

**REGULAR CALENDAR**

**February 21, 2018**

**HOUSE OF REPRESENTATIVES**

**REPORT OF COMMITTEE**

**The Majority of the Committee on Judiciary to which  
was referred HB 1680-FN,**

**AN ACT relative to abortions after viability. Having  
considered the same, report the same with the  
recommendation that the bill OUGHT TO PASS.**

**Rep. Kurt Wuelper**

**FOR THE MAJORITY OF THE COMMITTEE**

**MAJORITY  
COMMITTEE REPORT**

Committee:	Judiciary
Bill Number:	HB 1680-FN
Title:	relative to abortions after viability.
Date:	February 21, 2018
Consent Calendar:	REGULAR
Recommendation:	OUGHT TO PASS

**STATEMENT OF INTENT**

This bill prohibits abortions on babies who can live outside of the mother's womb, except when the alternative poses significant risk to the life or health of the mother. HB 1680 implements the compelling State interest in protecting viable babies without imposing on the physician or the mother.

This is about the values that define us. We see potential in every life –including the pre-born, and we recognize that the pre-born has been endowed by her Creator with the inalienable right to life . We believe that viable babies should be allowed to live even if they have Down's syndrome or are otherwise less than perfect. We know there are long waiting lists to adopt any baby whose mother is incapable of supporting her. We know every ObGyn with a pregnant patient has two patients, mother and child, and uses all their skills to protect both. We believe they law should do the same. The majority believes that NH should never be a haven for those like Kermit Gosnel, the Pennsylvania abortionist who heartlessly snipped the spinal cords of "accidentally" born babies. We are proud to support legislation that reflects our values and protects the sanctity of life. The majority stands in the gap, defending the most defenseless, and giving voice to the voiceless. Twenty other states have post viability bans, and New Hampshire should join them by adopting HB 1680.

Vote 10-8.

Rep. Kurt Wuelper  
FOR THE MAJORITY

Original: House Clerk  
Cc: Committee Bill File

## REGULAR CALENDAR

Judiciary

**HB 1680-FN**, relative to abortions after viability. **MAJORITY: OUGHT TO PASS. MINORITY: INEXPEDIENT TO LEGISLATE.**

Rep. Kurt Wuelper for the **Majority** of Judiciary. This bill prohibits abortions on babies who can live outside of the mother's womb, except when the alternative poses significant risk to the life or health of the mother. HB 1680 implements the compelling State interest in protecting viable babies without imposing on the physician or the mother. This is about the values that define us. We see potential in every life –including the pre-born, and we recognize that the pre-born has been endowed by her Creator with the inalienable right to life . We believe that viable babies should be allowed to live even if they have Down's syndrome or are otherwise less than perfect. We know there are long waiting lists to adopt any baby whose mother is incapable of supporting her. We know every ObGyn with a pregnant patient has two patients, mother and child, and uses all their skills to protect both. We believe they law should do the same. The majority believes that NH should never be a haven for those like Kermit Gosnel, the Pennsylvania abortionist who heartlessly snipped the spinal cords of "accidentally" born babies. We are proud to support legislation that reflects our values and protects the sanctity of life. The majority stands in the gap, defending the most defenseless, and giving voice to the voiceless. Twenty other states have post viability bans, and New Hampshire should join them by adopting HB 1680. **Vote 10-8.**

Original: House Clerk  
Cc: Committee Bill File

# COMMITTEE REPORT

COMMITTEE: Judiciary

BILL NUMBER: HB 1680

TITLE: Relative to abortions after viability

DATE: 2.21.18 CONSENT CALENDAR: YES  NO

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

Amendment No. _____
------------------------

## REGULAR CALENDAR

Judiciary  
**HB 1680-FN**, relative to abortions after viability. **MAJORITY: OUGHT TO PASS. MINORITY: INEXPEDIENT TO LEGISLATE.**

Rep. Kurt Wuelper for the **Majority** of Judiciary. This bill prohibits abortions on babies who can live outside of the mother's womb, except when the alternative poses significant risk to the life or health of the mother. HB 1680 implements the compelling State interest in protecting viable babies without imposing on the physician or the mother. This is about the values that define us. We see potential in every life –including the pre-born, and we recognize that the pre-born has been endowed by her Creator with the inalienable right to life . We believe that viable babies should be allowed to live even if they have Down's syndrome or are otherwise less than perfect. We know there are long waiting lists to adopt any baby whose mother is incapable of supporting her. We know every ObGyn with a pregnant patient has two patients, mother and child, and uses all their skills to protect both. We believe they law should do the same. The majority believes that NH should never be a haven for those like Kermit Gosnel, the Pennsylvania abortionist who heartlessly snipped the spinal cords of "accidentally" born babies. We are proud to support legislation that reflects our values and protects the sanctity of life. The majority stands in the gap, defending the most defenseless, and giving voice to the voiceless. Twenty other states have post viability bans, and New Hampshire should join them by adopting HB 1680. **Vote 10-8.**

*R Just 2/27/18*

RESPECTFULLY SUBMITTED,

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

Rep. \_\_\_\_\_  
For the Committee

*K. Wuelper*

**REGULAR CALENDAR**

**February 21, 2018**

**HOUSE OF REPRESENTATIVES**

**REPORT OF COMMITTEE**

**The Minority of the Committee on Judiciary to which  
was referred HB 1680-FN,**

**AN ACT relative to abortions after viability. 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. Charlotte DiLorenzo**

**FOR THE MINORITY OF THE COMMITTEE**

**MINORITY  
COMMITTEE REPORT**

Committee:	Judiciary
Bill Number:	HB 1680-FN
Title:	relative to abortions after viability.
Date:	February 21, 2018
Consent Calendar:	REGULAR
Recommendation:	INEXPEDIENT TO LEGISLATE

**STATEMENT OF INTENT**

This bill, by seeking to prohibit abortion after viability, would open the door to challenge the decisions of doctors who treat women later in pregnancy. Viability differs based on the pregnancy, the gender of the fetus, and even the capacity of the medical facility. A blanket ban would replace the analysis and decisions of doctors with the inflexible opinion of government, and risk a chilling effect. This is made worse by the bill's lack of an exception for the health of the pregnant woman. Decisions about a woman's pregnancy should be made between the woman and her doctor in the privacy of the doctor's office without undue interference from lawmakers. Moreover, this bill is not needed, as abortions after viability are not routinely performed in New Hampshire. Instead, this bill would serve only to create a hostile environment for physicians and compromise their ability to provide individualized care for their patients.

Rep. Charlotte DiLorenzo  
FOR THE MINORITY

Original: House Clerk  
Cc: Committee Bill File

## REGULAR CALENDAR

Judiciary

**HB 1680-FN**, relative to abortions after viability. **INEXPEDIENT TO LEGISLATE.**

Rep. Charlotte DiLorenzo for the **Minority** of Judiciary. This bill, by seeking to prohibit abortion after viability, would open the door to challenge the decisions of doctors who treat women later in pregnancy. Viability differs based on the pregnancy, the gender of the fetus, and even the capacity of the medical facility. A blanket ban would replace the analysis and decisions of doctors with the inflexible opinion of government, and risk a chilling effect. This is made worse by the bill's lack of an exception for the health of the pregnant woman. Decisions about a woman's pregnancy should be made between the woman and her doctor in the privacy of the doctor's office without undue interference from lawmakers. Moreover, this bill is not needed, as abortions after viability are not routinely performed in New Hampshire. Instead, this bill would serve only to create a hostile environment for physicians and compromise their ability to provide individualized care for their patients

Original: House Clerk

Cc: Committee Bill File

# MINORITY REPORT

COMMITTEE: Judiciary

BILL NUMBER: HB 1680

TITLE: Relative to abortions after viability.

DATE: 2-20-18 CONSENT CALENDAR: YES  NO

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

Amendment No.  
\_\_\_\_\_

## STATEMENT OF INTENT:

### REGULAR CALENDAR

Judiciary

**HB 1680-FN, relative to abortions after viability. INEXPEDIENT TO LEGISLATE.**

Rep. Charlotte DiLorenzo for the **Minority** of Judiciary. This bill, by seeking to prohibit abortion after viability, would open the door to challenge the decisions of doctors who treat women later in pregnancy. Viability differs based on the pregnancy, the gender of the fetus, and even the capacity of the medical facility. A blanket ban would replace the analysis and decisions of doctors with the inflexible opinion of government, and risk a chilling effect. This is made worse by the bill's lack of an exception for the health of the pregnant woman. Decisions about a woman's pregnancy should be made between the woman and her doctor in the privacy of the doctor's office without undue interference from lawmakers. Moreover, this bill is not needed, as abortions after viability are not routinely performed in New Hampshire. Instead, this bill would serve only to create a hostile environment for physicians and compromise their ability to provide individualized care for their patients

*R just 2/27/18*

COMMITTEE VOTE: \_\_\_\_\_

• Copy to Committee Bill File

RESPECTFULLY SUBMITTED,

Rep. \_\_\_\_\_

For the Minority

*Rep. Charlotte DiLorenzo*



# Voting Sheets

HOUSE COMMITTEE ON JUDICIARY

EXECUTIVE SESSION on HB 1680-FN

**BILL TITLE:** relative to abortions after viability.

**DATE:** February 20, 2018

**LOB ROOM:** 208

(1.)

**MOTIONS:** OUGHT TO PASS WITH AMENDMENT

Moved by Rep. Rouillard

Seconded by

AM Vote: 9-9

Amendment # 2018-0456h

(2.)

