

# 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

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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.

HCR 31 - AS AMENDED BY THE SENATE

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26 and protecting life; and

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HCR 31 – FINAL VERSION

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24       Whereas, pregnancy care centers operate primarily through reliance on the voluntary donations  
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26 and protecting life; and

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29       Whereas, many pregnancy centers provide training to parents to guide their teens to healthy  
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5 staff at pregnancy care centers in New Hampshire and across the United States; and

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

10    Approved: May 9, 2012

# Amendments

Sen. White, Dist. 9  
Rep. Lauer-Rago, Merr. 2  
Rep. Souza, Hills. 11  
April 17, 2012  
2012-1707s  
01/04

If this amendment is adopted  
by the Committee, please  
deliver to the House Clerk  
(Room 317) or Senate Clerk  
(Senate Chamber) the 2  
originals and 2 copies.

Amendment to HCR 31

1 Amend the 10<sup>th</sup> paragraph after the title by replacing it with the following:

2

3       Whereas, pregnancy care centers operate primarily through reliance on the voluntary donations  
4 and time of caring individuals who are committed to caring for the needs of women and promoting  
5 and protecting life; and

Sen. White, Dist. 9  
Rep. Lauer-Rago, Merr. 2  
Rep. Souza, Hills. 11  
April 17, 2012  
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April 17, 2012  
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5 and protecting life; and



Health and Human Services  
May 3, 2012  
2012-2013s  
09/01

Amendment to HCR 31

1 Amend the second paragraph after the title by replacing it with the following:

2

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

6

7 Amend the tenth paragraph after the title by replacing it with the following:

8

9       Whereas, pregnancy care centers operate primarily through reliance on the voluntary donations  
10 and time of caring individuals who are committed to caring for the needs of women and promoting  
11 and protecting life; and

12

13 Amend the first paragraph after the resolving clause to read as follows:

14

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

18

19 Amend the resolution by deleting the third paragraph after the resolving clause.

# Committee Minutes



**SENATE CALENDAR NOTICE  
HEALTH AND HUMAN SERVICES**

Senator Jeb Bradley Chairman  
 Senator Tom De Blois V Chairman  
 Senator Molly Kelly  
 Senator Gary Lambert  
 Senator Andy Sanborn

For Use by Senate Clerk's Office ONLY	
<input type="checkbox"/>	Bill Status
<input type="checkbox"/>	Docket
<input type="checkbox"/>	Calendar
Proof: <input type="checkbox"/>	Calendar <input type="checkbox"/> Bill Status

**Date: April 18, 2012**

**HEARINGS**

**Thursday**

**5/3/2012**

**HEALTH AND HUMAN SERVICES**

**LOB 102**

**1:00 PM**

(Name of Committee)

(Place)

(Time)

**EXECUTIVE SESSION MAY FOLLOW**

1:00 PM HCR31

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

1:10 PM HCR41

urging the United States Congress to find that the Department of Health and Human Services' grant to Planned Parenthood of Northern New England is unconstitutional and void.

**Sponsors:**

**HCR31**

Rep. Kathleen Lauer-Rago

Rep. Susan DeLemus

Rep. Stella Tremblay

**HCR41**

Rep. Daniel Itse

Rep. Jeanine Notter

Rep. Kathleen Souza

Sen. Raymond White

Rep. J.R. Hoell

Rep. Lenette Peterson

Rep. Kevin Avard

Rep. Daniel Tamburello

Rep. Laura Jones

Robyn Dangora 271-4154

Sen. Jeb Bradley

Chairman

# Health and Human Services Committee

## Hearing Report

**TO:** Members of the Senate

**FROM:** Robyn Dangora, Legislative Aide

**RE:** Hearing report on HCR 31 – commending the work of pregnancy care centers in New Hampshire and across the United States.

**HEARING DATE:** May 3, 2012

**MEMBERS OF THE COMMITTEE PRESENT:** Sen. Bradley, Sen. De Blois, Sen. Kelly, Sen. Lambert, Sen. Sanborn

**MEMBERS OF THE COMMITTEE ABSENT:** None

**Sponsor(s):** 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

**What the bill does:** This house concurrent resolution commends the work of pregnancy care centers in New Hampshire and across the United States.

**Who supports the bill:** Rep. Lauer-Rago, Merr 2; Rep. Notter, Hills 19; Rep. S. Tremblay, Rock 3; Rep. Souza, Hills 11; Rep. Willette, Hills 6; Ellen Kolb, Cornerstone; Jeanneane Maxon, Americans United for Life; Kathy Anderson, Pregnancy Resource Center of the Monadnock Region; Kathleen Molway, Carenet Pregnancy Center of Concord;

**Who opposes the bill:** Liz Hagar, NARAL Pro-Choice NH; Rep. Bouchard, Merr 11; Jennifer Frizzell, Planned Parenthood of Northern New England; Rep. Horrigan, Straf 7; Claire Ebel, NH Civil Liberties Union

### **Summary of testimony received:**

*Hearing opened at 1:00 PM*

#### **Rep. Lauer-Rago, Merr 2**

●Prime Sponsor, I would like to introduce amendment 1707s, which amends paragraph 10, starting on line 24 by deleting “receiving no government funding or insurance funding,” since a small number of pregnancy centers may receive small one-time government funds on occasion. In NH pregnancy crisis centers do not

receive funding. I did research to find out which entities receive funding and found that Catholic Medical Center gets "wait training" abstinence funding, which is attended by school guidance councilors and Sununu Center staff, but no pregnancy center in NH receive government funds; they are funded through donations. I am involved in Carenet in Plymouth, a pregnancy crisis center, which is why I brought this forward. I understand that some people do not like resolutions, but this is our collective voice and tell people where we stand.

•Sen. Kelly: How are you defining a pregnancy care center?

-Rep. Lauer-Rago: An organization that will counsel young pregnant women that may suggest adoption. IN Plymouth they offer baby clothes and supplies.

•Sen. Kelly: Do you include crisis centers as well?

-Rep. Lauer-Rago: I am using the terms interchangeably.

•Sen. Kelly: How are they funded?

-Rep. Lauer-Rago: Through private donations.

### Sen. White, Dist. 9

•In support, there was some confusion that in some states pregnancy care centers receive federal funding, so the amendment clears that up. This resolution commends the good works of these centers; page one lists all the good works we want to commend.

### Rep. Bouchard, Merr 11

•Opposed, I am the one who brought concerns to the floor of the House over the centers. Congressional reports show they receive millions through deceptive practices. Line 26 also mentions that they do not bill insurance companies, which is a deceptive statement because they do not provide medical care for which they could bill. Many crisis centers are pro-life and mislead women from their right to choose. Regardless of your stance on abortion, we shouldn't commend those who mislead. The true intent of this legislation is ideological. It is important to think of policy setting; this with HCR 41 promotes one group and shows dissatisfaction with another.

•Sen. Kelly: Is there an overall knowledge of pregnancy care centers? Are they regulated? Do they have boards?

-Rep. Bouchard: I think they are accountable to themselves. They know to locate near high schools where the kids give them nicknames. They do not provide full-healthcare. Page 2, lines 5-7 is dangerous.

•Sen. Lambert: What nicknames do the high school students use?

-Rep. Bouchard: Scare care because they scare you from other choices.

### Rep. Souza, Hills 11

•In support, I am a member of a group of mostly women and some men who pray in front of Planned Parenthood every Thursday. It is a great resource to have a pregnancy care center down the street so we have something concrete to offer these women that they may not have known about before. We tell the women that they have another option and that the care center will help them and get them doctors and baby clothes. These centers are selfless. They do it because they want to help the girls. I appreciate their work. Other good organizations, like the Girl Scouts get recognized, and I think it is right to recognize the good works of these centers as well.

•Sen. De Blois: Did you say that when these girls go to Planned Parenthood that they get referred to pregnancy care centers?

-Rep. Souza: No. Planned Parenthood will confirm what they hear from their friends—that they are desperate and have no other options. We stand out front praying in our last attempt to reach these girls and we tell them they can go down the street and get both sides of the argument. We tell her there are other resources.

**Kathleen Molway, Exec. Director, Carenet of Concord**

•In support, to address Sen. Kelly's previous question – we have a board and we do yearly audits. Five years ago, we did receive a small one-year fund to establish a wait program, but have been funded privately besides that. We are a place of education. We do educate on abortion, though we do not prefer it, and we always accept women back if that is the choice they make. We have an "Earn while you Learn" program, in which they work and take classes and we give them gifts of baby supplies in return. That keeps them accountable.

**Jeanneane Maxon, Corporate Counsel, Americans United for Life**

•In support, for five years I was the general legal council for national Carenet. I am on the Executive Board for Carenet in Concord and I can confirm that no NH centers receive public funding. Nationally less than 26 centers receive funding and it is all insignificant amounts going toward abstinence training. As the legal counsel for Carenet, I performed over 600 legal audits of pregnancy centers nationally. There has been some misinformation today; there have been no congressional findings against Carenet or pregnancy centers. The staff of one Congressman launched an investigation and it was found not to be sound and therefore went nowhere. This is not run by political activists, we are a non-profit faith-based. All information is truthful and backed up by doctors. 90% of Carenet Pregnancy centers receive referrals from state health departments, 90% receive referrals from high schools, 88% from physicians within communities.

•These centers provide all services for free and have assisted 2.3 million clients nationally in 2010. 29 of 30 workers at pregnancy care centers are volunteers, making up 71,000 volunteers providing 5,705,000 volunteer hours in 2010. The three national pregnancy center organizations with which centers are affiliated are Carenet, Heartbeat International, and the National Institute for Family and Life Advocates. These three organizations have a *Commitment of Care and Competence* standard of ethics that centers must agree to in order to join. Pregnancy centers must follow their federal, state and local laws as well as have information provided by qualified medical professionals, which is beyond the state standards in most states. Pregnancy Care Centers have a 97% client satisfaction rate; word of mouth is the highest form of referral. Information sharing is legally and medically sound.

•Sen. Sanborn: These are all non-profits filing 990s?

-Ms. Maxon: We file 990s as well as state filings. If you are a part of an organization like Carenet, then you also go through a legal audit.

**Kathy Anderson, RN, Exec. Director, Pregnancy Resource Center of the Monadnock Region**

•In support, we are a 501 c (3) charity that receives no federal funds and provides all services for free. We are affiliated with Carenet and follow its standards. We receive referrals from the local Planned Parenthood, a midwifery practice, Cheshire Medical Center, and 40% from word of mouth. When women enter, they sign request for service forms which make it clear that we do not refer to abortion clinics, do not provide pre-natal obstetric care, and that we provide peer counseling, not

licensed counseling. I then perform an ultrasound with the help of our resident volunteer OB/GYN doctor. I encourage each client to make the decision herself because she is the only one who will live with it. We currently have four women in a post-abortion counseling group. Clients are given an exit survey and for every class they attend they receive free baby clothes. 1,234 items were donated last year and 100% of clients said they would recommend us on their exit surveys.

**Liz Hagar, NARAL Pro-Choice NH**

◉Opposed, we should not send a resolution to the president with language as harsh as “we disapprove of any national, state, or local groups...”

**Ellen Kolb, Cornerstone**

◉In support, we should encourage resources like this. They strengthen our communities.

◉**Sen. Sanborn:** What about planned pregnancies; what if a woman is pregnant and wants someone to talk to, do they have resources?

-Ms. Kolb: I know that my husband and I counsel and provide information to anyone who asks for it.

*Hearing closed at 1:42 PM*

**Funding:** N/A

**Action:** The committee went into executive session. Sen. Sanborn made a motion of Ought to Pass on a draft amendment, seconded by Sen. Lambert; the motion passed 4-1. Sen. De Blois made a motion of Ought to Pass as Amended, seconded by Sen. Sanborn, the motion passed 4-1. Sen. De Blois to the floor.

rmd

[file: HCR 31 report]

Date: 5/4/12

# Speakers







# Testimony

OFFICE OF LEGISLATIVE SERVICES  
RESEARCH DIVISION - ROOM 112  
603-271-3326

*Memo*

*To:* Honorable Kathleen Lauer-Rago *MP*

*From:* Myla A. Padden, Research Director

*Date:* February 16, 2012

*Re:* Pregnancy Resource Centers

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To assist in the legislative deliberations on HCR 31, commending the work of pregnancy care centers in New Hampshire and across the United States, you asked me to determine if any of the New Hampshire Pregnancy Resource Centers receive state funding.

