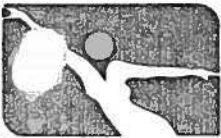


TESTIMONY: ABORTION CONTROL ACT
PENNSYLVANIA HOUSE OF REPRESENTATIVES
JUDICIARY COMMITTEE

Sue Roselle
October 13, 1989



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A Non-Profit Organization

My name is Sue Roselle. I am Executive Director of Women's Health Services, Inc., in Pittsburgh. On behalf of our Board of Directors, I would like to express appreciation for this opportunity to testify before the House of Representatives Judiciary Committee regarding the proposed amendments to the Abortion Control Act.

Women's Health Services is a not-for-profit corporation governed by a voluntary board of directors. Approved by the Commonwealth's Department of Health to operate a free-standing abortion clinic, Women's Health Services also provides comprehensive gynecological services, including contraceptive care and surgical services, individual and couple counseling, sex therapy, PMS treatment, and community education.

I have been employed as director for three years. I brought to this position over ten years of experience in health administration. I hold an undergraduate degree in family studies and master's degrees in social work and business administration.

Women's Health Services was recently inspected by the Pennsylvania Department of Health for compliance with the rules and regulations of the Abortion Control Act. No deficiencies were found.

As a not-for-profit agency, Women's Health Services has always been in compliance with the standards for abortion practice established by the National Abortion Federation. These patient care standards are rigorous because they were established by the providers themselves. Women's Health Services would support regulations which are designed to protect the health

of the woman and which do not impede her right to choose.

Women's Health Services cannot and does not support laws and regulations which only serve to increase the cost of care without a resultant increase in the quality of care. The only conclusion one can draw is that the proposed law is designed to reduce access. This would be accomplished by either increasing the price of care or by making it more difficult for the patient to receive care because she and/or the provider must comply with meaningless requirements or face criminal penalties. This is especially true of the proposed informed consent section, particularly the 24-hour waiting period.

As the largest provider in the state, Women's Health Services performed approximately 7000 procedures in 1988. Only a small portion of these women were referred by a physician.

Many women choose not to consult with their private physician because of their fear of being criticized. Most often, the decision is discussed within the confines of her family with those who love her and can provide her support. Therefore, without a referring physician, the performing physician must provide the consent interview 24 hours in advance of the procedure just to comply with the law.

Even in cases where a referring physician conducted the advance consent interview, the performing physician must still be involved in the consent process to comply with the standard of care within the Commonwealth. This standard, created by civil law, cannot be ignored. The Abortion Control Act, as it is written, will not take precedence over

this body of case law. For example, if there is a civil lawsuit against a performing physician claiming lack of informed consent under this statute, the physician should be able to defend the case upon proof that the referring physician conducted the interview 24 hours in advance of the procedure. The bill does not provide for such protection. Therefore, in order to protect him or herself from a malpractice suit, the performing physician should conduct a second advance interview. This would again add to the burden and the expense of care but add nothing medically.

For a large not-for-profit clinic like Women's Health Services, an advance interview with the performing physician will be a costly, extremely difficult requirement to meet. Women's Health Services has contracts with 11 physicians, all of whom are residency trained in obstetrics and gynecology. All are either eligible or certified by the examining board of the American College of Obstetrics and Gynecology. However, through our internal credentialing process, not all physicians are approved to perform all types of care. For example, not all physicians perform second trimester procedures. With as many as four physicians seeing patients on a given day, it is virtually impossible to determine 24 hours in advance who the performing physician will be.

Therefore, we would have to schedule sessions when women would come to the clinic in advance to receive the required counseling and an exam. The physician who conducts this session would become the referring physician. On the day of the procedure, the consent process would be repeated by the

performing physician to be consistent with the standard of care relating to informed consent.

The cost of the additional visit would be passed on to all patients through an increase in fees. Women's Health Services is not in a position to provide this additional counseling session without increasing our fees. We already provide \$10,000 a month in uncompensated care to poor women which results in an annual operating deficit.