**MOTIONS:** INEXPEDIENT TO LEGISLATE

Moved by Rep. DiLorenzo

Seconded by Rep. Suzanne Smith

Vote: 8-10

(3.)

**MOTIONS:** OUGHT TO PASS

Moved by Rep. Wuelper

Seconded by Rep. Hopper

Vote: 10-8

CONSENT CALENDAR: NO

**Statement of Intent:** Refer to Committee Report

Respectfully submitted,



Rep Sandra Keans, Clerk





(3)

STATE OF NEW HAMPSHIRE  
OFFICE OF THE HOUSE CLERK

1/5/2018 10:30:16 AM  
Roll Call Committee Registers  
Report

2018 SESSION

JUDICIARY

Bill #: 1680 Title: Relative to abortions after viability.  
PH Date: 01/31/2018 Exec Session Date: 2/20/18  
Motion: OTF Amendment #: \_\_\_\_\_

MEMBER	YEAS	NAYS
Hagan, Joseph M. Chariman	✓	
Rouillard, Claire A. Vice Chairman	✓	
Hopper, Gary S.	✓	
Sylvia, Michael J.	✓	
Hull, Robert <u>WELCH</u>	✓	
Wuelper, Kurt F.	✓	
Graham, Robert V.	✓	
Hynes, Dan	✓	
Janvrin, Jason A.	✓	
Leavitt, John A. <u>CARNO</u>	✓	
Wall, Janet G.		✓
Horrigan, Timothy O.		✓
Berch, Paul S.		✓
Kenison, Linda B.		✓
Keans, Sandra B. Clerk		✓
DiLorenzo, Charlotte I.		✓
Altschiller, Debra <u>CUSHING</u>		✓
Sullivan, Brian M. <u>SMITH</u>		✓
TOTAL VOTE:		

10 - 8



(2)

STATE OF NEW HAMPSHIRE  
OFFICE OF THE HOUSE CLERK

1/5/2018 10:30:16 AM  
Roll Call Committee Registers  
Report

2018 SESSION

JUDICIARY

Bill #: 1680 Title: Relative to abortions after 20 viability

PH Date: 01 / 31 / 2018 Exec Session Date: 2 / 28 / 18

Motion: ITL Amendment #: 1

MEMBER

YEAS

NAYS

Hagan, Joseph M. Chariman	<del>✓</del>	✓
Rouillard, Claire A. Vice Chairman	<del>✓</del> →	✓
Hopper, Gary S.		✓
Sylvia, Michael J.		✓
Hull, Robert <u>WELCH</u>		✓
Wuelper, Kurt F.		✓
Graham, Robert V.		✓
Hynes, Dan		✓
Janvrin, Jason A.		✓
Leavitt, John A. <u>CAGNE</u>		✓
Wall, Janet G.	✓	
Horrigan, Timothy O.	✓	
Berch, Paul S.	✓	
Kenison, Linda B.	✓	
Keans, Sandra B. Clerk	✓	
DiLorenzo, Charlotte I.	✓	
Altschiller, Debra <u>CUSHING</u>	✓	
Sullivan, Brian M. <u>SMITH</u>	✓	
<b>TOTAL VOTE:</b>		

8 10

# Hearing Minutes

HOUSE COMMITTEE ON JUDICIARY

PUBLIC HEARING ON HB 1680-FN

**BILL TITLE:** relative to abortions after viability.

**DATE:** January 31, 2018

**LOB ROOM:** 208 **Time Public Hearing Called to Order:** 10:00 a. m.

**Time Adjourned:** 11:45 a. m.

**Committee Members:** Reps. Hagan, Rouillard, Keans, Hopper, Sylvia, Hull, Wuelper, R. Graham, Janvrin, Suzanne Smith, Wall, Kenison, DiLorenzo and Altschiller

**Bill Sponsors:**

Rep. Murphy

Rep. M. Pearson

Rep. Notter

Rep. V. Sullivan

TESTIMONY

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

**\*Rep. Keith Murphy, prime sponsor**

Introduced the bill to the committee. Only eight (8) states allow abortion up to 40 weeks. 86% of people believe viability begins at conception. One change in bill from the 2016-2017 bill - Mother's health RSA 132:32 - Roe v Wade - viability third trimester medical standards are improved; viability now 21 weeks.

representing

**Michael Coughlin, Roman Catholic Bishop of Manchester - support**

Dignity of life and vulnerable. Submitted written testimony.

**\*Jim Potter, New Hampshire Medical Society - oppose**

Submitted written testimony - a letter from the American College of Obstetricians and Gynecologists (ACOG)

Bill interferes with patient/doctor and invades privacy- threatens with disciplinary action against providers show use best practice.

**Q. Rep. Wuelper:** Not sure it interferes? **Ans.** Has to do with emergency situations.

**Q. Rep. Hopper:** If it includes liability, would it be acceptable. **Ans.** I don't believe that is the issue.

**\*Oge Young, MD, representing ACOG -oppose**

Practiced OB/Gyn in Concord for 35 years; past president of the New Hampshire Medical Society; also a Clinical Professor of OB/Gyn at Dartmouth's Geisel School of Medicine.

- No need for this bill; never known termination of a pregnancy abortion beyond 22 weeks
- majority of occur in the first trimester
- 2nd trimester - later with congenital condition that is incompatible with life
- unaware of any third trimester in New Hampshire; each fetus is different. premature girls have much better change than boys
- New Hampshire mortality rate best in the country
- neonatologists who care for premature infants ; NH has only 3 covering the entire state
- Decisions should only be made by woman and her physician without pressure
- State statistics are not necessary. Medical Community would be aware

**Q. Rep. Hagan:** Could Dr. Gauzemel in Pennsylvania survive in New Hampshire? **Ans.** I do not think so.

**Q. Rep. Wuelper:** How does it interfere with privacy rights? **Ans.** Once law is created bound to be others involved.

**Q. Rep. Altschiller:** Are there other areas of law that interfere with patient/doctor?

**\*Jacki Pound, representing self and Cornerstone, Manchester, NH - support**  
Twins were born at 36 weeks (1987). It was a tough pregnancy. Went to Tufts survived after 6 weeks and went home. Caught up to normal by age 2. No are adults. All life is precious.

**\*Rep. Jeanine Notter, representing self - support**  
No doctor/patient relationship at clinics. Saline aborting at 7 1/2 months but born with major problems. Life begins at conception. Submitted written testimony.

**\*Margaret Drye, Plainfield, NH, representing self - support**  
Supports Roe v Wade. Submitted written testimony.

**Rebekah Schmitz, Windham, NH - representing self - support**  
History of pregnancy; emergency C-section at 20 weeks 9at 6 weeks he recognizes her voice.

**Rep. Kevin Scully, representing self - support**  
Life begins at conception, Casey case; this is consistent with.

**\*Rep. Kathleen Souza, representing self - support**  
Good v Evil Life v Death Submitted written testimony.

**\*Christopher Duffley, Manchester, NH, representing self - support**  
Was premature, born at 26 weeks weighing only 1 lb 12 ozs and tested positive for cocaine. Ultimately eye condition produced blindness. Was adopted by aunt and uncle. Submitted written testimony.

**Kevin Bannon, Nashua, NH, representing self - support**  
Mother-in-law had tuberculosis; recommended that she not have children; she had 10 children who are alive today.

**Darlene Powlik, Raymond, NH, representing self - support**  
Twins, transfer surgery and 8 other technology not really supportive of exemptions.

**\*Shannon McGinley, Cornerstone, representing self - support**  
Consistent with Roe v Wade. Life at conception.

**Miguel Guardado, Warner, NH, representing self - support**  
Colorado School in New Hampshire, New England Catholic College  
Part of the New Hampshire Pro-Life movement.

**Menzoda Medgros, Warner, NH , representing self - support**  
Conversion as teen to catholicism. Dr Nathanson, originator of abortion movement also converted.

**Stephen Scaer, Nashua, NH, representing self - support**  
Ultrasound.

**Diane Coventry McCormick, Epsom, NH, representing self - support**  
Had an abortion.



**\*Jeanne Hruska, American Civil Liberties Union of New Hampshire (ACLO-NH)**

**- oppose**

This bill puts a target on doctors who perform. Viability is moving target from facility to experience. Definitive of medical emergency does not cover health. This law would not change any of the cases heard today.

**Q. Rep. Wuelper:** Disciplinary action - How can this work in other procedures but not this? **Ans.** Political issue as others are not.

**Q. Rep. Janvrin:** RSA 229 - self discipline? **Ans.** Not familiar with procedure. Still think it could be political.

**Rep. Rouillard:** Constitutionality? **Ans.** Except for women, health is the biggest problem.

**Rep. Werner Horn, Franklin, NH, representing self - support**

New to pro-life. Degree to which you support life - viability.

Respectfully submitted,

A handwritten signature in blue ink that reads "Sandra B. Keans". The signature is written in a cursive style with a large, stylized 'S' and 'K'.

Rep. Sandra B. Keans, Clerk

HOUSE COMMITTEE ON JUDICIARY

PUBLIC HEARING ON HB 1680-FN

BILL TITLE: relative to abortions after viability.

