



## Michigan National Organization for Women

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March 1, 2011

Honorable Rick Jones, Chair  
Senate Judiciary Committee  
Farnum Bldg.  
Lansing, MI

### Re: Senate Bill 160 and 161

Dear Members of the Senate Judiciary Committee:

The Michigan National Organization for Women urges you to vote **NO** on Senate Bills 160 and 161 criminalizing a late-term abortion procedure that is sometimes the safest method to protect a woman's health and her future fertility. One in three women will have an abortion in their lifetimes according to the Guttmacher Institute, and occasionally the procedure banned in this bill needs to be used.

Partial-birth Abortion Doesn't Exist in Science – Partial-birth abortion as referenced in SB 160 and 161 is not terminology used by doctors to describe a form of abortion. The term partial-birth abortion is a politically created construct designed to arouse revulsion by those not exposed to descriptions of any surgical procedures, much less surgical abortion. Those who created the partial-birth abortion construct and are advancing it to the Michigan legislature oppose all abortions at any stage of pregnancy and want to criminalize it. Going at it one procedure at a time is just another tactic to continue harassment and discrimination against women and their reproductive health needs.

A Ban is Opposed by Mainstream Medical Providers - The ban on so-called partial birth abortion in SB 160 and 161 is opposed by the American Medical Association, the American College of Obstetricians and Gynecologists, the American Nurses Association, the American Medical Women's Association, the American Public Health Association, and Planned Parenthood Federation of America, among others. The unidentified medical association mentioned in the bill is unknown to mainstream medical societies. Doctors say a ban on intact dilation and extraction (D & X), the correct name for the procedure called partial-birth abortion by its opponents, forbids options doctors need if they are to practice the safest and best medicine to preserve a woman's health.

The intact dilation and extraction abortion method is sometimes the safest abortion method because:

- There are fewer insertions of instruments into the uterus,
- It reduces risk of perforation,
- It reduces the likelihood of retained fetal tissue,
- It reduces blood loss, and
- It shortens the time of anesthesia exposure.

There are significant advantages in using dilation and extraction for women with serious medical conditions such as previous hysterotomy or cesarean section with a vertical scar; where the fetal skull is too large to exit a partially dilated cervix, where the woman has placenta previa and accreta,

## Statement from Michigan NOW

chorioamnionitis, or where the fetus has abnormalities such as severe hydrocephaly or other anomalies incompatible with life outside the womb.

In our view, SB 160 and 161 puts affected women at risk of health complications, including risking women's future fertility, because there is no health exception. Those who support SB 160 and 161 as introduced are signing on to risking women's future health, a cruel and uncaring act toward real living women in Michigan.

Dilation and Extraction in Michigan – According to Glen Copeland, Director of the Division of Vital Records and Health Statistics at the Michigan Department of Community Health, the procedure most nearly approximating partial-birth abortion is D & X. The Department of Community Health questionnaire for abortion providers doesn't ask whether D & X was the principal procedure used, so he had to look at the detail in the 9 questionnaires listing "other procedure." He last looked at this in 2008 when SB 776, a bill identical to SB 160, was under consideration. Of those 9, none reported using D & X. Newer statistics on 2009 has been requested, but we conclude that supporters of this bill are trying to fool this Legislature into believing that a law duplicating the federal ban is needed in Michigan when the facts reveal otherwise.

Private Right of Action – In addition to disregarding women's health and criminalizing a potentially health-protecting abortion procedure, the bills provide a private right of action to third parties to sue a medical provider for an abortion that the third party may believe is a partial-birth abortion. Because the unscientific definition of partial-birth abortion is so vague and unscientific in these bills, allowing third parties to sue will encourage frivolous and expensive lawsuits. Those who favor tort reform should be especially concerned with the open-ended emotional damages provision in this bill.

Abortion Decisions Should Be Made by Women and Their Doctors – Medical and moral decisions concerning abortion methods need to be left to the affected women and their doctors and not legislated. Legislators should not inflict their religious beliefs about when a soul is created or when life begins by prohibiting women who do not have those religious beliefs from having safe abortions that would preserve their health. Religious tolerance needs to be observed by the Michigan Legislature.

Preventing Unintended Pregnancy - If the goal of the Michigan Legislature is to reduce the number of abortions in Michigan, preventing unintended pregnancies should be your top priority. Policies such as comprehensive sex education, broad access to family planning clinics, requiring contraceptive equity in health insurance plans that cover prescriptions, making emergency contraception available for women who need it, preventing pharmacy refusals to fill birth control prescriptions, and regulating fake crisis pregnancy clinics are just some of the bills that have been introduced in the past but not adopted. We urge you to turn your attention to these proactive and helpful abortion prevention strategies rather than spend your time on unneeded legislation like SB 160 and 161.

In summary, Michigan NOW opposes SB 160 and 161 and urges you to vote NO. .

Sincerely,

/s/

Renee Beeker, President  
Michigan National Organization for Women