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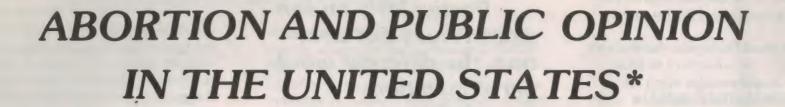
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Majority closer to prolife perspective

Majority at odds with
Supreme Court abortion decisions

Majority believes life begins at conception

# An analysis by Raymond J. Adamek, Ph.D. Professor of Sociology, Kent State University

A bortion continues to be one of the most controversial issues in the United States, with legal, moral, religious, economic, medical, political and civil rights components. Since both prolife and prochoice activists cite public opinion polls and contend

that the bulk of the American public favors their particular positions, another aspect of this controversy centers on the question, "Just what is the state of public opinion regarding abortion?" We shall attempt to answer this question by reviewing major national polls on abortion and major studies of these polls conducted by other social scientists. In this review, we shall focus on five questions:

- 1. What do Americans believe about the nature and morality of abortion?
- 2. Under what circumstances does the American public believe legal abortion should be available?
- 3. What is the public's view of our current abortion policy?
- 4. What is the public's view of proposed changes in current policy?
- 5. What are the major socio-demographic factors related to attitudes on abortion?

\*The author wishes to thank Professors Donald Granberg and Jerry M. Lewis for helpful suggestions they made on an earlier draft of this paper.

# Ronald Reagan Presidential Library Digital Collections

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# VOTE For The Unborn In The June 8 Election

Unborn children cannot speak for themselves but you can vote for them with your ballot in the Tuesday, June 8 election. Your vote can guarantee that the nominees in Ohio will be people who will stand up and defend the most basic of all human rights... the RIGHT TO LIFE.

# Special Pro-Life Endorsements

SEE INSIDE

# WILLIAM J. BROWN (D) FOR GOVERNOR

BILL RESS (R)
WRITE-IN CANDIDATE FOR U.S. SENATE

## **DEMOCRATIC PRIMARY**

THE NOMINATION OF A PRO-LIFE GOVERNOR WILL BE ASSURED
IF YOU WILL VOTE IN THE ELECTION, TUESDAY, JUNE 8 AND ALSO URGE
TWO OR THREE OF YOUR PRO-LIFE FRIENDS AND RELATIVES TO VOTE.

**ENDORSED BY:** 

OHIO RIGHT-TO-LIFE POLITICAL ACTION COMMITTEE

### FOR GOVERNOR



# **WILLIAM J. BROWN**

- ☆ Wm. J. Brown will support ratification of the Hatch Pro-Life Amendment
- ☆ Wm. J. Brown will oppose the use of your tax dollars to pay for abortions
- ☆ Wm. J. Brown will actively support other Pro-Life legislation
- ☆ Wm. J. Brown will encourage positive solutions to problem pregnancies that help and protect both mother and child



William J. Brown

NO OTHER DEMOCRATIC CANDIDATE FOR GOVERNOR OF OHIO HAS THIS PRO-LIFE POSITION

Democrats - Choose Life - Choose William J. Brown

HELP DEFEND THOSE WHO CANNOT DEFEND THEMSELVES

VOTE WILLIAM J. BROWN

IN THE DEMOCRATIC PRIMARY ELECTION - JUNE 8

### REPUBLICAN PRIMARY

THE NOMINATION OF A PRO-LIFE SENATOR WILL BE ASSURED
IF YOU WILL VOTE IN THE ELECTION, TUESDAY, JUNE 8 AND ALSO URGE
TWO OR THREE OF YOUR PRO-LIFE FRIENDS AND RELATIVES TO VOTE.

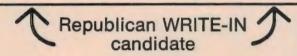
OHIO RIGHT-TO-LIFE POLITICAL ACTION COMMITTEE

NATIONAL RIGHT-TO-LIFE POLITICAL ACTION COMMITTEE

### **FOR SENATOR**



Bill Ress-U.S. Senate



- ★ Will co-sponsor Hatch Pro-Life Amendment in the U. S. Senate
- ☆ Will work to pass a human life amendment in the U. S. Senate
- ☆ Will oppose the use of your tax dollars to pay for abortions
- ☆ Will actively support other Pro-Life legislation



**Bill Ress** 

If you are unsure how to write-in... Bill Reas-U.S. Senate ask the poll workers to tell you. They are required by law to assist you.

My husband, John Ashbrook, was an enthusiastic supporter of State Senator Bill Ress. I am proud to endorse Bill Ress for the U.S. Senate because he has the principles and integrity needed to serve the people of Ohio.

Sincerely, Jean Ashbrook

Jean ashbrak

Republicans - Choose Life - Choose Bill Ress

WRITE-IN Bill Ress-U.S. Senate

IN THE REPUBLICAN PRIMARY ELECTION - JUNE 8

# Your Vote Is CRUCIAL!

YOUR VOTE IN THE ELECTION ON TUESDAY, JUNE 8 WILL HAVE THE IMPACT OF SEVERAL VOTES SINCE IT IS EXPECTED THAT LESS THAN HALF OF THE ELIGIBLE VOTERS WILL GO TO THE POLLS. DON'T PASS UP THIS UNIQUE CHANCE YOU HAVE TO SPEAK OUT FOR THE UNBORN CHILD — VOTE JUNE 8.

Paid for by the Ohio Right To Life Political Action Committee • Mary Gigandet, Treasurer • 21 Kossuth, Columbus, Ohio 43206 and the National Right To Life Political Action Committee and authorized by Bill Ress • Phillip Moran, Treasurer • 409 Seventh St., N.W., Washington, D.C. 20004

ALSO ENDORSED BY OHIO RIGHT-TO-LIFE POLITICAL ACTION COMMITTEE



THESE LITTLE
GUYS WANT
YOU
TO VOTE
IN THE TUES.
JUNE 8
ELECTION

(8

# This little guy hopes you'll remember him on Nov. 4.



11/2 million unborn babies had their lives taken by abortion last year.

Won't you defend the helpless unborn by supporting the candidates who are willing to protect them?

All federal candidates running in next Tuesday's General Election have been surveyed, and the National Right to Life Political Action Committee has endorsed the strongest pro-life candidate for each of the following offices:

For President-

# Ronald Reagan

Ronald Reagan is the only candidate for President who supports restoring the right-to-life to unborn children.

Ronald Reagan supports a constitutional amendment to end the current tragedy of abortion on demand and restore legal protection for the unborn child.

For the U.S. Senate—

# Don Nickles

Don Nickles supports a constitutional amendment to restore protection for the lives of unborn children.

Don Nickles was a strong, effective leader on behalf of the unborn in the Oklahoma State Senate. He authored important right-to-life legislation which he skillfully guided through the Senate in spite of strong opposition.

### Help defend those who cannot defend themselves. Note Pro-Life.

Congressional candidates endorsed by National Right to Life PAC are:

For Congress, 1st District—



Dick Freeman supports a constitutional amendment to end the current tragedy of abortion on demand and restore protection for the lives of unborn children.

For Congress, 2nd District—

# ☑ Gary Richardson

Gary Richardson supports a constitutional amendment to end the current tragedy of abortion on demand and restore protection for the lives of unborn children.

For Congress, 5th District—

# Mickey Edwards

Mickey Edwards supports a constitutional amendment to end the current tragedy of abortion on demand and restore protection for the lives of unborn children.

Mickey Edwards has a 100% pro-life voting record on 23 roll call votes on the abortion issue during his four years in Congress.

1½ million unborn babies will continue to have their lives taken by abortion in this country each year until Congress does something about it.

# Won't you do something about it? Elect a prolife Congress. Vote Pro-Life.

1867 • Our Second Century of Lay Apostolate National Catholic Weekly Founded Oct.

> JULY 15, ı 8 NO. VOLUME 113,

(Ephesians 1:10)

ALL THINGS IN CHRIST"

"TO RE-ESTABLISH

Paul, Minn.

55.

2

PRICE

# 'Hatch'' Dead,

By PAUL A. FISHER

WASHINGTON D.C. - The president of the National Right-to-D.C. -Life Committee (NRLC) has told President Reagan that Senate Majority Leader Howard Baker (R., Tenn.) "does not intend to schedule S.J. Res. 110 for consideration this year."

S.J. Res. 110 is the resolution introduced by Sen. Orrin Hatch (R., Utah) which proposes an amendment to the Constitution

concerning abortion.

A copy of the letter to the President from Dr. Jack Willke, president of NRLC, is prominently displayed on page 1 of the July 8th edium of the National Right-to-The substance of the letter as well as recommended political action is also outlined in a -taped telephone recording Doug Johnson, NRLC's la lative director,

Johnson commented: "Sen. Baker has repeatedly and publicly promised free standing debate on the abortion issue, but his staff now states that the anticipated debate on the Human Life Bill will be the abortion debate for this Congress.

"In practical terms this is an attempt to consign the Hatch Amendment to oblivion without a

Willke requested the President to urge Sen. Baker to schedule debate on the amendment before the end of July. He added:

"It will be an abuse of the legislative process and seriously erode the trust which many pro-life Americans have placed in your Administration if Sen. Baker smothers the Hatch Amendment without a Senate vote."

Commenting on his letter, Dr. Wilike observed that the Senate's Republican leader has "a long record of support for legal abortion on demand and has voted for federal funding of abortion on demand.

"Now," the Cincinnati physician continued, "he is seeking to kill the only pro-life proposal ever to be count in support of the Hate approved by the Judiciary Committee without so much as a vote."

Asked when the Hatch Amer ment is scheduled for debate, the spokesman for the Majori Leader replied: "It has not be scheduled for a certain time."

A further check with Se Baker's legislative scheduling office confirmed that no date he been set to debate the amendmen

Additional evidence that the Senate will not consider the Hate Amendment during this Congre was strongly indicated during colloquy Sen. Baker had with Se Jeremiah Denton (R., Ala.) co cerning the capital punishmen

During that discussion, Majority Leader outlined th H Senate's schedule for remainder of the session, and th Hatch Amendment was not liste However, Sen. Baker did note the the second debt limit bill will com before the Senate soon, at which time he expects an amendment the debt limit proposal "dealir with abortion."

The proposal referred to by Ser Baker is the so-called "Supe Helms" bill which declares the unborn human beings are person from the moment of conception

The Wanderer was unable contact a spokesman for the NRL

for comment.

An aide in Sen. Hatch's Co stitutional Subcommittee of th Sena & Committee on the Judiciar commented: "I'm sure there wi be some maneuvering to push (the Hatch Amendment) out of th session."

He then clarified what Ser Baker's spokesmen mean whe they say "no certain time," or n specific date has been set to debat an issue. In this regard, Ser Hatch's aide said: "Unless there a precise date there really is not good chance that it (the Hate Amendment) will be considered.

He added: "I know there are lot of senators who don't want t see the abortion bill come up."