DATE: 1-31-18

ROOM: 208

Time Public Hearing Called to Order: 10:00

Time Adjourned: 11:45

(please circle if present)

Committee Members: Reps. Hagan, Rouillard, Hopper, Sylvia, Hull, Wuelper, R. Graham, Hynes, Janvrin, Leavitt, Wall, Horrigan, Berch, Kenison, DiLorenzo, Mulligan, Altschiller and Keans

Bill Sponsors:

Rep. Murphy  
Rep. V. Sullivan

Rep. M. Pearson

Rep. Notter

TESTIMONY

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

- \* ① REP MURPHY - ONLY 8 STATES ALLOW ABORTION UP TO 40 WEEKS  
80% PEOPLE BELIEVE VIABILITY BEGINS AT CONCEPTION.  
ONE CHANGE IN BILL FROM 2016-17 BILL. MOTHER HEALTH RSA 132:32  
ROE V WADE - VIABILITY 3RD TRIMESTER MEDICAL STANDARDS  
ARE IMPROVED - VIABILITY NOW 21 WKS
- \* ② MICHAEL COBEHLIN - SUPPORT - BISHOP OF MANCHESTER  
DIGNITY OF LIFE AND VULNERABLE.
- \* ③ JIM POTTER OPPOSE - NH MED SOCIETY ~~AND~~ ACOG LETTER  
INTERFERES W PATIENT / DOCTOR - INVADERS PRIVACY - THREATEN C  
DISCIPLINARY ACTION AGAINST PROVIDERS WHO <sup>USE BEST</sup> PRACTICE.  
Q WUELPER  
Q NOT SURE IT INTERFERES - ANS. HAS TO DO WITH EMERGENCY SITUATIONS.  
Q HOPPER - IF IT INCLUDES VIABILITY WOULD IT BE ACCEPTABLE? ANS. DON'T BELIEVE THAT IS THE ISSUE.

CONT.  
1680

①

\*

DR. YOUNG: ACOG OPPOSES - OBGYN 30 YRS,  
CLINICAL PROF AT DARTMOUTH.

- ① NO NEED FOR BILL - NEVER KNOWN NORMAL AREG. ABORTION  
② MAJORITY 1<sup>ST</sup> TRIMESTER ③ LATER w/ CONGENITAL <sup>CONDITION THAT</sup>  
IS NOT COMPATIBLE w/ LIFE. ④ UNWARE OF ANY 3<sup>RD</sup> TRIM IN NH  
EACH FETUS IS DIFFERENT GIRLS <sup>FEMALE'S</sup> MATURE FASTER THAN MALES  
NH MORTALITY RATE BEST IN COUNTRY - NEONATOLOGISTS.  
2 1/2 MATERNAL SPECIALIST IN NH

DECISION MADE BY WOMAN/PHYSICIAN w/OUT PRESSURE

STATE STATISTICS ARE NOT NECESSARY. MED COMMUN. <sup>would</sup> BE AWARE.

① HAGAN: <sup>COULD</sup> DR. GAUZEMEL IN PA - SURVIVE IN NH, <sup>THINK</sup> DON'T SO.

① DWELPER: HOW INTERFERE w/ PRIVACY RIGHTS - ANS ONCE LAW IS  
CREATED BOUND TO BE OTHERS INVOLVED.

① ALTSHILLER ARE THERE OTHER AREAS OF LAW THAT INTERFERE  
WITH PATIENT/DOCTOR

\* ⑤

JACKIE POUND - CORNERSTONE OPPOSED TWINS BORN AT 36 WKS <sup>(1987)</sup>  
TOUGH PREGNANCY. WENT TUFTS SURVIVED AFTER 6 WKS.  
WENT HOME. CAUGHT UP TO NORMAL BY AGE 2. NOW ADULTS  
ALL LIFE IS PRECIOUS.

\* ⑥

REP JEANNE NOYER - SUPPORT - NO DOCTOR/PATIENT RELATIONSHIP  
AT CLINICS - SALINE ABORTION AT 7 1/2 MONTHS - BUT BORN MATURE  
w/ MAJOR PROBLEMS LIFE BEGINS AT CONCEPTION.

\* ⑦

MARGARET DRYE SUPPORT - THIS BILL ACTUALLY  
SUPPORTS ROE v WADE.

8) REBEKAH SHIMDZ - support HISTORY OF PREGNANCY

EMERGENCY C-SECTION AT 20 WEEKS (AT 6 WEEKS HE  
RECOGNIZES HER VOICE)

9) KEVIN SCULLY REF SUPPORT LIFE BEGINS AT CONCEPTION

CASEY CASE - THIS IS CONSISTENT WITH.

10) \* REP. KATHLEEN SOUZA - support GOOD V EARLY LIFE V DEATH

11) \* CHRISTOPHER BUTLER - support BUILT ~~13~~ 13,1202 BUND 26wk

COGNATE BIOLOGICAL BABY, ADOPTED.

12) KEVIN BRANNON SUPPORT MOTHER-IN-LAW AND TRISOMY 21  
RECOMMENDED TO NOT HAVE CHILDREN - AND IS WITH LIFE

13) BRUCE FOWLER - SAVES THE 1 - NATIONAL ORGANIZATION  
AFTER

TWIN - TRANSFER SURGERY - OTHER TECHNOLOGY NOT  
REALLY SUPPORTIVE OF EXEMPTABLE.

14) \* SHANNON McALEY - CONSERVATIVE SUPPORT CONSISTENT  
W/ REP V, WRAE LIFE AT CONCEPTION.

15) MICHEL GARRIDO SUPPORT - CONSERVATIVE SUPPORT IN WH  
NEITHER CHANGES CALL.

PART OF WH PRO-LIFE MOVEMENT

16) NEUTRA MEMBERS SUPPORT - CONSERVATIVE AS TEST  
TO CATHOLICISM DR. MATHIASOVA? PRINCIPLE OF ABORTION  
MOVEMENT ALSO CONVERTED.

CONT  
B  
1680

\* (17) STEVE SCARER SUPPORT ~~HE~~ ULTRASOUND ✓

(18) DIANE COVENTRY-McCORMICK SUPPORT - "HAD AN ABORTION"

Q HABAN - DO YOU THINK WOMAN SHOULD BE COMPELLED TO CARRY ~~OR CARRIED~~ A PREGNANCY ANS. YES BECAUSE UNINFORMED.

\* (19) JEANNE HRAUSKA - ACLU-NH BILL PUTS A TARGET ON DOCTORS WHO PERFORM. VIABILITY IS MOVING TARGET FROM FACILITY - TO EXPERIENCE.

DEFINITIVE OF MEDICAL EMERGENCY <sup>DOES</sup> NOT COVER HEALTH. THIS LAW WOULD NOT CHANGE ANY OF CASES HEARD TODAY.

Q WUELLER: DISCIPLINARY ACTION - HOW CAN THIS WORK ~~BE~~ IN OTHER PROCEDURES BUT NOT THIS ANS. POLITICAL ISSUE AS OTHERS ARE NOT.

Q JANTRIN RSA 229 SELF DISCIPLINE? ANS NOT FAMILIAR WITH PROCEDURE ANS. STILL THINK IT COULD BE POLITICAL

Q ROULLARD - CONSTITUTIONALITY ANS. EXCEPT FOR WOMEN HEALTH IS THE BIGGEST PROBLEM.

(20) REP ~~WERNER~~ HORN - SUPPORT - NEW TO PROUFE DEGREE TO WHICH YOU SUPPORT LIFE. VIABILITY

# SIGN UP SHEET

To Register Opinion If Not Speaking

Bill # HB 1680 Date January 31, 2018

Committee Judiciary

\*\* Please Print All Information \*\*

Name	Address	Phone	Representing	(check one)	
				Pro	Con
Hon Sylvia Gale Nashua			self		X
MELISSA HINEBAUCH	CONCORD		self		X
KATHY CAHILL	CONCORD		self		X
Rep. Linda Gould	Bedford		DIST 7	X	
Rep Dave Testerman	Franklin		MER-2	X	
Kara Testerman	Franklin		self	X	
Rep. Chris True	Sandown		Rockingham 4	X	
ROSEMARY LANDRY	Meredith			X	
Noella Olson	Hopkinton		self	X	
Monty Venzel	Boscawen		self	X	
Gabrielle Jett	Nashua		self	X	
Joanna Jacobs	Warner		self	X	
Abigail Young	Brighton, MA		self	X	
Rep J.R. Holt	w/ changes		M 01/23	X	
Liz Gabert	33 McIntosh Lane		self	✓	
Ruler Mendez	Warner	—	self	+	
Miguel Buardato	Warner, N.H.	—	self	✓	
Laura El-Azem	22 Summer Londonderry		self	✓	
Liz Tentarelli	Newbury		self		✓
Kayla Montgomery			Planned Parenthood		✓
Susan Gifton	Sandown		self	✓	
James Potter	NH Medical Society	7 N. State 603 224 1404			X
Dianne Coventry-McCormick	Epsom NH			✓	

Rep. Brandon Phinney  
 Walnut Knoll  
 Rochester  
 Concord NH  
 Stratford NH  
 self  
 ✓  
 X