After being unable to find any evidence to suggest that New Hampshire's pregnancy resource centers receive state funds, I contacted our Legislative Budget Assistant's office (LBA) for assistance and learned that according to an official in the N.H. Department of Health and Human Services, Division of Public Health, there is no direct state funding of pregnancy resource centers in New Hampshire. It is my understanding that there is a contract with Catholic Medical Center (CMC) to provide abstinence education in the Nashua area. There is a possibility that CMC could direct some grant money to a pregnancy resource center in the area for that purpose but I do not know that to be a fact. If you would like me to pursue that possibility, please let me know.

In the meantime, I hope to have been of some assistance.

L-Rago

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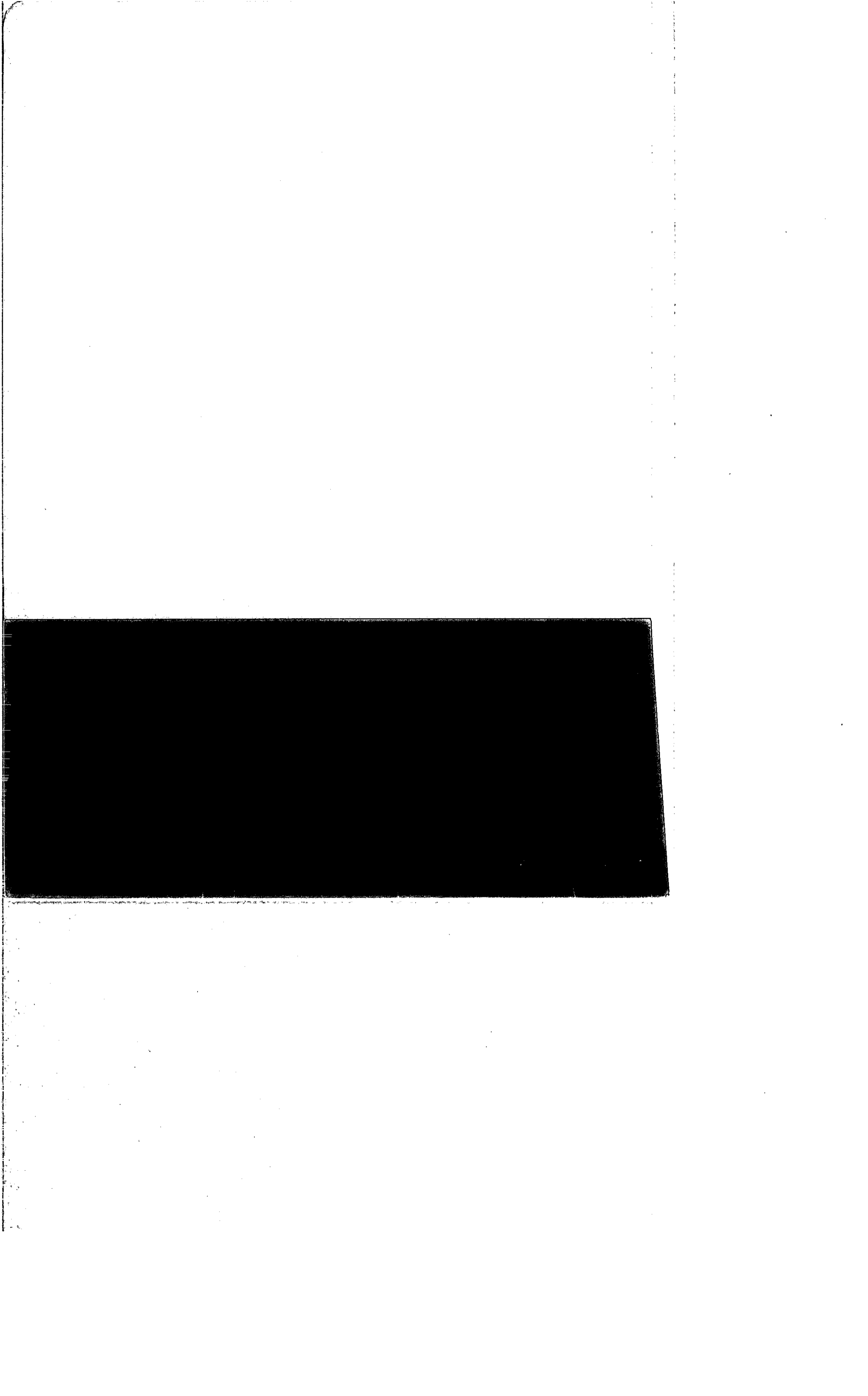
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LIVE well  
LOVE well  
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*Teaching the Skills to Live Well,  
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February 15 and 16, 2012

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Callagy	Kathleen	Haverhill PCC	<a href="mailto:callagyk@aol.com">callagyk@aol.com</a>	978-685-6908
Ferland	Cheryl	Stevens High School	<a href="mailto:cferland@claremont.k12.nh.us">cferland@claremont.k12.nh.us</a>	603-543-4286 x210
Frasier	Lois	Haverhill PCC	<a href="mailto:lfrasier@cxhvac.com">lfrasier@cxhvac.com</a>	978-887-8077
Forsythe-Taber	Mary	Makin It Happen	<a href="mailto:mft@mih4u.org">mft@mih4u.org</a>	603-686-6844
Goan	Leslie	St. Catherine Parish	<a href="mailto:lgoan01@comcast.net">lgoan01@comcast.net</a>	603-622-6264
Holtsberg	Bev	Manchester West	<a href="mailto:bholtsberg@mansd.org">bholtsberg@mansd.org</a>	West High
Jarry	Pam	Manchester West	<a href="mailto:pjarry@mansd.org">pjarry@mansd.org</a>	603-624-6384
Kerrigan	Mollie	St. John Neumann Parish	<a href="mailto:mkerrigan@sjnnh.org">mkerrigan@sjnnh.org</a>	603-880-0825
Kinney	Sue	Catholic Medical Center	<a href="mailto:skinney@cmc-nh.org">skinney@cmc-nh.org</a>	603-663-6545
LaBruzzo	Justine	Fort Dodge IA	<a href="mailto:justinelabruzzo@gmail.com">justinelabruzzo@gmail.com</a>	515-570-1691
Ljungholm	Kellie	Concord Carenet	<a href="mailto:kellienh@gmail.com">kellienh@gmail.com</a>	603-496-0406
Martineau	Pauline	St. Joseph Regional Jr. High	<a href="mailto:pmartineau@stioesirhs.org">pmartineau@stioesirhs.org</a>	603-624-4811
McCarthy	Mary	Haverhill PCC	<a href="mailto:mmccarthy@pccnortheast.org">mmccarthy@pccnortheast.org</a>	978-373-5718
Moore	Deb	CareNet Nashua	<a href="mailto:debcarenet@msn.com">debcarenet@msn.com</a>	603-571-4200
Pellerin	Carolyn	Carenet Manchester	<a href="mailto:carolyn@carenetnh.org">carolyn@carenetnh.org</a>	603-623-1122
Radzikowski	Gia	Haverhill PCC	<a href="mailto:araz1@comcast.net">araz1@comcast.net</a>	617-594-6710
Riley	Janine	Stevens High School	<a href="mailto:iriley@claremont.k12.nh.us">iriley@claremont.k12.nh.us</a>	603-543-4220 x217
Santa Fe	Pam	Makin It Happen	<a href="mailto:psf@mih4u.org">psf@mih4u.org</a>	603-819-8476
Sullivan	Kevin	Sununu Youth Center	<a href="mailto:kfsull@comcast.net">kfsull@comcast.net</a>	603-491-8152
Wilcox	Heidi	Goshen-Lempster School	<a href="mailto:hwilcox@sau71.org">hwilcox@sau71.org</a>	603-863-2018
Malo	Nancy	Catholic Medical Center	<a href="mailto:nmalo@cmc-nh.org">nmalo@cmc-nh.org</a>	603-663-8706

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**Joneen Mackenzie, RN, BSN**  
*President/Founder*  
(720) 488-8888



**The Center for  
Relationship Education**

[joneen@myrelationshipcenter.org](mailto:joneen@myrelationshipcenter.org)

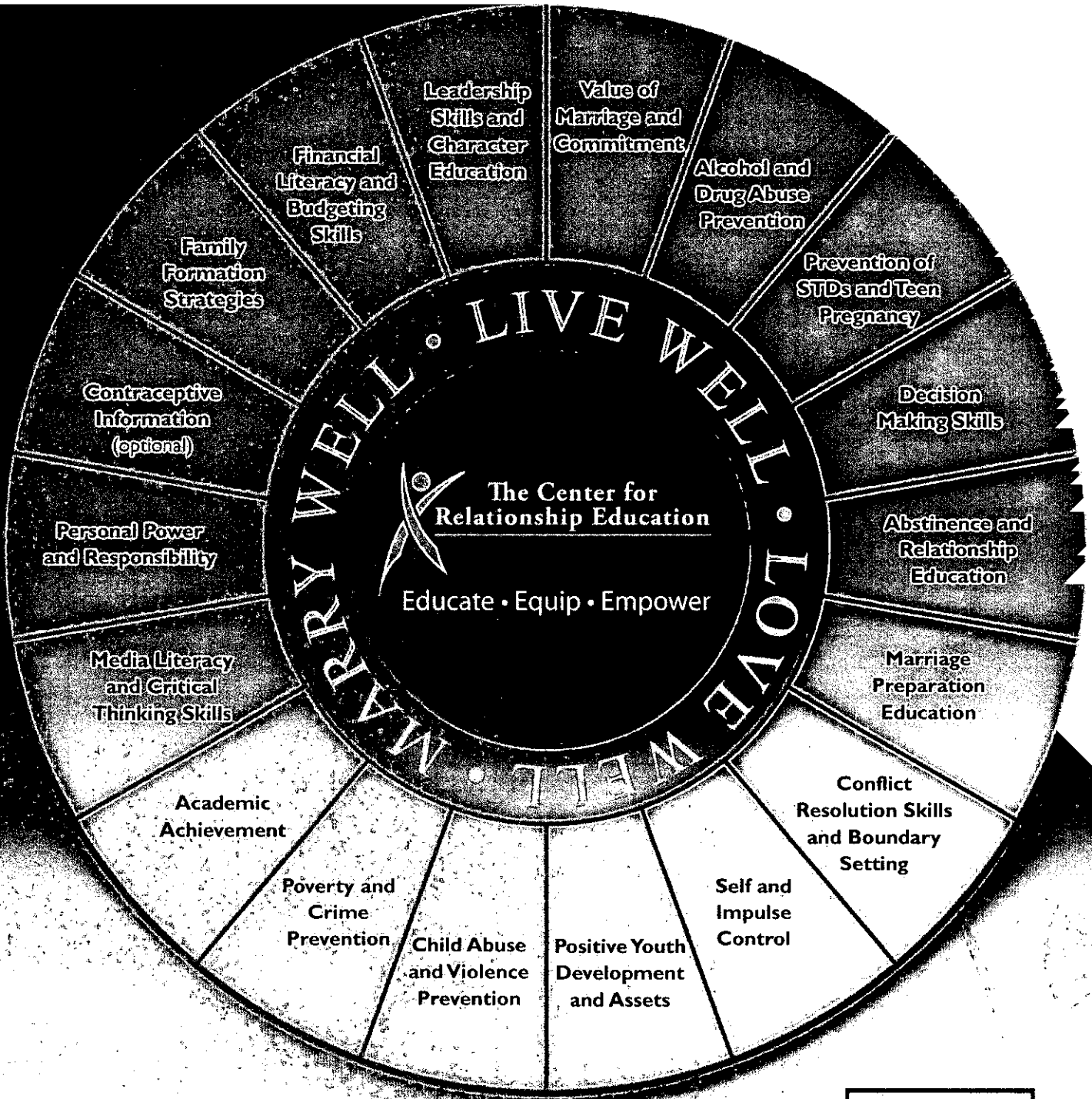




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### EVENTS AND SERVICES

- Parent Workshops
- Community Mobilization Workshops
- Speakers Bureau
- Technical Assistance
- Student Assemblies
- Weekend Get REAL (Relationship Education and Leadership) Workshops for Students
- Look Before You Leap 3-Screen Multimedia Presentation (for 8-10th grade assemblies)
- Staff Development for Teachers and Health Professionals
- The Art of Loving Well Literacy Program (character and relationship education through storytelling)
- Free Resources