Asked how many votes he coul Amendment, this source replied "The high time I counted we ha A legislative aide of Sen. Baker about 50 senators, but you know w

### "Match" Dead, "Helms" Still Alive

(Continued from Page 1)

llowing message to President

eagan:

"We are opposed to legal portion on demand. Please urge enate Republican Leader Howard aker to stop blocking action on e Hatch Amendment."

In this connection, it should be ited that the Senate Report on the atch "Human Life Federalism mendment," dated June 8th, ates (p. 4):

"While by the terms of the oposed amendment, a state gislature or Congress could tally prohibit abortion or could tally maintain the status quo of portion-on-demand, they would so be in the position to undertake

reforms that fall somewhere between these all-or-nothing propositions" (emphasis added).

John Mackey, special counsel for the Ad Hoc Committee in Defense of Life, a strong supporter of Sen. Helms' Human Life Bill,

"It's a monumental political and legislative blunder by the Bishops. Why should the Senate waste its time on a constitutional amendment that has no more than 50 votes?"

Other congressional sources have told The Wanderer they believe this defeat for a piece of legislation which the Bishops have so assiduously backed has 'arrt their credibility on lative matters.

formation furnished to Dr. Willke by the Majority Leader's office mentary on Sen. Baker's position "was a mistake," and that Sen. NRLC's Johnson urged pro-life Baker had sent a letter to Dr. supporters to communicate the Willke about the matter.

In his telephone taped com (Continued on Page 9)

NAME IS DON'THOM DESCRIPTION OF PERSONS PARTY DRIVE.

Right to

THE WHITE HOUSE

WASHINGTON

June 15, 1982

Miss Kay Krug
19 Maybelline
Old Bridge, N. J. 08857

Dear Miss Krug:

Dan Donehey of National Right to Life, asked me to forward a photograph and biography of Morton Blackwell, Special Assistant to the President for Public Liaison, whom I understand will be speaking at your meeting on July 15, 1982, at 8:00 p.m. If there is anything further you need, please let us know.

Sincerely,

(Mrs.) Carolyn B. Sundseth Confidential Assistant

1

The President June 7, 1983 page seven

Wanda Franz, Ph.D. President West Virginians for Life, Inc.

Dick Riddell President Wyoming Right to Life Committee, Inc.

Mary R. Bergman International Regent Daughters of Isabella

cc: Edwin Meese III
James A. Baker III
Michael K. Deaver
Edward J. Rollins
Morton C. Blackwell



SAMOUND HOLLOOMES

The President June 7, 1983 page six

Mary A. Wright Chairman New York State Right to Life Committee

Emma O'Steen NRLC Director North Carolina Right to Life

Albert Fortman, M.D. President North Dakota Right to Life Association

Mrs. Peggy Lehner President Ohio Right to Life Society

Tony J. Lauinger State Chairman Oklahomans for Life

Rita Radich, Esq. President Right to Life / Oregon

Garnett Biviano President Pennsylvania Pro-Life Federation

Mary Shearin President Tennessee Volunteers for Life

Connie Pratt President Right to Life of Utah

Felix Callan, M.D. Chairman Vermont Right to Life

Geline Williams NRLC Director Virginia Society for Human Life

file Nat RY- to Live

EY DAVID E. ANDERSON
WASHINGTON (UPI) THE

WASHINGTON (UPI) THE ANTI-ABORTION MOVEMENT, ATTEMPTING TO PROJECT AN IMAGE OF UNITY, POINTED TUESDAY TO A RECENT PRESIDENTIAL STATEMENT AS INDICATING THE TIME IS RIPE FOR A FULL CONGRESSIONAL DEBATE ON THE ISSUE.

IN A VIDEOTRPED MESSAGE TO LAST WEEKEND'S NATIONAL RIGHT TO LIFE COMMITTEE CONVENTION IN CHERRY HILLS, N. J., PRESIDENT REAGAN SAID: "THE TIME HAS COME FOR CONGRESS TO FACE THE NATIONAL TRAGEDY OF ABORTION, TO FULLY DISCUSS AND DEBATE ON THE HOUSE AND SENATE FLOORS THE HEARTBREAKING DIMENSION OF THIS TRAGEDY."

REAGAN DID NOT ENDORSE ANY OF THE THREE SPECIFIC PROPOSALS NOW BEFORE THE SENATE -- A SIGN SUPPORTERS OF A CONSTITUTIONAL AMENDMENT SPONSORED BY SEN. ORRIN HATCH, R-UTAH, INTERPRETED AS A PRESIDENTIAL DESIRE FOR DEBATE ON ALL THREE.

LEGISLATIVE STRATEGY HAS DEEPLY DIVIDED THE ANTI-ABORTION MOVEMENT FOR THE PAST YEAR.

THE NATIONAL CONFERENCE OF CATHOLIC BISHOPS, THE NATIONAL COMMITTEE FOR A HUMAN LIFE AMENDMENT AND PRO-LIFE MINISTRIES ALL SUPPORT THE HATCH PROPOSAL THAT WOULD OVERTURN THE 1973 SUPPEME COURT DECISION AND RETURN THE ABORTION ISSUE TO INDIVIDUAL STATES.

THE LEADERS OF THOSE GROUPS HELD A NEWS CONFERENCE TUESDAY TO WARN -- IN THE WORDS OF RIGHT-TO-LIFE COMMITTEE HEAD DR. JOHN C. WILLKIE -- THAT A REFUSAL TO ALLOW A VOTE ON HATCH WOULD HAVE "A SERIOUSLY CHILLING EFFECT" ON THE ANTI-ABORTION MOVEMENT'S SUPPORT IN THE FALL ELECTIONS.

OTHER GROUPS, SUCH AS THE AMERICAN LIFE LOBBY AND THE CHRISTIAN ACTION COUNCIL, FAVOR A BILL BY SEN. JESSE HELMS, R-N.C., THAT WOULD RECOGNIZE THE UNBORN CHILD AS A PERSON UNDER THE FOURTEENTH AMENDMENT."

SENATE REPUBLICAN LEADER HOWARD BAKER OF TENNESSEE HAS AGREED TO ALLOW R VOTE ON ATTACHING THE HELMS BILL TO A PIECE OF "MUST" LEGISLATION -- THE DEBT LIMIT BILL THAT IS EXPECTED TO COME UP IN LATE JULY OR EARLY AUGUST.

A SPOKESMAN FOR BAKER SAID ABORTION FOES HAD AGREED ON THE HELMS' PROPOSAL AS THE ANTI-ABORTION LEGISLATION THEY WOULD TRY TO ENACT.

"THAT'S THEIR DECISION TO MAKE," THE SPOKESMAN SAID. BUT HE DID NOT RULE OUT THE POSSIBILITY THAT PROPONENTS OF THE HATCH OR HATFIELD AMENDMENTS WOULD TRY TO PUSH THOSE MEASURES.

UPI 07-20-82 03:18 PED

The President June 7, 1983 page five

Rev. Dennis C. Day NRIC Director Right to Life of Idaho, Inc.

Mrs. Felicia Goeken Executive Director Illinois Federation for Right to Life, Inc.

Louis Kavanagh NRLC Director Indiana Right to Life

Roger Mall NRLC Director Iowans for L.I.F.E.

Alan Hansen, O.D. NRLC Director Kansans for Life

Suzanne Tierney President Louisiana Right to Life Federation

Martin Costello President Maine Right to Life Committee

Mrs. Darla St. Martin NRIC Director Minnesota Citizens Concerned for Life

Paul Artman, Jr. President Mississippi Right to Life

Mrs. Kathy Edwards President Missouri Citizens for Life

Suzanne Morris President Montana Right to Life Association

Ruth McGroarty NRLC Director Nevada Right to Life Committee



siled

Suite 402, 419 7th Street, N.W. Washington, D.C. 20004 — (202) 638-4396

October 19, 1982

Mr. Morton Blackwell Special Assistant to the President The White House Washington, DC 20500

Dear Morton:

Enclosed is an invitation to President Reagan to speak at our next National Right to Life Committee Convention in Orlando, Florida, next July. I trust that you can steer it into the proper hands.

Sincerely,

J.C. Willke, M.D.

President

JCW/ir

The President June 7, 1983 page four

Jean Sullivan NRLC Director Alabama Citizens for Life, Inc.

Dorothy M. Bassett NRIC Director Alaska Right to Life, Inc.

Carolyn F. Gerster, M.D. NRLC Director Arizona Right to Life

Ken Hiegel NRLC Director Arkansas Right to Life

Mrs. Louise Murphy NRLC Director California Pro-Life Council, Inc.

State Sen. Regina Smith NRIC Director Pro-Life Council of Connecticut, Inc.

Robert G. Morrison Executive Director Connecticut Citizens Concerned for Life

Caryl K. Stecca Chairman Delaware Citizens for Life

Mrs. Jean Doyle NRIC Director Florida Right to Life, Inc.

Kel McDonald NRLC Director Georgia Right to Life

Philip Moore President Hawaii Right to Life



Suite 402, 419 7th Street, N.W. Washington, D.C. 20004 — (202) 638-4396

PRESS RELEASE

FOR IMMEDIATE RELEASE

TUESDAY, SEPT. 14,1982

For further information:

John C. Willke, M.D. President (202) 638-4396

Douglas Johnson Legislative Director (202) 638-7936

PRESIDENT MEETS WITH RIGHT-TO-LIFE LEADERS

Following a meeting with President Reagan and White House aides today, the President of the National Right to Life Committee said he was "grateful for and encouraged by" President Reagan's continuing efforts on behalf of a pro-life measure sponsored by Sen. Jesse Helms.

"The President indicated he would do everything possible to win the fight for the Helms proposal," said John C. Willke, M.D.. "He said that abortion is a very important issue-- one of the most important. He described the current Senate battle as just one phase in a continuing struggle to defend innocent human life."

To date two cloture votes have failed. A third is scheduled for .

Wednesday at 5 p.m. Eastern time, and a fourth is expected on Thursday.

Other participants in the meeting were James A. Baker III, Elizabeth Dole, Kenneth M. Duberstein, Jim Cicconi, Morton Blackwell, Robert P. Dugan, Jr., of the National Association of Evangelicals, Peter Gemma of the National Pro-life PAC, Patrick Buckley of Coalitions for America, and Douglas Johnson, National Right to Life Committee Legislative Director.

The National Right to Life Committee is the nation's major pro-life group, composed of the 50 state right-to-life organizations.

