinic in Fargo and Planned Parenthood would qualify for these funds. Once we let the money go, we cannot reclaim it until the new grantee would decide to not accept the grant, in which case the grant would be up for a competitive bid once again. I am confident that one of the above mentioned entities would indeed claim those dollars and while the intent of the sponsors is to limit the incidences and exposure to abortion in this state, we would in fact, be increasing it.

The grant amount last biennium was around \$970,000. This biennium's grant amount is \$1.4 million.

Thank you Madame Chair, I would be happy to answer any questions that I can.

**Testimony for HB 1467
58th Legislative Assembly
Representative Dan Ruby District 38**

Madam Chairman And Members of the Human Services Committee, House Bill 1467 directs the state to discontinue participating in Title X programs. As you all probably know, Title X is a federal government "family planning" program that has become the source of various projects for the dispensation of birth control, referral for abortion and promotion of in-school and on-campus sex education programs and school-based clinics.

Title X was started in 1970 and its stated purpose was to reduce the number of illegitimate births and the medical and psychological complications for both mother and child often resulting from the births.

According to the Department of Commerce Bureau of the Census, the rates of out-of-wedlock births among teenage girls (15-19) in the US are as follows:

1940	5.8%
1950	5.3%
1960	7.0%
1970	22.4%
1980	27.6%
1990	38.1%

As the data above shows, one of the major goals of the Title X program has failed miserably. Also during these years millions of abortions have taken place proving that the programs offered under Title X have not been successful in cutting down the number of out-of-wedlock births or significantly reduced the number of abortions. It certainly has not reduced the promiscuity among teens. In the first ten years of Title X there was a 306% increase in federal expenditures on family planning with a corresponding 48.3% increase in pregnancies and a 133% increase in abortion.

Title X programs put a great deal of effort in preventing pregnancy by providing contraceptives and education. But even Planned Parenthood, who also provides services with Title X funds, admitted in an April 26, 1991 letter to the editor of the Wall Street Journal stating what is responsible for the overwhelming majority of

unplanned pregnancies. Quote: "More than three million unplanned pregnancies occur each year to American women; two-thirds of these are due to contraceptive failure."

Their intentions were good. But we cannot gauge our success based on what our intentions were. We can only gauge our success by the results. And the results say we wasted our time and money.

You might be asking, what do we do? Do we spend more money to fix the problem? Obviously that doesn't work. Yesterday in our IBL committee we heard a bill presented by Lonnie Winrich dealing with accountability for economic development programs. The point made by one of the presenters was that if something isn't working you have to quit doing it because it's unproductive. So this bill is asking you to do just that. Let's quit doing something that doesn't work and try other things that will. For instance, promoting abstinence and educating people to the risks associated with the use of contraceptives and promiscuity. You may scoff at the suggestion of abstinence but it is the only option that works every time it's tried.

There are others here who are prepared to provide you with more data to back up what I have presented to you so with that I will yield to them unless you have any questions for me. Thank you!

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10/6/03
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Testimony of Margaret Sitte on HB 1467 January 28, 2003

For the record, I am Rep. Margaret Sitte, from District 35, Bismarck.

Last April Secretary of Health and Human Services Tommy Thompson warned that too many young women are making choices that will jeopardize their futures. He said, "Too many stories of welfare dependence begin with the pregnancy of a young girl who felt pressured to begin a sexual relationship. Abstinence until marriage is a message that we have a responsibility to deliver to all young people, and one that most of them want to hear."

Why should the state of North Dakota get out of the family planning business? Three reasons are readily apparent:

- The distribution of contraceptives among teens has led to epidemic growth of sexually transmitted diseases.
- No method of birth control is 100 percent foolproof, leading to unplanned pregnancy, out-of-wedlock children, and a series of difficulties that often require government intervention.
- Providing abortion referrals is a morally objectionable use of taxpayer money, and not telling women of the link between breast cancer and abortion could open the state to legal liability.

The federal government began funding family planning clinics because of claims that these clinics would reduce teen pregnancy. Yet a two-year study by Stan E. Weed as early as 1986 showed that "teenage family-planning clients increased" and were followed by "a corresponding increase in the teenage pregnancy and abortion rates.... The original problems appear to have grown worse." (*Wall Street Journal* Oct. 14, 1986)

According to the Planned Parenthood website, forty percent of sexually active teens in need of contraceptive services turn to Title X-funded clinics (Donovan, 1998) Title X requires that family planning services be provided to adolescents and that the confidentiality of minors be protected

More than one million teens become pregnant annually and an additional three to four million contract a Sexually Transmitted Disease (STD).

