

Bill as Introduced

HCR 31 - AS INTRODUCED

2012 SESSION

12-2479

01/05

HOUSE CONCURRENT RESOLUTION *31*

A RESOLUTION commending the work of pregnancy care centers in New Hampshire and across the United States.

SPONSORS: Rep. Lauer-Rago, Merr 2; Rep. Notter, Hills 19; Rep. Peterson, Hills 19; Rep. Tamburello, Rock 3; Rep. DeLemus, Straf 1; Rep. Cox, Merr 6; Rep. Souza, Hills 11; Rep. Avard, Hills 20; Rep. L. Jones, Straf 1; Rep. S. Tremblay, Rock 3; Sen. White, Dist 9

COMMITTEE: State-Federal Relations and Veterans Affairs

ANALYSIS

This house concurrent resolution commends the work of pregnancy care centers in New Hampshire and across the United States.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twelve

A RESOLUTION commending the work of pregnancy care centers in New Hampshire and across the United States.

1 Whereas, the life-affirming impact of pregnancy resource centers on women, families, and the
2 communities they serve is considerable and growing, and pregnancy resource centers serve with
3 integrity and compassion; and

4 Whereas, more than 2,500 pregnancy centers across the United States provide individualized
5 care to women and men facing unplanned pregnancies, including resources to meet their physical,
6 psychological, emotional, and spiritual needs; and

7 Whereas, pregnancy care centers offer women free, confidential, and compassionate services,
8 including pregnancy tests, peer counseling, 24-hour telephone hotlines, childbirth and parenting
9 classes, and referrals to community, health care, and other support services; and

10 Whereas, pregnancy care centers encourage women to make positive life choices by equipping
11 them with complete and accurate information regarding their pregnancy options, including adoption
12 information and referrals, and the development of their unborn children; and

13 Whereas, pregnancy care centers provide women with compassionate and confidential peer
14 counseling in a nonjudgmental manner regardless of their pregnancy outcomes, as well as provide
15 abstinence education, domestic violence information, and relationship counseling; and

16 Whereas, pregnancy care centers provide important support and resources for women who choose
17 childbirth over abortion; and

18 Whereas, pregnancy care centers ensure that women are receiving prenatal information and
19 services that lead to the birth of healthy infants; and

20 Whereas, many pregnancy care centers provide limited obstetrical ultrasound to confirm
21 pregnancy and enable women to visualize the baby in utero; and

22 Whereas, many pregnancy care centers work to prevent unplanned pregnancies by teaching
23 effective abstinence education in public schools; and

24 Whereas, pregnancy care centers operate primarily through reliance on the voluntary donations
25 and time of caring individuals who are committed to caring for the needs of women and promoting
26 and protecting life, receiving no government funding or insurance funding; and

27 Whereas, many pregnancy care centers provide grief assistance for women who regret the loss of
28 a child from past choices they made or the circumstances they were placed in; and

29 Whereas, many pregnancy centers provide training to parents to guide their teens to healthy
30 decision making about sexual health; now therefore, be it

31 Resolved by the House of Representatives, the Senate concurring:

HCR 31 - AS INTRODUCED

- Page 2 -

1 That the New Hampshire general court recognizes the many contributions made by pregnancy
2 care centers and strongly supports pregnancy care centers in their unique, positive contributions to
3 the individual lives of women, men, and babies, both born and unborn; and

4 That the general court commends the compassionate work of thousands of volunteers and paid
5 staff at pregnancy care centers in New Hampshire and across the United States; and

6 That the general court disapproves of the actions of any national, state, or local groups
7 attempting to prevent pregnancy care centers from effectively serving women and men facing
8 unplanned pregnancies; and

9 That a copy of this resolution be forwarded by the house clerk to the President of the
10 United States, President of the United States Senate, Speaker of the House of Representatives of the
11 United States Congress, the governor, and each member of the New Hampshire congressional
12 delegation.

Speakers

Hearing Minutes

HOUSE COMMITTEE ON STATE-FEDERAL RELATIONS AND VETERANS AFFAIRS

PUBLIC HEARING ON HCR 31

BILL TITLE: commending the work of pregnancy care centers in New Hampshire and across the United States.

DATE: January 27, 2012

LOB ROOM: 202 **Time Public Hearing Called to Order:** 3:01 p.m.

Time Adjourned: 4:05 p.m.

(please circle if present)

Committee Members: Reps. ~~Baldasaro~~, ~~Blankenbeker~~, L. Christiansen, Marshall Quadt, T. Smith, ~~Cunningham~~, ~~Kingsbury~~, ~~Larsen Schultz~~, ~~Lundgren~~, ~~McCarthy~~, Notter, ~~Tamburello~~, ~~Vita~~, ~~Rokas~~, ~~Domingo~~, ~~Hofemann~~, ~~Theberge~~ and Spainhower. Sweeney Hatch

Bill Sponsors: Rep. Lauer-Rago, Merr 2; Rep. Notter, Hills 19; Rep. Peterson, Hills 19; Rep. Tamburello, Rock 3; Rep. DeLemus, Straf 1; Rep. Cox, Merr 6; Rep. Souza, Hills 11; Rep. Avard, Hills 20; Rep. L. Jones, Straf 1; Rep. S. Tremblay, Rock 3; Sen. White, Dist 9

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

***Rep Kathy Lauer-Rago** Introduced her bill and provided written testimony. Pregnancy crisis centers are not planned parenthood.

***Rep Deloge:** opposes. Written testimony provided. Stated that pregnancy crisis centers do not completely share information and are religious centers.

Rep. Christiansen: is there parental notification?

Not always.

Rep Theberge: Is there federal funding?

Yes, for targeted programs. There is no scientific link between abortion and breast cancer. (no citation to backing)

***Karen Testerman:** Read supporting testimony by Rep Souza. Written testimony provided.

Rep Theberge: any denomination represented?

No particular denomination represented. And the care is free and offers abortion services.

Elizabeth Hager: NARAL-NH Strongly opposes. Unnecessary.

Rep Kingsbury: is there a provision for men's responsibility?

No.

Kurt Wuelper: President of NH right to Life. _Support. Last year pregnancy centers got 30M in fed funds. Planned parenthood got 300M. They are biased towards protecting life. These are private organizations so money and time are donated to these clients. Sometimes PPH sends clients to the pregnancy centers for STI testing, etc. and are never turned away. Pregnancy centers involve as many family members as possible and strive to involve partners, parents, etc. Abortion breast cancer link is scientifically well established. (cited Dr. Frankl's work).

Rep Swinford: Are pregnancy centers Christian based centers?

Not all, they are supported by many people who do not divulge their faith.

Are the clinics licensed?

Yes, the clinic he is involved with is licensed.

***Braunda Butt:** Representing Care Net, PC. Support. Provided Written testimony.

***Jeanneane Maxon:** American's United for Life. Support. Provided written testimony.

Rep: Theberge: Are the providers licensed.

Yes.

Rep Hatch: Please provide citations for cases involve both abortion centers and abstinence clinics.

***Liz Swenson:** Care Net. Support. Written testimony.

***Beth Bissonnette:** Care Net Pregnancy Center Plymouth. Support. Written Testimony.

Rep Theberge: how many clients do you have?

200/year.

Has that decreased?

It varies every year.

Rep Cunningham: You stated that your center does not provide education on breast cancer and abortion. Why?

Because their teaching materials do not include that information. But they do not dismiss the research

RepTheberge: Pregnancy care clinics include men.

Yes, we offer parenting classes for both moms and dads.

***Ellen Kolb:** Cornerstone. Support. Written testimony.

Dan Hogan: Abstinence Education Resource Institute. Support. One half a million people marched on DC recently to support the free born. Numbers are increasing.
Public hearing closed: 1605

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Lynn Blankenbecker". The signature is stylized and cursive.

Rep. Lynn Blankenbecker,
Acting Clerk

HOUSE COMMITTEE ON STATE-FEDERAL RELATIONS AND VETERANS AFFAIRS

PUBLIC HEARING ON HCR 31

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Committee Members: Reps. Baldasaro, Blankenbeker, L. Christiansen, Marshall Quadt, T. Smith, Cunningham, Kingsbury, Larsen Schultz, Lundgren, McCarthy, Notter, Tamburello, Vita, Rokas, Domingo, Hofemann, Pheberge and Spainhower. Dwinford Hatch

Bill Sponsors: Rep. Laucr-Rago, Merr 2; Rep. Notter, Hills 19; Rep. Peterson, Hills 19; Rep. Tamburello, Rock 3; Rep. DeLemus, Straf 1; Rep. Cox, Merr 6; Rep. Souza, Hills 11; Rep. Avard, Hills 20; Rep. L. Jones, Straf 1; Rep. S. Tremblay, Rock 3; Sen. White, Dist 9

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

HCR 31: Public hearing opened at 1501. Rep Kathy Lauer-Rago Introduced her bill and provided written testimony. Preganacy crisis centers are not planned parenthood.

Rep Deloge: opposes. Written testimony provided. Stated that pregnancy crisis centers do not completely share information and are religious centers. Rep. Christiansen: is there parental notification? Not always. Rep Theberge: Is there federal funding? Yes, for targeted programs. There is no scientific link between abortion and breast cancer. (no citation to backing)

Karen Testerman: Read supporting testimony by Rep Souza. Written testimony provided. Rep Theberge: any denomination represented? No particular denomination represented. And the care is free and offers abortion services.

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Ellen Kolb: Cornerstone. Support. Written testimony

Dan Hogan: Abstinence Education Resource Institute. Support. One half a million people marched on DC recently to support the free born. Numbers are increasing.

Public hearing closed: 1605

Testimony

January 27, 2012

The Honorable Al Baldasaro, Chairman
Committee on State and Federal Relations


Dear Chairman Baldasaro and Member of the Committee,

I am honored to be the prime sponsor of HCR31. This resolution simply allows this Legislative body to acknowledge and support the life-affirming impact that Pregnancy Crisis Centers have on the women, families and communities that they serve, as well as, the critical services that they provide.

Please recommend Ought To Pass on HCR 31.

Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Kathleen Lauer-Rago".

Representative Kathleen Lauer-Rago
Merrimack District 2 – Franklin/Hill
Member Education Committee
Clerk Education Committee

To: NH House State and Federal Relations Committee
From: Representative Helen Deloge (ME 12)
Re: Legislative Points for HCR31
Date: January 27, 2012

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LOB
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This memo outlines legislative points for issues and concerns with HCR31.