The President June 7, 1983 page three

Gregory Butler Director of Operations Coalitions for America

Paul Weyrich Executive Director Committee for the Survival of a Free Congress

Connie Marshner Chairman National Pro-Family Coalition

Gordon S. Jones Executive Director United Families of America

Matthew J. Bulfin, M.D. President American Association of Prolife Obstetricians and Gynecologists

Jan Wilkins President American Citizens Concerned for Life

David C. Corey Legislative Director National Youth Pro-Life Coalition

Sandra Faucher Director National Right to Life PAC

Fr. Charles Fiore, O.P. Chairman National Pro-Life PAC

David O'Steen, Jr., Ph.D. Executive Director Committee for a Pro-Life Congress (PAC)

Dr. Jean Garton

John Waddey Director Pro-Life Ministries Suite 402, 419 7th Street, N.W. Washington D.C. 20004 — (202) 638-4396

November 5, 1982

#### **MEMORANDUM**

TO:

Pro-Life Leaders

FROM:

J.C. Willke, M.D., President

RF:

Meeting, December 3-4, 1982

This is to confirm the holding of the above meeting and to add certain details. As many of you know, we at NRLC had been exploring the idea of holding such a meeting and had taken several steps toward it when we became aware that John Noonan, Basile Uddo and Bob Destro were doing the same thing. Since that time we have been cooperating on setting it up.

The dates are firm. It will begin after lunch on Friday, December 3rd and recess for dinner. It will start again Saturday after breakfast and end in the late afternoon.

We see this as a serious attempt at dialogue. I believe we should exclude reporters. While no meeting of this size can be completely "off the record," I feel that all should agree that no person or group should be quoted by name. No votes will be taken. No corporate statement will be forthcoming from the meeting.

An agenda is in preparation into which all of us have had input and which should facilitate discussion of the areas needed.

There will be a large group of legal academicians present, as well as invited members of the Senate and House or their representatives. Pro-life PACs will be present as well as representatives of the major Catholic and Protestant activist groups. The Washington-based lobbying groups will be present, as will a representative cross-section of major state right-to-life organizations. Finally, White House representatives have been invited.

The group is large, but some of us have felt strongly that a broad representation be present. It is my conviction that all should sit as equals around a large rectangular table so that we can comfortably see each other and so that "lecturing" is at a minimum. Given a structured agenda and ample time for questions and rebuttal, I believe things should go well.

The simple fact of coming together to talk should be both informative and therapeutic. It goes without saying that all those good pro-life people out there will rejoice that we're all getting together.

Housing is very expensive. For our own larger meetings we have found pre-arranged accommodations at the State Plaza Hotel (formerly Sherry Towers Hotel) in Foggy Bottom to be both satisfactory and reasonable. We have obtained special rates. If you wish to stay there you may call directly (800) 424-2859, or phone our office and ask Iris Ruegg to help you. NRLC will also be pleased to pick up the tab for Saturday's lunch.

Will you please notify either Iris at our office or Bob Destro at Catholic University Law School (202) 635-5746 and tell us whether you will be coming.

P.S. Please note: In order to take advantage of the special rates, all reservations must be made by November 26, 1982. Also, you must let the hotel know that you're a participant of this meeting.

The President June 7, 1983 page two

Respectfully submitted,

John C. Willke, M.D.

President

National Right to Life Committee

Ernest L. Ohlhoff Executive Director National Committee for a Human Life Amendment

Rev. Robert P. Dugan, Jr. Director, Office of Public Affairs National Association of Evangelicals

Dr. Jerry Falwell Moral Majority

E.E. McAteer President Religious Roundtable

Bob Weiner National Director Maranatha Campus Ministries International

John D. Beckett President Intercessors for America

Mary Meismer President National Council of Catholic Women

Loretta Knebel National Regent Catholic Daughters of America

Catherine Bulger National Executive Secretary Archconfraternity of Christian Mothers

Knights of St. Peter Claver

Dr. Adrian Rodgers Past President Southern Baptist Convention

file Rt. to Life the

To: JCW

From: DJ

Re: Imminent Justice Department action on anti-infanticide regulations

Date: April 13, 1983

Late today, the Americans United for Life Legal Defense Fund (AUL) informed us that the Justice Department is planning to file a brief in a federal district court which could "gut" the recently promulgated anti-infanticide regulations.

The regulations are based on Section 504 of the Rehabilitation Act of 1973, which bars discrimination against the handicapped at facilities receiving federal financial assistance. In the past "federal financial assistance" has been broadly interpreted; virtually every hospital would be covered on the basis of serving Medicaid-eligible patients, if for no other reason. But a group called the American Hospital Association has gone into the federal court for the southern district of New York and argued that Sec. 504 should not be interpreted to sweep so widely. We don't know the details of their argument, or even the name of the judge. But the court did issue a temporary restraining order against the regulations last Monday, April 11 (the TRO applies only to the AHA hospitals, not nationwide). The court must next decide whether to issue a preliminary injunction against the regulations. The AHA and the Justice Department are to file briefs by this Friday, April 15 (the case is styled American Hospital Association v. Heckler).

According to AUL (which has confirmed this through usually reliable sources), the Justice Department's brief will argue that Sec. 504 should <u>not</u>, in fact, be interpreted to cover an entire hospital just because some program within the hospital receives direct federal funding, or because the hospital services Medicaid-eligible patients. Rather, Sec. 504 should be understood to cover only <u>specific programs</u> which receive <u>direct</u> federal funding, according to the Justice Department brief.

It is the preliminary judgment of AUL that if the Justice Department position is adopted, the great majority of medical facilities which deal with newborns (including handicapped newborns) will be removed from the reach of the anti-infanticide regulations. By even making such an argument in a federal court, the regulations will be undercut.

As you know, the American Academy of Pediatrics is challenging the regulations in the DC district court on procedural, statutory, and constitutional grounds. The New York case centers on an issue not raised in the DC court. Even if the DC court rejects the AAP's three-pronged attack, the Justice Department's position could render the regulations effectively meaningless, according to AUL.

committee, inc.

June 7, 1983

The President
The White House
Washington, D.C. 20500

Dear Mr. President:

On behalf of the millions of Americans who oppose abortion on demand, we commend you for your steadfast support for the unborn child's right to life. We further commend you for your support of the Hatch/Eagleton constitutional amendment (SJR 3) which would overturn the infamous Roe v. Wade ruling which legalized abortion on demand, and restore to the states the power to protect the unborn.

Mr. President, we need your assistance now, just as you provided during the last Congress in support of pro-life legislation. We expect the Hatch/Eagleton Amendment to be on the Senate floor around June 20-21. Please do everything in your power to help pass this amendment. Specifically, Mr. President, we ask that you:

- (a) request of the American public (perhaps through a nationally broadcast speech) that they express to their U.S. senators their opposition to abortion on demand, and request the support of their senators for the constitutional amendment; and
- (b) invite the following senators to the White House to personally request their support for the amendment: Howard Baker, Barry Goldwater, Slade Gorton, John Heinz, William Roth, Alan Simpson, Ted Stevens, John Tower, Malcolm Wallop, and Pete Wilson. Senator Hatch's presence would be crucial to respond to technical questions regarding the amendment.

Finally, Mr. President, the pro-life movement is genuinely uneasy now, because the September, 1982 commitment by Senator Howard Baker for spring, 1983 Senate consideration of the constitutional amendment has yet to be fulfilled. If the Senate does not take up the constitutional amendment by June 21 (the last day of spring), then many will perceive a broken promise, not by Senator Baker only, but probably also by the Republican Party.

Thank you, Mr. President, for all you have done for the unborn. We all applaud your pro-life efforts and know you will be responsive to these requests. If we can be of any assistance to you, please call on us.

The Justice Department is taking this position on the authority of Assitant Attorney General Reynolds. Apparently Reynolds is very concerned about the imposition of anti-discrimination quotas on private educational institutions under the color of various federal civil rights statutes. To curb such encroachments, Reynolds reportedly believes that "federal financial assistance" must be narrowly defined, and that to be consistent, this narrow interpretation of federal funding must also apply to Sec. 504.

DHHS attorneys are reportedly unhappy with Reynolds's position and have tried to dissuade him from filing the brief-- without success.

The situation is not entirely clear, and some of the information above is second-hand. In view of the very short time remaining before the Justice Department brief is filed, however, an immediate response is necessary.

John L. O'Donnell, Jr. Sttorney at Law 200 E. Probinson St., Ste. 1475 Orlando, Florida 32801

(305) 841-7000

(Ne

March 23, 1983

The President
The White House
Washington DC 20500

Re: National Right to Life Convention '83

Dear Mr. President:

I hope you enjoyed your brief stay in the Orlando area in March and your visit to the Sheraton Twin Towers. I hope that you do not think that two visits to the same fine city in four months is too much and that you will be able to return and join us for the National Right to Life Convention at the Sheraton in July of this year.

Respectfully,

John L. O'Donnell, Jr Chairman, National Right

to Life Convention '83

JOD:nc

cc:✓ Mr. Morton Blackwell



PUBLISHED BY THE LEGISLATIVE OFFICE OF THE NATIONAL RIGHT TO LIFE COMMITTEE 419 7th Street, N.W., Suite 402, Washington, D.C. 20004 (202) 638-7936

Number 6

August 12, 1983

#### SUPREME COURT RULINGS PRODUCE MAJOR CHANGES IN LEGAL/LEGISLATIVE LANDSCAPE

This is the first issue of <u>Statehouse Update</u> since May 9. The long interval is mainly because the Legislative Office has been fully occupied with congressional matters during this period. Also, the U.S. Supreme Court rulings handed down on June 15, 1983, produced major changes in the legal/legislative landscape with respect to abortion law. These decisions have been reviewed in <u>National Right to Life News</u> [June 30] and in <u>Lex Vitae</u> [June 15], a quarterly publication of Americans United for Life (AUL), so <u>Statehouse Update</u> won't rehash the rulings. [If you are not already receiving <u>Lex Vitae</u>, it is available to state lobbyists upon request to AUL at the address <u>below</u>.]

AUL has also published a booklet titled "Where We Are Now: The Supreme Court Decisions Ten Years After Roe v. Wade," which analyzes the June 15 Court decisions in more detail. A copy of this booklet is being sent to recipients of this issue of Statehouse Update. As discussed in the booklet, there are still a number of areas in which state legislation is possible and useful, including viable-child, parental consent, parental notice, reporting, fetal experimentation, feticide, and wrongful birth legislation. As in the past, AUL and NRLC General Counsel James Bopp, Jr., are eager to advise state right-to-life organizations on possible legislation.