According to "Sex, Condoms and STDs: What We Now Know," there were two STDs of major concern in the 1960s—syphilis and gonorrhea—both curable with penicillin. The report shows the current widespread epidemic of STDs.

"Today according to the Institute of Medicine, there are more than 25 STDs, many of which are viral with no cure. It is estimated that over 15 million new sexually transmitted infections occur every year in the United States. One-fourth of these new infections occur in teens, and two-thirds occur in individuals less than 25 years of age.

There are approximately 70 million current STD infections in the United States. The most common of these is genital herpes, which alone infects over 20 percent of Americans age 12 or older. A recent study reported that an estimated 7.9 percent of 18 to 35 year-old residents of Baltimore, MD, have untreated gonorrhea or chlamydia infections, or both. Another large study showed that 50 percent of sexually active women ages 18-22 were infected with human papillomavirus, the virus that causes over 93 percent of cervical cancer."

The Centers for Disease Control released a report on condoms and STDs in July 2001. Among the findings are the following:

- "The surest way to avoid transmission of sexually transmitted diseases is to abstain from sexual intercourse, or to be in a long-term mutually monogamous relationship with a partner who has been tested and you know is uninfected."
- "While some epidemiologic studies have demonstrated lower rates of HPV [Human Papillomavirus] infection among condom users, most have not." (CDC, "Male Latex Condoms and Sexually Transmitted Diseases").

The Centers for Disease Control has said, "Prevention of one case of STDs can result in the prevention of many cases."

The current dominant public health model of distributing condoms is seriously flawed. Public health officials condemn tobacco use and drug use, for their obvious detrimental impacts on public health. Why then should state government continue to so easily accept adolescent and unwed sexual activity and strongly emphasize condom effectiveness when the CDC has found that condoms are often not effective in preventing STDs?

Let's move on to the second point: Contraceptive are not 100 percent effective, thereby leading to teenage pregnancy and out-of-wedlock birth.

A 14-year study in Scotland published in the Journal of Health Economics provides invaluable background. When access to family planning was temporarily restricted under a court ruling in 1984, pregnancy rates fell. The study concluded that family planning services have had no impact on pregnancy or abortion rates in girls under 16 and may even increase sexual activity. Dr. David Paton of Nottingham University business school said, "Family planning seems to encourage more people to have sex which, teamed with a high contraceptive failure rate, can cancel out any gain.

Remember what Tommy Thompson said? For many young women welfare dependency begins with pregnancy? As reported by the Associated Press last week, a study published in the Lancet medical journal shows that children of single parents suffer many problems: they are twice as likely to develop serious psychiatric illnesses such as severe depression or schizophrenia, to kill themselves, or to attempt suicide. They are more likely to become drug addicts and to develop alcohol-related disease.

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Children in single parent homes suffer far more abuse, are more likely to be sexually promiscuous, are more likely to do poorly in school and are more likely to live in poverty than children with married parents.

The CDC reports that during 1971 to 1979 the percentage of females aged 15 to 19 years living in metropolitan areas nationwide who ever had sexual intercourse increased from 30 percent to 50 percent; During 1982-1988, the percent increased from 47 to 53 percent. Yet during 1991-2001, the percent decreased from 54 percent to 46 percent. As more young people are deciding to control their sexuality, the state of North Dakota should reinforce their decision by getting out of the family-planning business.

Third, spending taxpayer money for abortion referral is simply not the answer. For many North Dakotans it is an immoral use of their tax money. At a time when some are proposing an Office of Population to increase North Dakota's resident count, isn't it counterproductive to be referring for abortion? Some Canadian provinces are paying families to have another child and in Russia, the government is offering young couples free houses if they promise to have three children within five years. Certainly, North Dakota should be looking to the future of its population base if we baby boomers ever hope to be able to retire.

Another area of concern is the link between abortion and breast cancer. The Journal of the National Cancer Institute reported that "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." The study by pro-choice Dr. Janet Daling, found that of 12 women who had abortions before age 18 and who had a family history of breast cancer, all 12 had breast cancer before age 45. She reported the risk is "incalculably high" for these teenagers.

In 28 of 37 studies since 1957, researchers have found a link between abortion and breast cancer. For women under 18, risk increases 150%. If the abortion was after eight weeks, the risk raises to 800 percent.

In December 2001, an Australian woman won an out of court settlement because her doctor failed to warn her of the risk of breast cancer associated with abortion.