I am here today in opposition to HCR31 which would, if passed, be a statement by the legislature in support of the work of so-called "crisis pregnancy centers" (CPCs). The primary concern is that many of these organizations pose as comprehensive health-care clinics, when in fact CPCs are generally affiliated with national, explicitly anti-choice, anti-birth-control organizations.

While some CPCs may provide appropriate support and information to women facing unintended pregnancies, many do not. A number of studies, including a congressional investigation, have revealed that many CPCs intentionally misinform and mislead women seeking pregnancy-related information with the intention of dissuading them from exercising their right to choose.

They make
claims of
impartial
CA risks
They report
abortion can
leave a person
infertile &
that they
will develop
PTSD

If a woman seeks counseling at a CPC with full awareness of its anti-abortion agenda, that is entirely her choice. But regardless of how a person feels about the question of legal abortion, everyone can agree that no patient should ever be misled when seeking information about medical care.

We can help women without deceiving them. We should speak out in support of programs that offer legitimate, comprehensive reproductive-health care, rather than facilities whose goals are to prevent women from exercising their constitutionally protected right to choose.

While the ostensible purpose of this resolution is to laud help for pregnant women, its true intent and effect is to confer state approval for ideologically driven, anti-choice facilities called "crisis pregnancy centers" (CPCs).

To be clear, I have no objection to a center that offers women who have decided to carry their pregnancies to term any assistance they need, even if the center is explicitly anti-choice.

Whereas, pregnancy care centers provide women with compassionate and confidential peer counseling in a nonjudgmental manner regardless of their pregnancy outcomes, as well as provide abstinence education, domestic violence information, and relationship counseling; and

Whereas, pregnancy care centers provide important support and resources for women who choose childbirth over abortion; and

Whereas, pregnancy care centers ensure that women are receiving prenatal information and services that lead to the birth of healthy infants; and

Whereas, many pregnancy care centers provide limited obstetrical ultrasound to confirm pregnancy and enable women to visualize the baby in utero; and

Whereas, many pregnancy care centers work to prevent unplanned pregnancies by teaching effective abstinence education in public schools; and

Whereas, pregnancy care centers operate primarily through reliance on the voluntary donations and time of caring individuals who are committed to caring for the needs of women and promoting and protecting life, receiving no government funding or insurance funding; and

Whereas, many pregnancy care centers provide grief assistance for women who regret the loss of a child from past choices they made or the circumstances they were placed in; and

Whereas, many pregnancy centers provide training to parents to guide their teens to healthy decision making about sexual health; now therefore, be it

Resolved by the House of Representatives, the Senate concurring:

That the New Hampshire general court recognizes the many contributions made by pregnancy care centers and strongly supports pregnancy care centers in their unique, positive contributions to the individual lives of women, men, and babies, both born and unborn; and

That the general court commends the compassionate work of thousands of volunteers and paid staff at pregnancy care centers in New Hampshire and across the United States; and

That the general court disapproves of the actions of any national, state, or local groups attempting to prevent pregnancy care centers from effectively serving women and men facing unplanned pregnancies; and

That a copy of this resolution be forwarded by the house clerk to the President of the United States, President of the United States Senate, Speaker of the House of Representatives of the United States Congress, the governor, and each member of the New Hampshire congressional delegation.

This resolution would set a troubling precedent. By voting to commend crisis pregnancy centers, the legislature would essentially be conferring legitimacy on the deceptive practices many of them have proven to employ.

Please vote HCR31 Inexpedient to Legislate



UNITED STATES HOUSE OF REPRESENTATIVES
COMMITTEE ON GOVERNMENT REFORM — MINORITY STAFF
SPECIAL INVESTIGATIONS DIVISION
JULY 2006

**FALSE AND MISLEADING HEALTH INFORMATION
PROVIDED BY FEDERALLY FUNDED
PREGNANCY RESOURCE CENTERS**

PREPARED FOR
REP. HENRY A. WAXMAN

UNITED STATES HOUSE OF REPRESENTATIVES
COMMITTEE ON GOVERNMENT REFORM — MINORITY STAFF
SPECIAL INVESTIGATIONS DIVISION
JULY 2006

FALSE AND MISLEADING HEALTH INFORMATION
PROVIDED BY FEDERALLY FUNDED
PREGNANCY RESOURCE CENTERS

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EXECUTIVE SUMMARY

In December 2004, Rep. Henry A. Waxman released a report analyzing the scientific accuracy of the curricula taught by federally funded abstinence-only education programs. That report found that the abstinence curricula often contained false or distorted information that misled teens about sex and reproductive health.

At the request of Rep. Waxman, this report examines the scientific accuracy of the information provided by another Bush Administration priority: federally funded "pregnancy resource centers." These organizations, which are also called "crisis pregnancy centers," provide counseling to pregnant teenagers and women. Since 2001, pregnancy resource centers have received over \$30 million in federal funding. Most of this money has come from federal programs for abstinence-only education. Additional funding has been distributed as "capacity-building" grants to 25 pregnancy resource centers in 15 states as part of the new \$150 million Compassion Capital Fund. Individual centers have also been the beneficiaries of earmarks in appropriations bills.

For this report, female investigators telephoned the 25 pregnancy resource centers that have received grants from the Compassion Capital Fund, requesting information and advice regarding an unintended pregnancy. Twenty-three of the centers were successfully contacted. In each call, the investigator posed as a pregnant 17-year-old trying to decide whether to have an abortion.

During the investigation, 20 of the 23 centers (87%) provided false or misleading information about the health effects of abortion. Often these federally funded centers grossly misrepresented the medical risks of abortion, telling the callers that having an abortion could increase the risk of

breast cancer, result in sterility, and lead to suicide and "post-abortion stress disorder."

Specifically, the report finds:

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The centers provided false and misleading information about a link between abortion and breast cancer. There is a medical consensus that induced abortion does not cause an increased risk of breast cancer. Despite this consensus, eight centers told the caller that having an abortion would in fact increase her risk. One center said that "all abortion causes an increased risk of breast cancer in later years." Another claimed that research shows a "far greater risk" of breast cancer after an abortion, telling the caller that an abortion would "affect the milk developing in her breasts" and that the risk of breast cancer increased by as much as 80% following an abortion.

•

The centers provided false and misleading information about the effect of abortion on future fertility. Abortions in the first trimester, using the most common abortion procedure, do not pose an increased risk for future fertility. However, seven centers told the caller that having an abortion could hurt her chances of having children in the future. One center said that damage from abortion could lead to "many miscarriages" or to "permanent damage" so "you wouldn't be able to carry," telling the caller that this is "common" and happens "a lot." Another center said, "In the future you could have trouble conceiving another baby" because of scar tissue, a side effect of abortion that happens to "a lot of

women.”

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The centers provided false and misleading information about the mental health effects of abortion. Research shows that significant

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psychological stress after an abortion is no more common than after birth. However, thirteen centers told the caller that the psychological effects of abortion are severe, long-lasting, and common. One center said that the suicide rate in the year after an abortion “goes up by seven times.” Another center said that post-abortion stress suffered by women having abortions is “much like” that seen in soldiers returning from Vietnam and “is something that anyone who’s had an abortion is sure to suffer from.” Other centers said that abortion can cause “guilt, ... sexual problems, ... suicidal ideas, ... drug use, eating disorders,” and “a downward spiral

where they lose friends and family members.”

The individuals who contact federally funded pregnancy resource centers are often vulnerable teenagers, who are susceptible to being misled and need medically accurate information to help them make a fully informed decision. The vast majority of pregnancy resource centers contacted for this report, however, provided false or misleading information about the health risks of an abortion. This may advance the mission of the pregnancy resource centers, which are typically pro-life organizations dedicated to preventing abortion, but it is an inappropriate public health practice.

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I.

BACKGROUND

A.

“Pregnancy resource centers” are virtually always pro-life organizations whose goal is to persuade teenagers and women with unplanned pregnancies to choose motherhood or adoption. They do not offer abortions or referrals to abortion providers. In addition to initial counseling for pregnant teens and women, some centers may provide support services or referrals to prenatal care.

Many pregnancy resource centers, including all the centers contacted in this investigation, are affiliated with one or more national umbrella organizations. Two such networks are Heartbeat International and Care Net. 1 Heartbeat International describes itself as the “first pro-life network of pregnancy resource centers in the U.S. and the largest in the world, supporting, strengthening and starting nearly 1,000 pregnancy centers to provide alternatives to abortion.”² Care Net describes itself as “a Christian ministry assisting and promoting the evangelistic, pro-life work of pregnancy centers in North America.”³

Many pregnancy resource centers used to describe themselves as “crisis pregnancy centers.” One organization explained the change in terminology as follows: “God’s truth never varies, but new methods of communicating it continue to emerge, including a departure from the term ‘crisis pregnancy’ itself. Many centers now favor a more neutral, solution-oriented name, such as ‘pregnancy resource center.’”⁴

Pregnancy resource centers often mask their pro-life mission in order to attract “abortion-vulnerable clients.”⁵ This can take the form of advertising under “abortion services” in the yellow pages or obscuring the fact that the center does not provide referrals to abortions in the text of an advertisement.⁶ Some centers purchase advertising on internet

Pregnancy Resource Centers

1 Heartbeat International, Worldwide Directory of Pregnancy Help (online at www.heartbeatinternational.org/worldwide_directory.asp); Care Net, “Option Line” (online at www.care-net.org).

2 Heartbeat International, Pro-life Pregnancy Center Support (online at: <http://www.heartbeatinternational.org/>).

3 Care Net, Our Mission (online at: <http://www.care-net.org/aboutus/mission.html>).

4 Focus on the Family, What is a Pregnancy Resource Center? (online at <http://web.archive.org/web/20040616173837/www.family.org/pregnancy/articles/A0030278.cfm>).

5 See Kurt Entsminger, Building a Successful Internet Advertising Campaign for Your Pregnancy Center (2006) (online at <http://www.care-net.org/publications/cot/internetadvertising.pdf>).

6 Deceptive advertising has been addressed in some court cases and state actions. For example, in 2002, the New York Attorney General issued subpoenas to several centers across the state regarding misleading advertising; a subsequent consent decree with one center required it to adhere to certain standards of disclosure and practice. Office of New York State Attorney General Eliot Spitzer, Spitzer Reaches Agreement With Upstate Crisis Pregnancy Center (Feb. 28, 2002)

(online at www.oag.state.ny.us/press/2002/feb/feb28c_02.html).

