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October 7, 2013

VIA HAND DELIVERY

Honorable Judith T. Won Pat, Ed. D.
Speaker
32nd Guam Legislature
155 Hesler St.
Hagatna, Guam 96910

RE: Bills 191-32 and 193-32

Dear Senator:

I write to oppose Bills 191-32 and 193-32.

P.L. 31-235 was passed by the Guam Legislature to provide for women's informed consent in order to obtain an abortion. Section 4 of the law requires the Department of Public Health and Social Services (DPHSS) to follow the rule-making process of the Administrative Adjudication Law (AAL) for the information pamphlets ("printed materials") and "checklist certification" before the law can take effect. Bills 191-32 and 193-32, which would delete section 4, undermine the purpose and intent of the law.

The intent of P.L. 31-235 is clearly stated in the preamble in section 1: The Guam legislature finds "it is essential to the psychological and physical well-being of a woman considering an abortion that she receives *complete and accurate information* material to her decision of whether to undergo an abortion including information concerning abortion alternatives." (Emphasis added) Further, the law requires that DPHSS shall produce the printed materials and present them "in an *objective, unbiased manner* designed to convey only accurate scientific information." P.L. 31-235, section 2(b) (emphasis added). By deleting section 4 of P.L. 31-235, Bills 191-32 and 193-32 eliminate the submission of full and accurate information, particularly by doctors and other medical professionals who will be subject to liability under the law, to be considered by DPHSS in producing the printed materials and checklist certification. Instead, as was clear at the public hearing on these bills on October 4, 2013, only one side of the issue - the materials produced by Tim Rohr - will be considered and utilized. Whatever happened to democracy and a full and fair hearing on this issue? How can women receive "complete and accurate information" "in an objective, unbiased manner" when they are given only a one-sided view of information and are not provided information by doctors and medical professionals trained to know the type of information they should receive? Most important, since when does the Guam Legislature delegate the determination of public policy to a private individual, Tim Rohr, who has a well-known religious bias on the issue of informed consent?

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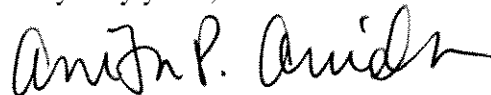
Bills 191-32 and 193-32 were ostensibly introduced because they would save DPHSS some money. Yet no information was provided at the public hearing to show that the costs of complying with the AAL would be so prohibitive that DPHSS could not effectively produce the printed materials and checklist certification. The AAL, (5 G.C.A. § 9301(a)), provides that at least 10 days before the date set for hearing, notice is to be published in a newspaper scheduling a hearing. At the hearing parties are afforded an adequate opportunity to participate in the formulation of the proposed rules through argument or submission of writing. 5 G.C.A. § 9301(b). The DPHSS director is then tasked with producing a report of the proposed rules. The AAA process is straightforward and would not be costly. By contrast, the detriment to women who are not given complete and accurate information in an objective, unbiased manner, is incalculable.

I enclose a draft checklist certification as an alternative to the one produced by Rohr. If the Legislature is concerned about cost, it should be concerned about the 17 pages produced by Rohr which must be made available to all physicians in Guam and must also be translated in other languages as required by P.L. 31-235, Section 2(c) (at a minimum, Chamorro, Japanese and Korean).

It was clearly the intent of the Legislature in enacting P.L. 31-235 to allow for public participation in the development of printed materials and the checklist certification required to provide informed consent for women. Bills 191-32 and 193-32 undermine that intent and allow a one-sided, biased version of materials to be forced upon the women of Guam.

I urge you to vote against Bills 191-32 and 193-32.

Very truly yours,



ANITA P. ARRIOLA

Enclosure

GUAM INFORMED CONSENT

- Bring this document with you to your appointment.
- Please read and initial each section and sign your name at the bottom.
- DO NOT mail to (NAME OF CLINIC)

To comply with Guam Law effective _____, 2013, you must receive this Informed Consent at least 24 hours prior to your procedure.

1. Your abortion procedure will be performed by (NAME OF PHYSICIAN). You will have the opportunity to meet with the doctor before your procedure. 10 G.C.A. § 3218.1(b)(1)(i).

2. Estimated Gestation of Pregnancy: Until you have a sonogram to determine how far along the pregnancy is, the best way to estimate the gestation is by the date of your last normal menstrual period. 10 G.C.A. § 3218.1(b)(1)(iii).