North Dakota's birth rate is declining. Our state needs strong families, committed families, who treasure healthy sexuality in the context of marriage. One of the best ways we can help to achieve that vision, is for the state to get out of the family-planning business and let medical facilities deal with these medical issues. The state should do no harm. North Dakota should set a higher standard for healthy living I urge you to vote do pass yes on this bill.

North Dakota Life League
1336 25 Ave S Ste 207
Fargo ND 58103
(701) 293-6221
FAX (701) 293-1784

Testimony of Timothy K Lindgren, NDLL State Director

January 27, 2003

Honorable Chairman Clara Sue Price and members of the Human Services Committee of the House of Representatives:

For the record, my name is Tim Lindgren, State Director of North Dakota Life League (NDLL). NDLL is a statewide educational organization that works to promote respect for human beings and for the right to life. NDLL is supported by over 1500 families throughout North Dakota.

NDLL supports HB 1467 due to our growing awareness of the intricate involvement the Title X program has in referrals for abortion, the fact that many of the so-called contraceptives advocated by and through the Title X program may act as abortifacients chemically or mechanically. NDLL is also concerned about the increase in STD's, the fruit of promiscuity; and the resulting burden placed on women, families and the state by the continued increase in the number of out-of-wedlock births.

The stated purpose of the Title X program was to eliminate illegitimate births and the medical and psychological problems resulting from them. Nationally the number of out-of-wedlock birth among teens increased from 7 percent in 1960 to 38.1 percent in 1990.

In North Dakota, the number of out-of-wedlock pregnancies increased from 936 in 1978 to 2156 in 1995 or by 241 percent. More current statistics indicate a continued increase to 2762 out of wedlock pregnancies in 2001 which is an increase of 295 percent since 1978. Thankfully, the number of surgical abortions has not followed this trend.

The statistics suggest that while fewer women are having abortion, this does not mean that there are fewer out of wedlock pregnancies or that there is less promiscuity. In fact during the past 30 years (nationally) there has been an increase from 5 to 50 in the number of venereal diseases. Reported cases of STDs per the N.D. Department of Health indicate that the number of STDs remains just as high or higher presently than they were 10 years ago. We believe it is time for the state to go in a different direction. This program does not appear to have worked. Increasingly, in addition to this programs failure in achieving its stated intent, there are serious moral and philosophical concerns that many people in North Dakota have with the means used within this program to achieve its higher minded end.

Concerns:

1. Many people have concerns about the morality of a number of the services advocated by the Title X program including contraceptives, referral for abortion, sterilizations and certain infertility treatments.
2. Many people have major concerns with the abortifacient actions of a number of the so-called contraceptives. As stated in the ND Family Planning brochure titled, *Family Planning Program* and under the subheading, "methods of contraception" where it states, "changes the lining of the uterus, which may prevent implantation." This means to many the denial of life to an already conceived child: abortion. This is what is referred to as an abortifacient.
3. These services become of even greater concern when they are delivered – as is required under the Title X program – to minors with confidentiality (or without parental notification).
4. A major concern is the health affect that these programs have on women. When the pill was first approved for use in the United States in 1966, The Food and Drug Administration (FDA) Advisory Committee on Obstetrics and Gynecology issued this statement: "The oral contraceptives present society with problems unique in the history of human therapeutics. Never will so many people have taken such potent drugs voluntarily over such a protracted period for an objective other the control of a disease." Thirty years later, physician Ellen Grant said, "Preferred ignorance has caused us to close our eyes to the enormous increase in ill health of young women since the pill was introduced.
5. A major women's health issue is breast cancer. A brochure written based on Chris Kahlenborn's book titled, *Breast Cancer, Its Link to Abortion and the Birth Control Pill*, says, "It is estimated that an additional 40,000-80,000 cases of cancer will occur in the U.S. annually when the effect of oral contraceptives on all types of cancer is considered.
6. Another concern is that this program by its nature – appealing to poor women or families – could be administered with eugenic intentions of sterilizing women or men for utilitarian means based on their financial or social status.

In conclusion, I ask you to respect the consciences of a good number of the people of this state who for legitimate reasons do not want their tax dollars spent on programs that are morally objectionable to them. We believe that this bill would truly be for the common good our all people, but for those who do not agree, we remind you that eliminating the state involvement in this program would by no means mean these services would not be available. It would simply get the state out of the program.

Thank you for your consideration of this bill. NDLL urges a Do Pass vote on HB 1467.

Yolanda Richardson
Operator's Signature

10/6/03
Date

Good morning. I am Robin Iszler, Project Director for Central Valley Family Planning (CVFP). I am opposed to HB 1467. I am here today to provide information regarding services offered at Central Valley Family Planning in Jamestown, ND.