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search engines under keywords that include “abortion” or “abortion clinics.”⁷ Other advertisements represent that the center will provide pregnant teenagers and women with an understanding of all of their options. For example, “Option Line,” a joint venture of Heartbeat International and Care Net, is a 24-hour telephone hotline that connects pregnant teenagers and women with pregnancy resource centers in their communities. The main page of Option Line’s website states at the top, “Pregnant? Need Help? You Have Options,” but does not reveal that both Heartbeat International and Care Net represent only pro-life centers or that only non-abortion options will be counseled.⁸

B.

President Bush has declared that supporting pregnancy resource centers is a central component of his Administration’s pro-life and faith-based agenda. In his acceptance speech at the 2000 Republican convention, Mr. Bush told the delegates:

Big government is not the answer, but the alternative to bureaucracy is not indifference. It is to put conservative values and conservative ideas into the thick of the fight for justice and opportunity. This is what I mean by compassionate conservatism, and on this ground, we will lead our nation. ... In the next bold step of welfare reform, we will support the heroic work of homeless shelters and hospices, food pantry and crisis pregnancy centers, people reclaiming their communities block by block and heart by heart.⁹

The President has reiterated this theme in multiple speeches and proclamations:

•

“My Administration encourages adoption and supports abstinence education, crisis pregnancy programs, parental notification laws, and other measures to help us continue to build a culture of life.”¹⁰

•

“A generous society values all human life and that is why my administration opposes partial-birth abortion and public funding for abortion; why we support teen abstinence and crisis pregnancy programs; adoption and parental notification laws; and why we are against all forms of human cloning.”¹¹

Federal Funding of Pregnancy Resource Centers

Kurt Entsminger, Building a Successful Internet Advertising Campaign for Your Pregnancy Center (2006) (online at www.care-net.org/publications/cot/internetadvertising.pdf).

⁸ Option Line (online at www.optionline.org).

⁹ George W. Bush, Remarks at the Republican National Convention (Aug. 3, 2000).

¹⁰ The White House, A Proclamation: National Sanctity of Human Life Day (Jan. 16, 2004) (online at

<http://www.whitehouse.gov/news/releases/2004/01/20040116-2.html>).

11 The White House, President's Phone Call to March for Life Participants (Jan. 22, 2002) (online at <http://www.whitehouse.gov/news/releases/2002/01/20020122-10.html>).

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“We will also continue our support for crisis pregnancy centers, incentives for adoption and parental notification laws. I propose to double federal funding for abstinence programs in schools and community-based programs.”¹²

Prior to the Bush Administration, only a few pregnancy resource centers received federal funding. Beginning in 2001, however, federal funding of pregnancy resource centers increased sharply. In total, over \$30 million in federal funds went to more than 50 pregnancy resource centers between 2001 through 2005.¹³

One major source of federal funds tapped by pregnancy resource centers is funding for abstinence-only education. Centers teach abstinence-until-marriage either on site or at other locations in the community, including public schools. At a 2005 conference, Care Net, the national umbrella organization, described the advantages of abstinence funding for pregnancy resource centers:

[D]efending and promoting a culture of life is not just about saving babies of those women that walk into the center that are pregnant and thinking about abortion You're defending and promoting a culture of life through teaching them about their own sexuality, their own bodies, and in that, they begin to understand the creation process, and they begin to understand that an unborn child really is valuable. ...

Now obviously when you go into public schools you can't start talking about Jesus dying on the cross, or you may not get invited back very quickly. But ... you're opening the door to a lot more people that may not normally know of your center, you're building credibility for your pregnancy center, you're helping people begin to trust in your pregnancy center, so that if those girls that may have heard your story and didn't quite take it to heart and end up coming to your pregnancy center, or they have friends or family members that come, that trust is already built, and then you've already earned the right to be heard. So people that come into your center that have already heard you, you get the chance to share the Gospel with them, which is the ultimate thing of what we're doing.¹⁴

At least 29 pregnancy resource centers received a total of over \$24 million in Community-Based Abstinence Education (CBAE) funds from 2001 through 2005.¹⁵

The White House, President's Remarks Via Satellite to the Southern Baptist Convention (June 15, 2004) (online at <http://www.whitehouse.gov/news/releases/2004/06/20040615-9.html>).

13 Grants Flow to Bush Allies on Social Issues, Washington Post (Mar. 22, 2006).

14 Abstinence Liaison, Care Net, She's Having a Baby: Abstinence and CPCs (Presentation at the National Abstinence Leadership Conference) (Aug. 8, 2005).

15 Department of Health and Human Services, Tracking Accountability in Government Grants System (TAGGS) (online at <http://taggs.hhs.gov>). Rebecca E. Fox, SIECUS State Profiles: A Portrait of Sexuality Education and Abstinence-Only-Until-Marriage Programs in the States, Fiscal Year 2003 Edition (New York: Sexuality Information and Education Council of the United States, 2004); Rebecca E. Fox, SIECUS State Profiles: A Portrait of Sexuality Education and Abstinence-Only-Until-Marriage Programs in the States, Fiscal Year 2004 Edition (New York: Sexuality Information and Education Council of the United States, 2005); Rebecca E. Fox, SIECUS State Profiles: A Portrait of

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Other pregnancy resource centers have received a total of at least \$6 million in abstinence funding provided to the states under section 510 of Title V.16 The actual total may be higher because centralized information on these grants is not available. For many pregnancy resource centers receiving federal abstinence funding, the grants represented a major increase in their annual budget, in some cases expanding their budgets by seven-fold.17

In other cases, pregnancy resource centers have received funding through specific congressional earmarks, including for "counseling and pregnancy support services."18

Pregnancy resource centers have also received approximately \$1 million through the "Compassion Capital Fund," a component of the Bush Administration's faith-based initiative. Created in 2002 and managed by the Administration for Children and Families at the Department of Health and Human Services, the

For many pregnancy

Compassion Capital Fund was designed to bolster faith-resource centers

and community-based organizations by providing technical assistance and "capacity building" grants. receiving federal

These grants allow recipients to "increase their abstinence funding, the effectiveness, enhance their ability to provide social grants represented a

services to serve those most in need, expand their organizations, diversify their funding sources, and create major increase in their collaborations."19

annual budget, in some

The Compassion Capital Fund, which has received \$150 million in federal funds, provides two types of financial support. "Demonstration grants" are given to

intermediary organizations that provide technical assistance and subgrants to smaller faith-based and community groups.20 The fund also makes "mini grants," one-time

capacity-building awards of up to \$50,000 for faith-based and community organizations

budgets by seven-fold.

“to increase their capacity to serve targeted social service priority areas.”²¹

Sexuality Education and Abstinence-Only-Until-Marriage Programs in the States, Fiscal Year 2005 Edition (New York: Sexuality Information and Education Council of the United States, 2006).

16 See SIECUS, State Profiles 2004 (online at www.siecus.org/policy/states/index.html).

17 Grants Flow to Bush Allies on Social Issues, Washington Post (Mar. 22, 2006).

18 For example, in fiscal year 2005 appropriations, \$150,000 was earmarked for Real Alternatives of Harrisburg, Pennsylvania, for “counseling and pregnancy support services; and \$80,000 was earmarked for the Pregnancy Crisis Center in Wichita, Kansas, for “facilities and equipment.” P.L. 108-447, The Fiscal Year 2005 Consolidated Appropriations Act. Overall, Congress has earmarked over \$1.3 million for pregnancy resource centers since 2001.

19 Administration for Children and Families, Department of Health and Human Services, About the Compassion Capital Fund (online at www.acf.hhs.gov/programs/ccf/about_ccf/index.html).

20 Between 2002 and 2005, the Compassion Capital Fund made demonstration grants totaling more than \$125 million to 65 separate intermediary organizations. See Administration for Children and Families, Compassion Capital Fund Intermediary Organization Grantees (online at www.acf.hhs.gov/programs/ccf/existing_grantees/io_grantees.html).

21 Between 2003 and 2005, the Compassion Capital Fund made mini-grants totaling more than \$22.5 million to 463 organizations. Administration for Children and Families, Mini-Grants: Targeted

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To date, 25 pregnancy resource centers in 15 states have received grants through the Compassion Capital Fund. Twenty-two of these centers received an estimated total of \$650,000 in subgrants from the Institute for Youth Development (IYD), an intermediary organization which focuses its subgrants on helping smaller organizations “build capacity to identify federal grant opportunities and to prepare highly competitive applications for federal assistance.”²² Most of the IYD’s subgrants to pregnancy resource centers have gone to recipients that are in the process of pursuing a “medical model” of service delivery, including those intending to pursue Medicaid reimbursement for their services.²³

Of the pregnancy resource centers that have received IYD subgrants, three applied for and received direct mini-grants from the Compassion Capital Fund. Three additional centers received mini-grants only.²⁴ These six mini-grants totaled \$293,000.²⁵

Two centers that received grants through the Compassion Capital Fund also received federal abstinence-only education funding worth \$1.9 million.²⁶

Capacity-Building Program, (online at www.acf.hhs.gov/programs/ccf/about_ccf/prgm_target_cap.html).

22 Institute for Youth Development, Description of Compassion Capital Fund Initiative (online at www.youthdevelopment.org/articles/pr120203.htm). Data on total subgrant amounts are approximate. Fifteen centers received about \$425,000 in subgrants in 2003 and 2004, according to data provided by HHS. Seven more centers received subgrants in 2005, but data on the amounts of those grants was not available. In addition, two organizations received \$50,000 subgrants through IYD’s “Pregnancy Resource Center Service Delivery and Medical Model” program. One of the organizations, Heartbeat International, is an umbrella organization that supports pregnancy resource centers. Institute for Youth Development, IYD Sub-Awards (online at

<http://www.youthdevelopment.org/articles/subawards.htm>).

23 The IYD provided funds to 15 pregnancy resource centers under its "Pregnancy Resource Center Service Delivery and Medical Model." Under this program, the center must be engaged in at least one of the following: establishing or expanding a medical model demonstration program to provide an array of prenatal health care services for at-risk or disadvantaged pregnant women; building partnerships and coalitions with other local pregnancy resource centers, existing medical industry entities, and medical service providers to create a cost-effective system to deliver prenatal health care services to at-risk or disadvantaged pregnant women; designing and implementing strategies to recruit medical professionals and staff positions for such a medical model; designing a medical service delivery system that will allow existing pregnancy resource centers to pursue Medicaid reimbursements and other funding activities; demonstrating an exemplary medical practices model to other entities that desire to establish or expand their own models; or assisting other entities to establish or expand their own medical models. Institute for Youth Development, RFP/IYD 05-302, Pregnancy Resource Center Service Delivery and Medical Model Program (Announcement Date Jan. 1, 2005).