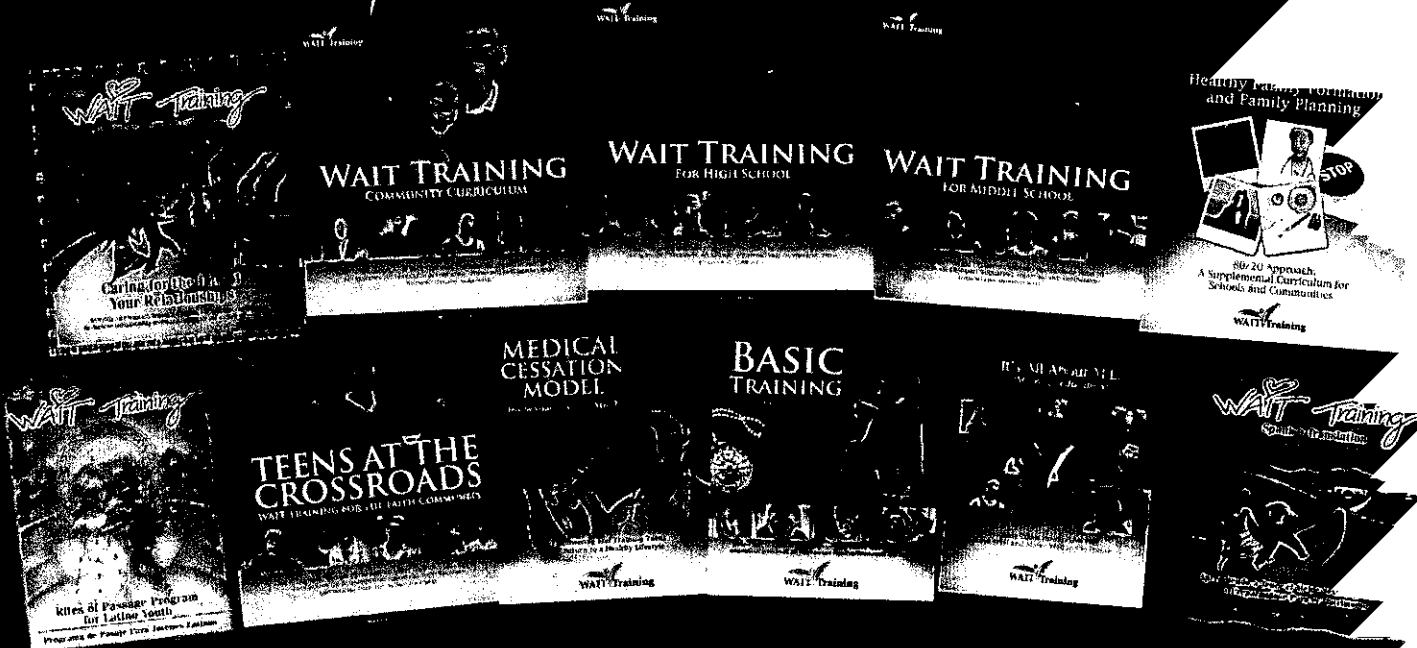


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- WAIT Training for Middle School and High School
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- African American Edition of WAIT Training
- Spanish Translation of WAIT Training
- WAIT Training for the Faith Community
- Parent Teen Connections Manual
- *The Art of Loving Well* Anthology of Short Stories for Character Development and Literacy Skills
- WAIT Training Passages Program for Latino Youth
- WAIT Training Medical Cessation Intervention for Sexually Active Youth
- All About M.E. (Marriage Education) for High School and College Age Emerging Adults
- Healthy Marriage Initiative Classes Using PREP (Prevention Relationship Enhancement Program)
- Within Our Reach and Within My Reach Relationship Enhancement Skill Building for Single, Dating, Cohabiting or Married Persons

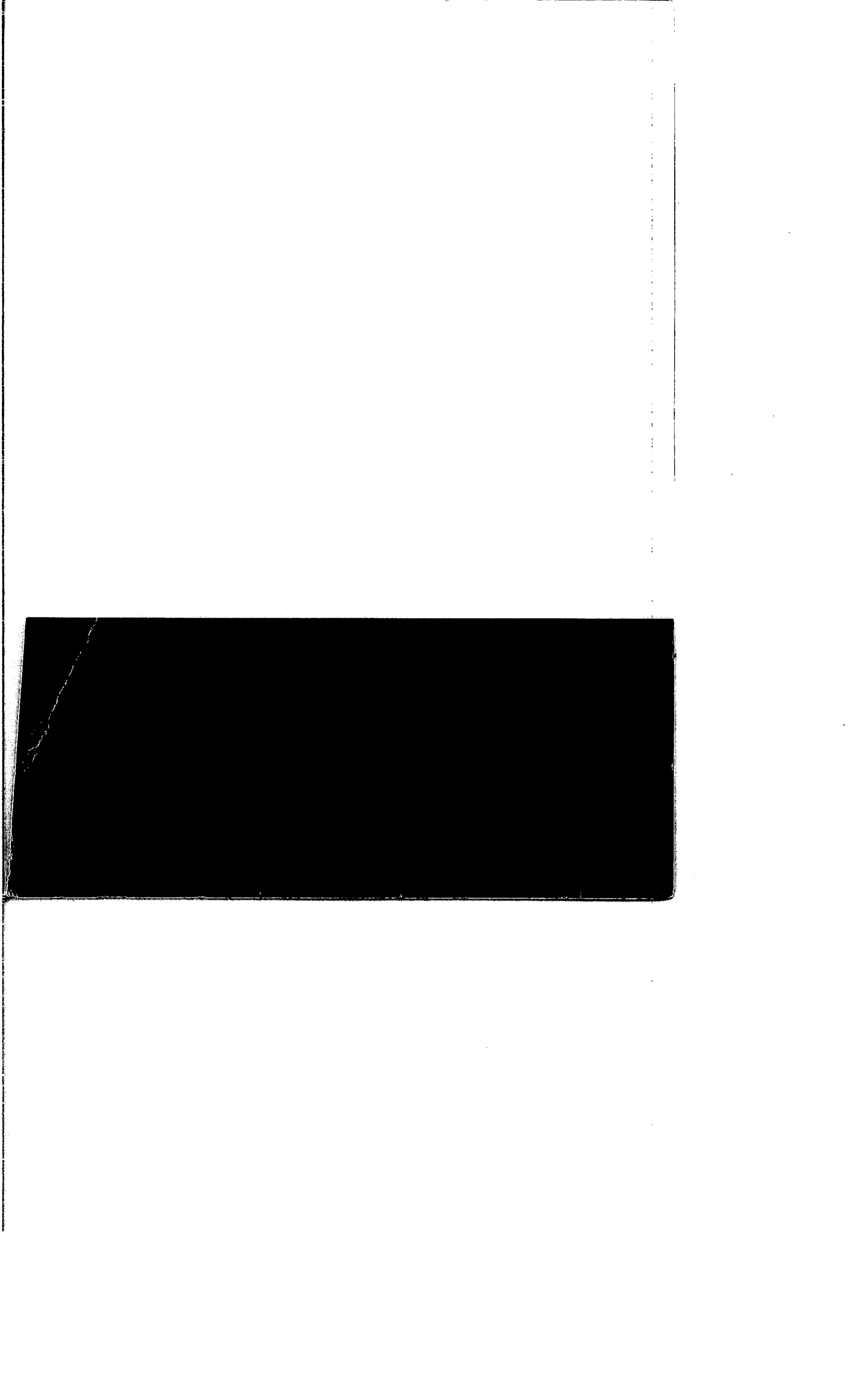
## LISTED BELOW ARE JUST A FEW OF THE MANY CONCEPTS EXPLORED IN WAIT TRAINING CLASSES AND WITH OUR PROGRAM RESOURCES:

Learning About Yourself and Others  
 Friendship, Love and Dating  
 Learning Your Love Language  
 The Basic Needs of the Heart  
 Communication Strategies  
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 Successful Life Sequencing  
 Critical Thinking Skills  
 Creative Problem Solving

Refusal Skills  
 Personal Power and Self Regulation Strategies  
 Leadership Skills  
 Boundary Setting  
 Economic Success  
 Financial Literacy  
 Discovering the Meaning of Sex and Sexuality  
 Resolving Conflict Effectively  
 Having Fun in Your Relationship

The Importance of Humor  
 Partner Selection Strategies  
 The Stages of Attachment  
 Healthy Family Formation Skill Building  
 The Stages and Power of Commitment  
 The Steps of Intimacy  
 The Benefits of Marriage  
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# **Marriage: America's No. 1 Weapon Against Childhood Poverty**

How the Collapse of Marriage Hurts the Nation  
and 7 Steps to Reverse the Damage

# Growth of Unwed Childbearing in the U.S., 1929–2008

Throughout most of U.S. history, unwed childbearing was rare.

When the federal government's War on Poverty began in 1964, only 6.3 percent of children in the U.S. were born out of wedlock. However, over the next four decades, the number rose rapidly. By 2008, four out of 10 births occurred outside of marriage.

**Note:** Initiated by President Lyndon Johnson in 1964, the War on Poverty led to the creation of more than three dozen welfare programs to aid poor persons. The government has spent \$16.7 trillion on means-tested aid to the poor since 1963.

**Source:** U.S. Government, U.S. Census Bureau, and National Center for Health Statistics.

PERCENTAGE OF CHILDREN BORN OUT OF WEDLOCK

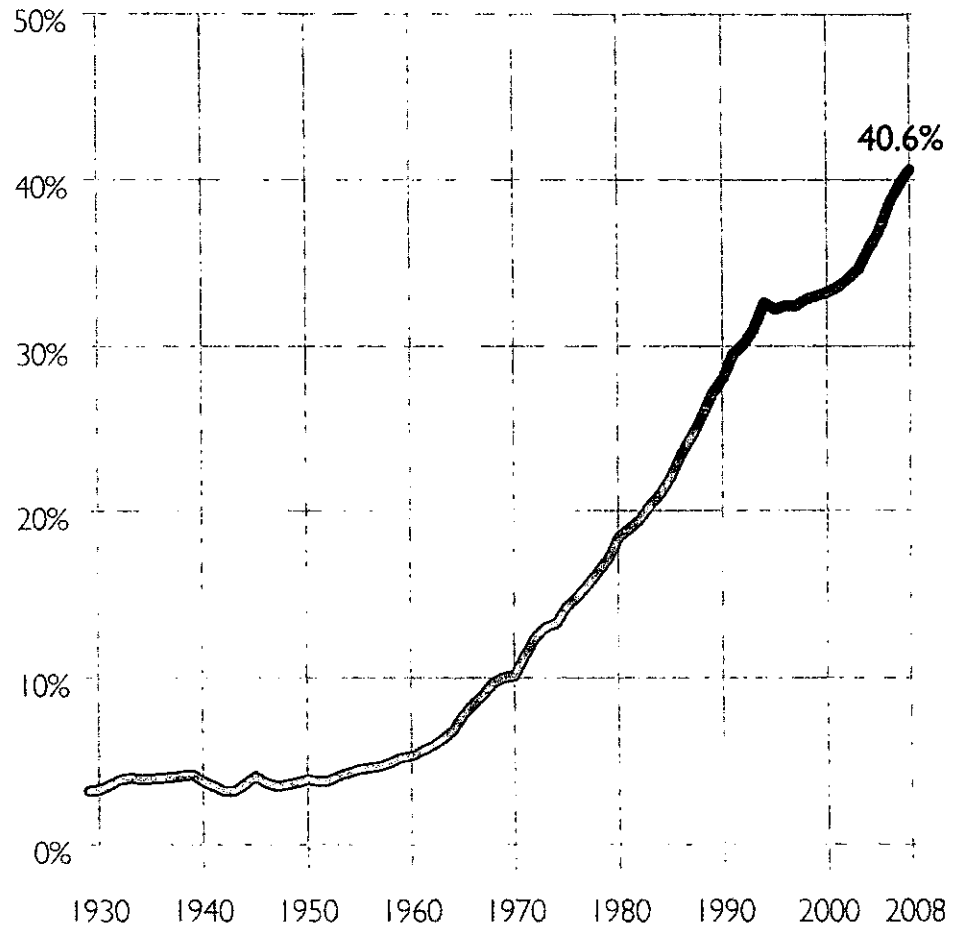


Chart 1 • Marriage and Poverty in the U.S.