Central Valley Family Planning began in 1972 in Stutsman County and is part of Central Valley Health Unit – which is the local Public Health Department. Our service area includes a 13-county area surrounding Stutsman County which includes the counties of Barnes, Dickey, Eddy, Foster, Griggs, Kidder, Lamoure, Logan, McIntosh, Ransom, Sargent, Stutsman, and Wells.

In calendar year 2002, our clinic provided medical, counseling and laboratory services to 1339 men and women. 52 men and 1287 women.

Clients who come to our clinic receive a wide range of services which includes:

- physical exams including a pelvic exam, Pap smear, blood pressure check, hemoglobin check;
- breast exams and self-breast exam teaching;
- HIV testing and counseling;
- sexually transmitted disease testing and treatment;
- infection checks and treatment – pelvic and vaginal infections;
- pregnancy testing;
- screening for cervical, breast and testicular cancer.

Along with physical assessments we also provide counseling services addressing:

- all methods of birth control, including abstinence and natural family planning;
- infertility;
- pregnancy;
- sexuality;
- health promotion;
- nutrition.

Program staff are active in Jamestown and surrounding communities providing community education sessions when requested. Content of the presentations includes such topics as birth control methods, STD, pregnancy prevention, sexuality, abstinence, midlife issues, HIV & AIDS education. Community education presentations have been provided for:

- local church groups
- Jamestown College
- Valley City State University
- Jamestown High School
- Carrington High School
- Medina High School
- Gackle Streeter High School
- Litchville Marion High School

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Roberta Richardson

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IP

We have an extensive referral system that includes referrals to local clinics, hospitals, human service center, Social Services, Women's Way, Healthy Steps, WIC, Optimal Pregnancy Outcome Program. Referrals are made for medical, mental health, social service, and legal services. Frequently we are the first health care provider a client sees. We have been instrumental in helping clients receive other services through our referral network.

Our staff includes a nurse practitioner, 2 staff nurses, project director who is a nurse, and a secretary receptionist.

Our office is open Monday to Friday. During the school year we also travel to Valley City State University for a satellite clinic where clients are able to receive the full range of Family Planning services. And recently we have begun providing services to Jamestown College student on campus. Title X dollars have also allowed us this year to provide educational sessions at the James River Correctional Center in Jamestown. These educational sessions to incarcerated women focus on healthy life skills that will help them make better choices upon release.

With out the Federal Title X dollars residents of Jamestown and surround communities will be severely impacted with their health care needs. Many of our clients are on limited incomes with no health insurance. Our clinic provides a way for clients to receive affordable health care.

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La Costa Rickford
Operator's Signature

10/16/83
Date

In opposition to House Bill No. 1467:

My name is Pat Egeberg. I'm the Director of Health Services at Valley City State University and I have been acquainted with the staff at Central Valley Health Department in Jamestown for more than ten years. Their office has been providing family planning outreach services to the students at Valley City State University since 1992. Many of these college students have no health insurance yet they are high risk for unwanted pregnancies, sexually transmitted diseases, and other health related illnesses. Without their monthly clinics the needs of the students there could not be met. Each month there is a waiting list to get into these clinics that provide a variety of services that may include regular annual physical exams, pap smears, birth control, breast exams and other preventative health care and education as well as treatment related to any health problems. Most of these college students have limited financial resources and many are non-traditional students also. The passing of this bill would be a tremendous loss to students and their families at a critical time in their lives. Thank you considering this important need for the support of family planning programs.

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Pat Egeberg
Operator's Signature

10/16/03
Date

Neutral

**Testimony
House Bill No. 1467**

January 28, 2003

9:00 am

North Dakota Department of Health

Good morning, Madam Chairman Price and members of the committee. My name is Dr. John Joyce, and I am the Community Health Section Chief with the North Dakota Department of Health. I am also a physician from Hettinger and the medical director for the Community Action Family Planning Program in Dickinson. The Department of Health is taking a neutral position on House Bill 1467. I am here to provide information about the Title X Family Planning Program.

The Family Planning Program provides infertility and contraceptive-related medical, laboratory and counseling services to 15,518 men and women in communities and on reservations across North Dakota annually. The services are intended to promote the general and reproductive health of the family planning client population. Services are targeted for low-income individuals who have limited resources to pay for health care services. Many of these individuals have no insurance or are underinsured. For calendar year 2002, 13,048 clients served were at or below 200 percent of the federal poverty level [\$17,721 gross annual income].