# SIGN UP SHEET

To Register Opinion If Not Speaking

Bill # HB 1680 Date Jan 31, 2018

Committee Judiciary

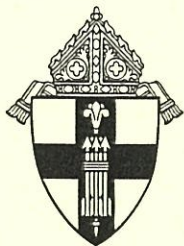
\*\* Please Print All Information \*\*

Name	Address	Phone	Representing	(check one)	
				Pro	Con
Rep. Mark A Pearson			Rockingham 34	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ellen Kolb	Merimack	603 321 2703		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Suzanne Willey		GR 12		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rep Polly Cannon		GR #12		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mary Jane Mulligan		GRAFTON #12		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Chelsea Birchmore		Myself		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Josie Pinto		self		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ute Youngs MD				<input type="checkbox"/>	<input checked="" type="checkbox"/>
Maisha Parker Bair		self		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rep Carl Sudel		Hills 25		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rep Sherry Frost		Stratford 16		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Linda Diehsch		Portsmouth		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Beth Scuer		Nashua	self	<input checked="" type="checkbox"/>	<input type="checkbox"/>
J.J. Smith, M.D.	Pembroke, NH		Self	<input type="checkbox"/>	<input checked="" type="checkbox"/>
howise Spencer		Concord	Self	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rep Kevin Scully		Hills 33		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stephen Scott III	E. Hobart		Nashua	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rep Cindy Rosenwald		Hills 30		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rep Jan. Alt			Fremont	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rep. David Bates			Windham	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DALIA VIDUNAS	CONCORD		EQUALITY HEALTH CTR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MARY HEITAS				<input type="checkbox"/>	<input checked="" type="checkbox"/>





# Testimony



## DIOCESE OF MANCHESTER

January 31, 2018

The Honorable Joseph Hagan, MD, Chair  
House Judiciary Committee  
Legislative Office Building, Room 208  
Concord, New Hampshire 03301

**Re: HB 1680 (Relative to Abortions after Viability)**

Dear Representative Hagan and Members of the Judiciary Committee:

As the Director of the Office of Public Policy of the Roman Catholic Diocese of Manchester, and on behalf of Bishop Peter Libasci, I write to express our support for **HB 1680**. Except in the case of medical emergency, this bill would prohibit abortions of a viable unborn child.

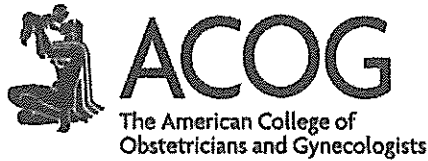
The Catholic Church teaches that every human person, from the first moment of conception and in all stages of development, is sacred and deserves love and protection of the law. As Pope Francis has said, "Even the weakest and most vulnerable, the sick, the old, the unborn, and the poor, are masterpieces of God's creation, made in his own image, destined to live forever, and deserving of the utmost reverence and respect." *Message to Catholics in Great Britain and Ireland for their Annual Day of Life*, July 17, 2013.

This bill does not ban all abortions but instead seeks to address those taking place later in pregnancy when an unborn child is viable. Public opinion polls consistently reveal that Americans support restrictions on late-term abortions. It is time for New Hampshire to pass a restriction at the time of viability and to help protect innocent human life.

Accordingly, we urge you to recommend this bill as ought to pass. Thank you for your consideration of our position and for your service to the people of the State of New Hampshire.

Sincerely,

Meredith P. Cook, Esq.  
Director, Office of Public Policy



January 31, 2018

House Judiciary Committee  
Honorable Chairman Joseph Hagan

RE: House Bill 1680 - OPPOSE

Dear Chairman Hagan and Members of the House Judiciary Committee,

I write to you today in my capacity as chair of the New Hampshire Section of the American College of Obstetricians and Gynecologists (ACOG) representing members who are dedicated to providing safe, evidenced-based health care to women across our state. I write to you today in **opposition to HB 1680 as an ill-advised overreach into the practice of medicine and the private patient-physician relationship. All discussions and decisions about health care, including for pregnant women around and just before viability, should be made within the confines of this relationship, without undue interference from lawmakers or other outside parties.**

New Hampshire can be very proud of its medical outcomes in obstetrics and neonatology (Maternal and Child Health). Year after year we are rated by the March of Dimes and other rating agencies to be at the very top for our prenatal and neonatal care outcomes. Passage of this bill could undermine these public health advancements.

**HB 1680 threatens disciplinary action against providers who are exercising their best medical judgement, which is an invitation for intimidation and even harassment against medical professionals who treat women later in pregnancies.** Managing threatened preterm birth at 22 and 23 weeks is one of our greatest challenges as obstetricians, and in these cases, it is imperative that we can rely on our expert medical training, without political interference. Achieving the best possible outcomes in extremely complex pregnancies depends on the outstanding efforts of highly trained physicians, nurses, and nurse practitioners. These are the experts who would be most impacted by this legislation, and targeting them with laws that have no basis in medicine would be to the detriment of our state's ability to recruit and retain these specialists. This bill is a solution in search of a problem, and will only serve to compromise the ability of providers to exercise their professional judgement. **HB 1680 denies physicians the ability to provide the care that is medically indicated, interferes with the confidential relationship between women and health care providers, and would only serve to undermine compassionate patient care.**

**This bill interferes with the right to privacy.** One of our most precious rights of privacy is the right to make our own medical decisions with our doctor and our families. This bill restricts the right of women to make private medical decisions later in pregnancy. Please respect a woman's right to make her own medical decisions in consult with those she trusts most at this most challenging of times.

I urge this committee to vote "ITL" on HB 1680.

Ellen Joyce, MD, FACOG  
ACOG –New Hampshire Chair

Testimony HB1680: Viability  
"Viable Fetus Protection Act"

Good morning. My name is Dr. Oge Young. I have practiced Ob/Gyn in Concord for 35 years. I am a past president of the NH Medical Society and continue to serve on their council representing the obstetricians in our state. Also, I am a Clinical Professor of Ob/Gyn at Dartmouth's Geisel School of Medicine having taught students and residents for years. I am here to speak in opposition to HB1680.

To the best of my knowledge in 35 years of obstetrical practice in NH, I have never known a termination of a normal pregnancy beyond 22 wks. Almost all pregnancy terminations are performed in the first trimester (first 3 months). 2nd trimester terminations are performed only in cases of congenital anomalies incompatible with life which are identified by ultrasound during the second three months.

This law assumes we can define viability. Unfortunately, viability is a moving target. It has gone from 28 wks. to 24 wks. just in my practice lifetime. I would be wary of any law defining viability. Statistics vary from one hospital to another hospital and from one NICU to another all over the country. Also, viability varies from one pregnancy to another. We have known for years that premature baby girls have a much better chance of survival than premature baby boys.

Threatening legal action against physicians whom are asked to care for women in difficult situations creates a hostile environment. NH for years has had the best perinatal mortality rate of any state in the nation. This is in large part because of our Maternal-Fetal Medicine specialists, those who care for our highest risk pregnant patients, and our neonatologists who care for the premature infants. Presently, our system of perinatal care is fragile. We have only three perinatologists covering the entire state. As we are attempting to recruit new specialists for our state, the last thing we should want to do is create a threatening legal environment for them.

Finally, I am concerned if we were to pass this law we would interfere with the privacy of the physician-patient relationship. Discussions regarding viability should be between the patient and her physician and not clouded by legislation. Decisions about a woman's pregnancy should be left entirely to the woman and her physician. These difficult decisions should never be made by lawmakers.

Oge Young MD  
Concord Ob/Gyn  
Past President of NH Medical Society

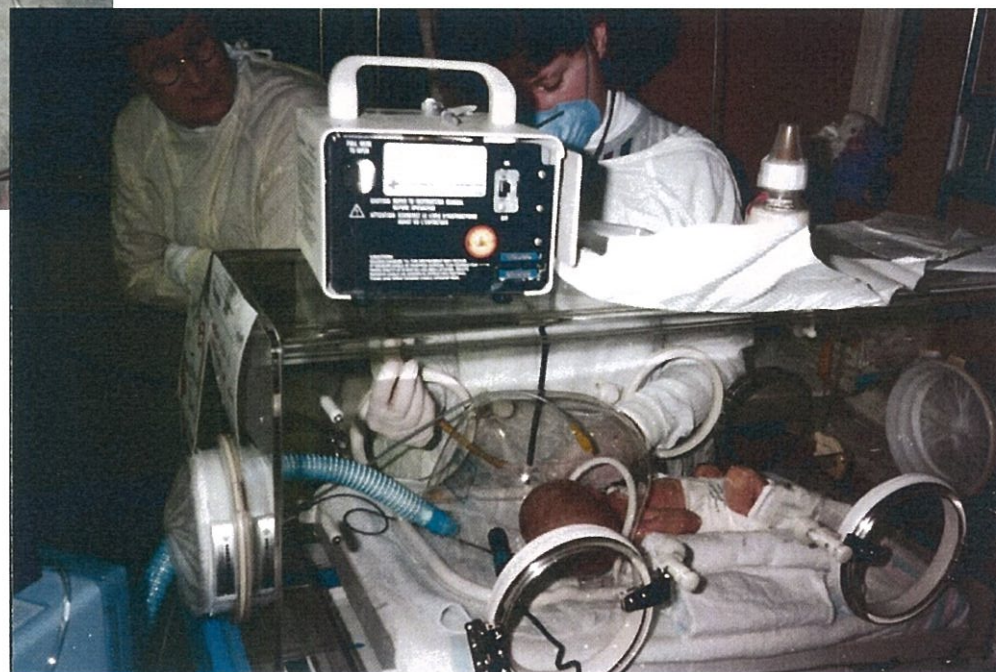
# Our Twins, Jenn and Jess Born Premature and fighting for their lives in 1987




Jess on Respirator

Floating Hospital

Jenn in Incubator on Oxygen



# Reunion at 7 months after Birth



## **'Miracle babies' in reunion of survivors**

**EIGHTEEN** months ago, newborn Michael Perry of Lynn was fighting for his life because of a heart defect. Yesterday, he was fighting to get out of the grasp of his great-grandmother and play.