Having duplicate consent interviews with two physicians has an opportunity cost as well as direct costs. While the physician is meeting with the patient during the advance interview, his or her talents will be denied to other women who need care. Because the number of hours a physician is available is limited, we will have to eliminate our entire gynecological program which requires the services of a physician so we can allow for two visits by abortion patients.

This means that women who have been patients of Women's Health Services for sixteen years would have to find another provider. There is shortage of gynecological care in the Pittsburgh area especially for poor women. It is inappropriate to further overburden this system simply to erect a barrier to abortion services.

The 24-hour waiting period requirement presumes that when given certain information women will chose not to have an abortion. At this time, abortion appointments are made more than 24 hours in advance. During the telephone interview, options are explored and the length of the pregnancy by date is discussed. The women are given information about the procedure.

Approximately 20% of women who make appointments do not keep them. Another 10% of the women who actually come to the clinic do not have an abortion for various reasons, including their own ambivalence or that they were being coerced. These women are referred for counseling and prenatal care.

The existing system already provides a 24-hour waiting period. The women who are going to change their minds do so.

The final additional cost flowing from the 24-hour waiting period is the cost of transportation and/or lodging for the women who live out of easy driving distance to a clinic. Please remember that the majority of counties do not have a provider who will schedule appointments for women who are not ongoing patients.

Women's Health Services serves women from 34 counties within Pennsylvania and from three adjoining states. In 1988, over 700 women traveled in excess of 100 miles one way to reach our clinic. Again, most of these women were not referred by a physician. Therefore, they would be required to make two appointments at the clinic -- one for counseling and the consent interview and one for the procedure. This would require either two trips or an overnight stay in the city. Again, if the sole purpose of the waiting period is to create barriers and increase costs, it will be successful. It certainly will not improve the quality of care.

The impact of the proposed amendments of the Abortion Control Act, in general, is to turn the providers into the keepers of the gate. Rather than being able to focus totally on the physical and emotional needs of the women who come to us, we would have to use resources to verify her age and ascertain the

circumstances under which the pregnancy occurred. I envision this scenario: Are you married? If so, is the pregnancy to your husband? If so, has he been informed of your decision to have an abortion? Please sign this form.

Then this form becomes part of her medical record. Please remember that medical records in Pennsylvania can be subpoenaed. The confidentiality of the information on this spousal notification form, just like the medical record itself, is not guaranteed. This form could easily become ammunition in a divorce proceeding. Again, the woman becomes the victim.

I would like to end by sharing the situations of two women who came to Women's Health Services.

Darlene was 14 when she was referred by a physician in a small town. When Darlene became pregnant her parents kicked her out. She went to live with her unmarried 19-year old sister and her sister's baby. The sister told Darlene that she could continue to live there as long as Darlene continued the pregnancy. Her 15-year old boyfriend had been forbidden by his parents to see her. After two weeks with the sister, Darlene decided she wanted to have an abortion.

Finally, the boyfriend disobeyed his parents. He and Darlene went to see a physician in a clinic about 95 miles from Pittsburgh. The physician turned to Women's Health Services. We provided a grant to pay for Darlene's procedure.

The next problem was transportation. Neither Darlene nor her boyfriend were old enough to drive. Darlene prevailed upon her 16-year old brother to make his first trip into the city to drive her to the clinic.

I would also ask you what advice you would give to the married, unemployed mother of five whose nose was broken in the hallway of our clinic by her husband because she refused to have an abortion.

Women have enough barriers to receiving the care that they need and making the reproductive decisions that are important to them. It certainly does not seem necessary for the Pennsylvania legislature to add to them.

SR:mk

CONSENT FOR ABORTION

I hereby authorize a Staff Physician to perform upon me a VACUUM ASPIRATION ABORTION, including all the mechanical aspects, which have been explained to me.

I consent to the administration of anesthesia to be applied by or under the direction of the staff physician, and to the use of such anesthetics as s/he may deem advisable.

In the course of the abortion if any unforeseen condition arises which, in accord with good medical practice, calls for procedures in addition to or different from those contemplated, I further request and authorize the staff physician to perform such procedures, and to administer any medication which s/he may deem advisable and to have me admitted to a hospital facility.