Since many of these clients have no or limited access to health care services, family planning is frequently their only access to preventive health and health promotion services. It often is their door into the health care system of referrals for a broad range of medical and social services. Based on a formula developed by a researcher from Johns Hopkins University, loss of contraceptive-related services could lead to unintended pregnancies and result in an estimated 10,084 unplanned births, 988 abortions and 63 fetal deaths each year.

In collaboration with the Sexually Transmitted Disease (STD) program, chlamydia screening is provided at family planning clinics. In 2001, 6,139 females were screened for chlamydia, resulting in 181 chlamydia diagnoses. In addition, 383 males were tested for chlamydia, resulting in 40 chlamydia diagnoses. Without these services, many of these people would likely go undiagnosed, resulting in possible long term complications such as pelvic inflammatory disease and infertility.

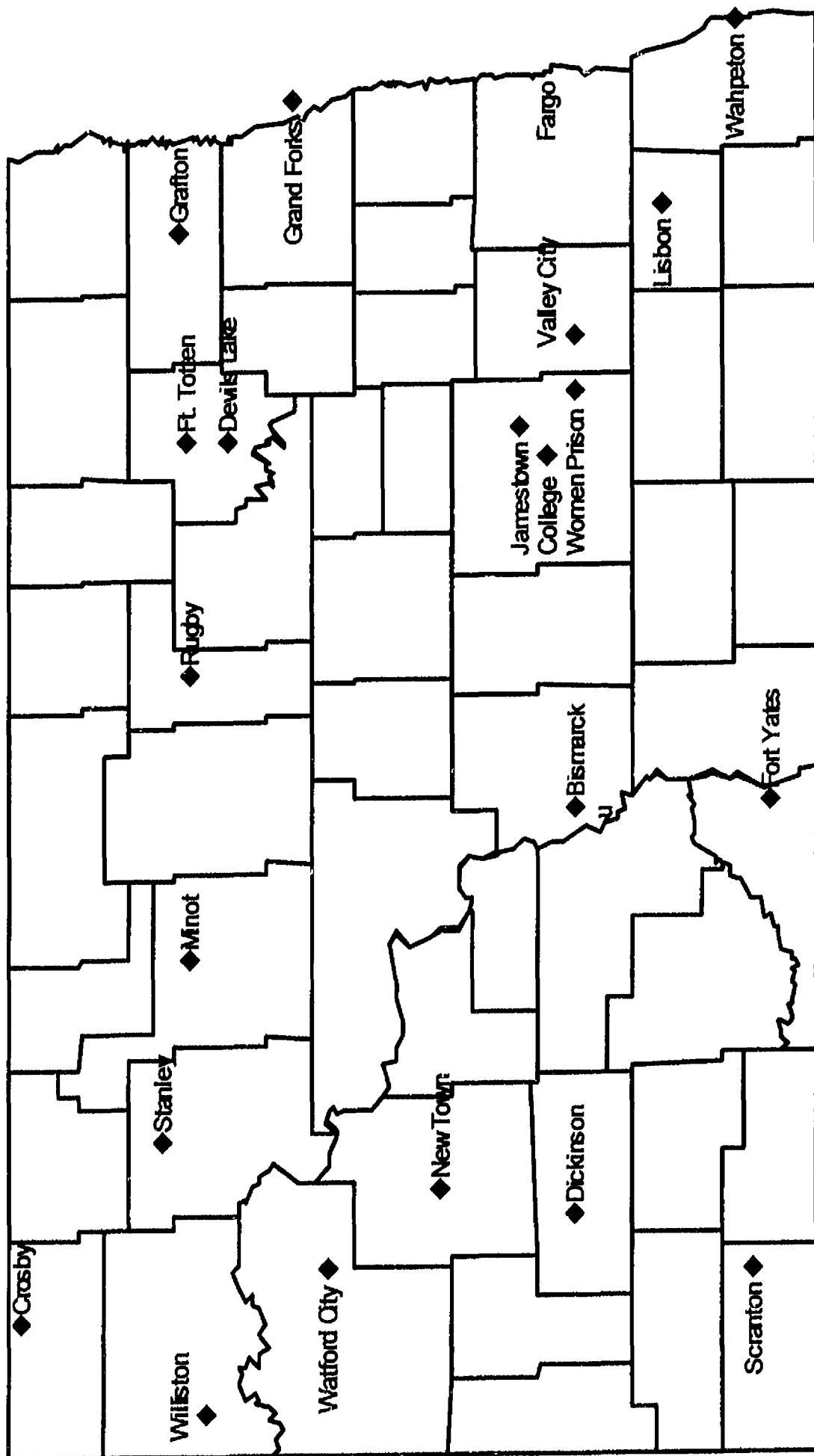
Services are provided by nine delegate agencies through 21 clinics. Thirty-eight staff members in 17 communities and on three reservations across North Dakota currently provide family planning and STD services funded by Title X.