Michael was one of more than 80 "miracle babies" at a Wang Center reunion of survivors of the neonatal intensive care unit at New England Medical Center's Floating Hospital for Children.

Most of the now-healthy children would not have survived had they been born just 10 years earlier or had not had the benefit of an intensive care ward, said Dr. Ivan France, director of the ward.

Watching over the screaming, running and hiding children, nurse Linda Collins called the toddlers "miracle babies."

"(Michael) had me so upset," said his great-aunt Mary Perry. "I thought we were going to lose him."

The only problem his family had with him yesterday was trying to keep him from climbing off his mother's lap and eating a nearby tablecloth.

Jim Johnston of Haverhill said his daughter Brittany, 2, is a "little terror." But when she was born, a breech birth by Caesarean section, Brittany had a pinhole in her lung and had to stay in the hospital for three weeks.


The Floating Hospital neonatal intensive care unit has treated about 300 children a year since it was started in 1975, said hospital Vice President Cynthia Tuft. About 80 percent of those children survive, nurse Meredith Orlins said.

Greg and Gina Everheart came from Bermuda to get care for their 2-year-old G'ane, who had a hole in a valve near her heart. They came back yesterday just for the reunion.

Doctors gave 6-month-old Bobby Dickinson of Bellingham a two percent chance to survive because of blood circulation problems, his father Bob Dickinson said.

"They kept telling us there was no way," Dickinson recalled. "They tried everything — and it worked."

Having just eaten his name-tag, Bobby is a normal child, his father said. "As normal as he can be living in this family."



Staff photos by Phyllis Graber Jensen

**ESPKILSEN:** Karen Espkilsen, Nurse Manager of the Floating Hospital for Children, holds 6 1/2-month-old Jennifer, left, and Jessica, who were born prematurely.

Boston Harold  
June 10, 1988

## Jenn and Jess at Age 30

Jess:  
Single and working as  
successful  
entrepreneur in  
physical training  
career helping other  
people



Jenn:  
Married with two  
kids. Works full time  
as a nurse helping  
other people

Rep. Jeanine Notter – Hills 21 – HB 1680 – co-sponsor – Support

Thank you, Mr. Chairman and members of the committee,

One of the topics I covered, when I was a writer, was abortion. I interviewed people on both sides of the debate. One interviewee that I will never forget is Gianna Jenssen. Today she is one of the leading pro-life advocates in the country but in the early 1990's she was a bubbly teenager.

Over the years I have kept up with Gianna by reading about her in various publications. I know that she has often been screamed at for her pro-life stance and told she shouldn't be alive. I met her in person and interviewed her again some time ago in Manchester. She is the reason I'm testifying today.

Gianna has an interesting story. Her birth mother was 7 ½ mos. pregnant when she underwent a saline abortion. It's a procedure in which a needle is inserted through into the womb. The saline burns the baby inside and out, blinding and suffocating the child. The baby kicks and turns in agony until death. The mother then delivers a dead baby. But somehow Gianna was born alive, and she stayed alive because the abortionist had not yet arrived for work. The doctors did not expect her to live, but she did. She has Cerebral Palsy as a result of the abortion but she has not let that stop her from trying to change the hearts of Americans to see the evil in abortion.

If you've never been to a neo-natal unit at a hospital I encourage you go so you can see what a tiny, preemie baby looks like before you vote for this bill. They truly are tiny humans.

When I was 14, I wasn't allowed to go into the neo-natal unit with my mother to see my nephew. I waited by the window and was completely fascinated with two, tiny babies that should not have been born for several months, but there they were, fighting for life. There was a woman standing next to me. I said aloud, "Look at them." She acknowledged with a slight nod. Then the words just came out. I said, "How sad that babies this size are allowed to be aborted." The woman then stormed off in a huff. I didn't understand her reaction to what I thought was obvious.

With that I'll end my testimony. I have an article for you about Gianna Jenssen testifying before Congress last year. I hope you take the time to read it.











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Concord, NH 03301  
603-230-8136  
[life@nhrtl.org](mailto:life@nhrtl.org)  
[www.nhrtl.org](http://www.nhrtl.org)

Dear Judiciary Committee,

New Hampshire Right to Life is urging you to oppose HB 1680: Relative to Abortions After Viability. This bill prohibits post-viability abortions, which NHRTL supports, but it also includes exceptions for the health of the mother; for Twin to Twin Transfer (TTS) syndrome; and for Fetal anomalies incompatible with life, which NHRTL does not support. NHRTL cannot support enacting a law that explicitly excludes any class of humans from legal protection.

Not only can we not support excluding any human from legal protection, but also these exceptions make no logical sense. If, as the bill contends, "Viability means the point in pregnancy when, in the good faith medical judgment of a physician, there is **reasonable likelihood of the fetus' sustained survival outside the uterus** without the application of extraordinary medical measures", then why kill the fetus through abortion? If the mother's health is in jeopardy, then why wouldn't you give both mother and child the chance to survive by allowing the child to be born and provide medical assistance to both? If there is a fetal anomaly or a rare fetal syndrome, like TTS, then why wouldn't you provide the best medical care for the fetus until natural death?

Abortion is the intentional killing of a fetus, a human pre-born child. If this bill wants to prohibit abortion after the fetus is viable then there should be no exceptions.

New Hampshire Right to Life is asking you to vote NO on HB 1680.

Jennifer Robidoux  
President of New Hampshire Right to Life

## TODAY'S QUOTE

*"Every baby born into the world is a finer one than the last."*

CHARLES DICKENS

*Union Leader*

*1/31/18*

## Editorials

# Abortion extremists

## Shaheen and Hassan on the fringe

The U.S. House of Representatives, a majority of U.S. Senators, and the President of the United States all support ending the barbaric and medically unnecessary practice of late-term abortion.

Yet the slaughter of the unborn will continue because of a Senate filibuster blocking the Pain-Capable Unborn Child Protection Act.

New Hampshire Sens. Jeanne Shaheen and Maggie Hassan predictably voted for this extreme abortion agenda, blocking consideration of a bill that would prohibit abortions after the 20th week of pregnancy unless the mother's life were in danger or if the pregnancy were the result of rape or incest.

A majority of Americans agree with the majority of their elected officials in

opposing late-term abortion. The United States remains among a handful of countries that allow the needless killing of a baby up to the moment of birth. Shaheen and Hassan are siding with such human rights abusers as China and North Korea, and to be fair, Canada.

The vast majority of abortions performed in the United States occur within the first few weeks of pregnancy, and would not have been affected by the bill.

At 20 weeks, developing babies have beating hearts. They feel pain. A mother can feel them kicking. Even most abortion providers refuse to end a pregnancy so late.

Shaheen and Hassan are not voting for choice. They are not voting for women's health. They are voting for abortion, on demand, until birth.

A May 2011 Gallup Poll confirmed a decades-long, consistent pattern of finding that most Americans (60 percent in 2011) believe that abortion should be legal in only a few or no circumstances. The poll also showed a majority of Americans think abortion is morally wrong.

A 2005 Harris Interactive poll reported that 72 percent of Americans believe abortion should be illegal after the first trimester (and 86 percent believe it should be illegal after the second trimester).

In 2003, a Gallup Poll showed that 68 percent of Americans opposed "partial-birth abortion," a late-term abortion procedure.

Similarly, according to a 2000 *Los Angeles Times* survey, 65 percent of respondents did not believe that abortion should be legal after the first trimester (except when the mother's health is at risk).

- *Most countries prohibit late-term abortions.*

The vast majority of the world's countries (187 of 195) forbid abortion after 12 weeks gestation.[37] As a direct result of the Supreme Court's abortion decisions that have effectively imposed abortion-on-demand throughout pregnancy through a broad "health" exception, the U.S. is one of only four nations that does not prohibit after 20 weeks gestation.[38]

- *Eleven states currently prohibit abortion at or after 20 weeks.*

Eleven states prohibit abortion at or after the 20th week: Alabama, Arizona, Delaware, Georgia, Idaho, Indiana, Kansas, Louisiana, Nebraska, North Carolina, and Oklahoma.

Arizona's law, based on AUL's "Women's Health Defense Act," prohibits abortion after 20 weeks gestation based on the medical risks of abortion to women and the unborn child's capacity to feel pain by 20 weeks.

Eight states restrict or have enacted restrictions on abortion at or after 20 weeks post-fertilization based upon the unborn child's capacity to feel pain: Alabama, Georgia (effective Jan. 1, 2013), Idaho, Indiana, Kansas, Louisiana (effective Aug. 1, 2012), Nebraska, and Oklahoma.

- *In these states, there have been no substantiated claims that the laws in any way interfere with the practice of medicine.*



Testimony on HB 1680  
January 31, 2018  
Linda Griebisch  
Greenland NH 03840

Hello. My name is Linda Griebisch and I am the Executive Director of the Joan G. Lovering Health Center. We are an organization that was founded by local New Hampshire women in response to gaps in health care services. The health center provides three valuable and unique services to our community:

1. Gynecology for all ages, including family planning, cancer detection and menopause care. We give annual exams and follow our patients to make sure that they receive any other care they may need. We have a group of women who have come to us for 30+ years for their health maintenance and care.
2. STD/HIV clinics where we provide testing and treatment for STD; testing, risk assessment counseling and referral for HIV and HCV. This clinic is for men and women, though 61% are men (40% are heterosexual men).
3. First Trimester Abortions performed on site for the last 37 years without major incidence or complication.