# Death of Marriage in the U.S., 1929–2008

The marital birth rate—the percentage of all births that occur to married parents—is the flip side of the out-of-wedlock birth rate.

Through most of the 20th century, marital births were the norm in the U.S. In 1963, more than 93 percent of births occurred to married couples.

However, in the mid-1960s, the marital birth rate began to fall steadily. By 2008, only 59 percent of births in the U.S. occurred to married couples.

**Note:** In any given year, the sum of the out-of-wedlock birth rate (Chart 1) and the marital birth rate (Chart 2) equals 100 percent of all births.

**Source:** U.S. Government, U.S. Census Bureau, and National Center for Health Statistics.

PERCENTAGE OF CHILDREN BORN OUT OF WEDLOCK

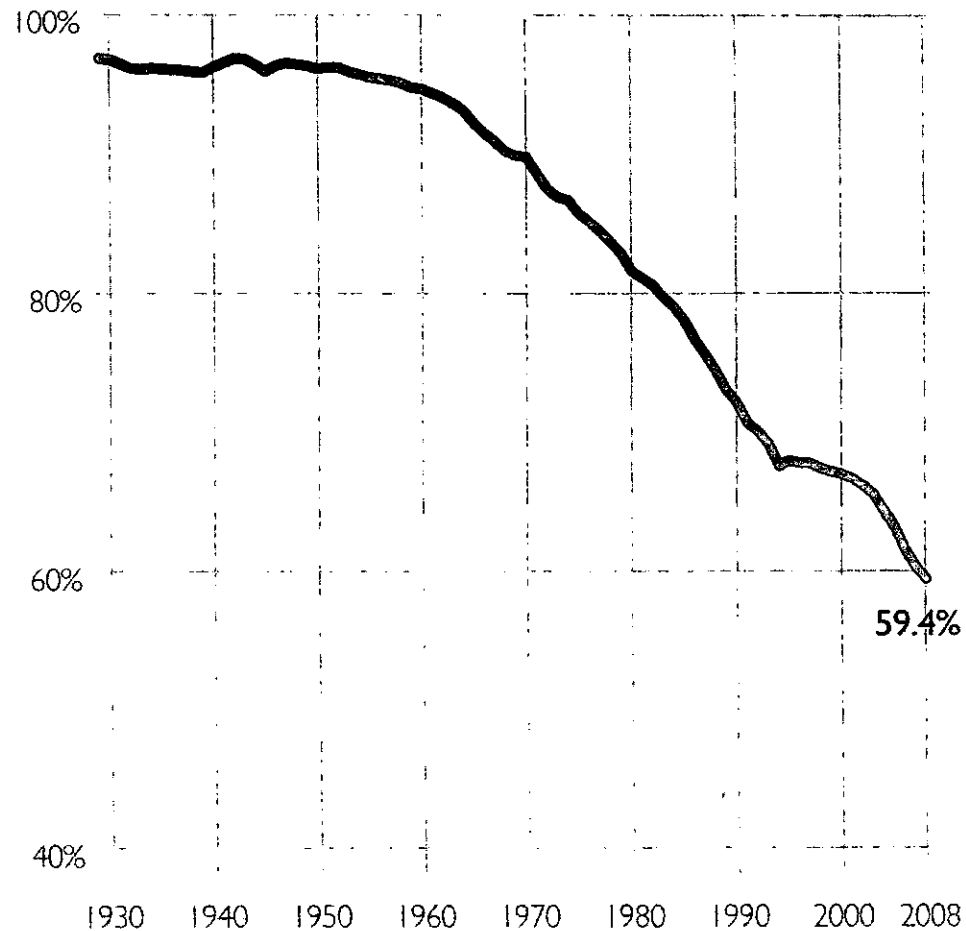


Chart 2 • Marriage and Poverty in the U.S.

# Marriage Drops the Probability of Child Poverty by 82 Percent

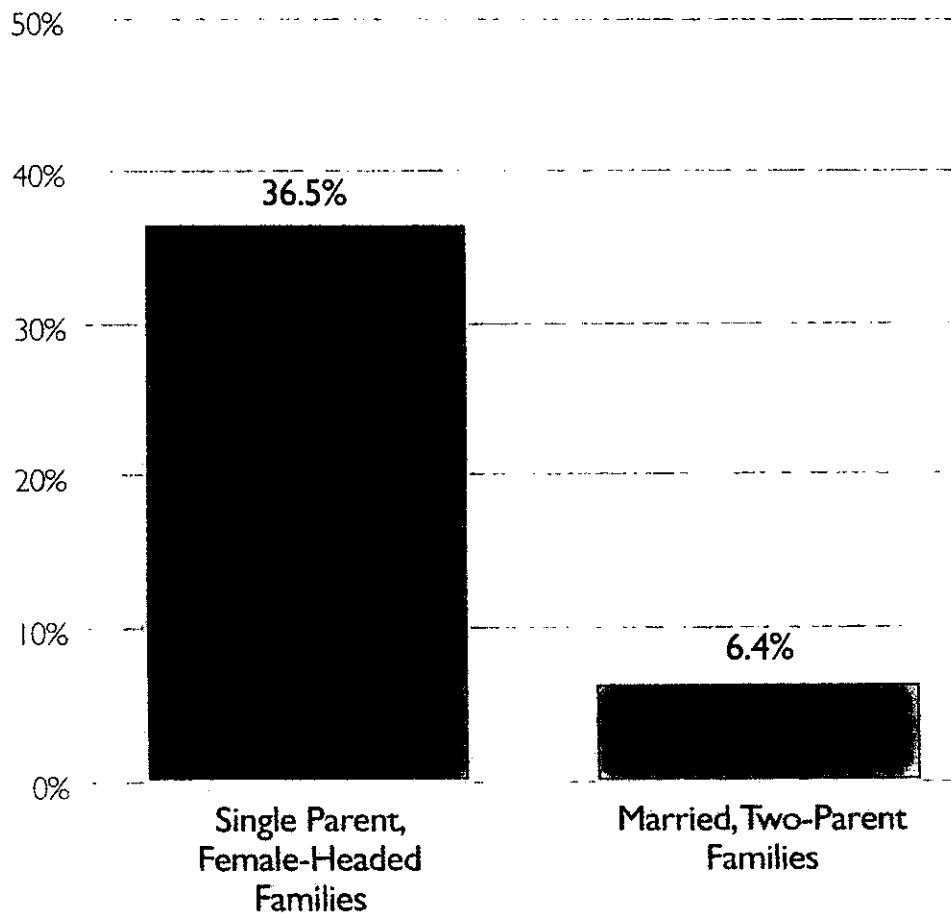
The steady rise in out-of-wedlock child bearing is a major cause of high levels of child poverty in the U.S.

In 2008, more than a third (36.5 percent) of single mothers with children were poor, compared to only 6.4 percent of married couples with children.

Single-parent families with children are almost six times more likely to be poor than are married couples.

The higher poverty rate among single-mother families is due both to the lower education levels of the mothers and the lower income because of the absence of the fathers.

PERCENTAGE OF FAMILIES WITH CHILDREN THAT ARE POOR



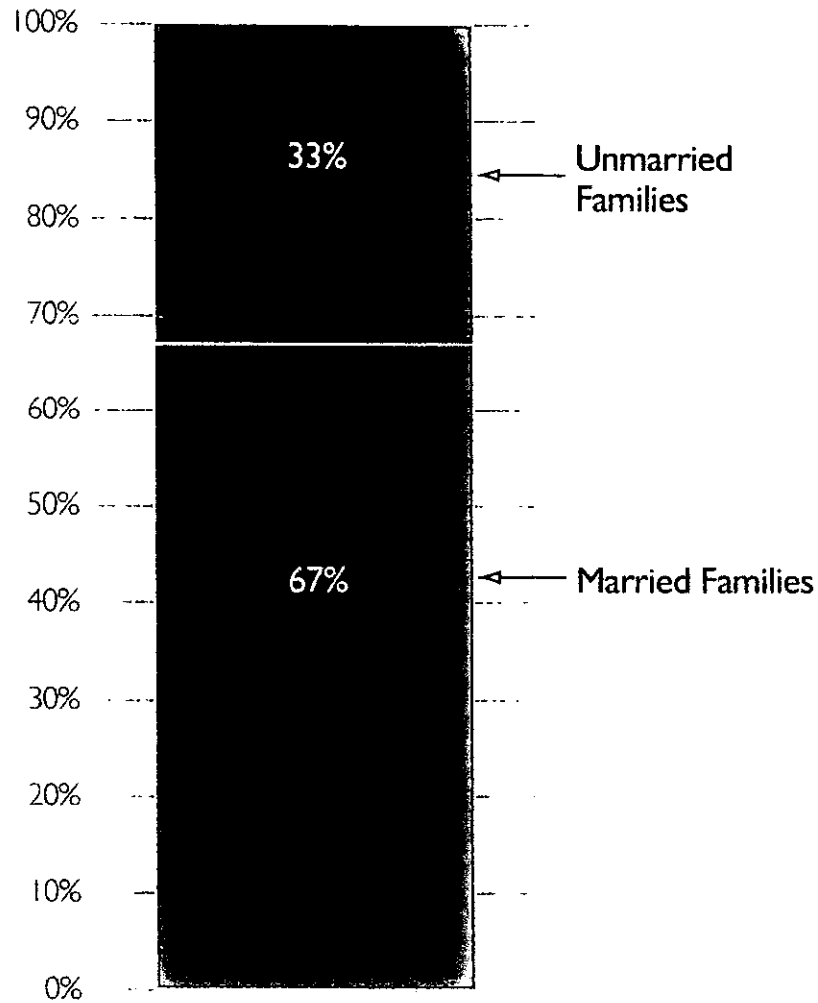
Source: U.S. Census Bureau, American Community Survey, 2006–2008 data.

Chart 3 • Marriage and Poverty in the U.S.



# One-Third of All Families with Children Are Not Married

Overall, married couples head roughly two-thirds of families with children in the U.S. The other third are single-parent families.



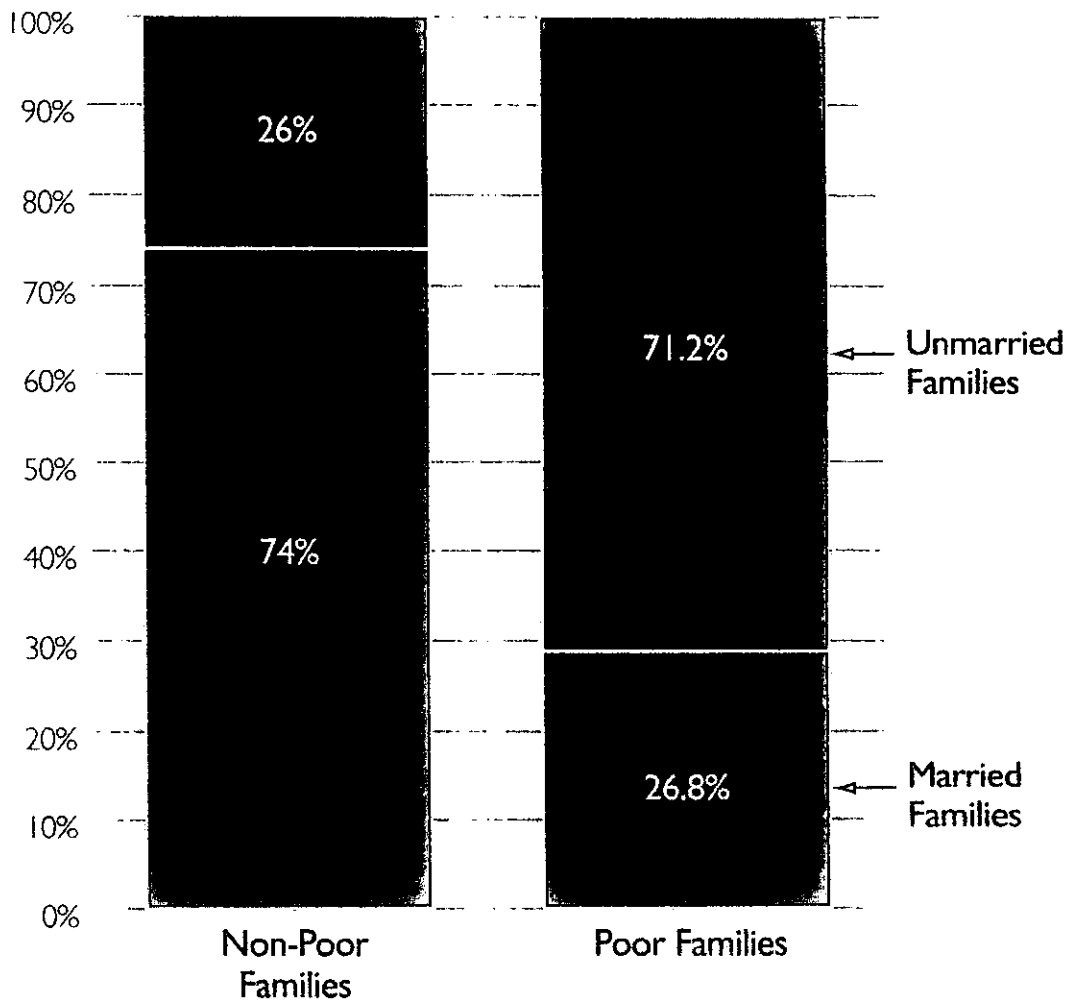
Source: U.S. Census Bureau, American Community Survey, 2006–2008 data.