This concludes my testimony. I am happy to answer any questions the Committee may have.

John Joyce
Operator's Signature

10/16/03
Date

North Dakota Family Planning Sites January 2003



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Colista Rickford
Operator's Signature

10/16/03
Date

HR 1467

PG 22

To Costa Rica
Operator's Signature

10/6/03
Date

1990-2001 ND RESIDENT OUT OF WEDLOCK BIRTHS BY YEAR AND AGE GROUP

YEAR	UNDER 15	15 TO 19	20 TO 24	25 TO 29	30 TO 34	35 TO 39	40 TO 44	45+	TOTAL
1990	2	550	633	299	164	47	9	0	1704
1991	6	577	742	360	183	78	15	0	1961
1992	8	609	796	339	185	70	8	0	1995
1993	9	632	773	331	168	77	16	0	2006
1994	7	609	788	339	151	65	15	0	1974
1995	11	616	798	329	184	72	7	2	1999
1996	6	632	827	341	187	101	7	0	2101
1997	10	621	887	384	188	89	17	0	2176
1998	5	639	867	385	147	85	16	1	2145
1999	7	596	863	346	180	92	18	0	2103
2000	4	586	956	355	174	79	21	0	2175
2001	5	557	935	389	145	85	15	0	2138

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Salvatore Riccio
Operator's Signature