I am submitting written testimony on HB 1680. I am opposed to the passage of HB 1680 for the following reasons:

The best thing the legislature can do to protect women is to make sure that abortion remains legal and accessible. Statistically, abortion is one of, if not the safest procedure one can have, and it will continue to be the safest as long as it remains legal. The history of abortion care in New Hampshire has been exemplary, with a lower than the already low national average rate of complications. The safety of women has been well looked after in New Hampshire. This bill would change that through this unnecessary ban that would harm the women who are our friends, neighbors, and family.

Decisions about termination of a pregnancy should be based on the patient's unique circumstances and the doctor's best medical judgement. Late term abortions are rare and only done after careful consideration between a woman, her doctor and involved family members, to ensure the best outcomes for the patient. Physicians should not be criminalized for providing the finest quality of healthcare for women.

Viability, especially as defined in this bill, is very hard to pinpoint and depends on many factors. There is no reasonable way to calculate viability. Also, there is no definition for "extraordinary measures".

Law already protects live born babies. Once they are delivered and breathing on their own, they are considered alive and are protected under law. This bill is redundant and unnecessary.

I ask that you find this bill, which would create bad policy and harm to the women of this state, Inexpedient To Legislate. Thank you for your attention.

## HB 1680 - Banning abortion after viability

Problem: To our shame, our state allows abortions to occur right up to the very moment of birth.

- Children have been born as early as 21 weeks 5 days gestation and lived full and healthy lives. How can we allow viable children to be aborted up to 18 weeks past that point?
- Total list of places on Earth that allows abortion up to the moment of birth: Eight states (including NH), Saskatchewan, North Korea, China.

James Gill, born in 1987 at 21 weeks, went on to college and now is raising a family of his own. Frieda Mangold, born in 2010 at 21 weeks, is a perfectly healthy four-year-old in Germany. There is currently no limit in NH so abortions up to the moment of birth are completely legal. Obviously this legal situation must be changed.

Is this Constitutional?

Absolutely. This bill was originally modeled upon a Missouri statute upheld in *Planned Parenthood v Danforth*. 42 other states have similar statutes.

Do the people support this?

Yes. While politicians often favor one extreme or the other (conception vs. birth), the public-at-large greatly favors drawing a line somewhere in the middle. No NH-specific polling has been done, but a Marist poll (1/2018) found that 86% of Americans believe that life begins at or before viability, and 89% of Americans support a ban on abortions after the second trimester. That means only 11% of Americans support abortion on demand at any point in pregnancy, down from 14% in December 2012 (Gallup).

Don't babies born this prematurely have serious health problems?

Sometimes but far from always. Both Frieda Mangold and James Elgin are living perfectly healthy lives, and other babies have been born smaller in size and been perfectly healthy. Is this really an area for playing the odds?

Is it true abortions are not currently done in NH this late in pregnancy?

Without any reporting requirement in place it's impossible to say. Even if true, however, it does not prevent them from being done at any time in the future, without further notice. There are many abortion providers nationally that will go to 26 weeks, and a smaller number that will go up to birth. Those doctors have moved in the past when threatened with regulation in order to continue to offer last-trimester abortions. For example, LeRoy Carhart, who is on record stating that life begins when the mother says it does, even if after birth, has performed last-minute abortions in Kansas, Nebraska, Iowa, and now Maryland.

What other states have similar laws in place?

42 states, including California, Massachusetts, New York, Rhode Island, Michigan.

Questions for bill opponents:

- If not viability, when? Do you really mean to allow abortions the day before the baby is to be born? If the answer is yes, Google "late term abortion" and check images. Understand what you are allowing.



- Can anyone say for certain that viable children are never aborted in NH? There are no reporting requirements of any sort. Abortion is one of the most unregulated industries in the state. How would we know?
- Does anything stop a late term practitioner from setting up shop here? If Dr. Carhart wanted to open up shop in Salem and routinely abort children at 38 weeks gestation, what law stops him from doing it? What stops our own Kermit Gosnell situation?
- If a child is born alive during an abortion, what efforts must be made under the law to save the baby? This is an excellent question for an abortion doctor, if one should follow me: if a baby is born alive during an abortion attempt, what efforts are made to save the baby?

Legislative History:

2016 - the first version of this bill earned an OTP by Judiciary but failed on the House floor by three votes.  
 2017 - this bill (greatly simplified) earned an OTP by Judiciary but failed on the House floor by 19 votes.

The bill died last year because of widespread disagreement on the exact wording of the mother's health exception. The ONLY change in the bill from last year to now is that the mother's health exception now reads:

"No abortion shall be performed upon a pregnant woman after viability of the fetus except in the event of a medical emergency as defined in RSA 132:32, VIII"

RSA 132:32 VIII reads:

VIII. "Medical emergency" means a condition that, on the basis of the physician's good-faith clinical judgment, so complicates the medical condition of a pregnant woman as to necessitate the immediate abortion of her pregnancy to avert her death or for which a delay will create serious risk of substantial and irreversible impairment of a major bodily function.

This definition was passed into law by the legislature in 2012 as part of the parental notification statute. It's important to remember the circumstances of that statute and why the definition of medical emergency was so important. The parental notification law was first passed in 2003, and Planned Parenthood filed suit in the US Court of Appeals for the First Circuit seeking to have the law overturned. That court struck down the NH statute precisely because the medical exception was not broad enough. The Supreme Court later vacated that decision but still directed that the exception was unenforceable, in *Ayotte v Planned Parenthood*. In 2007 the law was repealed, but in 2012 the legislature again passed a parental notification requirement. This exact medical exception language was the correction to the deficiency in the prior law.

Incorporating the current medical exception, then, has two primary advantages:

1. It is consistent with existing state law. Why have two different definitions in the law for identical circumstances (abortions necessary for medical reasons)?
2. It is without any doubt constitutional. The existing law was the reaction to the prior federal court decisions finding that the prior medical exception was flawed.

Explanation of the bill:

- 132-B:1 - Title
- 132-B:2 - Definitions of abortion and viability
- 132-B:2 I - Exception for the health of the mother
- 132-B:3 I - requires that a physician after consulting with and examining the pregnant woman determine the viability of the fetus.
- 132-B:3 II - Forbids abortions to be performed upon viable fetuses except for under the following circumstances:
  - A medical emergency except as defined under RSA 132:32 VIII
  - cases of Twin-to-Twin Transfusion
  - to remove a fetus with severe anomalies incompatible with life.
- 132-B:3 III - requires the doctor performing an abortion under one of these three exceptions to make every effort to preserve the life of the child.
- 132-B:3 IV - requires that a licensed physician performs a post-viability abortion.
- 132-B:4 - subjects a physician who violates this statute to disciplinary action.

LIFE IS NOT A MATTER OF GEOGRAPHY.

# Forced Abortion in America

## Coercion can escalate to violence, even murder

### The UnChoice

64% felt pressured by others to abort.<sup>1</sup> Her "choice" can include loss of home, income and family, or violence and even murder.<sup>2</sup> Homicide is the leading killer of pregnant women.<sup>10</sup> Her "choice" can be based on disinformation from credentialed experts, negligent counselors or even trusted pastors.<sup>3</sup>

Intense pressure to abort can come from husbands, parents, doctors, partners, counselors, or close friends and family. They may threaten or blackmail a woman into abortion. These are not idle threats. Coercion can escalate to violence. Women who resist abortion have been beaten, tortured and killed. One husband jumped on his wife's stomach to force an abortion. A mother forced her daughter at gunpoint to go to the abortion clinic. A woman was forcibly injected by the baby's father with an abortifacient drug.<sup>2</sup> (Download the 22-page "Forced Abortion in America" Report at [www.unchoice.info/resources.htm](http://www.unchoice.info/resources.htm).)

### Unwanted Non-Choice ... Their Choice, Not Hers.

Reasons women give for having abortions:<sup>4</sup>

- Forced by mother
- Husband or boyfriend persuaded me
- Would have been kicked out
- Lack of support from society
- Father opposed
- No other option given
- Loss of family's support
- Clinic persuaded me
- In 95% of all cases, the male partner played a central role in the decision.<sup>5</sup>
- 45% of men interviewed at abortion clinics recalled urging abortion, including 37% of married men.<sup>6</sup>
- In the above study, men justified being the primary decision maker, regarding the abortion.<sup>6</sup>
- 64% of women who aborted felt pressured by others.<sup>1</sup>

### Coerced Choice ... Taken to the Clinic to Make Sure She Keeps the Appointment

A former abortion clinic security guard testified before the Massachusetts legislature that the greatest threat to women at abortion clinics were the men who accompanied them.<sup>7</sup> Many women are also pressured by clinic staff financially rewarded for selling abortions.<sup>8</sup>

### Forced Choice ... Threats Can Escalate to Violence or Murder — the Leading Killer of Pregnant Women

The pressure can escalate. Many pregnant women have been killed by partners trying to prevent the birth, and being pregnant places women at higher risk of being attacked.<sup>9</sup> Murder is the leading cause of death among pregnant women.<sup>10</sup> 92% of women surveyed list domestic violence and assault as the women's issue that is of highest concern to them.<sup>11</sup>

### Uninformed Non-Choice ... "When I learned the truth, I can't tell you how betrayed I felt."

- 54% were unsure of their decision, yet 67% received no counseling beforehand.<sup>1</sup>
- 84% received inadequate counseling beforehand.<sup>1</sup> 79% were not told about alternatives.<sup>1</sup>
- Many were misinformed by experts about fetal development, abortion alternatives or risks.<sup>12</sup>
- Many were denied essential personal, family, societal or economic support.<sup>12</sup>

### Unsafe Choice ... American Voters Concerned About Coercion and Risks; Support Research and Screening.

Nearly half of voters believe coerced abortion is common. They'll support candidates who advocate legislation holding abortionists liable for failing to screen for evidence of coercion.<sup>13</sup> Nearly 80% of abortions take place in non-hospital facilities, ill-equipped for emergency care.<sup>14</sup> Americans are kept in the dark about unwanted abortions, risks and risk factors.