Chart 4 • Marriage and Poverty in the U.S.

# 71 Percent of Poor Families with Children Are Not Married

Nearly three-quarters of families with children in the U.S. that are not poor are married couples.

By contrast, 71 percent of all poor families with children are headed by single parents.



Source: U.S. Census Bureau, American Community Survey, 2006–2008 data.

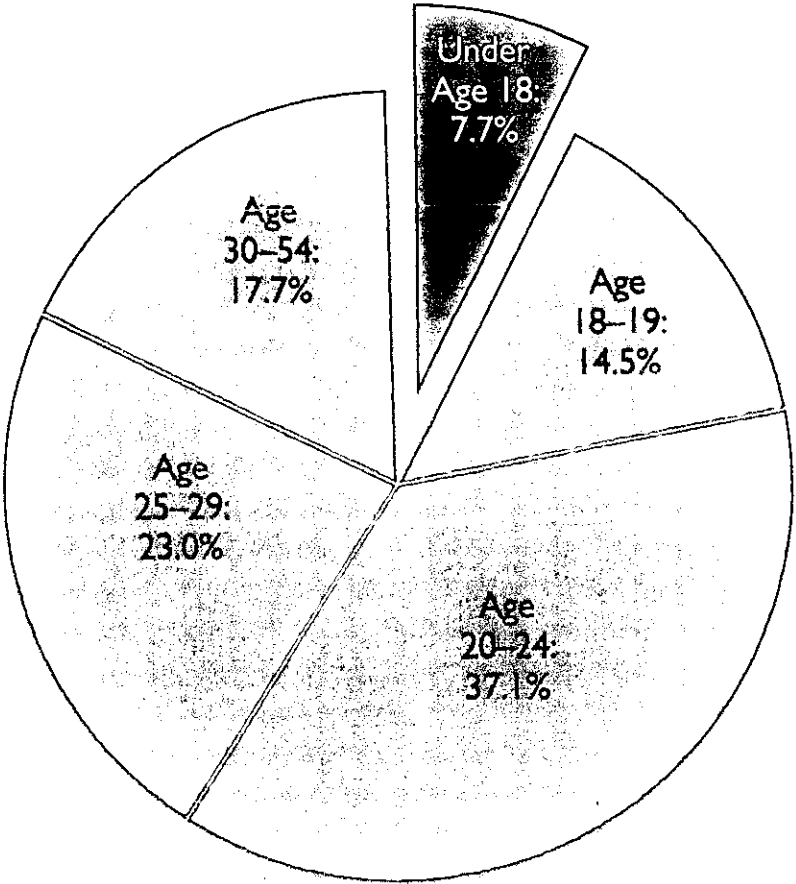
Chart 5 • Marriage and Poverty in the U.S.

# Few Unwed Births Occur to Teenagers

Out-of-wedlock births are often confused erroneously with teen births, but only 8 percent of out-of-wedlock births in the U.S. occur to girls under age 18.

By contrast, some three out of four unwed births occur to young adult women between the ages of 18 and 29.

PERCENTAGE OF OUT-OF-WEDLOCK BIRTHS BY AGE OF MOTHER



**Note:** Figures have been rounded.

**Source:** U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2006 NHS data.

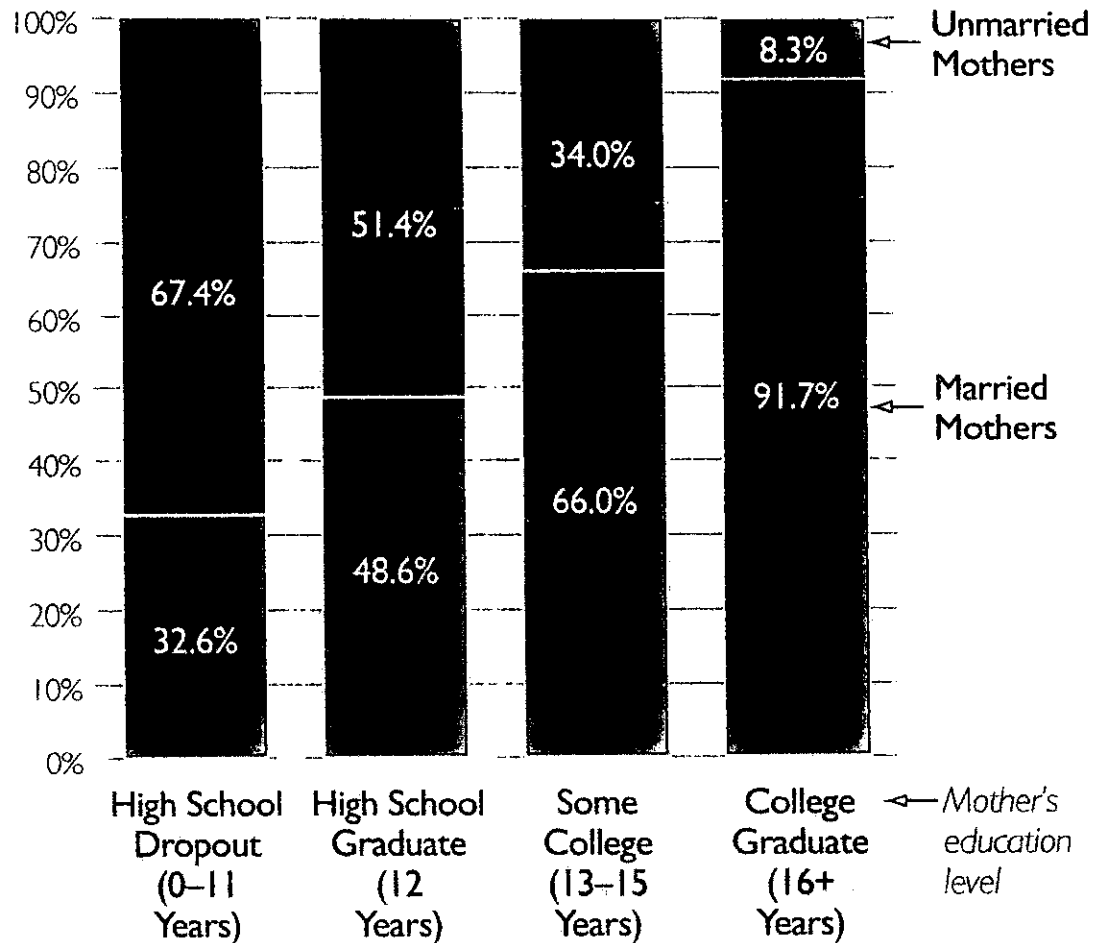
Chart 6 • Marriage and Poverty in the U.S.

# Less-Educated Women Are More Likely to Give Birth Outside Marriage

Unwed childbearing occurs most frequently among the women who will have the greatest difficulty supporting children by themselves: those with low levels of education.

Among women who are high school dropouts, more than two-thirds of all births occur outside marriage. Among women who have only a high school diploma, slightly more than half of all births occur outside marriage. By contrast, among women with at least a college degree, only 8 percent of births are out-of-wedlock.

PERCENTAGE OF BIRTHS THAT ARE MARITAL OR OUT OF WEDLOCK



Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2006 NHS data.

Chart 7 • Marriage and Poverty in the U.S.

# Both Marriage and Education Are Highly Effective in Reducing Child Poverty in the United States

The poverty rate for married couples is dramatically lower than the rate for households headed by single parents. This is true even when the married couple is compared to single parents with the same education level.

For example, in the U.S., the poverty rate for a single mother who has only a high school diploma is 31.7 percent, but the poverty rate for a married couple family headed by an individual who, similarly, has only a high school degree is far lower at 5.6 percent.

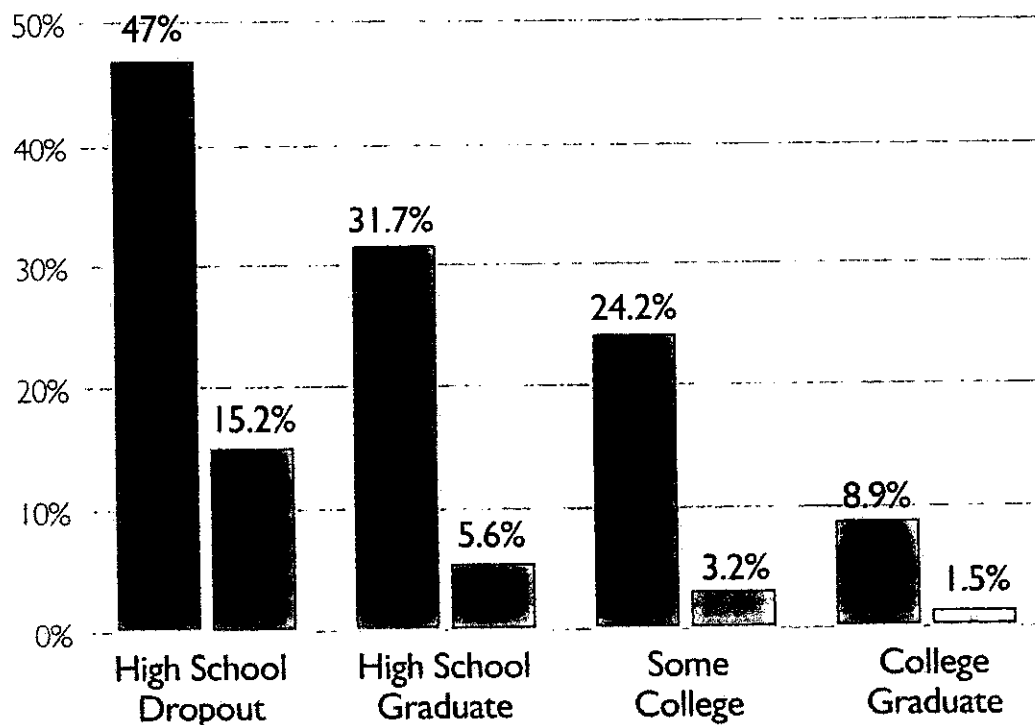
On average, marriage drops the poverty rate by around 80 percent among families with the same education level.

Source: U.S. Census Bureau, American Community Survey 2006-2008 data.

PERCENTAGE OF FAMILIES THAT ARE POOR

Poverty Rate of Families by Education and Marital Status of the Head of Household

□ Single  
■ Married



Note: Virtually none of the heads of families in the chart who are high school dropouts are minor teenagers.

Chart 8 • Marriage and Poverty in the U.S.

# Unwed Birth Rates Vary Strongly by Race

Out-of-wedlock childbearing varies considerably by race.

In 2006 (the most recent year for which racial breakdown is available), nearly four in 10 births (39.7 percent) in the U.S. occurred outside marriage. The unwed birth rate was lowest among non-Hispanic whites, at just over one in four births (27.8 percent). Among Hispanics, more than half of births were out-of-wedlock. Among blacks, seven out of 10 births were to unmarried women (71.6 percent).

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2006 NHS data.