24 Administration for Children and Families, 2003-2005 Funding for Targeted Capacity-Building Program Grantees, a.k.a. Mini-Grantees (online at www.acf.hhs.gov/programs/ccf/about_ccf/ccf_pdf/2005fundingmg.pdf).

25 Id.

26 Department of Health and Human Services, Tracking Accountability in Government Grants System (TAGGS) (online at <http://taggs.hhs.gov>).

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II.

PURPOSE AND METHODOLOGY

In December 2004, Rep. Waxman released a report by the Special Investigations Division that evaluated the scientific accuracy of the curricula used in federally funded abstinence-only education programs. The report found that nearly all of the curricula contained false, misleading, or distorted information about reproductive health. The curricula included inaccurate information about disease and pregnancy prevention; erroneous effectiveness rates for condoms; the presentation of religious belief as fact; and the teaching of stereotypes about boys and girls as science.²⁷

In this report, Rep. Waxman asked the Special Investigations Division to undertake a similar evaluation of federally funded pregnancy resource centers. Rep. Waxman requested that the investigation examine the medical accuracy of the information that these centers provide to pregnant teenagers seeking advice about whether to have an abortion. Rep. Waxman did not ask the Special Investigations Division to assess the merits of using federal funds to support organizations that provide pro-life counseling to pregnant teenagers and women, and this report does not address this issue.

In response to Rep. Waxman's request, the Special Investigation Division identified the 25 pregnancy resource centers that have received grants through the Compassion Capital Fund. For this report, female investigators telephoned the 25 pregnancy resource centers that have received grants from the Compassion Capital Fund, posing as a 17-year-old trying to decide whether to have an abortion, and requesting information and advice. The

caller stated that she was pregnant and thought she wanted an abortion. If asked for more information, the caller told center staff that:

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she was 17;

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she had taken a home pregnancy test and it was positive;

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she had never been pregnant before;

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her last menstrual period had fallen two months earlier; and

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she wanted to receive as much information as possible on the phone because she didn't think she could come in to the center.²⁸

Calls were made to all 25 centers. A counselor was reached at 23 of the 25. Attempts made to reach the remaining two were unsuccessful.

Of the 25 centers, 20 maintain public websites. The Special Investigations Division also reviewed the medical accuracy of the information presented on these websites.

U.S. House of Representatives, Committee on Government Reform, Minority Staff, *The Content of Federally-Funded Abstinence-Only Education Programs* (Dec. 2004) (online at www.democrats.reform.house.gov/Documents/20041201102153-50247.pdf).

²⁸ The majority of CPCs attempted to persuade the caller to visit the center in person.

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III.

FINDINGS

The vast majority of the federally funded pregnancy resource centers contacted during the investigation provided information about the risks of abortion that was false or misleading. In many cases, this information was grossly inaccurate or distorted. A pregnant teenager who relied on the information from these federally funded centers would make her decision about whether to give birth or terminate her pregnancy based on erroneous facts and misinformation.

In total, 87% of the centers reached (20 of 23 centers) provided false or misleading information to the callers. The three major areas of misinformation involved (1) the purported relationship between abortion and breast cancer; (2) the purported relationship between abortion and infertility; and (3) the purported relationship between abortion and mental illness.

A.

Pregnancy Resource Centers Provided False and Misleading Information About Abortion and Breast Cancer

There is a medical consensus that there is no causal relationship between abortion and breast cancer. This consensus emerged after several well-designed studies, the largest of which was published in the *New England Journal of Medicine* in 1997, found no indication of increased risk of breast cancer following an induced abortion.²⁹ In 2002, the Bush Administration edited a National Cancer Institute website to suggest that there was still an open scientific question about whether having an abortion might lead to breast cancer.³⁰ After Rep. Waxman and other members of Congress protested the change, the National Cancer Institute convened a three-day conference of experts on abortion and breast cancer.³¹ Participants reviewed all existing population-based, clinical, and animal data available. Their conclusion was that “[i]nduced abortion is not

Mads Melbye et al., *Induced Abortion and the Risk of Breast Cancer*, 336 *New Eng. J. Med.* 81, 84 (1997).

³⁰ As revised by the Bush Administration, the website stated: “the possible relationship between abortion and breast cancer has been examined in over thirty published studies since 1957. Some studies have reported statistically significant evidence of an increased risk of breast cancer in women who have had abortions, while others have merely suggested an increased risk. Other studies have found no increase in risk among women who had an interrupted pregnancy.”

National Cancer Inst., *Early Reproductive Events and Breast Cancer* (Nov. 25, 2002) (online at www.cancer.gov/cancer_information/doc.aspx?viewid=8cf78b34-fc6a-4fc7-9a63-6b16590af277).

Abortion and Breast Cancer, *New York Times* (Jan. 6, 2003).

³¹ Letter from Rep. Henry A. Waxman et al. to Tommy G. Thompson, Secretary, U.S. Department of Health and Human Services. (Dec. 18, 2002) (online at www.democrats.reform.house.gov/Documents/20040817143143-53989.pdf).

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associated with an increase in breast cancer risk.” The panel ranked this conclusion as “[w]ell-established.”³²

Despite this medical consensus, eight centers warned the caller that having an abortion would increase her risk of breast cancer. For example, one center told the caller that “all abortion causes an increased risk of breast cancer in later years.”³³ Another center said that research shows a “far greater risk” of breast cancer after an abortion.³⁴

A few centers provided a misleading explanation for the purported elevated risk. One told the caller that women who have abortions “are now finding out that they have breast cancer” because the development of hormones and glands in the breast tissue is abruptly stopped.³⁵ Another center said that there is an increased risk of breast cancer because breast tissue is still developing when an abortion takes place.³⁶ A third stated that terminating a pregnancy can “affect the milk forming in your breasts” and “some women are finding out that they’re having breast cancer no causal link between later on.”³⁷

abortion and breast

Several centers quantified the claimed risk. One center cancer, eight centers told the caller that there is an “extremely high, warned of such a link,

increased risk of breast cancer” that “can be as much as One center claimed that an 80% increase depending upon how the risk factors the risk would be

fall into place.”³⁸ A second center stated that abortion “extremely high,”

increases the risk of breast cancer by 50%.³⁹ A third center asserted that an abortion elevates the average increasing by as much

lifetime risk of breast cancer by 50% and that more as 80%.

abortions increase the risk even more.⁴⁰

The theme of abortion causing breast cancer is reflected in many of the centers’ websites. One website reports an “[i]ncreased risk of breast cancer, particularly risky for those who abort their first pregnancy.”⁴¹ It further states that “[w]hile study results vary, most demonstrate a 50% or greater increased risk.”⁴² Another center website states: “For women aborting a first pregnancy, the risk of breast cancer almost doubles after a first-

National Cancer Inst., Summary Report: Early Reproductive Events and Breast Cancer (Mar. 4, 2003) (online at www.cancer.gov/cancerinfo/ere-workshop-report).

33 Center T.

34 Center N.

35 Center K.

36 Center S.

37 Center X.

38 Center O.

39 Center U.

40 Center W.

41 CareNet Pregnancy Center of Albuquerque, Abortion (online at www.carenetabq.org/abortion.shtml) (accessed June 9, 2006).

42 Id.

trimester abortion and is multiplied with two or more abortions. This risk is especially great for women who do not have children. Some recent studies have refuted this finding, but the majority of studies support a connection.”⁴³

B.

Pregnancy Resource Centers Provided False and Misleading Information About the Effect of Abortion on Future Fertility

Vacuum aspiration, the method most commonly used for abortions during the first trimester, does not pose an increased risk of infertility or other fertility problems. According to one authority:

Researchers have reviewed the world literature, including studies from 21 countries, and have concluded that women who have their first pregnancy terminated by vacuum aspiration are at no increased risk of subsequent infertility or ectopic pregnancy when compared with women who carry their first pregnancy to term. They also concluded that a single induced abortion performed by vacuum aspiration does not increase the risk of complications during future pregnancies, the risk of having a low birthweight baby, or the risk of having a pregnancy result in a miscarriage, stillbirth, infant death or congenital malformations.⁴⁴

During the investigation, the caller informed the pregnancy resource center that her last period had been approximately two months earlier and that this was a first pregnancy. These facts placed the caller in the category with no increased risk of infertility from vacuum aspiration. Nonetheless, seven pregnancy resource centers informed the caller that she would be at increased risk of fertility problems from abortion.

Several centers described the risk of abortion-induced infertility as common or high. One told the caller that damage from abortion could lead to “many miscarriages” or to “permanent damage” so “you wouldn’t be able to carry.”⁴⁵ This center stated that this is “common” and happens “a lot.”⁴⁶

Westside Pregnancy Resource Center, Physical Health Risks of Abortion (online at www.wprc.org/21.45.0.0.1.0.phtml) (accessed June 9, 2006).

⁴⁴ Atrash and Hogue, *The Effect of Pregnancy Termination on Future Reproduction*, *Baillière’s Clinical Obstetrics and Gynecology* 391-405 (June 1990). A leading obstetrics textbook states that other than the “small risk” of infection, “Fertility is not altered by an elective abortion.” F. Gary Cunningham et al., *Williams Obstetrics* 21st Edition, 877 (2001).

⁴⁵ Center E.

⁴⁶ Id.

One center told the caller that abortion “could destroy your chances of ever having children again” and that infertility “happens more often than the media reports.”