### The Aftermath. Women Pay a High Price.

Trauma.<sup>1</sup> Injury.<sup>1</sup> Grief. Death from All Causes.<sup>17</sup> 6 Times Higher Suicide.<sup>3</sup>

- 31% had health complications afterwards.<sup>1</sup>
- 65% higher risk of clinical depression.<sup>15</sup>
- 3.5x higher risk of death from all causes.<sup>17</sup>
- 65% suffer multiple symptoms of post-traumatic stress disorder.<sup>1</sup>
- 10% have immediate complications, some are life-threatening.<sup>16</sup>
- Suicide rates 6 times higher if women abort vs. giving birth.<sup>3</sup>

## Citations

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# Shock Study: 55% of Sex-Trafficking Victims Become Pregnant, Forced Into Abortions

[www.lifenews.com/2014/09/24/shock-study-55-of-sex-trafficking-victims-become-pregnant-forced-into-abortions/](http://www.lifenews.com/2014/09/24/shock-study-55-of-sex-trafficking-victims-become-pregnant-forced-into-abortions/)

September 24, 2014

By its very nature the crime of human trafficking strips each victim of his or her humanity. Sex trafficking in particular, which is categorized by law as a "severe form" of human trafficking, rebrands the person as a product to be bought and sold for pleasure. In the United States alone, the Central Intelligence Agency estimates that around 50,000 women and children are trafficked into the United States and as many as 400,000 domestic minors are also involved in the trade each year. These alarming figures testify to the firm foothold that this hidden criminal activity has in the United States.

On September 11, the House Energy and Commerce Health Subcommittee held a hearing on a bill highlighting the importance of healthcare professionals in their role on the front lines of identifying victims of trafficking and responding appropriately. The Trafficking Awareness Training for Health Care Act of 2014, introduced by North Carolina Rep. Renee Ellmers (R), seeks to provide proper training for these professionals allow them to recognize indicators of trafficking and offer help.

Former Senior Advisor on Trafficking in Persons for the U.S. Department of State and founder of the non-profit Global Centurion, Laura Lederer was one of five witnesses who testified. According to Dr. Lederer's recent study entitled, "The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities," out of the 107 sex trafficking survivors surveyed, **87.7% reported seeking care from a healthcare professional during the time of trafficking.**



More specifically, the most common point of contact occurred in the emergency room with 63% of victims seeking care there. These new findings – in contrast with the much lower overall 28% figure found in a 2005 study cited in the Hearing Memo – emphasize the significant role that a healthcare provider can play in preventing further abuse.

## Definitions of Modern Day Slavery

Human trafficking, or trafficking in persons (TIP), refers to the activity of holding a person in a compelled service, and is a crime under U.S. and international law. The Trafficking Victims Protection Act of 2000 (TVPA) defines *sex trafficking* in particular as "the recruitment, harboring,

transportation, provision or obtaining of a person for the purpose of a commercial sex act." As one of the fastest-growing criminal industries, TIP **generates about \$32 billion per year**, and it has accurately been referred to as "modern- day slavery."

### **"Throwaway Kids": Early Abuse in the Home as a Precipitator**

*Twelve to 14 years old* is the average age of entry into sex trafficking in the United States. Vednita Carter, a survivor of sexual exploitation and founder of a Minneapolis shelter called Breaking Free, shared this troubling reality with the subcommittee while explaining that pimps actively seek out minors who have run away from home. Lederer emphasized the problem of an abusive family life as it increases the risk of running away and, with it, one's vulnerability to being trafficked. "In all of the survivors that I've interviewed [at least 150 in just this past year], there was *something* that happened in the home early on – some abuse, either physical, sexual – that drove these children out onto the streets," she said. She also recalled the heartbreaking name attributed to this homeless population of minors: "throwaway kids," those who "don't really have places – homes – where they have a loving environment." Estimates of this population in America: **1 to 1.5 million**.

Carter expounded on the general recruitment process for minors, as a "brainwashing," composed of two steps: the pimp offers security – a place to stay, food to eat, protection, even affection – then emotionally and psychologically manipulates the minors to feel indebted as well as threatened that the "security" will be taken away.

### **Abortion Forced on Trafficking Victims**

Lederer testified that forced abortion is an "especially disturbing trend in sex trafficking." Her study shows that **55% of the women surveyed had at least one abortion**, and 30% had multiple abortions during the time of trafficking. Of these, more than half responded that the abortion was not their choice, and many responded by saying that the pressure from pimps to continue the trade did not allow for the time to carry a baby. "Notably, the phenomenon of forced abortion in sex trafficking transcends the political boundaries of the abortion debate, violating both the pro-life belief that abortion takes innocent life, and the pro-choice ideal of women's freedom to make their own reproductive choices," she continued.

Carter likewise shared a personal account of another survivor: "I got pregnant six times and had six abortions during this time. I had severe scar tissue from these abortions, because there was no follow up care. In a couple of cases I had bad infections—so bad that I eventually had to have a hysterectomy." These instances of forced abortion cover the crimes, allow for ongoing abuse, and further rob the victim of any sense of humanity as that humanity in her womb is also snuffed out.

### **Role of Healthcare Professionals**

The bill has a practical focus that would direct the Department of Health and Human Services (HHS) to award a grant to an eligible school for the development of evidence-based best

practices for healthcare professionals responding to TIP. The school would then develop curricula to train professionals on these best practices, and afterwards design, carry out, and analyze the results of a pilot training program.

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Another witness, Dr. Hanni Stoklosa, an emergency physician at Brigham and Women's Hospital in Boston, emphasized the need for evidence-based and trauma-informed training for all healthcare professionals including dentists and dermatologists to pediatricians and emergency physicians such as herself. Because victims may suffer beatings that include damage to the teeth, and oftentimes are branded on the skin to reflect the sex trafficker's ownership, these professionals who will be treating victims must be trained properly to identify signs of trafficking, to avoid re-traumatizing or shaming victims, and to provide supportive resources.

The Trafficking Awareness Training for Health Care Act of 2014 recognizes the significant impact that the health care provider can potentially have in rescuing and helping untold victims of human trafficking. The breakdown of the family and the devaluing of human life, including the child in the womb, also continue to merit their own research and action for a more humane culture.

*LifeNews Note: Genevieve Plaster is a research assistant at Charlotte Lozier Institute.*

Acts of Faith

# 'The only reason I am alive is the fact that the abortionist had not yet arrived at work'

By Lindsey Bever September 30, 2016

Twelve months ago, Gianna Jessen testified against Planned Parenthood, saying during a congressional hearing that her biological mother was seven and a half months pregnant when she was advised to undergo an abortion by saline — which “burns the baby inside and out, blinding and suffocating the child, who is then born dead, usually within 24 hours.”

“Instead of dying,” Jessen said on Capitol Hill, “after 18 hours of being burned in my mother’s womb, I was delivered alive in an abortion clinic in Los Angeles on April the 6th, 1977.”

“Doctors,” she said, “did not expect me to live.”

“I did.”

Jessen would become a leading anti-abortion advocate, speaking around the world and meeting with American lawmakers about abortion policy. Her most recent activism has focused on federal funding protocols for abortion, a central point of contention during the presidential campaign, as well as born-alive infants’ rights.

In fact, Jessen was in Pennsylvania in 2002 when President George W. Bush



signed the Born-Alive Infants Protection Act, which grants legal protection to babies born alive after attempted abortions. “It’s important that you’re here, to send a signal that you’re dedicated to the protection of human life,” Bush said to Jessen and others at the signing ceremony.

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On Sept. 23, the 39-year-old activist returned to the Hill for a subcommittee hearing on abortion. The focus of the discussion: The Born-Alive Abortion Survivors Protection Act, which would expand Bush’s act to ensure the babies receive the same medical care as any other born at the same gestational age, and the Hyde Amendment, which, for the past 40 years, has generally barred the use of federal Medicaid money to pay for abortions.

“Apart from Jesus himself, the only reason I am alive is the fact that the abortionist had not yet arrived at work that morning,” she said.

Jessen says she has cerebral palsy due to a lack of oxygen to her brain during the abortion attempt.

“And cerebral palsy, make no mistake, is a tremendous gift,” she said. “I don’t know if any of you understand — maybe you do — what a tremendous honor it is to have to lean on the strong arm of Jesus all the way to heaven.”

The Hyde Amendment, which first was approved by Congress in 1976 and has since been attached as a rider to annual appropriations bills, states that federal funds cannot be used for abortion services, except in instances in which a woman's life is in danger, or in instances of rape and incest.

This year's Democratic Party platform vows to "oppose — and seek to overturn — federal and state laws and policies that impede a woman's access to abortion, including by repealing the Hyde Amendment." Democratic presidential nominee Hillary Clinton has condemned it as well as other policies for "making it harder for low-income women to exercise their full rights."