Americans United for Life 230 N. Michigan Ave. Suite 915 Chicago, IL 60601 (312) 263-5386 James Bopp, Jr. General Counsel, NRLC Brames, Bopp & Haynes 900 Sycamore Bldg. 19 S. 6th St. Terre Haute, IN 47807 (812) 238-2421

#### STATE PROLIFE LOBBYISTS MEET AT ORLANDO CONVENTION

On July 7 prolife lobbyists from many states attended a closed meeting at the National Right to Life Convention in Orlando, Florida. The meeting was chaired by Barbara Lyons, legislative director for Wisconsin Citizens Concerned for Life (WCCL). Maura K. Quinlan, AUL staff counsel, and James Bopp, Jr., NRIC general

counsel, briefed the group on the recent Supreme Court decisions and the auspicious dissent by Justice Sandra Day O'Connor. There was considerable discussion of what types of legislation are worth pursuing in the wake of the Court decisions. (Much of this discussion is covered in the AUL booklet mentioned above). Both Mr. Bopp and Ms. Quinlan agreed that legislation barring wrongful birth/wrongful life lawsuits is very important and is not endangered by the Court's recent decisions. However, some groups have found wrongful birth bills difficult to enact because of the complexity of the issue and the strength of the coalition of opposing groups (trial lawyers, abortion-rights activists, sometimes medical associations, etc.). Success requires considerable advance preparation and sophisticated lobbying. AUL has materials available on wrongful birth legislation. In addition, Barbara Lyons has prepared a useful question-and-answer sheet on a wrongful life bill which WCCL has supported, which is available from the NRLC Legislative Office upon request.

NRIC Legislative Director Douglas Johnson described the recent efforts of the NRIC Legislative Office to serve as an information exchange for state prolife lobbyists (mainly through publication of Statehouse Update).

This was the third such meeting. Earlier meetings were conducted in July, 1982 and January, 1983.

#### ODDS AND ENDS

- The May/June issue of Family Planning Perspectives, a publication of The Alan Guttmacher Institute (a research affiliate of Planned Parenthood), contains a report on "Fertility-related State Laws Enacted in 1982." A copy of this article is enclosed. Please note the table on state laws and the related question on the attached Statehouse Update questionnaire.
- ◆ The U.S. Catholic Bishops' Committee for Pro-life Activities has reaffirmed its opposition to "definition of death" legislation. In a letter sent in April to all U.S. bishops, Cardinal Terence Cooke of New York, chairman of the committee, said that "a compelling need for such legislation has still not been demonstrated." The letter said there are fears that some doctors may want to use "brain death" as a medical and legal fiction to obtain transplants from comatose but still-living patients. [Our Sunday Visitor, May 8]
- On June 20, the Supreme Court refused to review an Eighth Circuit Court of Appeals decision (in <u>Virginia v. Nyberg</u>) that the City of Virginia, Minnesota, cannot prohibit staff physicians from performing abortions at the city's public hospital, even though that ruling seems to conflict with a 1977 Supreme Court ruling. The Court also refused to hear an appeal by a group of University of California students who sued to stop the university from using compulsory student health fees to fund abortions. The California state courts dismissed their suit (Erzinger v. Regents). [New York Times, June 21]

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#### NEWS FROM THE STATES

Because of the three-month hiatus in publication of <u>Statehouse Update</u>, some of the state reports received since publication of issue #5 are now out of date. However, some selected items of interest are reported below. These items are based on reports received from lobbyists for NRIC state affiliates unless otherwise noted.

Arizona: A bill (HB 2146) defining feticide as manslaughter passed the House 49-10 and was signed by Governor Bruce Babbitt (D) on April 25 (this bill deals with unborn children killed through violent assault on the mother--not abortion). A bill prohibiting fetal experimentation (HB 2144) passed the House 34-25 and was signed by the governor on May 9.

An infanticide bill (HB 2009) passed the House 52-0 and was signed by the governor on April 27. This bill was enacted "with the proviso that it not take effect for one year, pending the drafting of more appropriate language to secure the intent of the bill," reported John J. Jakubczyk, president of Arizona Right to Life/Northern Region [May 26].

California: All of the bills supported by the California Pro-Life Council died in committee except SB 245, which prohibits school employees from sending or referring minor pupils to obtain abortions during school hours without parental consent. That bill "will be heard on the Senate floor, but has not yet been assigned a date," reported Mrs. Erin Sigl, President of the Council [June 3]. Mrs. Sigl added, "Although our measures were unsuccessful this year, there has been a tremendous increase in educating lawmakers, as well as compiling the voting records so essential to proving the life or death stand of the legislators."

Florida: A bill (HB 615) requiring that an abortionist offer to a woman seeking an abortion information concerning the pain her unborn child may experience, and offer to administer an anesthetic to relieve such pain, was approved 5-3 by the Senate Health and Rehabilitation Services (HRS) Committee after the committee viewed videotapes of unborn children. However, on May 25 the House HRS Committee killed the bill on a 1-13 vote without hearing any testimony. [Florida Catholic Conference Legislative Report No. 4, June 9; and NRL News, June 9. The NRL News article also reports on the Illinois fetal pain law, which is currently being reviewed by a federal court. Further information on the Illinois law is available from AUL.]

A bill (HB 399) prohibiting a hospital from denying staff privileges to physicians who refuse to perform abortions was approved by the House HRS committee but died on the calendar. [FCC Legislative Report No. 4, June 9]

Georgia: The Georgia Right to Life Committee (GRIC) is preparing to lobby for an infanticide bill (HB 671) and against a living will bill when the legislature convenes next January. [May GRIC Newsletter]

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Idaho: The informed consent law enacted by the legislature last April [see April 4 Statehouse Update] was largely invalidated by the Supreme Court's June 15 Akron v. Planned Parenthood ruling. The other bill passed this year, allowing elective abortion insurance coverage only through a separate rider, went into effect on July 1. Similar laws are in effect in Kentucky, North Dakota, Rhode Island and Missouri. Rhode Island's law has been temporarily enjoined by a federal court.

Right to Life of Idaho President Kerry Uhlenkott reported that Idaho's parental notification law will survive the June 15 Supreme Court rulings.

Illinois: There has been a good deal of prolife activity in the Illinois legislature. The Senate passed (45-9) a bill (SB 520) banning abortion of a "viable" unborn child for sex selection and prohibiting fetal experimentation, but Governor James Thompson (R) is not expected to sign it, according to AUL Chief Staff Counsel Tom Marzen.

SB 518, providing that the non-contributory portion of a prepaid preventative health care program through a health maintenance organization (HMO) shall not include abortion expenses, passed the Senate 50-4 and was sent to the governor.

SB 521, requiring notification of both parents before an abortion is performed on a minor (with judicial override provisions), passed the Senate 44-8 on May 24, passed the House 83-27 on May 27, and was sent to the governor.

SB 737/HB 1612, requiring parental notification for minors seeking either abortion or contraceptive services, was defeated 53-57 in the House and 25-23 in the Senate.

A bill (HB 671) to remove current state restrictions on in vitro fertilization was defeated.

A living will bill (HB 2023) opposed by the Illinois Federation of Right to Life [see May 9 Statehouse Update] passed both houses and was sent to the governer.

A wrongful birth bill (SB 519) died in committee. A comprehensive infanticide bill (SB 563) is alive in a conference committee.

Indiana: Four days after the first anniversary of the tragic death of Baby Doe in Bloomington, Indiana, Governor Robert Orr (R) signed into law an infanticide bill supported by Indiana Right to Life. [June/July Communicator, published by Indiana Right to Life]

On April 15 Governor Orr signed a bill reducing the penalty for violating Indiana's parental notification law from a maximum 2-8 years, \$10,000 fine, and loss of license, to a maximum one year and \$5,000 fine, with no loss of license. [National Abortion Federation Public Affairs Bulletin, May]

Maine: On April 12 representatives of the Maine Right to Life Committee, the Maine Medical Association, the Catholic Diocese of Portland, and the Bureau of Maine's Elderly testified against a living will bill in the Judiciary Committee. [April/May Maine Right to Life News]

Michigan: Right to Life of Michigan is opposing the "Medical Treatment Decision Act" (HB 4175), which would allow one person to execute a "power of attorney" authorizing another person to make life-and-death decisions regarding medical treatment, without judicial review.

RTL/Michigan is supporting a bill (SB 136) to ban state Medicaid funding of abortion. In 1982 the state paid for 19,470 abortions. RTL/Michigan is also supporting a bill (SB 63) to ban surrogate parenting contracts. [May Right to Life of Michigan News]

<u>Mississippi:</u> A proposed state ERA died without action in a Senate committee. [May Initiative and Referendum Report]

Missouri: In a surprise move, a pro-abortion representative introduced an amendment to authorize state funding of abortions for rape, incest, and "health." (Currently Missouri funds abortion only to save the life of the mother.) The House defeated the amendment, 127-23. [June Missouri Citizens for Life News]

An infanticide bill (SB 237) was torpedoed in the Senate by an amendment which placed <u>all</u> handicapped children under a state-funded program for medical services (not just neglected handicapped children, as the bill originally provided). This amendment added a huge cost to the bill, so it was referred to the Budget Control Committee, "where it will die because state funds are not sufficient to support the program," reported Missouri Citizens for Life President Kathy Edwards in the May MCL News. She added: "The Missouri State Medical Association lobbyists worked behind the scenes to kill SB 237. The need for legislation to protect handicapped children is critical. Various groups for the handicapped have expressed strong interest in our efforts, and we will return next session."

A bill (SB 222) prohibiting group insurance coverage of abortion, except through a separate rider, passed the House 118-31 and was concurred in by the Senate 22-9. The bill was signed by Governor Christopher Bond (R). An excellent five-page MCL factsheet on this bill, which would be useful in any lobbying effort for a similar bill, is available upon request from the NRLC Legislative Office.

New Hampshire: Governor John Sununu (R) vetoed a living will bill, but an override attempt was anticipated. [June New Hampshire Pro-Life Council mailing]

New York: The New York State Right to Life Committee (NYSRLC) opposed a bill to expand the state's genetic counseling program to include prenatal testing. NYSRLC withdrew its opposition (but did not support the bill) after the prenatal testing provision was dropped and language was added mandating "nondirective" genetic counseling. [June 8 memo from NYSRLC Legislative Director Joan Allgaier]

North Dakota: A resolution calling on Congress to approve a Human Life Amendment [see March 19 Statehouse Update] was rejected on a voice vote by the Senate after the House added language referring to nuclear war. [June North Dakota Right to Life Association Newsletter]

Ohio: A parental notification bill (HB 302) introduced in the Ohio House in April with 40 sponsors had not even been sent to committee yet in June, apparently due to the influence of pro-abortion Governor Richard Celeste (D) and the Speaker of the House, the June Right to Life of Greater Cincinnati Newsletter reported. The Ohio Right to Life Society is strongly opposing a living will bill (HB 331), reported Legislative Director Barbara Lewis [May 16].

Oklahoma: A wrongful birth bill (HB 1276) passed the House Public Health Committee 10-4, but failed in the House Judiciary Committee on a 7-7 tie vote.

The pro-abortion chairman of the Senate Judiciary Committee single-handedly killed an infanticide bill (HB 1133) by refusing to allow a vote on it. The bill had passed the House 82-9. [June Oklahomans-for-Life Letter]

Oregon: An infanticide bill (SB 697) was tabled in the Senate Judiciary Committee [press report].