Other centers provided similarly misleading information:

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One center said that there are “possibilities of miscarriage later on in life when you’re wanting to get pregnant.”⁵¹ When the caller asked if that happens a lot, the center responded, “I don’t know what the full statistics are” but “it’s just one of the possible risks.”⁵²

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Another center could not say “exactly how likely it is,” but “a lot of the women we see here who’ve had abortions in the past” are not able to get pregnant.⁵³

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Another center said that if the cervix is damaged, “it won’t stay closed in future pregnancies, and it can open prematurely and you can have miscarriages.”⁵⁴ The center told the caller that these physical risks may not happen as often as the emotional risks of abortion, but “it is a very real possibility.”⁵⁵

Several of the centers’ websites contained the same type of misinformation. For example, one states that abortion brings an “[i]ncreased risk of infertility,” claiming that 2% to 5% of abortions result in sterility.⁵⁶ Another notes: “Infertility and sterility mean that a woman cannot get pregnant. Abortion causes sterility in 2-5% of the women who have an abortion.”⁵⁷

Another center said, “In the future you could have trouble conceiving another baby”⁴⁷ because of scar tissue. When the caller asked if that happens to a lot of women, the center said, “A lot of women, yeah.”⁴⁸ Another told the caller that if she did not need to have an abortion, she should not have one because “the risks of abortion are so great,” involving damage to the cervix which could prevent pregnancy.⁴⁹ A fourth center told the caller that abortion “could destroy your chances of ever having children again” and that infertility “happens more often than the media reports.”⁵⁰

Center W.

Id.

49 Center G.

50 Center H.

51 Center I.

52 Id.

53 Center L.

54 Center B.

55 Id.

56 CareNet Pregnancy Center of Albuquerque, Abortion (online at www.carenetabq.org/abortion.shtml) (accessed June 9, 2006).

57 Pregnancy Resources, Inc., Abortion Risks (online at www.pregnancyresourcesinc.com/abortion_risks.htm) (accessed June 9, 2006).

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C.

Pregnancy Resource Centers Provided False and Misleading Information About the Mental Health Effects of Abortion

Pro-life advocates assert the existence of a condition called “Post-Abortion Syndrome,” characterized as severe long-term emotional harm caused by abortion, and claim that this condition occurs frequently. Neither the American Psychological Association nor the American Psychiatric Association recognizes this syndrome, however. In fact, there is considerable scientific consensus that having an abortion rarely causes significant psychological harm. An expert panel of the American Psychological Association convened to “review the best scientific studies of abortion outcome” found:

The best studies available on psychological responses to unwanted pregnancy terminated by abortion in the United States suggest that severe negative reactions are rare, and they parallel those following other normal life stresses. Despite methodological shortcomings of individual studies, the fact that studies using diverse samples, different measures of postabortion response, and different times of assessment come to very similar conclusions is persuasive evidence that abortion is usually psychologically benign.⁵⁸

Other studies have reached similar results. A subsequent analysis based on a longitudinal study of women one hour before, one hour after, one month after, and two years after abortion found: “Reports support prior conclusions that severe psychological distress after an abortion is rare.”⁵⁹ A study based on data from the National Longitudinal Survey of Youth, with respondents initially aged 14 to 21, found: “Although women may experience some distress immediately after having an abortion, the experience has no

independent effect on their psychological well-being over time.”⁶⁰ Similarly, a review of multiple studies of teens and abortion reported: “data do not suggest that legal minors are at heightened risk of serious adverse psychological responses compared with adult abortion patients or with peers who have not undergone abortion.”⁶¹ Yet another longitudinal study followed 13,000 women in Britain over a period of 11 years and found that women who continued the pregnancy and gave birth experienced the same rate of need for psychological treatment as women who had abortions.⁶²

N.E. Adler et al., Psychological Factors in Abortion: A Review, *American Psychologist*, 1194–1204, 1202 (Oct. 1992).

59 B. Major et al, Psychological Responses of Women After First-Trimester Abortion, *Archives of General Psychiatry*, vol. 57, no. 8 (Aug. 2000).

60 S. Edwards, Abortion Study Finds No Long-Term Ill Effects on Emotional Well-Being, *Family Planning Perspectives*, 193–94 (July–Aug. 1997). The study used data from the National Longitudinal Survey of Youth, with respondents aged 14 to 21 at the start of research. Data was from 1979 through 1987.

61 N. Adler et al., Abortion Among Adolescents, *American Psychologist* (March 2003).

62 Anne C. Gilchrist et al., Termination of Pregnancy and Psychiatric Morbidity, *British Journal of Psychiatry* (1995) 243-48. Pro-life advocates point to certain studies that report correlations between a history of abortion and a range of psychological problems. These studies have been criticized for methodological shortcomings, such as the failure to control for factors such as mental

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Despite the scientific evidence that abortion does not cause significant long-term psychological harm, thirteen pregnancy resource centers told callers the exact opposite, asserting that having an abortion would cause a wide range of damaging and long-lasting psychological impacts.

According to one center, “the rate of suicide in the year following an abortion goes up by seven times.”⁶³ Other centers described lengthy lists of emotional harm that could result from an abortion:

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One center said that abortion can bring “huge” emotional complications. The center said that emotions experienced by women following an abortion can be: “guilt, numbness, dreams and nightmares, changes in relationships, ... difficulty with making friends, sexual problems, preoccupation with abortion date or due date, ... sadness, anxiety, suicidal ideas, sedatives, alcohol, drug use, eating disorders, sense of loss, inability to relax, fear of failure, crying spells, regret, anger, helplessness, headaches, loneliness, panic, ... signs of marital stress.”⁶⁴

Another warned of “sadness, long-term grief, anger, sexual dysfunction, guilt, flashbacks, memory repression, anniversary reaction, suicidal thoughts, increased use of alcohol or drugs, or difficulty maintaining close relationships.”⁶⁵

A third center described flashbacks and a “downward spiral where they lose friends and family members.”⁶⁶

Another center told the caller that “the side effects of abortion are pretty awful,” including guilt or shame, depression, isolation, anxiety, anger, sadness, preoccupation with getting pregnant again, eating disorders, drugs or alcohol abuse, difficulty with intimate relationships, and suicidal thoughts, and “there is more after that.”⁶⁷ This center said that after an abortion, 80% of women seek psychiatric help “in relation to their

One center compared the effects of having an abortion to the experience of soldiers returning from Vietnam, and said that post-abortion stress “is something that anyone who’s had an abortion is sure to suffer from.”

illness or childhood abuse that may explain both the unintended pregnancy and the mental health problem. Guttmacher Institute, *Abortion in Women’s Lives* (2006) at 24; Patricia Dietz et al., *Unintended Pregnancy Among Adult Women Exposed to Abuse of Household Dysfunction During Their Childhood*, *Journal of the American Medical Association* (Oct. 13, 1999).

63 Center Q.

64 Center P.

65 Center M.

66 Center S. Other centers referred to “depression, anxiety, a whole bunch of different emotional risks” that can follow from abortion (Center K); “usually some nervousness, trouble sleeping, insomnia, or nightmares, sometimes it can lead then into maybe eating disorders or other psychological effects” (Center N); and depression and guilt “that may be at the root cause of other problems” such as eating disorders and suicidal tendencies (Center B).

67 Center O.

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abortion,” often years later.⁶⁸ In contrast, the center asserted that only 3% of women who have full-term pregnancies seek psychiatric care for short-lived post-partum depression, explaining:

Having a baby is a normal process and what it does is fulfills a woman. It is fulfilling one of the roles that she has. Abortion is the exact opposite; she is doing

something totally contrary to what her role is. That's why it has such an emotional impact on women.⁶⁹

One center compared the experience of having an abortion to the experience of going to war, analogizing the post-traumatic stress experienced after an abortion to that seen in soldiers after Vietnam, and said that it "is something that anyone who's had an abortion is sure to suffer from."⁷⁰

The pregnancy resource centers indicated that these emotional effects are extremely common, telling the caller: over 75% of women experience mild to severe post-abortion stress syndrome⁷¹; "[j]ust about over 90% of women have some type of emotional or psychological effects of abortion"⁷²; post-abortion syndrome and other problems happen to everyone "in varying degrees"⁷³; and the "majority" of women who choose abortion have post abortion syndrome in "various degrees."⁷⁴ The center that asserted that suicide rates increase seven times following an abortion also said that "60-70% of women have emotional complications from an abortion."⁷⁵

The idea that abortion is likely to lead to long-term psychological harm was also present on many of the centers' websites. For example, the following descriptions appeared on these websites:

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"What is Post Abortion Syndrome? Nine out of every ten women who have undergone an abortion suffer deep seated anxiety and regret called post-abortion syndrome. Sometimes it appears many years later."⁷⁶

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"Psychological/Emotional Trauma: 50% of post-abortive women report experiencing emotional and psychological disturbances lasting for months or years. This includes acute feeling of grief, depression, anger, fear of disclosure, preoccupation with babies or getting pregnant again, nightmares, sexual

Id.

Id.

70 Center R.

71 Center V.

72 Center X.

73 Center U.

74 Center J.

75 Center Q.

76 Women's Care Center Facts You Should Know About Abortion (online at www.womenscarecenter.org/faq_abortion.html) (accessed June 9, 2006).

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dysfunction, termination of relationships, emotional coldness, increased alcohol and drug abuse, eating disorders, anxiety, flashbacks, anniversary syndrome, repeat abortions, and suicide.”⁷⁷

CONCLUSION

Pregnant teenagers and women turn to federally funded pregnancy resource centers for advice and counseling at a difficult time in their lives. These centers, however, frequently fail to provide medically accurate information. The vast majority of pregnancy centers contacted in this investigation misrepresented the medical consequences of abortion, often grossly exaggerating the risks. This tactic may be effective in frightening pregnant teenagers and women and discouraging abortion. But it denies the teenagers and women vital health information, prevents them from making an informed decision, and is not an accepted public health practice.

A Woman's Concern Pregnancy Resource Clinic, *Considering Abortion?* (online at www.awomansconcern.com/considering_abortion.htm) (accessed June 9, 2006).

January 27, 2012

The honorable Alfred Baldasaro, Chairman
Committee on State and Federal Relations

Dear Chairman Baldasaro and members of the Committee:

I would like to offer my support for HCR31, a resolution honoring the work of pregnancy care centers, sponsored by Rep. Lauer-Rago.

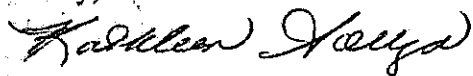
A conflict with the re-scheduled hearing time forces me to miss this important hearing and I do apologize. However, I would like the committee to know my reasons for urging passage of this resolution.

A number of N. H. citizens gather outside the Planned Parenthood abortion facility in Manchester on a daily basis. There they try to offer counsel and assistance to the young women entering. I often join this group. On Thursdays, when the abortionist comes down from Maine, and when as many as 25 women have abortions, there is a group there all day, praying for these girls and their babies, attempting to offer them alternatives and hope.