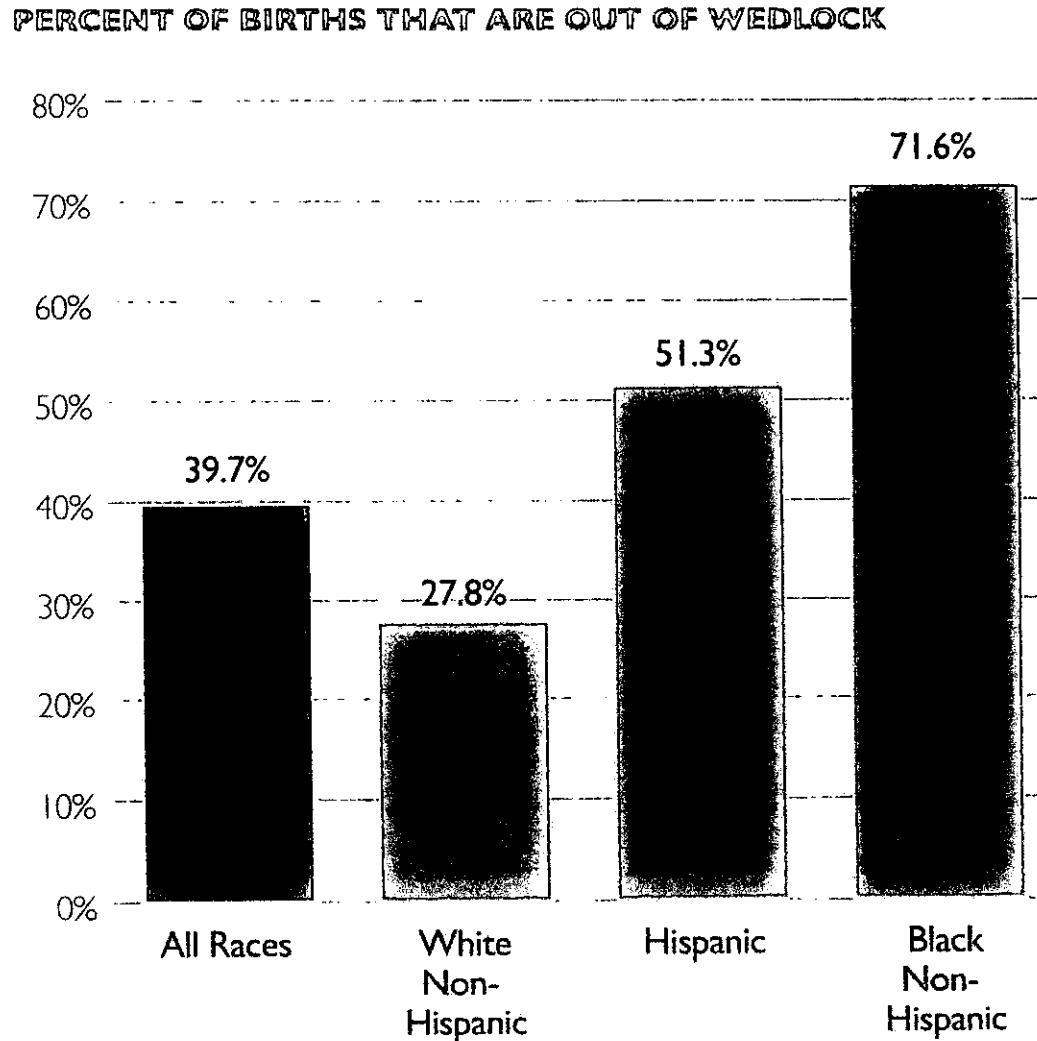


Chart 9 • Marriage and Poverty in the U.S.

# Growth of Unwed Childbearing by Race, 1929–2008

Historically, out-of-wedlock childbearing has been somewhat more frequent among blacks than among whites. However, before the onset of the federal government's War on Poverty in 1964, the rates for both whites and blacks were comparatively low.

In 1963, not even one in 10 (3.1 percent) white children was born outside marriage. By 2008, the number had risen to more than one in four (28.6 percent).

In 1963, about one in four black children (24.2 percent) was born outside marriage. By 2008, the number had risen to nearly three in every four (72.3 percent).

Source: U.S. Government, U.S. Census Bureau, and National Center for Health Statistics.

PERCENTAGE OF CHILDREN BORN OUT OF WEDLOCK

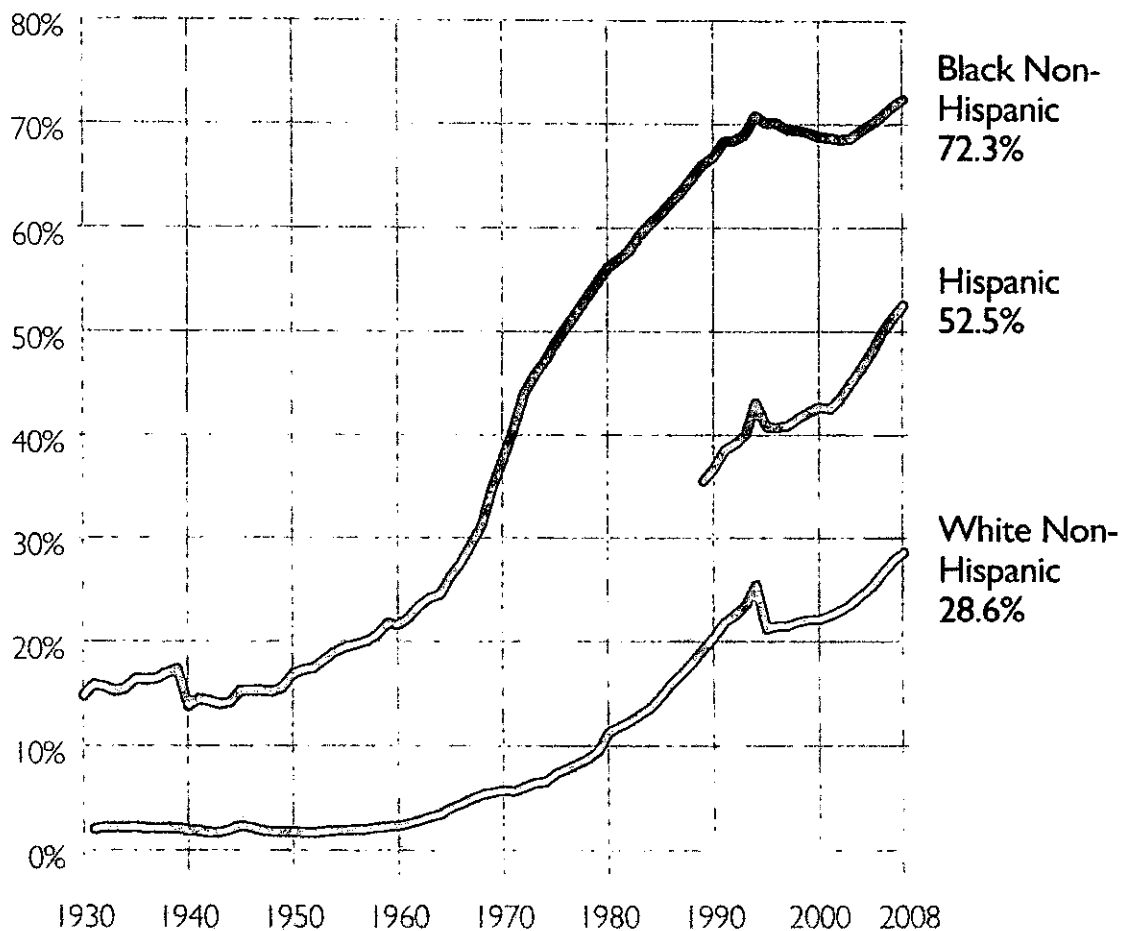


Chart 10 • Marriage and Poverty in the U.S.

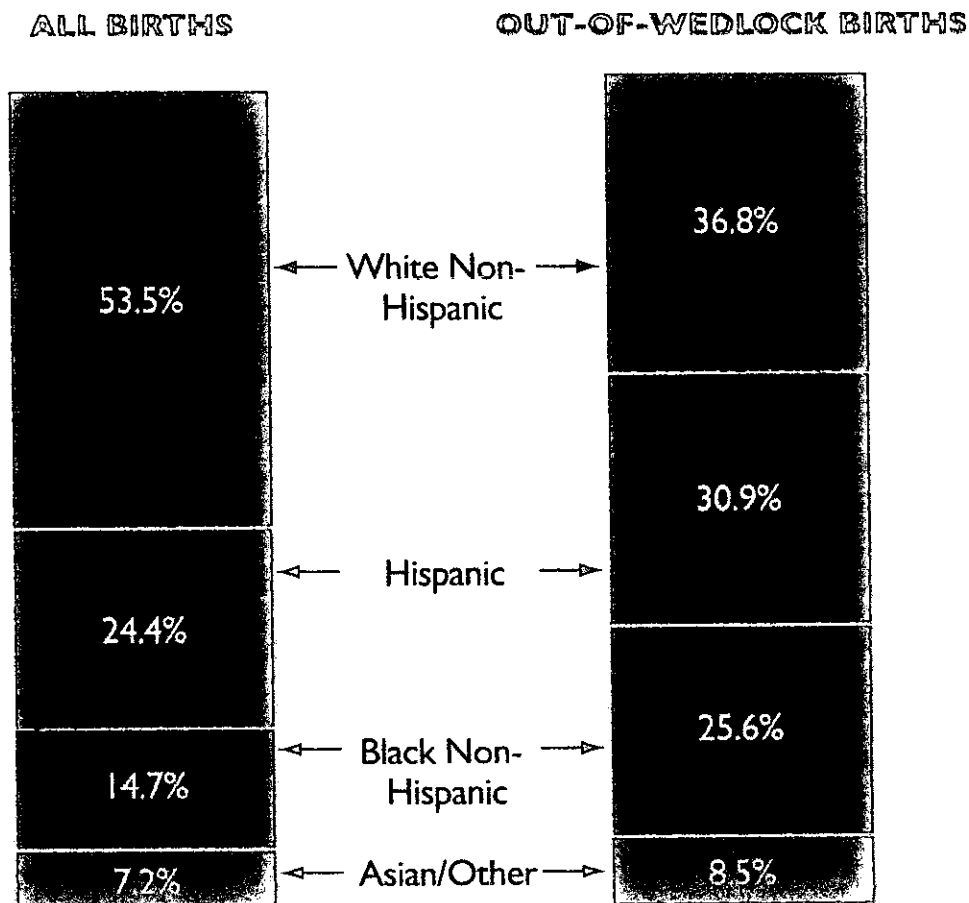
# Racial Composition of All Births and Out-of-Wedlock Births in the U.S.

In the U.S. in 2006, some 53.5 percent of all births occurred to non-Hispanic whites; 24.4 percent occurred to Hispanics, and 14.7 percent occurred to non-Hispanic blacks.

Because blacks and Hispanics are more likely to have children without being married, they account for a disproportionately large share of all out-of-wedlock births. Even so, the largest number of unwed births are to white non-Hispanic women.

In the U.S. in 2006, 37 percent of all non-marital births were to non-Hispanic whites; 31 percent were to Hispanics, and 26 percent were to black non-Hispanic women.

**Source:** U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2006 NHS data.



Note: Figures have been rounded.