In a recent letter to anti-abortion rights leaders, Republican presidential nominee Donald Trump slammed his Democratic opponent for wanting to repeal the Hyde Amendment and promised to make it "permanent law to protect taxpayers from having to pay for abortions."

Reproductive rights weren't discussed at the presidential debate Monday — but the topic was on the minds of many voters: According to Google Trends, "abortion" was the second most-searched issues for both candidates.

Amid the contentious debate, Jessen explained Friday in Washington how she lived through an attempted abortion.

Here is her testimony, which veers from her prepared statement at times:

Thank you, thank you very much for giving me the opportunity to speak with you this morning.

I wish to appeal not only to those present within this chamber today, but to my nation.

We are here to discuss infanticide. I am greatly troubled that this hearing is even necessary, and that such a law to prevent infanticide must be constructed in the United States of America at all.

Many Americans have no idea that babies can even live through abortions and are often left to die. But this does happen. I know this because I was born alive in an abortion clinic after being burned in my mother's womb for 18 hours.

My medical records clearly state the following: Born during saline abortion, April 6, 1977, 6 a.m., two and a half pounds.

Triumphantly, I entered this world.

Apart from Jesus himself, the only reason I am alive is the fact that the abortionist had not yet arrived at work that morning. Had he been there, he would have ended my life by strangulation, suffocation or simply leaving me there to die.

Instead, I lived and have the gift of cerebral palsy as a direct result of lack of oxygen to my brain while surviving an abortion.

And cerebral palsy, make no mistake, is a tremendous gift. I don't know if any of you understand — maybe you do — what a tremendous honor it is to have to lean on the strong arm of Jesus all the way to heaven. It is my honor, in a country that doesn't wish to speak his name, I will.

By the grace of God, in my case, a nurse called an ambulance and had me transferred to a hospital. That nurse saved my life and I am profoundly grateful to her for this.

Those who wish to justify such unspeakable evil, such as leaving a baby without proper medical care to die, have become masters of the manipulation of language, intimidation and defaming their opponents to achieve their wicked aims.

As a nation, we are continuously exchanging the truth for a lie. We have neglected our soul. What will it take for us to awaken from our numbness and indifference regarding this? Will we ever wake?

I am confounded as well by the passivity so often demonstrated by otherwise good and just men; by the fact that we must plead with those in power to give the most vulnerable infants among us, even one moment of their attention.

This is a bipartisan issue, and I think it's important for the American people to weigh at this hour, whether or not they wish to elect someone to the highest office in the land that favors infanticide. Because that is what we are speaking of here, a child, exactly as I was, that had the audacity to live through her mother's abortion and needed immediate and proper care.

So I would like to ask Mr. Trump to tell me, and you, where he specifically stands on this issue, and I ask the same of Mrs. Clinton.

I would also like to ask Senator Mitch McConnell to force a vote on the Born Alive Abortion Survivors Protection Act before the end of this September.

I have faced the consequences of our choices as a nation (as evidenced by my cerebral palsy.) So if you choose to do nothing, I believe I at least deserve to know why you find this abhorrent practice tolerable, and I would respectfully ask that you tell me directly.

It seems in some ways, we have lost our way in this beautiful nation. But it needn't be so. We have only to remember that we are lent each breath, that we are all engraved upon the hands of God, and therefore, cannot for a single moment, be forgotten by him. We need only to remember Jesus, who took me from my mother's womb, to be his own.

Thank you.

Jessen, who was put into foster care and later adopted, said earlier this year that she has been sharing her story despite the fact that some won't listen.

“They just try to ignore me,” Jessen said, citing the media, according to [LifeNews.com](#). “Because I don’t think they can really say anything to me — so their strategy has been, ‘We’re just gonna not talk to her pretty much at all.’”

“But I still get around.”

*This post has been updated. An earlier version incorrectly identified the recipients of a Trump campaign letter.*

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 **897 Comments**

Lindsey Bever is a general assignment reporter for The Washington Post, covering national news with an emphasis on health. [Follow @lindseybever](#)

# **Fiscal Note**

LBAO  
18-2170  
11/8/17

HB 1680-FN- FISCAL NOTE  
AS INTRODUCED

AN ACT relative to abortions after viability.

FISCAL IMPACT:  State  County  Local  None

STATE:	Estimated Increase / (Decrease)			
	FY 2019	FY 2020	FY 2021	FY 2022
Appropriation	\$0	\$0	\$0	\$0
Revenue	\$0	\$0	\$0	\$0
Expenditures	Indeterminable	Indeterminable	Indeterminable	Indeterminable
Funding Source:	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Education	<input type="checkbox"/> Highway	<input type="checkbox"/> Other

**METHODOLOGY:**

This bill creates the Viable Fetus Protection Act which would prohibit abortions after viability, with certain exceptions. The bill provides for disciplinary action against any physician who performs an abortion in violation of the chapter. The Department of Justice, Administrative Prosecutions Unit, investigates and prosecutes licensing violations for the Board of Medicine and the possible increase in the number of investigations and/or prosecutions resulting from this bill is unknown, therefore the fiscal impact is indeterminable.

The Judicial Branch states the Supreme Court has discretionary review of appeals from disciplinary actions against physicians pursuant to RSA 329:17, VIII. The Judicial Branch has no information relative to how many additional appeals to the Supreme Court from disciplinary actions may arise or if such review will be accepted for full appellate review, more limited review or if the appeal will be denied. Even one appeal accepted for full appellate consideration could result in a fiscal impact in excess of \$10,000, thus the potential fiscal impact is indeterminable.

The Department of Health and Human Services, Department of Corrections, Office of Professional Licensure and Certification, Judicial Council, and New Hampshire Association of Counties indicated this bill will have no fiscal impact on their agency or association.

**AGENCIES CONTACTED:**

Department of Justice, Judicial Branch, Office of Professional Licensure and Certification, Department of Health and Human Services, Department of Corrections, Judicial Council, and New Hampshire Association of Counties

# Amendments



Rep. Hagan, Rock. 4  
Rep. Rouillard, Hills. 6  
Rep. Hopper, Hills. 2  
February 5, 2018  
2018-0456h  
01/04



Amendment to HB 1680-FN

1 Amend RSA 132-B:3, II as inserted by section 2 of the bill by replacing it with the following:

2

3 II. No abortion shall be performed upon a pregnant woman after viability of the fetus  
4 except in the event of a medical emergency as defined in RSA 132:32, VIII, to preserve the life or  
5 health of the pregnant woman, in cases of Twin to Twin Transfusion Syndrome, or to remove a fetus  
6 with severe anomalies incompatible with life.

*Not adopted 2-21-18*

# Bill as Introduced

HB 1680-FN - AS INTRODUCED

2018 SESSION

18-2170  
01/04

HOUSE BILL        ***1680-FN***

AN ACT            relative to abortions after viability.

SPONSORS:        Rep. Murphy, Hills. 7; Rep. M. Pearson, Rock. 34; Rep. Notter, Hills. 21; Rep. V. Sullivan, Hills. 16

COMMITTEE:      Judiciary

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ANALYSIS

This bill establishes the viable fetus protection act which prohibits abortions after viability.

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Explanation:     Matter added to current law appears in ***bold italics***.  
                     Matter removed from current law appears [~~in brackets and struck through~~].  
                     Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

*In the Year of Our Lord Two Thousand Eighteen*

AN ACT relative to abortions after viability.

*Be it Enacted by the Senate and House of Representatives in General Court convened:*

1 1 Statement of Finding. The general court finds that it is the purpose of the state of New  
2 Hampshire to assert a compelling state interest in protecting the lives of viable unborn fetuses.

3 2 New Chapter; Viable Fetus Protection Act. Amend RSA by inserting after chapter 132-A the  
4 following new chapter:

5 CHAPTER 132-B

6 VIABLE FETUS PROTECTION ACT

7 132-B:1 Title. This chapter shall be known and may be cited as the "viable fetus protection  
8 act."

9 132-B:2 Definitions. In this chapter:

10 I. "Abortion" means the use or prescription of any instrument, medicine, drug, or any other  
11 substance or device intentionally to terminate the pregnancy of a female known to be pregnant with  
12 an intention other than to increase the probability of a live birth, to preserve the life or health of the  
13 child after live birth, or to remove an ectopic pregnancy or the products from a spontaneous  
14 miscarriage.

15 II. "Viability" means the point in pregnancy when, in the good faith medical judgment of a  
16 physician, there is reasonable likelihood of the fetus' sustained survival outside the uterus without  
17 the application of extraordinary medical measures.

18 132-B:3 Abortion After Viability Prohibited; Exception.

19 I. The determination of viability shall be solely that of the treating physician after  
20 consultation with and examination of the pregnant woman.

21 II. No abortion shall be performed upon a pregnant woman after viability of the fetus  
22 except in the event of a medical emergency as defined in RSA 132:32, VIII, in cases of Twin to Twin  
23 Transfusion Syndrome, or to remove a fetus with severe anomalies incompatible with life.

24 III. The physician, when performing an abortion to preserve the life or health of the  
25 pregnant woman, shall make every effort to preserve the life of the viable fetus.

26 IV. All post-viability abortions shall be performed by a physician licensed pursuant to RSA  
27 329.

28 132-B:4 Disciplinary Action. Any physician who performs an abortion in violation of this  
29 chapter shall be subject to disciplinary action under RSA 329.

30 3 Effective Date. This act shall take effect January 1, 2019.