Sometimes, when a young woman is receptive to engaging in conversation, she decides to look into alternatives, and, at that point, having a pregnancy care center in the neighborhood is vitally important. To be able to accompany or direct the woman to a site nearby where she will be met by women who care for her and her child, people ready to assist her in finding not only medical, practical, and financial help she needs, but the strength and resources to care for herself and her child, is invaluable. The volunteers at these centers are performing a great service for these women and their children and society in general. Passage of HCR 31 will recognize the selfless work and contribution to our State and its citizens - our young women in need of assistance during difficult times, their unborn children, and the thousands of families affected each year.

Please pass HCR31. Thank you for your consideration.

Sincerely,



Kathleen Souza, Hill. 11

Testimony in opposition to HCR 31 before the House State-Federal Relations and Veterans Affairs Committee

Former Representative Elizabeth Hager on behalf of NARALPC-NH

Mr. Chairmen, Members of the Committee:

I appear in strong opposition to this HCR for a number of reasons:

First, this resolution is not necessary and does not forward the goals of either party in this legislative session. It is a promotion for one type of business, not even specific to the Granite State, one that I will point out in a moment is both a sham and dangerous. Do we want to draft and print and hear and vote on House Concurrent Resolutions that praise various endeavors and businesses without including full information? It is very costly for the General Court and a waste of ~~the~~ valuable time ~~of~~ representatives.

Secondly, and more important, pregnancy care centers misrepresent the services they provide. Unable to shut down legitimate public-health centers, the anti-choice movement built a national network of unlicensed, unregulated organizations posing as health-care clinics. Reports indicate that Crisis Pregnancy Centers intentionally misinform and mislead women with the intention of dissuading them from exercising their right to choose.

Thirdly, CPCs do not offer accurate, unbiased information. As it indicates in the resolution they only support women who choose childbirth over abortion but they do that with inaccurate information such as claiming that abortion causes breast cancer, which medical and scientific experts say is absolutely false.

I urge you to report this resolution as Inexpedient to Legislate. We should not be forwarding this kind of propaganda to the President and Congressional leaders. Sending it will not reflect well on this State-Federal Relations Committee or the General Court. Thank you.

PREGNANCY RESOURCE CENTER

of the Monadnock Region



Testimony on HR 31

Greetings! My name is Kathy Anderson. I am a Registered Nurse graduate of Columbia and New York Universities' Baccalaureate and Masters Nursing programs. I have an extensive career in nursing administration, most recently as Vice President of Patient Care Services at Brattleboro Memorial Hospital. I have been the Executive Director and Nurse Manager at the Pregnancy Resource Center of the Monadnock Region in Keene, NH since July of 2009.

I would like to thank Representative Kathy Lauer Rago and the co-sponsors of this resolution for their effort to make known the important services provided by pregnancy resource centers to the citizens of New Hampshire and of the United States of America. I appreciate the opportunity to speak about the services the PRCMR provides to the Monadnock Region.

The Pregnancy Resource Center of the Monadnock Region was founded in 1988 in Peterborough and provides pregnancy related services to those facing an unplanned pregnancy with compassion and respect. As a 501 c (3) charity, we receive all of our funding from individuals and organizations and we receive no government funding. All of our services are free of charge. and we rely on a few specially trained staff and volunteers and donations of baby and maternity clothing and items to provide our services.

We are an affiliate of Care Net's network of 1100 pregnancy resource centers across the USA and must complete the training required and meet the Care Net Standards of Affiliation. We fully implement Care-Net's Commitment of Care and Competence. Referrals come from a variety of sources, some being the internet, a local midwifery practice, Cheshire Medical Center and Planned Parenthood. Last year 40% of clients heard about us from someone else.

I thought it would be helpful for me to walk you through the process a woman goes through when she comes to the PRC for a pregnancy test or ultrasound. She is asked to read and complete a Request for Services form, which asks demographic information and informs her about the services we offer and the limits to our services. For example, we clearly state that we do not offer abortion or refer for abortion; nor do we provide pre-natal obstetrical services. We state that we do not offer NH licensed counselors, but do offer trained peer counselors. The client selects the services desired and signs the disclaimer statement.

When the client requests a pregnancy test and/or ultrasound scan, I conduct a confidential interview of the client, followed by performing the pregnancy test and ultrasound scan to confirm pregnancy. As a Registered Nurse, I am specially trained to perform limited obstetrical ultrasound under the direction and medical orders of our volunteer Medical Director, Dr. Solano, an OB/GYN physician licensed in NH.

Medically referenced literature published by Care Net is provided to the client. This resource describes options she may choose for the outcome of her pregnancy, including methods and risks of abortion. Pregnancy options are discussed objectively with the client, with her permission, and the client is treated with respect, regardless of which option she chooses. The client is encouraged to take time to think through the pros and cons of each option before choosing what she feels is the best one for her and her baby. I suggest that the client consider a back-up plan if circumstances change which make her first choice less attractive. The client is told that she needs to make the choice herself because she will need to live with the consequences of her decision.

PREGNANCY RESOURCE CENTER
of the Monadnock Region



When the client chooses ultrasound, a written informed consent is signed for the abdominal ultrasound with a provision for a vaginal ultrasound when indicated. The ultrasound scan serves to identify the location of a pregnancy in the uterus, determine the gestational age by measurement of the embryo or fetus, and determine viability of the pregnancy by measuring the heart rate. The scans are interpreted by the Medical Director.

A written discharge form, listing symptoms requiring immediate medical attention, is given to the client along with a list of area obstetrical practices if she has not yet chosen one. A Verification of Pregnancy form is completed and given to the client upon request, to facilitate application for healthcare insurance and WIC. Referrals are provided to local resources when indicated. At the end of the client visit, the client is given a written exit survey to complete and return.

When the client chooses to parent her child, she may choose to attend our extensive mentored curriculum on pregnancy and parenting of children, ages newborn to twelve. When the client attends classes individually or with her partner, each earns baby clothes after each class and maternity clothes during her pregnancy. These items are selected from our boutique. Each class attended, homework completed and medical appointment verified earns coupons which may be used to get baby and maternity items such as high chairs, car seats and diapers. In 2011 we provided 1234 of such items to our clients.

In 2011, 95% of clients said staff were 'very interested' in them; the same percent said the staff was 'very sensitive' and that the 'information was helpful.' 100% of our clients said they would recommend us to someone else. Clients tell us: they have a "safe & comfortable feeling," that we "listened"; we were "comforting, assuring and caring; very informative, kind, respectful, helpful, supportive, understanding of beliefs, sensitive, amazing, friendly, wonderful" and that they are "understanding things better." We received no negative comments or complaints.

Thank you for the opportunity to provide this information about our pregnancy resource center. I am also submitting client testimonies from the Harts, Ben Saunders, Judy Giddens and Shawna Chellis.

Respectfully,

Kathy Anderson

Kathy Anderson, MA, RN
Executive Director/Nurse Manager

PREGNANCY RESOURCE CENTER
of the Monadnock Region



October 11, 2011

First let me thank you for the ability to speak about our time with the PRCMR. I am Jason and this is Natalie. My wife!!! We were married two weeks ago.

She started coming here about 6 months ago, after having to leave her house because her mother told her she needed to abort her baby to stay there. She moved in with my family. Since then we have been blessed with the abundant supplies we have gotten from this wonderful program!

We look forward to going to our class each week. We are always greeted by all of the volunteers when we come in and are offered a beverage. The volunteers makes us feel very comfortable and we know that when we come in we are surrounded by people that truly care about us and about teaching us about caring for our baby the best we can so we are relaxed and confident parents. During each visit we watch an informational video or read a pamphlet about different stages of the baby's growth now and after he's born and how to take care of him. We have learned a great deal with these videos. Combined Natalie and I have about 40hrs of time learning about the next chapter in our life. One thing I have really gotten from this time is to not worry, and every baby is different. But that loving your child and developing a relationship early on in his life is vital for support for them later years. After the class we usually pray, then go on to the boutique for a wonderful "shopping" experience where we each get to pick out items that our baby can use in the months to come.

In the last 6 months we have totaled enough clothes for the first year of Jacobs life, and stockpiled almost 200 diapers, we have been able to receive a high chair and a car seat with the coupons we earned from attending the classes and Dr. visits.

I'd like to say thank you for all you've done to make this possible for us and our child. Our confidence in raising our son has been successful with the great help we have received from all the classes and extras we have received!

Jason and Natalie Hart
Troy, New Hampshire

PREGNANCY RESOURCE CENTER
of the Monadnock Region



August 9, 2011

I first heard about the Pregnancy Resource Center from a friend 5 years ago when she was pregnant with her first child. She didn't tell me much about it but said it was a resource for getting the things you need for a baby. At that time, I had 4 kids so I thought it was nice for other people, but why would I ever need it?

This winter, when I found myself unexpectedly pregnant with my 6th child and having given away all my baby things thinking I was all done having children, I discovered I had no clothes I could wear anymore. I checked around the local stores, but the maternity clothing selection was nearly non-existent. That was when I remembered the Pregnancy Resource Center.

My partner and I came into the Pregnancy Resource Center to ask about maternity clothes and they explained their TIPS program to us, where we could earn coupons towards the purchase of baby items by taking video parenting classes. I already had 5 kids. What did I need parenting classes for? If I didn't know how to change a diaper and nurse my kids by now after 14 years, then we were really doomed and nothing could save us. But, I looked through their list of classes and saw one that looked like it might be useful. It was aimed at parents of children 2-12. I had 4 of those. We decided to start there.

When that class was over, they showed us a different list of classes, one aimed at more experienced parents who already knew the basics of infant care -- parents more like me. It was quite a lengthy list and the topics looked really good, like building self-esteem in your children, and teaching them about boundaries.

I was struggling at the time with relearning those older parenting skills, having suffered from a severe lack of parenting skill through depression for many years, and these classes were exactly what I needed to learn all those skills I would have learned had I not been depressed and allowed the children to basically raise themselves. Learning what kind of parent I am, and what kinds of personalities my children have and how to appropriately respond to each one, was incredibly useful in helping me see weaknesses as undeveloped strengths. Learning how to hold family meetings has helped with conflict resolution.

The TIPS program here has really given me a much better foundation for parenting the children I already have while we prepare for the birth of our newest baby. I am very grateful for the fabulous classes and the wonderful staff here at the PRC, who saw that our needs were slightly different from most of their clients and stretched themselves to accommodate those needs. They have been very friendly and caring, and have helped provide me the skills I was needing to be the best parent I can be. I am hoping to continue coming in to see the classes even after our baby is born. I highly recommend this program for parents who already have children.