On May 11, a three-judge panel of the Oregon Court of Appeals struck down Oregon's very limited restriction on Medicaid funding of abortion. Oregon law permits funding of no more than two elective abortions for any Medicaid recipient under 18 at the time of conception, and no more than one elective abortion for any recipient over 18. The court ruled this limitation violated the Oregon Constitution's guarantee of "equal privileges and immunities" by treating abortion differently from other medical services. The state is expected to appeal the ruling to the Oregon Supreme Court. [Planned Parenthood / World Population Washington Memo, June 8]

Texas: The biennial legislative session concluded at the end of May. No prolife or pro-abortion legislation passed into law. A bill to restrict post-viability abortions was killed on a 4-3 vote in the House Public Health Committee. An informed consent bill passed the House State Affairs Committee 8-0 but never came to a floor vote. In the Senate the same bill was killed by the chairman of the Senate Judiciary Committee without a vote.

An infanticide bill passed the House Judiciary Committee 9-0, but died in the House Calendars Committee. In the Senate, the same bill was smothered without a vote in the Health and Human Resources Committee. The Texas chapter of the National Organization for Women and the Texas Medical Association both were instrumental in killing the bill, according to a report by Bill Price, president of Texas Right to Life of Dallas.

Vermont: A proposed state ERA passed the Senate 27-2 on Feb. 10 and passed the House 134-11 on March 22. Under Vermont law, this proposed constitutional amendment must pass again during the next legislative session and then receive approval on a state-wide referendum [May Initiative and Referendum Report]

Washington: A wrongful life/wrongful birth bill passed the House Judiciary Committee 17-2, but failed in the Rules Committee 7-10. Supporters of the bill intend to try again during the next session. The Washington Supreme Court recognized wrongful life/wrongful birth lawsuits in a decision handed down last January [see Jan. 31 Statehouse Update].

#### NRLC STATEHOUSE UPDATE OUESTIONNAIRE

\*\*\* Please mail by September 5, 1983 \*\*\*

The information requested on this questionnaire must be received by the NRLC Legislative Office by September 8, 1983, in order to be included in NRLC Statehouse Update #7. State lobbyists, please respond—this newsletter will be as useful as you make it through your contributions.

PLEASE TYPE OR WRITE LEGIBLY.	
NAME OF PERSON PROVIDING INFORMATION:	
TITLE/ORGANIZATION:	
PHONE NUMBERS:	
DATE:	[please mail by Sept. 5, 1983]

- (1) What impact did the Supreme Court's June 15 rulings have on the laws already on the books in your state?
- (2) Does the enclosed table of state laws "limiting access to...abortion," published in the May/June 1983 issue of Family Planning Perspectives, accurately reflect the significant prolife laws which remain in effect in your state? Please offer expansions or corrections on these tables.
- (3) What impact did the Supreme Court's June 15 rulings have on the legislative program which you were seeking to have enacted (if any)?
- (4) What types of legislation are you currently seeking to have enacted, or considering introducing, in the wake of the Supreme Court decisions?
- (5) Aside from matters which you have already addressed in response to questions #1-4, please summarize any important developments which have occurred in your state legislature, with respect to the life issues, since your last response to Statehouse Update.

#### Also, please:

- (1) send us copies of press clippings dealing with the life issues in your state;
- (2) provide us with copies of significant prolife and pro-abortion lobbying material used in your state; and
- (3) put Statehouse Update on the mailing list to receive your state newsletter/ newspaper and legislative alerts.

Thank you!

### Fertility-Related State Laws Enacted in 1982

From the May/June 1983 issue of <u>Family Planning Perspectives</u>, published by The Alan Guttmacher Institute, an affiliate of the Planned Parenthood Federation of America. Some portions of this article reflect the June 15, 1983 rulings of the U.S. Supreme Court, but other portions do not.

#### By Diane Bush

Forty-five laws related to fertility were enacted by state legislatures in 1982, compared with 63 the previous year. The fact that only 44 state legislatures held regular sessions in 1982, compared with 49 in 1981, may account for the decrease in the number of laws passed. The new laws, as Table 1 shows, cover such issues as sterilization, abortion, insurance benefits for pregnancy-related health care, family planning services and information, and maternal and infant health. The number of laws involving contraception and maternal and infant health enacted in 1982 was greater than in any year over the decade. Much of this legislation reflected a growing concern about the health problems of low-income pregnant women, infants and children, rather than about the provision of contraceptive supplies or information. These statutes established programs to provide prenatal care, supplemental food or nutrition education, and to deal with genetic and birth defects.

Notably absent are new laws relating to minors' right to consent to contraceptive services and pregnancy-related care as well as to medical care generally. Although the total number of laws involving minors dropped substantially in 1982, states continued to enact parental consent or notification requirements for abortion. The only legislative action concerning minors that did not relate to abortion was the renumbering of a 1979 Maryland statute authorizing minors to consent to a variety of medical services, including contraception (except sterilization) and treatment for venereal disease, for sexual assault or abuse, and for any medical emergency. Although there has been increasing interest in the relationship between sex education and the rates of teenage pregnancy, no state enacted legislation in 1982 concerning The laws enacted in 1982 are typical of the trend toward increasing the availability of fertility-related services. However, there remain many limitations on the availability of sterilization, contraceptive and abortion services.

sex education or family life instruction.

For the first time since 1973, abortion was not the main subject of fertility-related legislation. Although one-third of the 1982 statutes enacted were designed to limit access to abortion or to make the decision to have an abortion more difficult, the total of only 15 such laws indicates that abortion-related legislation has been on the decline after-peaking in 1979, when 41 laws were passed. This trend may be due in part to the repeated failure of many abortion restrictions to withstand constitutional challenge. In addition, after the U.S. Supreme Court agreed last May to review three abortion laws that involve such issues as parental consent, hospitalization for second-trimester abortions, waiting periods and detailed informed consent requirements, state legislators may have decided to refrain from enacting new abortion-related legislation until the Court issues its decisions; these are expected by early summer.

Although fertility-related laws passed in 1982 address a wide range of issues, state legislators focused on several topics: pregnancy-related health care, the use of public funds for abortions, parental consent or notification for minors seeking abortions and sterilization of the mentally retarded. With the exception of the laws dealing with abortion, the laws enacted reflect legislative attempts to increase the availability of fertility-related services.

#### **Minors**

In 1982, four states (Arizona, Idaho, Indiana and Maryland) enacted laws mandating parental notification before abortions can be performed on minors. Only one of these states, Indiana, gives a minor the option of obtaining authorization from a judge if she

Table 1. Number of fertility-related laws enacted by the states, by type of law, 1972–1982

Type of law	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982
Total	22	74	49	51	34	51	53	61	28	63	45
Abortion	4	39	19	15	12	22	28	41	15	22	15
Minors	10	11	6	13	4	9	7	8	1	14	4
Insurance	u	· u	2	9	9	6	7	3	6	12	5
Contraceptive and maternal and infant health services	3	14	8	5	6	9	7	2	1	. 7	17
Sterilization	3	6*	12"	6	2	3	2	5	2	4	3
Family planning, popu- lation and sex education	2	2	1	. 2	0	2	2	2	2	3	0
Population policy/ research/commissions	0	2	1	1	1	0	0	0	1	1	1

<sup>\*</sup>Does not include laws pertaining to involuntary sterilization and sterilization of the mentally retarded.

Note: u=unavailable.

Diane Bush, a member of the Public Policy staff of the Alan Guttmacher Institute, is Editor of Planned Parenthood-World Population Washington Memo, the Institute's semimonthly Washington newsletter.

does not want her parents notified. In a recent court challenge, a federal district judge upheld the constitutionality of the Indiana law on the ground that "the state may validly limit the freedom of children to choose for themselves in the making of important, affirmative decisions with potentially serious consequences." With these new notification laws, seven states\* currently have parental notice requirements for minors seeking abortions.

Relatively few states have enacted laws requiring parental consent for abortions performed on minors; this is surprising in view of recent Supreme Court decisions upholding a state's right to require some adult involvement in a minor's abortion decision.<sup>2</sup> In 1982, parental consent provisions were enacted in Kentucky, Pennsylvania and Rhode Island. † All of these laws require that a minor obtain either parental consent or authorization from a court before she may obtain an abortion. The Kentucky and Pennsylvania provisions are part of comprehensive abortion statutes, the enforcement of which has been temporarily enjoined;3 the Rhode Island law is in effect, as are similar laws enacted in previous years in Louisiana, Massachusetts, Missouri and North Dakota.

#### **Contraceptive and MCH Services**

Much of the new family planning and maternal and infant care legislation enacted in 1982 concerned pregnancy-related services. Alaska, California, Minnesota and Mississippi authorized medical assistance payments for indigent pregnant women, while Maryland established a state-funded program of general public assistance for needy pregnant women. In addition, Alaska and Mississippi voted to permit medical assistance payments for services provided by nurse-midwives. (In 1980, Congress authorized direct reimbursements for nurse-midwife services under Medicaid.)

Legislation directed at improving pregnancy outcome and maternal and child health was enacted in five states in 1982. These provisions contributed to the increase in the number of laws in the contraceptive and maternal and infant health category. Minnesota established a maternal and child health task force, and California directed its health department to develop a plan for consolidation of programs affecting the health of pregnant women and young children. In an effort to reduce the incidence of infants born with low birth weights (one of the leading predictors of infant mortality), New York established an emergency program to provide nutrition aid to pregnant teenagers and lowincome women-those women at highest risk of delivering low-birth-weight infants. The Maryland legislature directed its health

department to develop a program to provide nutrition education and supplemental food to pregnant women, infants and children. Alaska, meanwhile, established a program directed at combating birth defects.

Among the other actions relating to contraceptive and maternal and infant health services. Hawaii repealed its ban on outdoor advertising of contraceptives and prophylactics, while Idaho enacted a law to require wholesalers and manufacturers of prophylactics to register with the state pharmacy board. In addition, Mississippi and Washington authorized medical assistance payments for birth control services provided under the supervision of a physician, and Indiana approved the use of social services block grant funds for family planning services. At least 20 other states included funds for family planning services in general appropriations bills (not shown), and New York voted \$500,000 in state funds to supplement its regular family planning appropriation.

#### Abortion

Among the major abortion measures enacted in 1982 are statutes mandating spousal involvement in the abortion decision of married women. Kentucky and Rhode Island passed laws that require that the husband be notified before a married woman can obtain an abortion. The Rhode Island law waives the requirement when a woman states in writing that the fetus was not fathered by her husband. Both laws impose legal sanctions on physicians who fail to fulfill the notice requirement. However, neither provision has been implemented: Kentucky has been temporarily enjoined from enforcing the law, and Rhode Island has agreed not to enforce the requirement until a federal court has ruled on its constitutionality.