10/16/03
Date

North Dakota Resident TEE Birth Rates

County of Residence	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	10 year
ADAMS	18.29	42.11	31.88	31.86	21.06	10.83	63.16	82.63	10.83	10.83	0.00	0.00	0.00	0.00	0.00	22.22	11.11	14.91
BARNES	13.16	21.26	14.89	28.79	28.79	48.34	18.16	23.40	23.40	17.82	17.82	17.82	17.82	17.82	17.82	17.82	26.82	22.86
BENSON	78.05	112.76	120.30	106.62	112.76	93.96	167.80	86.47	116.64	86.47	86.47	86.47	86.47	86.47	86.47	86.47	86.47	86.47
BELLINGS	0.00	48.78	24.39	48.78	0.00	0.00	24.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BOTTINEAU	28.76	34.46	37.95	17.24	41.36	31.03	17.24	0.00	10.34	10.34	10.34	10.34	10.34	10.34	10.34	10.34	10.34	10.34
BOWMAN	20.73	40.32	24.19	32.26	16.13	24.19	16.13	16.13	16.13	16.13	16.13	16.13	16.13	16.13	16.13	16.13	16.13	16.13
BURKE	82.63	22.47	82.63	22.47	82.63	22.47	82.63	22.47	82.63	22.47	82.63	22.47	82.63	22.47	82.63	22.47	82.63	82.63
BURLINGHAM	28.34	28.34	28.34	28.34	28.34	28.34	28.34	28.34	28.34	28.34	28.34	28.34	28.34	28.34	28.34	28.34	28.34	28.34
CASS	20.10	24.06	21.36	20.10	22.83	22.83	20.10	22.83	22.83	22.83	22.83	22.83	22.83	22.83	22.83	22.83	22.83	22.83
CAVALIER	21.33	24.39	20.46	42.06	42.06	18.29	38.09	24.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DIKE	19.17	28.87	13.33	13.33	17.78	48.89	17.78	17.78	17.78	17.78	17.78	17.78	17.78	17.78	17.78	17.78	17.78	17.78
DAVE	16.27	44.12	28.41	28.41	14.71	28.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DUNN	27.27	68.33	38.77	23.86	7.89	23.86	18.38	38.77	68.33	18.38	18.38	18.38	18.38	18.38	18.38	18.38	18.38	18.38
EDDY	31.91	41.87	41.87	13.98	27.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EMMONS	6.29	12.85	6.29	31.46	26.16	12.85	18.87	12.85	12.85	12.85	12.85	12.85	12.85	12.85	12.85	12.85	12.85	12.85
FOSTER	14.71	61.26	26.84	34.19	17.08	34.19	42.74	68.53	68.53	68.53	68.53	68.53	68.53	68.53	68.53	68.53	68.53	68.53
GOLDEN VALLEY	9.17	87.87	28.89	28.89	14.49	28.89	0.00	88.53	87.87	43.46	28.89	28.89	28.89	28.89	28.89	28.89	28.89	28.89
GRAND FORKS	30.87	51.82	34.87	32.17	31.82	36.51	27.87	26.52	27.82	30.87	32.17	32.17	32.17	32.17	32.17	32.17	32.17	32.17
GRANT	36.29	28.29	37.74	28.29	8.43	18.87	28.29	28.29	8.43	8.43	18.87	18.87	18.87	18.87	18.87	18.87	18.87	18.87
GRIGGS	28.86	42.86	42.86	21.26	83.19	42.86	42.86	83.19	42.86	10.84	83.19	83.19	83.19	83.19	83.19	83.19	83.19	83.19
HETTINGER	38.61	67.31	48.06	8.82	19.23	8.82	28.86	36.46	8.82	8.82	19.23	19.23	19.23	19.23	19.23	19.23	19.23	19.23
HODDER	87.32	21.81	118.26	63.76	83.76	78.27	0.00	83.76	43.01	32.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LANGSHIRE	0.00	38.12	38.12	12.06	38.12	38.12	12.06	12.06	8.82	8.82	12.06	12.06	12.06	12.06	12.06	12.06	12.06	12.06
LOGAN	0.00	12.06	24.19	12.06	12.06	0.00	12.06	0.00	24.19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MCHEERY	19.11	28.10	28.10	28.10	28.10	28.10	28.10	28.10	28.10	28.10	28.10	28.10	28.10	28.10	28.10	28.10	28.10	28.10
MCINTOSH	0.00	37.64	48.36	48.36	0.00	0.00	48.36	48.36	37.64	12.36	48.36	48.36	48.36	48.36	48.36	48.36	48.36	48.36
MCNEEL	88.09	88.37	81.86	44.26	38.87	87.82	44.26	78.22	83.19	38.87	38.87	38.87	38.87	38.87	38.87	38.87	38.87	38.87
MCNEEL	28.08	64.88	38.49	64.88	38.49	21.34	31.34	31.34	31.34	31.34	31.34	31.34	31.34	31.34	31.34	31.34	31.34	31.34
MERCER	88.90	88.37	32.57	42.36	38.29	18.54	22.89	18.54	32.57	38.29	32.57	32.57	32.57	32.57	32.57	32.57	32.57	32.57
MONTICELLO	22.84	31.83	32.13	32.13	32.13	32.13	32.13	32.13	32.13	32.13	32.13	32.13	32.13	32.13	32.13	32.13	32.13	32.13
MOUNTAIN	88.90	88.96	67.19	78.06	32.72	47.43	68.34	68.34	47.43	68.34	68.34	68.34	68.34	68.34	68.34	68.34	68.34	68.34
MURPHY	27.78	0.00	8.86	26.84	17.89	8.86	26.84	34.19	34.19	17.89	17.89	17.89	17.89	17.89	17.89	17.89	17.89	17.89
NELSON	17.24	0.00	26.87	38.86	26.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OLIVER	38.19	87.86	38.17	38.89	38.89	12.86	26.72	38.89	16.86	26.72	26.72	26.72	26.72	26.72	26.72	26.72	26.72	26.72
PERMIA	18.84	47.82	34.91	28.41	28.41	27.21	27.21	13.81	27.21	28.41	28.41	28.41	28.41	28.41	28.41	28.41	28.41	28.41
PURCELL	32.36	43.99	78.73	43.99	41.46	48.78	41.46	88.53	88.53	48.78	48.78	48.78	48.78	48.78	48.78	48.78	48.78	48.78
RANDOLPH	33.89	28.84	28.84	32.86	18.23	38.48	32.86	32.86	38.48	78.81	38.48	38.48	38.48	38.48	38.48	38.48	38.48	38.48
RENNELLS	34.72	46.87	27.82	27.82	27.82	46.87	8.17	8.17	8.17	18.36	18.36	18.36	18.36	18.36	18.36	18.36	18.36	18.36
RICHMOND	18.87	28.73	33.47	17.21	18.78	31.39	20.34	20.34	28.73	18.78	18.78	18.78	18.78	18.78	18.78	18.78	18.78	18.78
ROLETTE	188.06	141.47	127.91	141.47	188.06	127.91	141.47	141.47	141.47	141.47	141.47	141.47	141.47	141.47	141.47	141.47	141.47	141.47
SARGENT	3.82	19.74	8.86	19.74	18.74	38.32	8.86	26.32	38.32	18.74	18.74	18.74	18.74	18.74	18.74	18.74	18.74	18.74
SHAWANO	44.84	88.29	38.71	38.71	71.43	83.87	0.00	17.86	17.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SHAWANO	188.06	134.87	183.37	134.87	183.37	134.87	183.37	183.37	183.37	183.37	183.37	183.37	183.37	183.37	183.37	183.37	183.37	183.37
SLOPE	48.00	88.86	27.78	8.89	27.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STANLEY	17.72	28.81	38.46	28.81	28.81	28.81	31.87	28.81	28.81	46.87	46.87	46.87	46.87	46.87	46.87	46.87	46.87	46.87
STANLEY	18.86	28.86	44.78	44.78	44.78	14.83	0.00	14.83	28.86	14.83	14.83	14.83	14.83	14.83	14.83	14.83	14.83	14.83
STUTSMAN	22.78	27.47	17.86	28.86	28.86	38.22	37.89	43.86	38.22	34.34	34.34	34.34	34.34	34.34	34.34	34.34	34.34	34.34
TOWNER	32.33	88.34	43.19	43.19	17.24	8.82	43.19	43.19	8.82	8.82	8.82	8.82	8.82	8.82	8.82	8.82	8.82	8.82
TRAIL	6.19	24.32	24.32	18.24	18.24	18.24	18.24	18.24	18.24	18.24	18.24	18.24	18.24	18.24	18.24	18.24	18.24	18.24
WALSH	28.48	44.89	21.13	22.86	28.82	42.86	42.86	21.13	42.86	42.86	42.86	42.86	42.86	42.86	42.86	42.86	42.86	42.86
WARD	37.34	48.32	48.89	48.89	48.89	48.89	48.89	48.89	48.89	48.89	48.89	48.89	48.89	48.89	48.89	48.89	48.89	48.89
WELLS	17.26	44.89	44.89	44.89	44.89	44.89	44.89	44.89	44.89	44.89	44.89	44.89	44.89	44.89	44.89	44.89	44.89	44.89
WILLIAMS	41.90	88.16	38.26	37.34	48.14	38.26	37.34	48.14	48.14	48.14	48.14	48.14	48.14	48.14	48.14	48.14	48.14	48.14
Totals	28.43	38.82	38.16	34.39	32.89	38.81	34.39	38.81	38.81	38.79	38.79	38.79	38.79	38.79	38.79	38.79	38.79	38.79