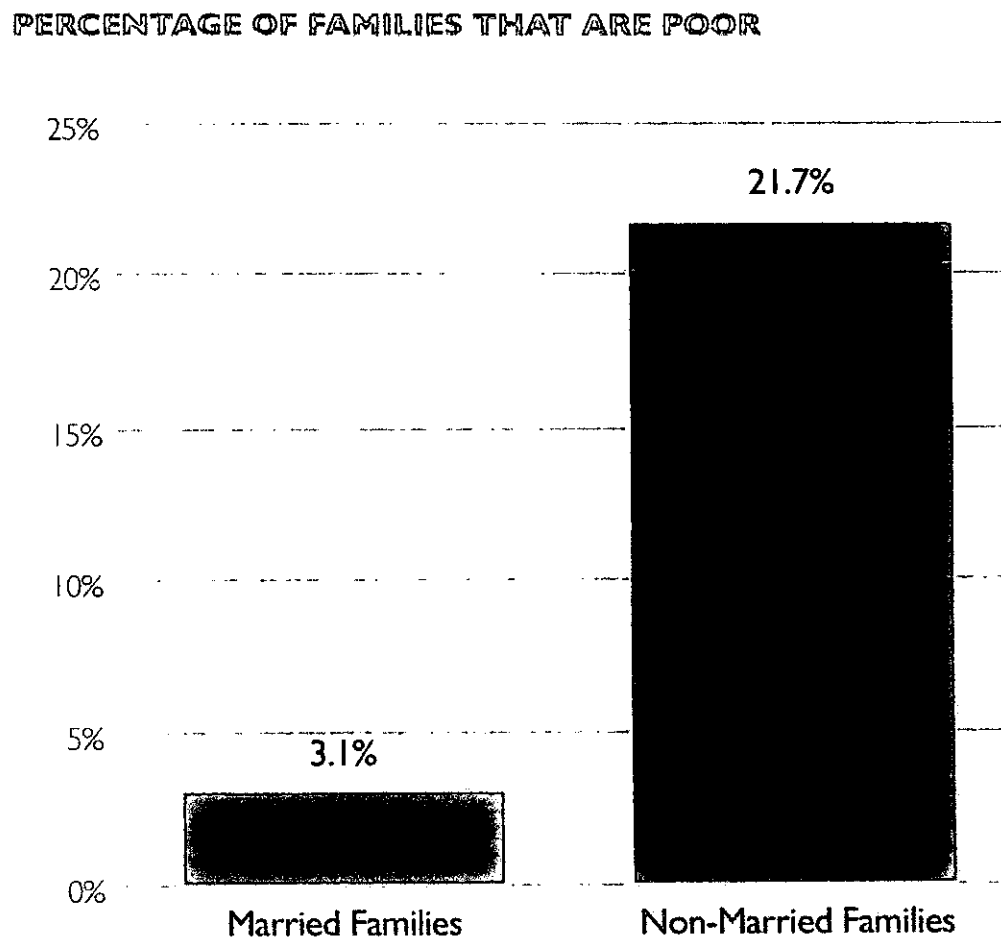
Chart 11 • Marriage and Poverty in the U.S.



# Non-Married White Families Are Seven Times More Likely to Be Poor

Marriage leads to lower poverty rates for whites, blacks, and Hispanics.

For example, in 2006, the poverty rate for married white families was 3.1 percent. But the poverty rate for non-married white families was seven times higher at 21.7 percent.



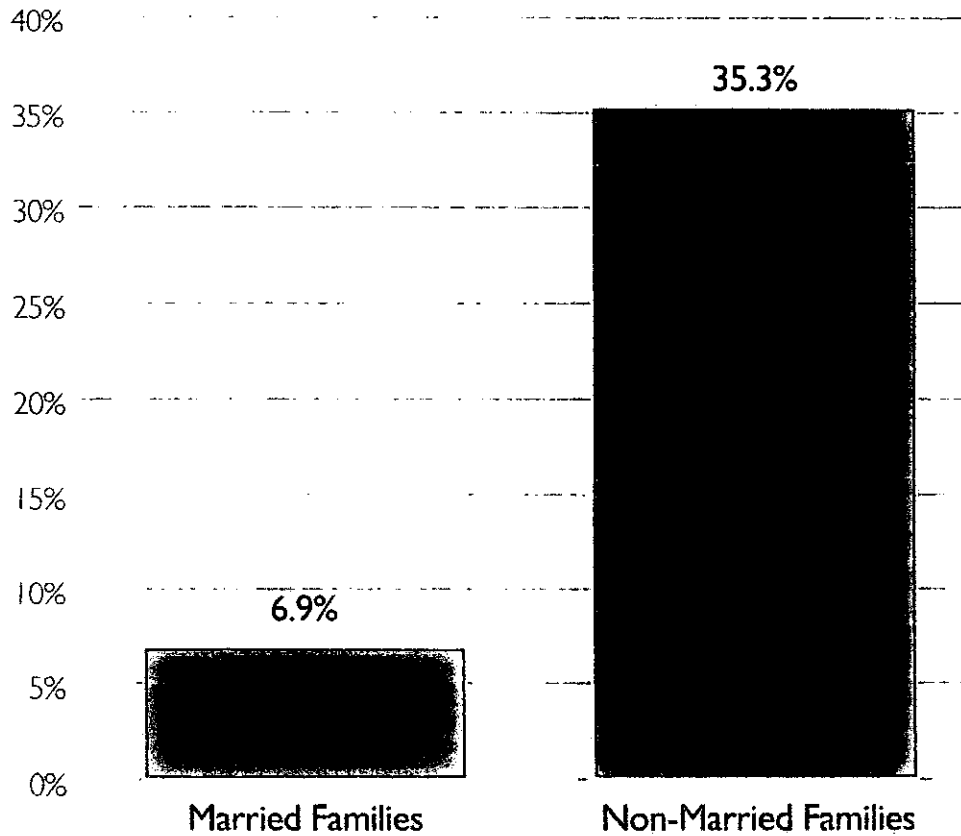
Source: U.S. Census Bureau, American Community Survey, 2006–2008 data.

Chart 12 • Marriage and Poverty in the U.S.

# Non-Married Black Families Are Five Times More Likely to Be Poor

In 2006, the poverty rate for black married black couples was 6.9 percent, while the poverty rate for non-married black families was more than five times higher at 35.3 percent.

PERCENTAGE OF FAMILIES THAT ARE POOR

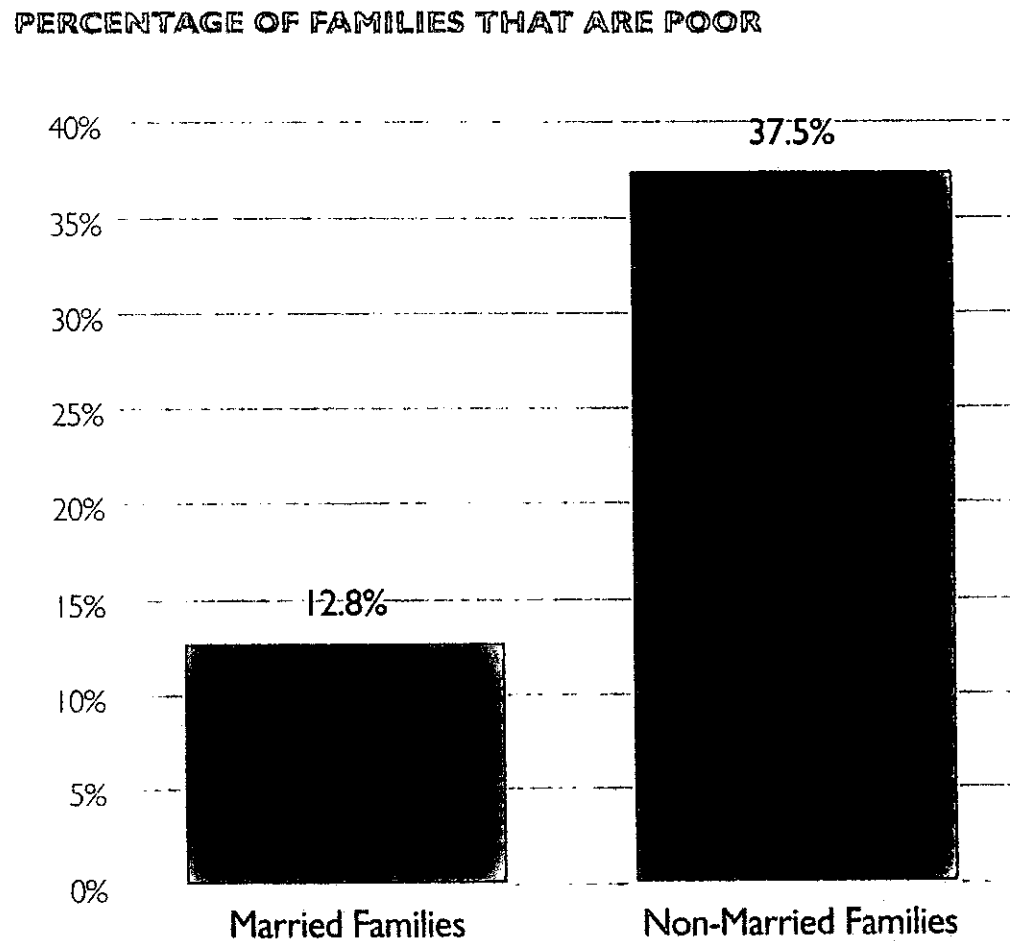


Source: U.S. Census Bureau, American Community Survey, 2006–2008 data.

Chart 13 • Marriage and Poverty in the U.S.

# Non-Married Hispanic Families Are Nearly Three Times More Likely to Be Poor

In 2006, the poverty rate for Hispanic married families was 12.8 percent, while the poverty rate among non-married families was nearly three times higher at 37.5 percent.



Source: U.S. Census Bureau, American Community Survey, 2006–2008 data.

Chart 14 • Marriage and Poverty in the U.S.

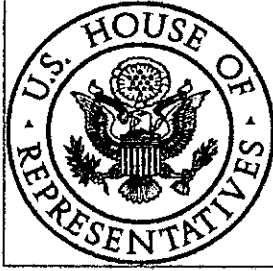
## **7 Steps to Reduce Child Poverty through Marriage**

Given the importance of marriage in reducing child poverty, the following steps should be undertaken to strengthen marriage in low income communities.

- 1) Reduce anti-marriage penalties in welfare programs.
- 2) Create public education campaigns in low-income communities on the benefits of marriage.
- 3) Require welfare offices to provide factual information on the value of marriage in reducing poverty and welfare dependence.
- 4) Explain the benefits of marriage in middle and high schools with a high proportion of at-risk youth.
- 5) Require federally funded birth control clinics to provide information on the benefits of marriage and the skills needed to develop stable families to interested low-income clients.
- 6) Require federally funded birth control clinics to offer voluntary referrals to life planning and marriage skills education to all interested low-income clients.
- 7) Make voluntary marriage education widely available to interested couples in low-income communities.



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

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

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PREPARED FOR  
REP. HENRY A. WAXMAN

## 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:

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

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.





TO: Senate Health & Human Services Committee  
FROM: Ellen Kolb, Cornerstone Legislative Affairs Director, 603-321-2703  
RE: HCR 31, commending the work of pregnancy care centers

Cornerstone Action is a nonprofit non-partisan New Hampshire public policy organization representing over 6000 New Hampshire residents. We are happy to support HCR 31, commending the work of pregnancy care centers.

Some of these agencies existed before Roe v. Wade. Others came after. All have a proud history of serving women. They weren't established by government, and they were not started by the medical establishment. They were started at different times, in different places, by people who saw pregnant women with needs that were not being met by existing agencies. The founders and volunteers have provided acceptance, information, and referrals to expand options for women in crisis pregnancies. Abortion-minded women are not turned away, and women who choose life for their babies get the practical help they need. Men are served at pregnancy care centers, too, with the same access to information and referrals.

The mission of these pregnancy care centers does not allow for political activity, and they are represented in these halls today only to tell you about their work and to answer your questions.

The assistance and referrals these centers provide are invaluable to the whole community. Choosing life is not a mere slogan at these centers. They do not provide abortions, and that has prompted criticism and false accusations in some parts of the country: for instance, that they don't counsel women on all options for pregnancy. There is no better refutation to this than the testimony from the workers at pregnancy care centers, which we expect you will be receiving in the course of considering this resolution.

Please join your colleagues who have sponsored this resolution, and send it to the Senate with a strong ought-to-pass recommendation. Thank you.

**Strong Families for a Strong New Hampshire**

P.O. BOX 4683, MANCHESTER, NH 03108 | PH (603) 228-4794  
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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 of 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 your valuable time as 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.



# 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.  
May 3, 2012**

**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.

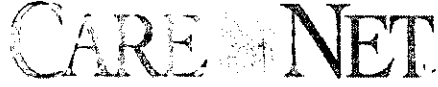
In 2010, pregnancy care centers served over 2.3 million people. A conservative estimate of community cost savings for these services during 2010 is well over \$100 million. In addition to specific cost savings, pregnancy care centers drew on the help of 71,000 volunteers who performed an estimated 5,705,000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



## **CARE NET, PREGNANCY CENTERS AND THE CULTURE OF LIFE (SEPTEMBER 2010)**

### **"Pro-Life" Momentum**

- Since May 2009, three consecutive national polls have found more Americans now identifying themselves as "pro-life" than "pro-choice," suggesting a significant shift in public opinion about abortion. Currently 47% consider themselves "pro-life" and 45% consider themselves "pro-choice" (May 2010 Gallup poll)<sup>1</sup>

### **The Compelling Grass Roots Vision of Pregnancy Centers**

- From 1980 to 2010, Care Net pregnancy center affiliates have grown exponentially to 1,120 affiliated pregnancy centers in the U.S. and Canada.
- Church leaders in areas targeted by abortion providers, particularly inner cities, are seeking information and support from Care Net and others on how to open pregnancy centers in their communities.
- Care Net's Inspire Life campaign launched online in 2009 to connect and mobilize a growing, younger audience in supporting the work of pregnancy centers: [www.inspirelifefenow.org](http://www.inspirelifefenow.org).