Spousal notice requirements have been enacted in previous years in Florida, Illinois, Nevada and Utah. Only the Utah provision is in effect; the Nevada provision has been temporarily enjoined, and the Florida and Illinois laws have been declared unconstitutional. A challenge of Florida's 1979 statute has provided the most thorough judicial review of the spousal notification issue to date. Last November, the statute was found to be unconstitutional by a federal district judge for the second time.4 The statute required a woman who is not separated or estranged from her husband to give him notice of her decision to terminate her pregnancy and an opportunity to consult with her concerning the proposed abortion. In 1979, the federal district court declared the notice provision to be an impermissible invasion of a woman's right to privacy. The court also held that the requirement did not further marital harmony. and that the delay in seeking an abortion when a woman would not or could not discuss the abortion with her husband could create a danger to her health. Because the statute made no exception for a married woman carrying the fetus of someone other than her husband, the court also found the requirement overinclusive.

On appeal, the trial court's ruling was vacated on the grounds that the state had a compelling interest in maintaining the marital relationship and in protecting the husband's interest in the procreative potential of the marriage. The appeals court did not hand down a final ruling, but sent the case back to the district court with instructions that it issue a specific finding on whether abortion affects a woman's ability to bear children.

The state had argued that abortion has detrimental long-range effects on a woman's future childbearing ability and, therefore, that a husband has a right to know that his wife is considering terminating a pregnancy. On reconsideration, the district court found that evidence presented in the trial showed abortion to have virtually no effect on the ability of a woman to bear children; it held, therefore, that the statute was unconstitutional because it was not drawn narrowly enough to protect only a legitimate state interest in the marital relationship and, particularly, its childbearing potential.

Seven states passed legislation relating to public funding of abortions in 1982; most of these laws sharply limit the circumstances under which Medicaid will pay for abortions. Indiana and Utah voted to limit funding to abortions necessary to prevent the pregnant woman's death. Pennsylvania passed a law (whose implementation has been temporarily enjoined) that also would permit funding in cases where the pregnancy resulted from rape or incest. Michigan's legislature enacted its now-traditional appropriation of one dollar for "elective" abortions; the measure was vetoed by the governor. In Virginia, the legislature approved one law authorizing the use of state funds for abortions when the fetus is severely deformed and another permitting such use of state funds in cases of rape or incest. Previously, Virginia funded abortions only for women whose life was endangered by the pregnancy. Maryland, as it has each year since 1979, approved language that permits state funding of most medically necessary abortions. Thirty-four states now limit

<sup>\*</sup>The other three are Minnesota, Montana and Utah. (Enforcement of similar laws in Nebraska and Nevada has been temporarily enjoined.)

<sup>†</sup>These laws regulate other aspects of abortion as well, and are included in the Table I total for abortion laws rather than in the total for laws affecting minors.

### Table 2. State laws, regulations and policies limiting access to contraception (C), sterilization (S) and abortion (A), as of April 30, 1983 (laws first passed in 1982–1983 in italics) \*Invalidated by U.S. Supreme Court decision, June 15, 1983.

#### Alahama

 Public funds for abortions permitted only to save woman's life, (1981)

#### Arizona

- C: Advertising of contraceptives generally prohibited. (1956)
- A: Parents must be notified before abortion is performed on an unemancipated minor. (1982)

#### Arkansas

- Advertising and display of contraceptives generally prohibited. (1947)
  - Licensing required to sell or distribute contraceptives. (1947)
- S: Sterilization of unemancipated minors prohibited. (1973)
- A: Public funds for abortions permitted only to save woman's life. (1981)

#### California

Vending machine sales of coridoms prohibited, except in public restrooms. (1976)

#### Colorado

- Advertising and display of condoms on vending machines prohibited. (1973)
- S: Sterilization of unemancipated minors prohibited. (1973)

#### Connecticut

- S: Hysterectomy prohibited for contraceptive purposes. (1979)
- A: After first trimester, abortions must be performed in a hospital. (1973)\*

#### Delaware

- A: A 24-hour waiting period is required between time woman gives consent and time abortion is performed. (1979)\*
  - Public funds for abortions permitted only to save woman's life. (1981)

#### Florida

 A: Public funds for abortions permitted only to save woman's life. (1981)

#### Georgia

- Contraceptive sterilization of unemancipated minors prohibited. (1971)
- A: After first trimester, abortions must be performed in a hospital. (1973)\*
  - Public funds for abortions permitted only to save woman's life. (1981)

#### Hawaii

- Vending machine sale of condoms on school property prohibited. (1981)
- Contraceptive sterilization of unemancipated minors prohibited. (1975)
- A: After first trimester, abortions must be performed in a hospital. (1970) \*

#### Idaho

- C: Advertising (1974) and display (1967) of contraceptives generally prohibited.
  - Vending machine sales of contraceptives prohibited. (1961)
  - Licensing required for sale or distribution of contraceptives. (1961)
- A: After first trimester, abortions must be performed in a hospital. (1973) \*
  - Public funds for abortions permitted only to save woman's life. (1981)

#### Idaho (continued)

Parents must be notified before abortion is performed on an unemancipated minor. (1982)

Health insurance plans may not cover abortion unless necessary to prevent the woman's death (except that a carrier may, if it wishes, offer a special rider covering abortion). (1983)

#### Illinois

- A: After first trimester, abortions must be performed in a hospital. (Temporarily enjoined.) (1979)\*
  - Health insurance plans for public employees may not cover abortion except where necessary to preserve woman's life. (1980)
  - Public funds for abortions permitted only to save woman's life. (1980)

#### Indiana

- C: Advertising of contraceptives generally prohibited. (1956)
- A: After first trimester, abortions must be performed in a hospital. (1974) \*

A 24-hour waiting period is required between time woman gives consent and time abortion is performed. (1978) \*

Public funds for abortions permitted only to save woman's life, (1982)

Parental notification or court order required before abortion is performed on an unemancipated minor. (1982)

#### lowa

- C: Licensing required for sale or distribution of condoms. (1974)
- Public funds for abortions permitted only to save woman's life or if pregnancy resulted from rape or incest or would result in severe fetal deformity. (1980)

#### Kansas

 Public funds for abortions permitted only to save woman's life, (1981)

#### Kentucky

- C: Vending machine sale of condoms prohibited. (1959)
  - Licensing required to sell or distribute condoms. (1959)
- S: Contraceptive sterilization of unemancipated minors prohibited. (1972)
- A: After first trimester, abortions must be performed in a hospital. (Temporarily enjoined.) (1982)\*

Husband must be notified before a married woman obtains an abortion, (Temporarily enjoined.) (1982)

A two-hour waiting period is required between time woman gives consent and time abortion is performed. (Temporarily enjoined.) (1982)

Health insurance plans may cover abortion only by optional inder except where necessary to preserve woman's life. (1979)

Public funds for abortions permitted only to save woman's life. (1977)

Unemancipated minors must obtain parental consent or court order before abortion is performed. (Temporarily enjoined.) (1982)

#### Louisiana

- C: Advertising of contraceptives generally prohibited. (1950)
- A: Public funds for abortions permitted only to save woman's life. (1982)

Unernancipated minors must obtain parental consent or court order to obtain abortion. (1981)

#### Maine

- S: Contraceptive sterilization of unemancipated minors prohibited. (1982)
- Public funds for abortions permitted only to save woman's life or if pregnancy resulted from incest, (1980)

#### Maryland

- C: Vending machine sale of contraceptives prohibited. (1959)
- S: Contraceptive sterilization of unemancipated minors prohibited. (1971)
- A: Parents must be notified before an abortion is performed on an unemancipated minor. (1977; recodified in 1982)

#### Massachusetts

- C: Vending machine sale of contraceptives prohibited. (1966)
- Contraceptive sterilization of unemancipated minors prohibited. (1975)
- A: After first trimester, abortions must be performed in a hospital. (1974) \*

Health insurance plans for public employees may not cover abortion unless necessary to prevent the woman's death. (1979)

Unemancipated minors must obtain parental consent or court order before abortion is performed. (1980)

#### Michigan

- Advertising, display and vending machine sale of condoms generally prohibited. (1967)
  - Licensing required for sale or distribution of condoms, (1967)
- A: After first trimester, abortions must be performed in a hospital. (1978)\*

#### Minnesota

- State funds may not be used to provide family planning services to unemancipated minors on elementary or secondary school premises. (1978)
- Public funds for abortions permitted only to save woman's life or if pregnancy resulted from rape or incest. (1980)

Parental notification or court order required before abortion is performed on an unemancipated minor. (1981)

#### Mississippi

 Public funds for abortions permitted only to save woman's life. (1981)

#### Missouri

- A: After first trimester, abortions must be performed in a hospital. (Declared unconstitutional by Supreme Court, June 15, 1983.) (1978)\*
  - Public funds for abortions permitted only to save woman's life. (1981)
  - Unemancipated minors must obtain parental consent or court order before abortion is performed. (1979)

#### Montana

- Advertising, display and vending machine sale of contraceptives generally prohibited. (1973)
  - Licensing required for sale or distribution of contraceptives. (1973)
- A: After first trimester, abortions must be performed in a hospital. (1974)\*
  - Public funds for abortions permitted only to save woman's life. (1980)

Table 2, continued. State laws, regulations and policies limiting access to contraception (C), sterilization (S) and abortion (A), as of April 30, 1983 (laws first passed in 1982–1983 in italics)
\*Invalidated by U.S. Supreme Court decision, June 15, 1983.

#### Montana (continued)

Parents must be notified before abortion is performed on an unemancipated minor. (1974)

#### Nebraska

C: Health department must regulate advertising of condoms (1979), and display of condoms is limited to pharmacies (1964).

Licensing required for sale or distribution of contraceptives. (1967)

A: Health insurance plans for public employees may cover abortion only by optional rider unless necessary to prevent the woman's death. (1981)

Public funds for abortions permitted only to save woman's life. (1982)

Parents must be notified or court order obtained before abortion is performed on an unemancipated minor. (Temporarily enjoined.) (1981)

#### Nevada

S: Contraceptive sterilization of unemancipated minors prohibited. (1975)

A: After first trimester, abortions must be performed in a hospital. (Temporarily enjoined.) (1981)\*

Husband must be notified before a married woman obtains an abortion. (Temporarily enjoined.) (1981) Public funds for abortions permitted only to save woman's life. (1981)

Parents must be notified before abortion is performed on an unemancipated minor. (Temporarily enjoined.) (1981)

#### **New Hampshire**

 A: Public funds for abortions permitted only to save woman's life. (1981)

#### **New Jersey**

A: After first trimester, abortions must be performed in a hospital. (1978)\*

#### **New Mexico**

S: Spousal consent necessary before voluntary sterilization of a married person can be performed (unless spouse has abandoned patient), (1973)

 Public funds for abortions permitted only to save woman's life. (1980)

#### **New York**

A: After first trimester, abortions must be performed in a hospital. (1974)\*

#### North Carolina

Female sterilizations must be performed in hospitals. (1975)

A physician may not perform a voluntary sterilization unless he or she consults or collaborates with at least one other physician. (1975)

Contraceptive sterilization of unemancipated minors prohibited. (1975)

#### North Dakota

C: Vending machine sale of contraceptives prohibited. (1960)

A: After first trimester, abortions must be performed in a hospital. (1974) \*

Abortions may not be performed in public health facilities except to prevent the woman's death. (1979)

The husband must give his consent before any subortion of a fetus after viability. (4979)

Public funds for abortions permitted only to save woman's life. (1977)

Unemancipated minors must obtain parental con-

#### North Dakota (continued)

sent or court order before abortion is performed. (1981)

Health insurance plans may cover abortion only by optional rider except where necessary to prevent the woman's death. (1979)

#### Ohio

 Public funds for abortions permitted only to save woman's life. (1981)

#### Oklahoma

S: Contraceptive sterilization of unemancipated minors prohibited. (1976)

A: After first trimester, abortions must be performed in a hospital. (1978)\*

Public funds for abortions permitted only to save woman's life. (1981)

#### Oregon

C: Licensing required for sale (1977) and distribution (1975) of contraceptives.