I understand that it is my responsibility to bring to the attention of Women's Health Services, Inc. any unusual symptoms following the abortion and to report for check-ups and pregnancy tests as recommended.

I understand the nature and purpose of an abortion by vacuum aspiration. I understand that there are other abortion techniques. I understand the alternatives to abortion, including childbirth and adoption. I understand the risks involved with an abortion, and the possibility of complications and detrimental physical and psychological effects which may occur. These include, by way of illustration and not limitation, hemorrhage, infection, perforation, hematometra, cervical damage, incompleteness as well as the possible need for further surgery (e.g. laparoscopy, laparotomy, hysterectomy, removal of tubes and ovaries), possible sterility and fatality. All of these matters have been fully explained to me.

I authorize Women's Health Services to dispose of all fetal tissue in accordance with state and federal laws.

I CERTIFY THAT THIS ENTIRE ABORTION CONSENT HAS BEEN READ TO ME AND THAT I HAVE READ OR HAD THE OPPORTUNITY TO READ THE ENTIRE CONSENT FORM AND THAT I UNDERSTAND THE ABOVE CONSENT FOR ABORTION AND THAT THE EXPLANATIONS HEREIN REFERRED TO WERE MADE.

Date _____ Time _____ Signature of Patient _____

Signature of Person authorized to give consent, if not patient _____ Relationship to Patient _____

Signature of Physician _____ Signature of Witness _____

ECTOPIC PRECAUTIONS

I certify that I have received a copy of the sheet listing the precautions for possible ectopic pregnancy, have read it and understand the importance of the medical follow-up.

Date _____ Signature of Patient _____

Alternate contact person in addition to myself: _____ Relationship _____ Phone Number _____

Signature of Witness _____

EARLY ABORTION SPECIAL INSTRUCTIONS

I certify that I have received a copy of the sheet describing the special instructions for early abortion patients, have read it and understand the importance of the medical follow-up.

Date _____ Signature of Patient _____

Signature of Person authorized to give consent, if not patient _____ Relationship to Patient _____

Signature of Witness _____

POST ABORTION INSTRUCTIONS

I certify that I have received a copy of the sheet describing instructions for after the abortion, have read it and understand the importance of the medical follow-up.

Date _____ Signature of Patient _____

Signature of Witness _____

Signature of Person authorized to give consent, if not patient _____ Relationship to Patient _____

CONSENT FOR ORAL CONTRACEPTION

I have received and agreed to read the patient information enclosure regarding oral contraceptives distributed by the manufacturer.

I understand that it is my responsibility to bring to the attention of Women's Health Services, Inc. any unusual symptoms and to report for check-ups as recommended.

I CERTIFY THAT I HAVE READ (OR HAD READ TO ME) AND FULLY UNDERSTAND THE ABOVE CONSENT TO CONTRACEPTIVE SERVICES AND SUPPLIES, AND THAT THE EXPLANATIONS HEREIN REFERRED TO WERE MADE.

Date _____ Signature of Patient _____

Signature of Person authorized to give consent, if not patient _____ Relationship to Patient _____