Judy Giddens
Keene, NH

PREGNANCY RESOURCE CENTER
of the Monadnock Region



August 9, 2011

We had borrowed the *1-2-3 Magic* video from the library and had been looking for *More 1-2-3 Magic* and had been unable to find it short of buying it. Our thoughts were we will deal with the requirements that PRCMR had so we can see the video. At this point the extra stuff – coupons and baby clothes were just bonuses.

As a first time parent I have had a steep learning curve learning to supervise five somewhat disruptive children. We had been directed to a parenting video that we were having trouble finding the second part of. We were thrilled that we were able to start with that video.

1-2-3 Magic become core of our discipline program. We were pleasantly surprised when we were done with *More 1-2-3 Magic* that there was an expanded list of courses available for parents with children.

I had opportunities to attend sessions on my own. I used those to learn more about infant care that Judy did not have the need for. I found those were helpful and gave me a basis to ask more questions.

We find that after six months of sessions we have more coupons than we know what to do with. Even after getting several fairly big ticket items.

Ben Saunders
Keene, NH

PREGNANCY RESOURCE CENTER
of the Monadnock Region



October 6, 2010

On November 23rd, 2009 I was involved in a car accident serious enough that I was air-evacuated to DHMC in Lebanon where I was treated for head trauma, a broken collar bone, a broken sternum and a fracture in my lower back. Two weeks into my treatment we were presented with the news that Owen Patrick Goodell was seven weeks and one day into gestation.

My name is Shawna and this is my testimony. My fiancé, Scott and I turned to our church, the Hope Chapel, for prayer during our hardship, and support in welcoming our new blessing into the world. It was there that we learned of Pregnancy Resource Center of the Monadnock Region (PRCMR) and the services they provided. PRCMR not only helped with our financial burdens that my new disabilities brought upon us, they helped make our emotional adjustments seem less overwhelming through educational classes and moral support.

PRCMR took the time to hear our story and set forth obtainable goals and renewed my faith in myself. Our specific individual needs were assessed and over time, my worries of being unable to take on the new life that I wanted, seemed less intense as my inner strength was renewed.

I'm very grateful that Scott and I had the opportunity to take advantage of what PRCMR has to offer. We attended weekly educational classes that I was able to choose to address my personal concerns which made me feel more secure in my decisions and more independent as a new Mom.

Jo Anne, our mentor, took the time to answer even my most basic, mundane questions and never made me feel ignorant or less-than as a woman. I wish that more families had the opportunity to obtain the security that comes with the guidance that PRCMR gave me and I expect will continue to give me while I attend new sessions as different questions come about in my journey with my family.

Today I still struggle with the situations that I'm faced with, being the mother of a seven week old baby boy. However, I am confident that I am capable of meeting the needs of not only Owen but my entire family and if something is to come up that still baffles me, I know I have the means to find answers from the contacts I have made with experienced mothers and educators that can point me in the right direction.

Having people in my life who genuinely care has made all the difference in the world. Knowing that others believe in me has made me strong enough to face the new challenges I confront every day and fight my way through the struggle to enjoy the miracles that unfold in my life regularly and for that I will forever be grateful.

A special thank you to JoAnne, PRCMR and everyone who has made it possible.

Shawna Chellis
Troy, NH



AMERICANS UNITED FOR LIFE

**Testimony of Jeanneane Maxon, Esq., Americans United for Life
On House Concurrent Resolution 31; a resolution commending the work of pregnancy care
centers in New Hampshire and across the United States.
January 27, 2012**

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE:

The life-affirming impact of pregnancy care centers (also known as “crisis pregnancy centers” and “pregnancy resource centers”) on the women and the communities they serve is considerable. Each year, the reach and influence of pregnancy care centers grow as more centers open, as public opinion on abortion increasingly shifts to a pro-life ethic, and as centers receive more favorable attention for their important work. Today, thousands of pregnancy care centers operate across the country including here in New Hampshire, serving women with compassion and integrity and offering them positive alternatives for unplanned pregnancies.

More than 2,500 pregnancy care centers across the United States including those in New Hampshire provide invaluable free services to hundreds of thousands of women facing unplanned pregnancies. Services offered by centers typically include:

- Free pregnancy tests;
- One-on-one, nonjudgmental options counseling;
- Temporary housing, food, clothing, furniture, and other material assistance;
- Childbirth and parenting classes;
- Ultrasounds, pre-natal vitamins, and other medical care;
- Education and employment counseling;
- 24-hour telephone hotlines; and
- Referrals to health care, adoption agencies, and other support services.

In 2010, pregnancy care centers served over 2.3 million people. A conservative estimate of community cost savings for these services during 2010 is well over \$100 million. In addition to specific cost savings, pregnancy care centers drew on the help of 71,000 volunteers who performed an estimated 5,705,000 uncompensated hours of work in 2010.

Helping achieve positive health outcomes in their communities, pregnancy care centers maintain

high professional standards. Over 2,300 pregnancy care centers are affiliated with national organizations such as Care Net, Heartbeat International, and the National Institute of Family and Life Advocates (NIFLA). As a condition of affiliation with these national organizations, pregnancy care centers are required to abide by the "Commitment of Care and Competence," a detailed ethical code of practice. Furthermore, these national organizations maintain medical advisory boards, and affiliates are provided with conference and training opportunities, legal updates and manuals, policy and procedure manuals, medical service manuals, and other materials reviewed and approved by legal and medical professionals.

Importantly, pregnancy care centers provide women with compassionate and confidential counseling in a nonjudgmental manner regardless of their pregnancy outcomes. Women who have used the services of a center reported a 98% positive effect, including 71% who had a very positive effect, according to a survey of 630 women conducted by the Wirthlin Group. Of those women who were aware of pregnancy care centers, 87% believed they have a positive impact on the women they serve, including a majority of those who identified themselves as "pro-choice."

House Concurrent Resolution 31 provides this legislature and the people of New Hampshire with an important opportunity to voice their strong support for pregnancy care centers and their unique, positive contributions to the individual lives of women, men, and babies—both born and unborn.

Serving with Care and Integrity

Serving with Care and Integrity. Those are the title words on our training manual for Care Net. I am here today to share with you my support of the work of the pregnancy care centers in NH. The work of these centers shows care and compassion to the woman and the community to which it serves. Having been through the volunteer training program myself the stressed importance of showing compassion to the clients who enter the doors of our centers was of the upmost importance and really stood out to me.

I would like to quote directly from our training manual just a piece of this very important philosophy.

"Pregnancy center ministry is not about changing laws nor is it ultimately about saving babies. Pregnancy center ministry addresses the needs of the individual woman." (a)

"A woman focused ministry is rooted in the understanding that our role is to minister to the client's needs recognizing that it is she who must make the ultimate choices"(b)

"Helping a client to understand the positive options and empowering her as she makes her decision is one of the most rewarding parts of being a peer advocate. Our role as a peer advocate is not to express our personal preference for one option over another, rather it is to help the client carefully and rationally evaluate each option for herself.(c)

What I am discussing here is but one of the touches that these centers have for the community in which they serve. The teaching of abstinence education to our young people is a valuable service as well as the parenting classes, limited ob ultrasound and other support services.

The post abortion services the centers provide for those who are grieving after an abortion is another valuable service of compassion offered to those needing it which I myself was personally touched by in a life changing way.

All of these services are done by compassionate volunteers and paid staff all by donations of a caring community of people with no government or insurance funding.

I hope you will join me today in supporting the valuable work of these pregnancy centers in NH.

Respectfully Submitted by



Liz Swenson

(a) pg 6 (b) pg 53 (c) pg 156 Serving with Care and Integrity A training resource manual for Pregnancy Care Volunteers

What is a Pregnancy Resource Center?

The Care Net Pregnancy Center of the White Mountains exists to empower women with information, practical help, and emotional support so that they can make an informed decision about their pregnancy. For over 20 years, the Pregnancy Center in Plymouth has been dedicated to serving those in our community with excellence.

First you should know that we save taxpayer money by providing all of our services free of charge.

Our Center is entirely supported by donations from individuals in our community through fundraisers, and individual giving. We receive no compensation from our clients for our services. We receive no federal or state funding.

Our free services provide a tremendous benefit to families in our community.

Through our free services, our center is helping to build healthy and stable families. Pregnancy tests, limited obstetrical ultrasound, pregnancy and parenting classes, baby clothing and materials, community referrals and post-abortion support are some of the services we offer. Our pregnancy resource center in Plymouth serves between 2 and 3 hundred women and men in our community each year. Since our founding in 1991, we have had over 4700 client visits.

Each Christmas members of our community donate presents to our clients for their children who may otherwise go without. Our parenting program provides pregnancy and parenting classes where moms and dads can earn baby supplies such as clothing, diapers, or new car seats. Our website and Request for Services form clearly state that we do not perform or refer for abortion but we do provide referrals for things like prenatal care, food pantries, adoption, Medicaid and WIC.

As a center that offers pregnancy testing and limited obstetrical ultrasound performed by a trained registered nurse, we strive to ensure women are accurately informed about their pregnancy. We provide limited ultrasounds to inform clients of the viability and stage of their pregnancy. Our medical director is a practicing obstetrician and gynecologist at Spear Memorial Hospital in Plymouth.

Our goal is to empower women to make informed pregnancy choices. Without all of the information they need to make an informed decision, how can they make a choice that's right for them?

Before making critical decisions about their reproductive health, women feel better knowing that they did their research. Clients tell us in exit surveys: "I felt so relieved after visiting your center and hearing about all my choices". "I felt like I had all the information I needed to make a good decision." "I felt like I was not alone in this decision."

In fact, clients have given us a high 98% approval rating on exit surveys and former client referrals are our best form of advertising.

After visiting our center, women know that whatever decision they make regarding their pregnancy, they are welcome to come back to our center. Our support and care for them is nonjudgmental and unconditional.

Our center is committed to caring for clients with absolute integrity and we've done so for over 20 years in our community.

Our center is part of a national affiliation network of pregnancy centers and as an affiliate, is committed to upholding strict standards of care. We adhere to the "The Commitment of Care and Competence," a foundational document that reiterates our commitment to serving clients with the utmost integrity; including the fact that we never coerce women by showing graphic abortion materials.