#### Pennsylvania

A: After first trimester, abortions must be performed in a hospital. (Temporarily enjoined.) (1982)\*

Abortions may not be performed in public health facilities except to save the woman's life. (Temporarily enjoined.) (1982)

A 24-hour waiting period is required between time a woman gives her consent and time procedure is performed. (Temporarily enjoined.) (1982)\*

Health insurance plans for public employees may not include abortion unless necessary to save the woman's life. (Temporarily enjoined.) (1982)

Unemancipated minors must obtain parental consent or court order before abortion is performed. (Temporarily enjoined.) (1982)

Public funds for abortions permitted only to save woman's life or if pregnancy resulted from rape or incest. (Temporarily enjoined.) (1982)

#### Rhode Island

S: Sterilization of anyone under age 18 a felony, unless necessary to preserve life or health. (1974)

A: Husband must be notified before a married woman obtains an abortion. (Temporarily not being enforced.) (1982)

Health insurance plans for public employees may not include abortion unless necessary to save the woman's life. (Temporarily enjoined.) (1981)

Public funds for abortions permitted only to save woman's life. (1977)

Unemancipated minors must obtain parental consent or court order before abortion is performed. (1982)

#### South Carolina

 Public funds for abortions permitted only to save woman's life. (1981)

#### South Dakota

 C: Advertising, display and vending machine sale of condoms generally prohibited. (1967)

 Public funds for abortions permitted only to save woman's life. (1978)

#### Tennessee

 Contraceptive sterilization of unemancipated minors prohibited. (1971)

A: Public funds for abortions permitted only to save woman's life, or if the pregnancy resulted from rape or incest (1981); and after first trimester, abortions must be performed in a hospital (1973).\*

#### Texas

A: Public funds for abortions permitted only to save woman's life, (1981)\*

#### Utah

 C: Advertising and display of condoms generally prohibited. (1963)

Licensing required for sale and distribution of condoms. (1963)

Parental consent must be obtained before an une

Parental consent must be obtained before an unemancipated minor can receive contraceptive services or information from a publicly funded program. (1981)

Parents or guardian must be notified before contraceptives are provided to any person under age 18. (1983)

A: After first trimester, abortions must be performed in a hospital. (1974) \*

Husband must be notified before a married woman obtains an abortion, (1974)

A 24-hour waiting period is required between time woman gives consent and time abortion is performed. (Temporarily enjoined.) (1981)\*

Public funds for abortions permitted only to save woman's life. (1982)

Parents must be notified before abortion is performed on an unemancipated minor (1974); and parental consent must be obtained before a publicly funded abortion is performed (1981).

#### Vermont

 Public funds for abortions permitted only to save woman's life. (1981)

#### Virginia

S: Consent of the spouse is required before sterilization of a married person. (1976)

Contraceptive sterilization of unemancipated minors prohibited. (1976)

A 30-day waiting period is required between consent and stenlization for anyone who isn't a parent. (1976)

A: After first trimester, abortions must be done in hospital or licensed ambulatory health facility. (1975)

Public funds for abortions permitted only to save woman's life or if the pregnancy resulted from rape or incest, or is likely to result in a severely deformed

#### Washington

fetus. (1982)

 Licensing is required for sale and distribution of condoms. (1971)

#### West Virginia

 S: Female sterilization procedures must be performed in a licensed hospital. (1974)

Sterilization of unemancipated minors prohibited. (1974)

#### Wisconsin

 C: Advertising and display of contraceptives generally prohibited. (1976)

Licensing required for sale and distribution of contraceptives. (1976)

A: After first trimester, abortions must be performed in a hospital. (1978)\*

Public funds for abortions permitted only to save woman's life or where there is a likelihood of severe and long-lasting health damage if the pregnancy came to term. (1980)

#### Wyoming

A: Public funds for abortions permitted only to save woman's life. (1982)

abortion funding to very narrowly defined circumstances, generally through administrative policy rather than legislation (see Table 2, pages 114–115).

The Supreme Court ruled in 1980 that the Constitution does not require either the federal government or the states to pay for abortions for poor women.<sup>5</sup> In several states, however, funding restrictions have been challenged successfully on the grounds that refusal to pay for medically necessary abortions violates guarantees of the state constitutions. In 1982, for example, the New Jersey Supreme Court held that the state constitution's equal protection clause required the state to fund all medically necessary abortions for Medicaid recipients. 6 The court did not define "medically necessary," but regulations issued by the state's Department of Human Resources direct physicians to consider physical, emotional and psychological factors as well as family situation and age in determining whether an abortion is necessary. The California Supreme Court issued a ruling in 1981 similar to the New Jersey ruling; nevertheless, the state legislature in 1982 enacted restrictions on funding abortions for Medicaid-eligible women identical to those invalidated by the court. The new law was immediately struck down by a state court of appeals. As a result of state constitutional challenges, six states\* are currently under court order to fund all medically necessary abortions.

In two of these states (Oregon and Pennsylvania), the state supreme courts have not yet reviewed lower court decisions. In addition, right-to-life groups in Colorado challenged the Department of Social Services' policy of paying for abortions for Medicaideligible women on the ground that the department did not have the authority to use state money for abortions. When use of federal Medicaid funds for abortion was severely restricted in 1977, the department adopted rules permitting the use of state funds for medically necessary abortions. Last July, a state court of appeals upheld a lower court decision that the department does have the right to specify which medical procedures it will pay for. 7 In January 1983, the Colorado Supreme Court refused to review the case.

The remaining abortion measures enacted in 1982 impose a number of familiar obstacles to women seeking abortions—consent requirements, waiting periods, and limits on abortions in public health facilities. Three states (Kentucky, Pennsylvania and Rhode Island) enacted informed consent requirements last year. Only the Pennsylvania provisions were patterned after the 1978 Akron, Ohio, ordinance requiring detailed disclosure of each stage of fetal development which

appeals court (and, finally, on June 15, 1983, by the U.S. Supreme Court). Utah amended its 1981 informed consent law to permit waiving disclosure of required published materials, including color photographs of a fetus, when the physicianmines that the information will cause "severe detriment" to the pregnant woman's health. Implementation of Utah's provisions has been enjoined since June 1981, enforcement of the Pennsylvania and Kentucky laws has also been enjoined.

Also enjoined are implementation of waiting periods established by Pennsylvania's ban and Kentucky, as well as Pennsylvania's ban on the performance of abortions in public health facilities (except when necessary to save the woman's life). A South Dakota prohibition against refusing admission to patients seeking abortions in municipal and county hospitals was repealed in 1982.

#### Insurance

The 1982 state legislation on insurance coverage of fertility-related medical services reflects the recent resurgence of the practice of midwife-assisted childbirth. This trend is most likely due to the preference of an increasing number of women for the personal services offered by midwives; the emphasis on natural, drug-free deliveries; and the fact that fees for midwife services are usually considerably lower than obstetricians' fees. In addition, the shortage of obstetricians in rural and low-income communities can be alleviated by nurse-midwives. Despite these advantages, major insurance carriers often refuse to provide reimbursement for nursemidwife services. Along with licensing restrictions and difficulties in obtaining hospital staff privileges, this pattern of refusal has been a major impediment to increasing the practice of nurse-midwifery. New Jersey, New York and Pennsylvania enacted legislation in 1982 requiring insurance carriers who offer maternity coverage to cover nurse-midwife services. All of the new laws authorize direct reimbursement of nurse-midwife services. There are now seven states! with laws that require insurance reimbursement for nurse-midwife services.

The remaining laws enacted last year that concern insurance coverage for pregnancy-related health care were passed in Connecticut, Maryland and Pennsylvania. Under the new Maryland law, pregnancy-related disabilities must be treated the same as any other temporary disability for all job-related purposes, including formal or informal sick-leave plans and health or disability insurance. Connecticut voted to establish a maximum required health insurance benefit of only \$250 for uncomplicated pregnancies. The only abortion-related insurance legisla-

tion was Pennsylvania's severe restriction of abortion coverage in health plans for public employees. The Pennsylvania law also requires insurance carriers in the state to offer all subscribers alternative policies that specifically exclude coverage for abortions that are not necessary to avert the pregnant woman's death or to terminate a pregnancy resulting from rape or incest. Enforcement was temporarily enjoined last December.

Six other states previously passed laws limiting insurance coverage for abortions obtained by public employees. Most of these laws have not been challenged in court, but in a case involving a 1981 Rhode Island law, the plaintiffs claim that limiting abortion coverage for public employees violates the 14th Amendment's equal protection clause and, since employers are precluded from offering abortion coverage, that the law also violates the Pregnancy Discrimination Act. Implementation of the Rhode Island law has been prevented as the result of a temporary restraining order issued last June. 9

#### Sterilization

Recognition of the problems attendant on sterilization of mentally retarded persons who may not understand the implications of the procedure has prompted policy-makers to seek legislative remedies to ensure the protection of their rights and interests without depriving them of the option of sterilization. Three states established or clarified statutory schemes for sterilization of the mentally retarded in 1982, as compared with four in 1981 and one in 1980. Connecticut amended its 1979 sterilization statute to specify the factors to be considered in making a judicial determination as to whether sterilization is in the best interests of a mentally incompetent person. Among other things, the law directs courts to consider the individual's sexual maturity, ability to understand reproduction and contraception, capability and opportunity for sexual activity, and ability to care for a child, as well as whether a nonpermanent contraceptive method would be more appropriate.

Maine and Vermont passed laws establishing procedures for sterilization of the mentally retarded when they are able to give their informed consent, or judicial authoriza-

<sup>\*</sup>California, Connecticut, Massachusetts, New Jersey, Oregon and Pennsylvania.

<sup>†</sup>All such laws requiring a 24-hour-waiting period were invalidated by the Supreme Court's June 15 decision.

tAlaska, Maryland, New Mexico, New Jersey, New York, Pennsylvania and West Virginia.