Signature of Witness _____

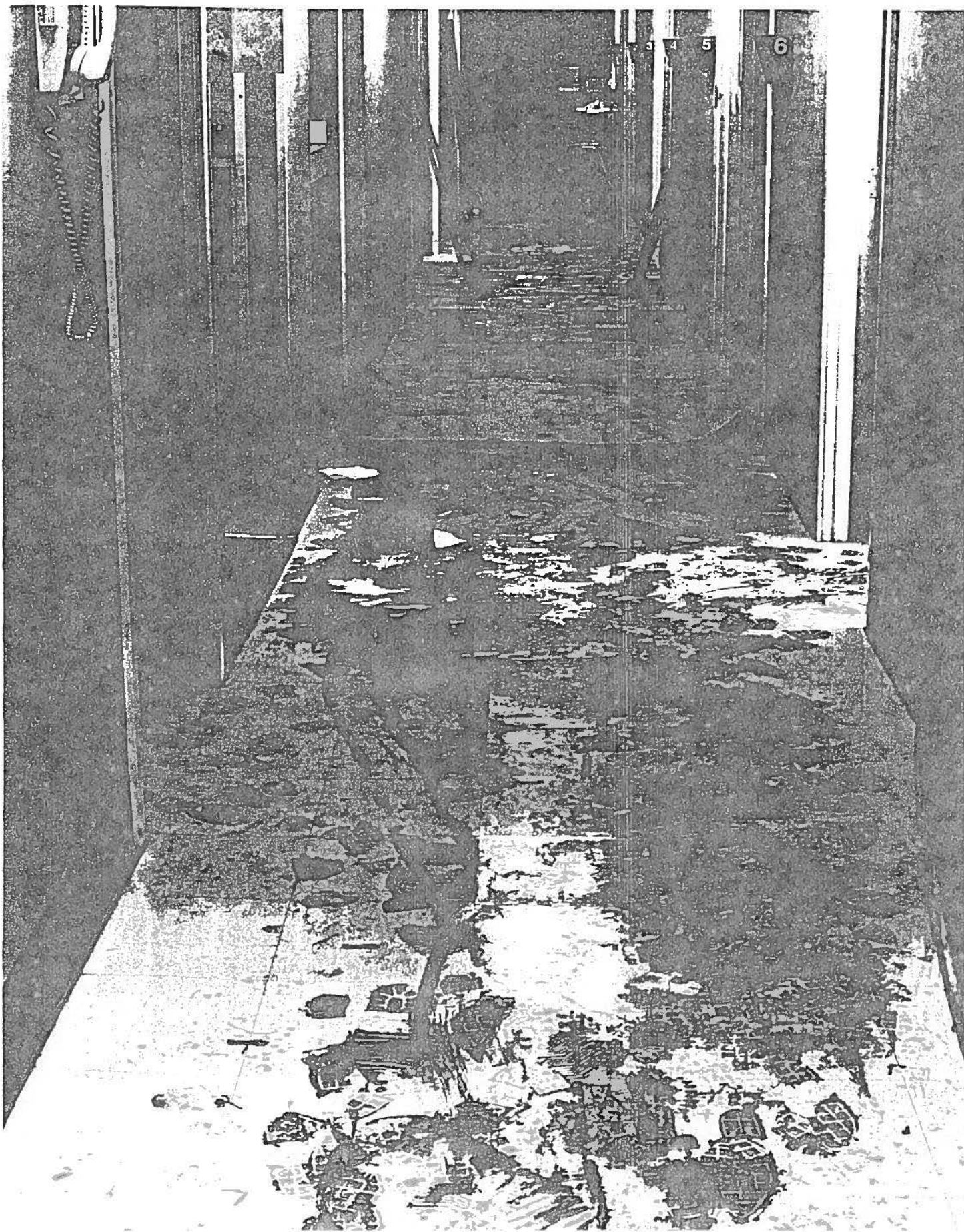
I do hereby consent to have Women's Health Services, Inc. provide to me the service noted below