PG 19

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Yolanda Richardson
Operator's Signature

10/16/03
Date

CAROL TWO EAGLE

P.O. BOX 293

MANDAN, ND 58554

Pager: 221-0285 Email: AWiseSpirit@nativeweb.net

HB 1467

Hau mitakuyapi, Madam Chair Price and members of the Committee. For the record, my name is Carol Two Eagle. I wish to testify against this bill.

HB 1467 is anti-woman and anti-child. Any program that prohibits participation by the state or any other entity in federal family-planning programs is anti-woman. Women are supposedly full citizens of this country and state; we vote, pay taxes, are liable for contracts, run businesses, households, and control the finances of most of the country, do brain surgery, are astronauts, etc, etc. Yet when it comes to deciding what we may or may not do with our bodies and the produce of them, we are then seemingly to be considered mentally inferior, and prohibited from running our own lives.

HB 1467 is anti-woman because it discriminates against women on the basis of economics. This bill will force women whose income is poverty-level or near it to either produce more children they don't want and can't take care of, which always results on some form of child abuse and damage, or seek back-alley abortions, which risk the mother's life and put a great burden of responsibility on society, for not preventing the situation which drove these women to such risk in the first place.

Contraception falls into the category of "prevention" and it is a truism that 'an ounce of prevention is worth a pound of cure'. It is less risky on a wide variety of fronts.

We already have a law limiting the amount of money the state will pay per child. And, we don't need to pay people to produce children, since it is no secret the earth is already over-populated with humans. Low-income women aren't generally producing pillars of society already, either, so I don't have a problem with not paying them more money to produce more children. But by keeping women out of federal family-planning programs, HB 1467 does nothing to improve the situation for anyone concerned; society, women, or children. It certainly does not give low-income women the help they need to get out of dire poverty; it does not give their children the help they need to get out of the economic pits, either.

HB1467 might be called a "right to life" bill by its supporters; I don't know, although I suspect it. But I do know that it does not address the real concern - the right to a *quality* life, not merely existence and dreariness, in grinding poverty, and all of that.

Please kill this bill now and vote a unanimous "do NOT pass" on it. It does not serve any good need for any category of people. Thank you for hearing me in a good way now.

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Operator's Signature

Loiseta Rickford

Date

10/16/03