<sup>§</sup>Illinois, Kentucky, Massachusetts, Nebraska, North Dakota and Rhode Island.

tion for the procedure when individuals are unable to consent on their own behalf. Both laws authorize such sterilizations only under circumstances that ensure full protection of the individual's best interests and rights. The Vermont law prohibits sterilization of mentally retarded persons under 18.

#### **Emerging Issues**

In 1973, when the Supreme Court issued its decisions affirming a woman's constitutional right to choose to terminate a pregnancy without undue government interference, it was assumed that a long-standing controversy had at last been resolved. It is clear, however, that the political and legislative debate about abortion continues. In addition, various legal and medical developments have influenced the abortion controversy in unanticipated ways. Minnesota, for example, enacted a law in 1982 that prohibits legal action based on a claim of "wrongful life" or 'wrongful birth" when it is asserted that a pregnancy should have been aborted and not carried to term. The legal principles involved in wrongful-life and wrongful-birth cases are similar to those of the more familiar wrongful-conception cases, which arise when sterilization or contraception fails and the physician is sued for malpractice or negligence. (The Minnesota statute does not prohibit suits based on malpractice or negligence.)

As advances in prenatal diagnosis and genetic screening techniques have been made, suits charging wrongful life and wrongful birth have become more prevalent. Such cases generally are based on a physician's failure to diagnose a fetal defect detectable by prenatal tests which, if performed, would have given the pregnant woman the option to terminate the pregnancy. It has long been considered cause for legal action when medical practitioners fail to disclose to their patients all the information reasonably necessary to make an informed decision about medical treatment. It is not surprising, therefore, that courts have begun to recognize the liability of members of the medical profession who do not inform their pregnant patients of the diagnostic and remedial options available to them. Only a short time ago, most courts were reluctant to award damages on the basis of a claim that an infant should never have been born. In recent years, however, when a severely defective infant has been born because of the negligence of health professionals to provide appropriate information or treatment, the courts have been willing to award damages not only for pain and suffering and the expenses related to childbirth, but also for the costs of rearing and caring for a handicapped child for the rest of its life. The Minnesota statute was prompted by these legal developments as well as by the recent advances in prenatal diagnosis and the increased availability of abortion. These changes have made it possible for parents at high risk of having a defective child to avoid the conception or birth of infants with severe abnormalities.

In addition, because many fetal defects are not diagnosed until late in pregnancy, an abortion performed to avoid the birth of a severely handicapped infant can occasionally result in a live birth. (Other late abortions are performed for maternal health reasons or as a result of a delay caused by nonmedical factors.) Laws enacted in Delaware and Louisiana last year reflect increasing concerns about this difficult issue. The Delaware law requires that an infant born alive in the course of an attempted abortion be given the same standard of medical care provided any other prematurely born infant. The Louisiana statute, which prohibits denying medical treatment, nutrients, water or oxygen to any live-born infant, applies not only to infants born alive in the course of an attempted abortion, but also to infants born with severe defects or handicaps. Both of these laws probably were prompted by the widely publicized death last spring of an infant born with Down's syndrome in Bloomington, Indiana.\* In that case, the parents refused to consent to surgery to correct life-threatening abnormalities. (The Louisiana law requires that the parents place such an infant for adoption when they are unwilling to consent to its care and treatment.)

#### Conclusion

The laws enacted in 1982 are typical of the general legislative trend toward increasing the availability of, and support for, fertilityrelated services. Almost all legislative action taken in recent years regarding contraception and sterilization has been affirmative, and most states have repealed the numerous birth control restrictions and prohibitions that were so common before the mid-1960s. Even so, a significant number of state-imposed limitations on the availability of sterilization and contraception as well as abortion are still in effect. Table 2 lists selected state laws and policies that limit access to these services. As expected, over half of the restrictions concern abortion. More surprising is the number of restrictions on the availability of contraceptive supplies and information. In most cases, the absence of restrictions indicates liberal, affirmative fertility-related laws

and policies. Alaska, California, New York and Washington are representative of the states in this group.

Legislative developments generally reflect the issues of major concern to the public and to policy-makers. Although the 1982 laws indicate a declining interest in regulation of abortion, legislators probably will continue to pass laws to limit Medicaid funding of abortions as well as insurance coverage. The Supreme Court rulings on waiting periods, informed consent requirements, hospitalization for second-trimester abortions and parental consent may generate considerable legislative activity later this year. In addition, increasing concerns about the standards of medical care provided to handicapped newborns and live-born fetuses may prompt more laws similar to Louisiana's 1982 statute.

In general, though, states can be expected to pass laws aimed at broadening pregnancy benefits and improving pregnancy outcome and access to family planning services. Concerns over high teenage pregnancy rates may result in legislation relating to sex education as well as fertility-related services.

#### References

- 1. Indiana Planned Parenthood Affiliates Association, Inc. v. Pearson, Docket No. IP 82-1766-C (S.D. Ind. Oct. 11, 1982).
- 2. Bellotti v. Baird, 443 U.S. 622 (1979); and H. L. v. Matheson, 450 U.S. 398 (1981).
- 3. Eubanks v. Brown, C 82 0360 L(A) (E.D. Ky., July 9, 1982); and American College of Obstetricians and Gynecologists, Pennsylvania Section v. Thornburgh, No. 82–4336 (E.D. Pa., Dec. 7, 1982) (order denying preliminary injunction), No. 82–1785 (3rd Cir., Dec. 9, 1982) (order granting preliminary injunction pending appeal).
- 4. Scheinberg v. Smith, 428 F. Supp. 529 (S.D. Fla. 1979), aff'd in part, vacated in part, and remanded, 659 F.2d 476 (1982), Case No. 79–6403–Civ.–SMA (S.D. Fla. Nov. 4, 1982).
- 5. Harris v. McRae, 448 U.S. 297 (1980).
- 6. Right to Choose v. Byrne, 173 N.J. Super. 68 (Chan. Div. 1980)
- 7. Dodge v. Department of Social Services, No. 81CA06155 (Colo. Ct. App. July 1, 1982).
- 8. Bagley v. Wilkinson, No. C-81-603W (D. Utah, Oct. 6, 1981).
- National Education Association of Rhode Island v. Garrahy, Civil Action No. 82–399P (D. R.I., June 28, 1982).

<sup>\*</sup>Ed. note: For a discussion of the ethical issues involved in the treatment of handicapped newborns, see: M. Klitsch, "Mercy or Murder? Ethical Dilemmas in Newborn Care," p. 143.

#### THE WHITE HOUSE

#### WASHINGTON

SCHEUDLE PROPOSAL April 20,1983

TO: FRED RYAN, Director

Presidential Appointments and Scheduling

FROM: FAITH RYAN WHITTLESEY AND

REQUEST: President to speak to annual convention of

the National Right to Life Committee.

PURPOSE: To demonstrate continued support for the

pro-life cause.

BACKGROUND: This is by far the largest pro-life convention,

having 2,500 delegates. This group gave their whole-hearted support to candidate Reagan in 1980. his year's convention is expected to be even larger than usual as it marks the tenth

year since the Roe vs. Wade decision.

PREVIOUS

PARTICIPATION: The President has met with various leaders of

the movement every year since the election.

Last year, he addressed this convention by videotaped message which was widely acclaimed.

DATE AND TIME: July 7, 8, or 9, 1983 DURATION: 30 minutes

LOCATION: Sheraton Twin Towers, Orlando, Florida

PARTICIPANTS: 2,500 National Right to Life delegates

OUTLINE OF EVENT: The President will enter, offer formal remarks

to the convention and depart.

REMARKS REQUIRED: Prepared Text

MEDIA COVERAGE: Full press coverage

RECOMMENDED BY: Faith Ryan Whittlesey, Sec. Heckler, Don Devine,

Bob Carleson, Sec. Watt

OPPOSED BY:

. PROJECT OFFICER: Morton C. Blackwell

### THE WHITE HOUSE WASHINGTON

May 3, 1983

TO: DODIE LIVINGSTON

FROM: MAISELLE SHORTLEY

As you can see from the attached schedule proposal the President will be unable to speak at the National Right to Life covention.

Morton would like to have a message sent to them for publication in their program. In order to meet their printing deadline they wilneed the letter no later than May 25. The letter should be addressed to Dr. Jack Willke. His address is on the attached letter. Can you do this?

Thanks for your help.

Suite 402, 419 7th Street, N.W. Washington 9 C. 20004 — (202) 638-4396

### committee, inc.

December 14, 1982

The President The White House Washington DC

Dear Mr. President:

We would be pleased and honored if you would address the 1983 National Right to Life Convention to be held at the Sheraton Twin Towers, Orlando, Florida on July 7, 8 and 9. We have tentatively scheduled the keynote address for the evening of Thursday, July 7 and the banquet for the evening of Saturday, July 9. You are most welcome for either event. If another time on those three days is more convenient for you, it would be very easy for us to accommodate you in planning the convention.

Your frequent public support for the need to end the American nightmare of abortion has been a great source of encouragement for all of us working toward that goal. Next year will mark ten years since the Supreme Court decision in Roe v. Wade. We are rapidly approaching the point where a whole generation of young Americans will never have lived in a United States whose laws protected the life of each human being. The 1983 convention presents an excellent opportunity for us to renew our efforts to insure that we never reach that point. Your presence would give a tremendous boost to our effort to "Launch a World of Promise for Life" -- the theme for the convention.

Your filmed address was the highlight of the 1982 convention. We sincerely hope that this year you will be able to join us and accept some warm Florida hospitality.

Respectfully yours,

John L. O'Donnell, Jr

Chairman, National Right to

Life Convention '83

and

J.C./Willke, M.D.

President, National Right to

ille MD

Life Committee, Inc.

#### THE WHITE HOUSE WASHINGTON

APR 2 6 1883

SCHEDULING SEERES

#### SCHEUDLE PROPOSAL

April 20,1983

TO:

FRED RYAN, Director

Presidential Appointments and Scheduling

FROM:

FAITH RYAN WHITTLESEY

REQUEST:

President to speak to annual convention of

the National Right to Life Committee.

PURPOSE:

To demonstrate continued support for the

pro-life cause.

BACKGROUND:

This is by far the largest pro-life convention, having 2,500 delegates. This group gave their whole-hearted support to candidate Reagan in 1980. his year's convention is expected to be even larger than usual as it marks the tenth

year since the Roe vs. Wade decision.

**PREVIOUS** 

PARTICIPATION: The President has met with various leaders of

> the movement every year since the election. Last year, he addressed this convention by videotaped message which was widely acclaimed.

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Sheraton Twin Towers, Orlando, Florida

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The President will enter, offer formal remarks

to the convention and depart.

REMARKS REQUIRED:

Prepared Text

MEDIA COVERAGE:

Full press coverage

RECOMMENDED BY:

Faith Ryan Whittlesey, Sec. Heckler, Don Devine,

Bob Carleson, Sec. Watt

OPPOSED BY:

PROJECT OFFICER:

Morton C. Blackwell

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