### **Impact of Pregnancy Centers – What People are Saying**

- According to TIME magazine, pregnancy centers are playing an important role in why abortion rates have lowered in recent years: "That would seem to be evidence that the quiet campaign for women's hearts and minds, conducted in thousands of crisis pregnancy centers around the country, on billboards, phone banks and websites, is having an effect..."<sup>2</sup>
- Pregnancy centers are "...the new face of an old movement: kind, calm, nonjudgmental..." (TIME)<sup>3</sup>
- "Today, it's still worthwhile to pass laws restricting abortion, but time and money spent on providing and promoting compassionate alternatives saves more lives." (Marvin Olasky)<sup>4</sup>
- "...it's likely that more unborn lives will be saved regardless of what happens in Washington. One reason is that more pregnancy resource centers are technologically up-to-date, making use of sophisticated ultrasound machines so that pregnant mothers in a crisis can see their babies." (Russ Pulliam)<sup>5</sup>

- For additional endorsement quotes, see the national report on pregnancy centers, *A Passion to Serve, A Vision for Life*.<sup>6</sup>

### **Impact of Pregnancy Centers**

- 1,120 Care Net Pregnancy Center Affiliates in U.S. and Canada
- 2,300 Estimated number of pregnancy centers in U.S. and Canada

*Care Net Pregnancy Center Stats*<sup>7</sup> (All services are free)

- 429,000 Clients served every year
- 329,000 Pregnancy tests provided
- 70,000 Ultrasounds conducted
- 305,000 Clients received material resources such as maternity/baby clothes, layettes
- 144,000 Parents received parenting education
- 23,000 Women and men participated in post-abortion recovery programs
- 1,000,000 Individuals were educated about the benefits of abstinence outside of marriage
- 29,000 Volunteers helped in pregnancy centers
- 95% of pregnant women who visit a Care Net pregnancy center decide to carry their pregnancy to term

### **Pregnancy Centers are in Demand**

*Option Line*<sup>8</sup> Contact Center and Website ([www.optionline.org](http://www.optionline.org)) provides information and support to people facing unplanned pregnancies and connects them to a local pregnancy center.<sup>8</sup>

- One million contacts since its inception in 2003
- 255,000 contacts to contact center via phone, email, and Instant Messaging (Largest annual contact volume in Option Line history)
- 7.9% Increased contact volume over 2008
- 797,000 Visits received to the Option Line website (English & Spanish versions)
- 3,403 Text messages received at the Option Line contact center

### **Pregnancy Centers are Deeply Rooted in the Community**

- Pregnancy centers enjoy a host of partnerships and referral relationships with other community agencies. The following percent of Care Net centers reported having received clients referred to them from the following organizations in 2009<sup>9</sup>:
  - State Health Department: 92%
  - High Schools: 90%
  - Colleges: 60%
  - Hospitals: 68%
  - Abortion Providers: 28%
  - Other Non-Profits: 88%
  - Physicians: 88%

## **Pregnancy Centers Enjoy High Client Approval Ratings<sup>10</sup>**

- 97% - Average overall approval rating in pregnancy center client exit surveys
- .5 (less than 1%) - Average number of actual clients who registered a complaint with the center
- 1,028 – average number of clients per year
- 96% of clients indicated in an exit survey that they would recommend the center to a friend
- “word of mouth” was the #1 source of new clients among all other forms of advertising

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<sup>1</sup> “The New Normal on Abortion: American More Pro-Life,” Gallup poll, May 3-6, 2010, <http://www.gallup.com/poll/128036/new-normal-abortion-americans-pro-life.aspx>.

<sup>2</sup> “Sex education and contraception might account for fewer unintended pregnancies, but more women who become pregnant are deciding to carry the child to term. Guttmacher found that 22.4% of pregnancies (not including those that ended in miscarriage) ended in abortion, down from 30.4% in 1983. That would seem to be evidence that the quiet campaign for women’s hearts and minds, conducted in thousands of crisis pregnancy centers around the country, on billboards, phone banks and websites, is having an effect, while the combination of tighter access, waiting periods and parental notification laws invite — or force — women to think twice about terminating a pregnancy.” Gibbs, Nancy. “Why Have Abortion Rates Fallen?” TIME, January 21, 2008, <http://www.time.com/time/nation/article/0,8599,1705604,00.html>.

<sup>3</sup> “Wood is the CEO of Asheville Pregnancy Support Services in Asheville, North Carolina, one of the thousands of crisis pregnancy centers in the U.S. that are working to end abortion. Hers is the new face of an old movement: kind, calm, nonjudgmental, a special-forces soldier in the abortion wars who is fighting her battles one conscience at a time. Her center helps women navigate the social-service bureaucracy, sign up for Medicaid and begin prenatal care. She helps pregnant girls find emergency housing if their parents threaten to throw them out. Free pregnancy tests and ultrasounds are just the latest service.” Gibbs, Nancy, “The Grass-Roots Abortion War,” TIME, February 15, 2007, <http://www.time.com/time/magazine/article/0,9171,1590444,00.html>.

<sup>4</sup> Olasky, Marvin. “Lessons from the Past,” WORLD, January 17, 2009, <http://www.worldmag.com/articles/14857>.

<sup>5</sup> Pulliam, Russ. “Still Fighting,” WORLD, January 17, 2009, <http://www.worldmag.com/articles/14864>.

<sup>6</sup> *A Passion to Serve, A Vision for Life*, Family Research Council, 2008, [www.apassiontoserve.com](http://www.apassiontoserve.com).

<sup>7</sup> 2009 Care Net National Pregnancy Center Statistics.

<sup>8</sup> 2009 Option Line® annual statistics. Option Line is a joint venture of Care Net and Heartbeat International.

<sup>9</sup> 2009 Care Net National Pregnancy Center Statistics.

<sup>10</sup> 2009 Care Net Client Satisfaction Survey, conducted online among pregnancy center affiliates, based on client exit surveys from 2009, 86-129 centers responding.

**PREGNANCY RESOURCE CENTER**

*of the Monadnock Region*



100 Washington St., Keene, NH 03431  
603.358.6460 ♦ ed@PregnancyOptionsKeene.org

***Kathy Anderson, MA, RN***  
*Executive Director*

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[www.PregnancyOptionsKeene.org](http://www.PregnancyOptionsKeene.org)



## *All Services are Free and Confidential*

- ♥ Professional Quality **Pregnancy Tests**
- ♥ **Ultrasound** Confirmation of Pregnancy
- ♥ **Prenatal & Parenting Classes**  
*(includes classes for those with children up to age 12)*
- ♥ **Post-Abortion Support**
- ♥ **Community Education**—Building Family Connections, Choices About Relationships Education, group parenting classes, etc.

*Free baby items and maternity clothes can be earned by taking classes in the Training in Parenting Series.*

**PREGNANCY RESOURCE CENTER**  
*of the Monadnock Region*



May, 3, 2012

**Testimony on HR 31**

Senator Bradley and members of the Health and Human Services Committee:

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 Senator White and 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 are required to complete Care Net training 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.

PREGNANCY RESOURCE CENTER  
of the Monadnock Region



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.

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. 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 and she earns maternity clothes. 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 our staff were 'very interested' in them; the same percent said our 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, MA, RN  
Executive Director/Nurse Manager

PREGNANCY RESOURCE CENTER  
of the Monadnock Region



October 6, 2010

On November 23<sup>rd</sup>, 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

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 6<sup>th</sup> 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 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

# Committee Report



**STATE OF NEW HAMPSHIRE**  
**SENATE**  
**REPORT OF THE COMMITTEE**

Date: 5/3/12

**THE COMMITTEE ON Health and Human Services**

to which was referred House Concurrent Resolution 31

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

Having considered the same, the committee recommends that the Resolution:

**OUGHT TO PASS WITH AMENDMENT**

**BY A VOTE OF: 4-1**

**AMENDMENT # 2013s**

**Senator Tom De Blois**  
**For the Committee**

**Sonja Caldwell 271-2117**

## New Hampshire General Court - Bill Status System

**Docket of HCR31**

Docket Abbreviations

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

*Official Docket of HCR31:*

<b>Date</b>	<b>Body</b>	<b>Description</b>
11/14/2011	H	<b>Introduced</b> 1/4/2012 and Referred to State-Federal Relations and Veterans Affairs; <b>HJ 7</b> , PG.365
1/11/2012	H	===CANCELLED=== Public Hearing: 1/12/2012 1:15 PM LOB 203
1/12/2012	H	==RESCHEDULED== Public Hearing: 1/27/2012 1:15 PM LOB 203 ==Executive Session To Follow==
2/1/2012	H	Majority Committee Report: Ought to Pass for Feb 8 (Vote 9-2; RC); <b>HC 6</b> , PG.295
2/1/2012	H	Minority Committee Report: Inexpedient to Legislate; <b>HC 6</b> , PG.295
2/8/2012	H	Ought to Pass: MA <b>RC 160-159</b> , Speaker Voted Yea to Break Tie; <b>HJ 15</b> , PG.897-899
2/8/2012	H	Reconsideration (Rep Vaillancourt): MF <b>RC 132-196</b> ; <b>HJ 15</b> , PG.902-904
4/11/2012	S	Introduced and Referred to Health and Human Services
4/18/2012	S	Hearing: 5/3/12, Room 102, LOB, 1:00 p.m.; <b>SC16</b>
5/3/2012	S	Committee Report: Ought to Pass with Amendment #2012-2013s, 5/9/12; <b>SC18</b>
5/9/2012	S	Committee Amendment 2013s; AA, VV
5/9/2012	S	<b>Ought to Pass with Amendment</b> 2013s, MA, VV; OT3rdg
5/30/2012	H	House Concurs with Senate AM #2013s (Rep Baldasaro): MA DIV 176-130; <b>HJ 47</b> , PG.2503
6/11/2012	H	Effective 05/30/2012

NH House

NH Senate

# Other Referrals

# COMMITTEE REPORT FILE INVENTORY

HCR 31 ORIGINAL REFERRAL \_\_\_\_\_ RE-REFERRAL

1. THIS INVENTORY IS TO BE SIGNED AND DATED BY THE COMMITTEE AIDE AND PLACED INSIDE THE FOLDER AS THE FIRST ITEM IN THE COMMITTEE FILE.
2. PLACE ALL DOCUMENTS IN THE FOLDER FOLLOWING THE INVENTORY IN THE ORDER LISTED.
3. THE DOCUMENTS WHICH HAVE AN "X" BESIDE THEM ARE CONFIRMED AS BEING IN THE FOLDER.
4. THE COMPLETED FILE IS THEN DELIVERED TO THE CALENDAR CLERK.

- DOCKET (Submit only the latest docket found in Bill Status)
- COMMITTEE REPORT
- CALENDAR NOTICE
- HEARING REPORT
- HANDOUTS FROM THE PUBLIC HEARING
- PREPARED TESTIMONY AND OTHER SUBMISSIONS
- SIGN-UP SHEET(S)

ALL AMENDMENTS (passed or not) CONSIDERED BY COMMITTEE:

- AMENDMENT # 17075 \_\_\_\_\_ - AMENDMENT # \_\_\_\_\_

- AMENDMENT # 20135 \_\_\_\_\_ - AMENDMENT # \_\_\_\_\_

*(committee amend)*

ALL AVAILABLE VERSIONS OF THE BILL:

AS INTRODUCED N/A AS AMENDED BY THE HOUSE

FINAL VERSION or  AS AMENDED BY THE SENATE

\_\_\_\_ OTHER (Anything else deemed important but not listed above, such as amended fiscal notes): \_\_\_\_\_

DATE DELIVERED TO SENATE CLERK

6/29/12



BY COMMITTEE AIDE