As part of this network, we comply with strict guidelines regarding truthful advertising. All of our yellow page ads, our website, and other means of advertising clearly state the services we offer. All of these services are at the client's request and with his/her permission including pregnancy testing, limited obstetrical ultrasound, and options information.

All of our volunteers and paid staff must submit to extensive volunteer training with guidelines provided by our national affiliation network and are only allowed to provide peer mentoring once they've concluded this extensive training.

In Conclusion:

We adhere to strict policies and procedures. We are a 501c3 organization, governed by a Board of Directors, and we are committed to serving all women and men with compassion, care and integrity in a nonjudgmental environment. We would like to invite you to visit our center to find out more about our work. Thank you for your time and we appreciate your consideration.

Beth Bissonnette, Executive Director
Care Net Pregnancy Center of the White Mountains
81-A Highland St., PO Box 923
Plymouth, NH 03264
603-536-2111 www.carenetplymouth.com

Our Commitment of Care and Competence

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. Releases and permissions are obtained appropriately. 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 are committed to offering accurate information about abortion procedures and risks.
8. All of our advertising and communication are truthful and honest and accurately describe the services we offer.
9. We provide a safe environment by screening all volunteers and staff interacting with clients.
10. We are governed by a board of directors and operate in accordance with our articles of incorporation, by-laws, and stated purpose and mission.
11. We comply with applicable legal and regulatory requirements regarding employment, fundraising, financial management, taxation, and public disclosure, including the filing of all applicable government reports in a timely manner.
12. Medical services are provided in accordance with all applicable laws, and in accordance with pertinent medical standards, under the supervision and direction of a licensed physician.^o
13. All of our staff, board members, and volunteers receive appropriate training to uphold these standards.

**Not all Care Net members offer medical services. If you have questions about the services offered at this pregnancy center, please ask to speak to a center representative.*

Voting Sheets

HOUSE COMMITTEE ON STATE-FEDERAL RELATIONS AND VETERANS AFFAIRS

EXECUTIVE SESSION on HCR 31

BILL TITLE: commending the work of pregnancy care centers in New Hampshire and across the United States.

DATE: January 27, 2012

LOB ROOM: 202

Amendments:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. Notter

Seconded by Rep. McCarthy

Vote: 9-2 (Please attach record of roll call vote.)

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

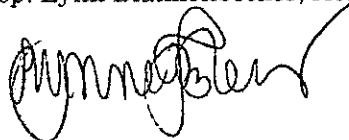
CONSENT CALENDAR VOTE:

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep. Lynn Blankenbecker, Acting Clerk



HOUSE COMMITTEE ON STATE-FEDERAL RELATIONS AND VETERANS AFFAIRS

EXECUTIVE SESSION on HCR 31

BILL TITLE: commending the work of pregnancy care centers in New Hampshire and across the United States.

DATE: 1/27/2012

LOB ROOM: 202

Amendments:

Sponsor: Rep. OLS Document #:
Sponsor: Rep. OLS Document #:
Sponsor: Rep. OLS Document #:

Motions: OTP, OTP/A, IFL, Interim Study (Please circle one.)

Moved by Rep. Natter

Seconded by Rep. McCarthy

Vote: 9-2 (Please attach record of roll call vote.)

Motions: OTP, OTP/A, IFL, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE:

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

~~Rep. Kirsten Larsen Schultz, Clerk~~

Lynne Blankenbaker
Lynne Blankenbaker

STATE-FEDERAL RELATIONS AND VETERANS AFFAIRS

Bill #: H.R. 31 Title: Commending work of pregnancy care centers in N.H. & across the U.S.
 PH Date: 1 / 27 / 2012 Exec Session Date: 1 / 27 / 2012

Motion: OTP Amendment #: _____

MEMBER	YEAS	NAYS
Baldasaro, Alfred P, Chairman	1	
Blankenbeker, Lynne F, V Chairman	1	
Christiansen, Lars T	1	
Quandt, Marshall E	absent	
Smith, Todd P	absent	
Cunningham, Steven L	1	
Kingsbury, Robert P	1	
Larsen Schultz, Kirsten L, Clerk	absent	
Lundgren, David C	absent	
McCarthy, Frank H	1	
Notter, Jeanine M	1	
Tamburello, Daniel J	1	
Vita, Lucien A <i>Wingetson</i>	1	
Rokas, Ted <i>Hatch</i>	absent	1
Domingo, Baldwin M	absent	
Hofemann, Roland P	absent	
Theberge, Robert L		1
Spainhower, Dale S	absent	
TOTAL VOTE:		

Committee Report

REGULAR CALENDAR

February 1, 2012

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Majority of the Committee on STATE-FEDERAL
RELATIONS AND VETERANS AFFAIRS to which was
referred HCR31,

AN ACT commending the work of pregnancy care
centers in New Hampshire and across the United States.

Having considered the same, report the same with the
recommendation that the bill OUGHT TO PASS.

Rep. Jeanine M Notter

FOR THE MAJORITY OF THE COMMITTEE

**MAJORITY
COMMITTEE REPORT**

Committee: **STATE-FEDERAL RELATIONS AND
VETERANS AFFAIRS**

Bill Number: **HCR31**

Title: **commending the work of pregnancy care
centers in New Hampshire and across the
United States.**

Date: **February 1, 2012**

Consent Calendar: **NO**

Recommendation: **OUGHT TO PASS**

STATEMENT OF INTENT

The majority supports this resolution to commend pregnancy care centers and their unique, positive contributions to the individual lives of women, men, and families. They serve thousands of families across the state without using taxpayers' money.

Vote 9-2

Rep. Jeanine M Notter
FOR THE MAJORITY

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

STATE-FEDERAL RELATIONS AND VETERANS AFFAIRS

HCR31, commending the work of pregnancy care centers in New Hampshire and across the United States. **OUGHT TO PASS.**

Rep. Jeanine M Notter for the **Majority** of STATE-FEDERAL RELATIONS AND VETERANS AFFAIRS. The majority supports this resolution to commend pregnancy care centers and their unique, positive contributions to the individual lives of women, men, and families. They serve thousands of families across the state without using taxpayers' money. **Vote 9-2.**

Original: House Clerk
Cc: Committee Bill File

Blurbs
Majority Report

HCR 31 commending the work of pregnancy care centers in New Hampshire and across the United States..

OTP Regular Calendar 9-2

The majority supports this resolution to commend pregnancy care centers and their unique, positive contributions to the individual lives of women, men, and families. They serve thousands of families across the state without using taxpayers' money.

Rep. Notter
For the Majority

A handwritten signature, possibly "ANS", is written in a cursive style and enclosed within a hand-drawn oval or circle.

COMMITTEE REPORT

COMMITTEE: State-Federal Relations & Veterans Affairs

BILL NUMBER: HCR 31

TITLE: Commending work of pregnancy care centers in NH & across the U.S.

DATE: 27 Jan 2012 CONSENT CALENDAR: YES NO

- OUGHT TO PASS
- OUGHT TO PASS W/ AMENDMENT
- INEXPEDIENT TO LEGISLATE
- INTERIM STUDY (Available only 2nd-year of biennium)

Amendment No.

STATEMENT OF INTENT:

the majority
 We supports this resolution to commend pregnancy care centers and their unique, positive contributions to the individual lives of women, men, and families. They serve thousands of families across the state without ^{using} tax payers money.

COMMITTEE VOTE: 9-2

RESPECTFULLY SUBMITTED,

- Copy to Committee Bill File
- Use Another Report for Minority Report

Rep. *Warren Patten*
 For the Committee

REGULAR CALENDAR

February 1, 2012

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

**The Minority of the Committee on STATE-FEDERAL
RELATIONS AND VETERANS AFFAIRS to which was
referred HCR31,**

**AN ACT commending the work of pregnancy care
centers in New Hampshire and across the United States.
Having considered the same, and being unable to agree
with the Majority, report with the following Resolution:
RESOLVED, That it is INEXPEDIENT TO LEGISLATE.**

Rep. Robert L Theberge

FOR THE MINORITY OF THE COMMITTEE

**MINORITY
COMMITTEE REPORT**

Committee: **STATE-FEDERAL RELATIONS AND
VETERANS AFFAIRS**

Bill Number: **HCR31**

Title: **commending the work of pregnancy care
centers in New Hampshire and across the
United States.**

Date: **February 1, 2012**

Consent Calendar: **NO**

Recommendation: **INEXPEDIENT TO LEGISLATE**

STATEMENT OF INTENT

Unfortunately the minority is not concerned with what the agencies do or the issues they represent. However, the resolution opens the door for a large number of agencies and/or organizations which will now request similar "feel-good" legislation.

Rep. Robert L Theberge
FOR THE MINORITY

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

STATE-FEDERAL RELATIONS AND VETERANS AFFAIRS

HCR31, commending the work of pregnancy care centers in New Hampshire and across the United States. **INEXPEDIENT TO LEGISLATE.**

Rep. Robert L Theberge for the **Minority** of STATE-FEDERAL RELATIONS AND VETERANS AFFAIRS. Unfortunately the minority is not concerned with what the agencies do or the issues they represent. However, the resolution opens the door for a large number of agencies and/or organizations which will now request similar "feel-good" legislation.

Blurbs
Minority Report

HCR 31 commending the work of pregnancy care centers in New Hampshire and across the United States..

ITL Regular Calendar

Unfortunately the minority is not concerned with what the agencies do or the issues they represent. However, the resolution opens the door for a large number of agencies and/or organizations which will now request similar "feel-good" legislation.

Rep. Theberge
For the Minority

ATB

MINORITY REPORT

COMMITTEE: State + Federal Relations + Veterans Affairs

BILL NUMBER: HCR 31

TITLE: Commending the work of pregnancy care centers in NH and across the US

DATE: 27 Jan 2012 CONSENT CALENDAR: YES NO

- OUGHT TO PASS
- OUGHT TO PASS W/ AMENDMENT
- INEXPEDIENT TO LEGISLATE
- INTERIM STUDY (Available only 2nd year of biennium)

Amendment No. _____

STATEMENT OF INTENT:

Unfortunately the minority is not concerned with what the agencies do or the issues they represent. However the resolution opens the door for a large number of agencies and or organizations which will now request similar res "feel-good" legislation.

COMMITTEE VOTE: 9-2

• Copy to Committee Bill File

RESPECTFULLY SUBMITTED,

Rep. Robert DeBerge
For the Minority