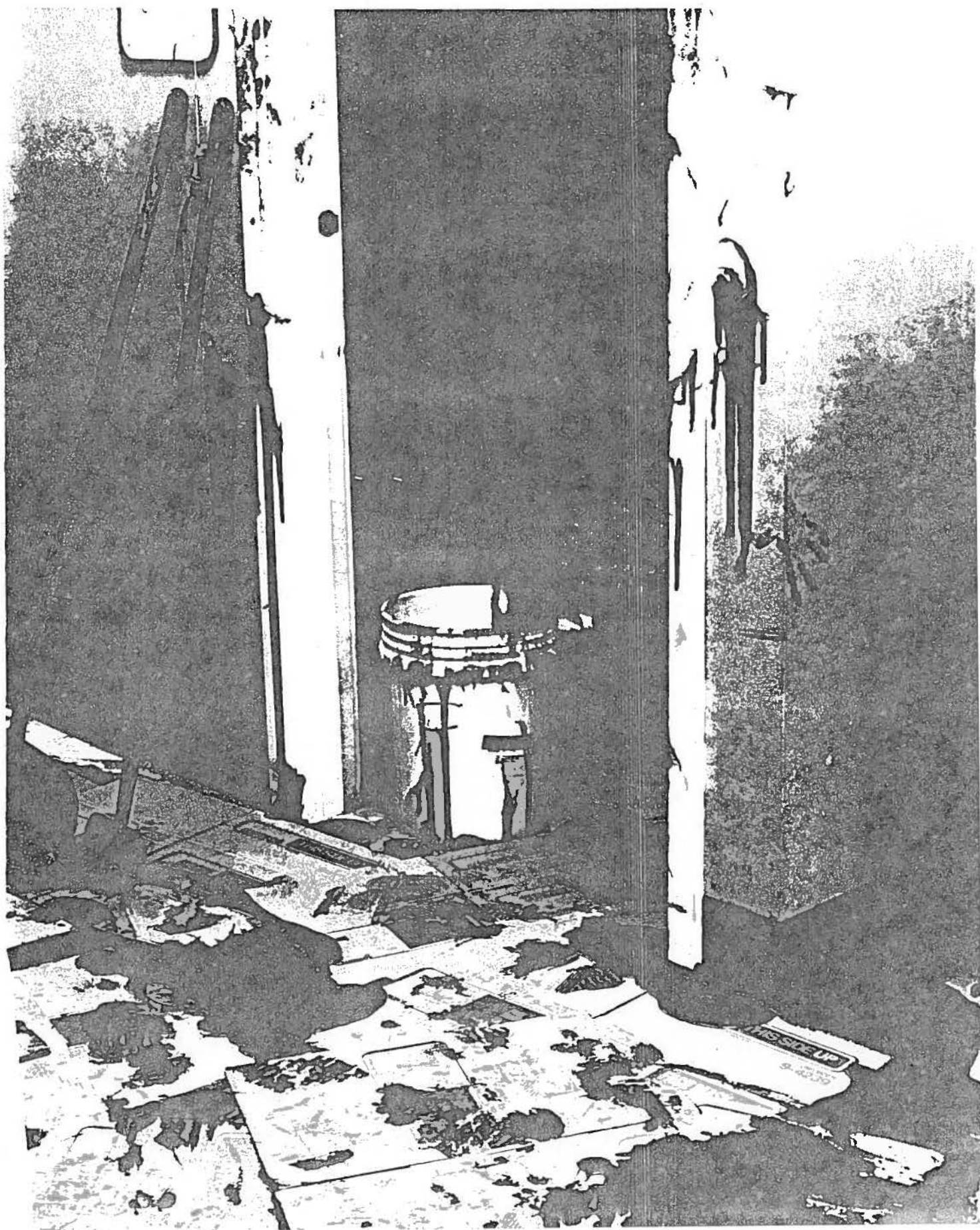
Date _____ Gynecological Exam _____ Signature of Patient _____

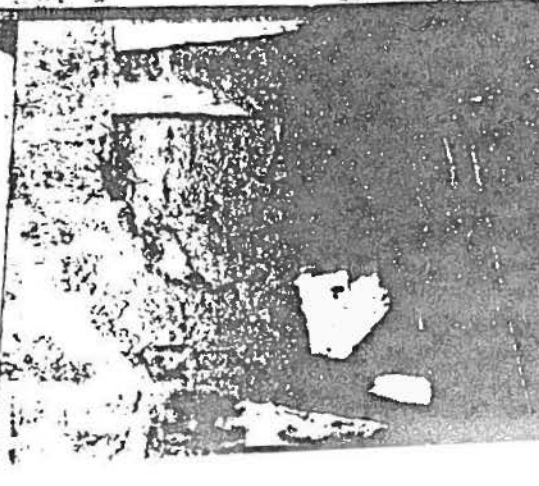
Date _____ Antibiotic Therapy _____ Signature of Patient _____

Date _____ Lamicel Insertion _____ Signature of Patient _____









THOMAS MARTIN PHOTOGRAPHY

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FILE NO. 20198

DATE OCT 2 - 1989 TIME

SUBJECT Womens Health Services

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DIRECTION