If you believe your last normal menstrual period started:	Then you are probably about:
4 weeks ago	4 weeks pregnant
5 weeks ago	5 weeks pregnant
6 weeks ago	6 weeks pregnant
7 weeks ago	7 weeks pregnant
8 weeks ago	8 weeks pregnant
9 weeks ago	9 weeks pregnant
10 weeks ago	10 weeks pregnant
11 weeks ago	11 weeks pregnant
12 weeks ago	12 weeks pregnant
13 weeks ago	13 weeks pregnant
14 weeks ago	14 weeks pregnant
15 weeks ago	15 weeks pregnant
16 weeks ago	16 weeks pregnant
17 weeks ago	17 weeks pregnant
18 weeks ago	18 weeks pregnant
19 weeks ago	19 weeks pregnant
20 weeks ago	20 weeks pregnant
21 weeks ago	21 weeks pregnant
22 weeks ago	22 weeks pregnant

The final determination will be made by the doctor upon ultrasound examination. If you are between 4 - 14 weeks, the common procedure is Vacuum Aspiration. Medication Abortion is available for pregnancy termination between 4 - 9 weeks. If you are between 15 - 22 weeks the most common procedure is Dilation and Evacuation.

3. Types of Abortion Procedures (10 G.C.A. § 3218.1(b)(1)(ii)(a)):

First Trimester (4-13 wks LMP) Vacuum Aspiration- This abortion procedure begins with a local anesthetic given to numb the cervix. The cervix is then widened using dilators, which are tapered rods that gradually increase in size. The physician inserts a small tube (cannula), which is attached to an aspiration device. The device's suction empties the contents of the uterus through the tube. The physician may check the walls of the uterus with a curette. The entire procedure takes less than 10 minutes. Sensations will vary, but they are mostly described as cramping or discomfort, which generally subsides within a few minutes after the procedure is over.

Early Non-surgical/Medication Abortion (4-9 weeks LMP or up to 63 days) – While in the clinic, a drug, Mifepristone, is given to stop the development of the pregnancy. One to two days later, at home, a second drug (Misoprostol) is taken, causing the uterus to contract and expel the embryo and placenta. During this process cramping and bleeding will occur.

Second Trimester (14-22 wks LMP) Dilation and Evacuation- During the initial appointment, the osmotic dilators are inserted into the patient's cervix to begin the process of slow and gentle dilation of the cervix. The abortion procedure occurs several hours later, or in some cases one or two days later and involves removal of the pregnancy with forceps. A suction instrument is used to clean the uterus, and a curette is used to check the uterine walls. Patients are then monitored in recovery for at least 2 hours following the procedure.

Complications of Abortion- Possible complications include: blood clots accumulating in the uterus, requiring another suction procedure; infections, most of which are easily identified and treated if the woman carefully observes follow-up instructions; a tear in the cervix, which may be repaired with stitches; perforation of the wall of the uterus and/or other organs, which may heal themselves or may require surgical repair or, rarely, hysterectomy; and abortion that is not complete or that does not end the pregnancy may require the procedure to be repeated; excessive bleeding due to failure of the uterus to contract, which may require a blood transfusion; death. In the second trimester, risks increase with every week of gestation. 10 G.C.A. § 3218.1(b)(1)(ii)(b), 3218.1(c)(4).

4. Risks with terminating a pregnancy vs. carrying a pregnancy to term- Health risks are low with either decision. There is approximately 1 death for every 167,000 women who have legal abortions and these rare deaths are usually of adverse reactions to anesthesia, heart attacks, or uncontrollable bleeding. The death rate for a woman carrying to term is about 10 times greater. 10 G.C.A. § 3218.1(b)(1)(ii)(a), 3218.1(b)(1)(v).

5. Your blood type will be determined the day of your appointment. Approximately 15% of the population is Rh negative. All Rh-negative women will receive an injection of Rhogam to prevent problems with future pregnancies such as miscarriage, severe fetal anemia or permanent fetal damage. The cost of the Rhogam is \$75 - \$125 depending upon fetal age. 10 G.C.A. § 3218.1(b)(1)(vi).

6. As required by Guam Law, the following information is provided to you:

- Medical assistance benefits may be available for prenatal care, childbirth, and neonatal care. Public assistance may be available to provide medical insurance and other support for her child while he or she is a dependent. To learn more about the medical care and support that you may qualify for, visit <http://www.dphss.guam.gov> or call (671) 735-7270. 10 G.C.A. § 3218.1(b)(2)(i) and (ii).
- Alternatives to abortion include adoption. The law permits adoptive parents to pay costs of prenatal care, childbirth, and neonatal care. To learn more about adoption services available at Child Protective Services, visit <http://www.dphss.gouam.gov/content/child-protective-services-section> or call (671) 475-2653. 10 G.C.A. § 3218.1(b)(2)(iii), 3218.1(c)(1).
- The father of a child is liable to assist in the child's support, including child support payments and health insurance, even in instances where he has offered to pay for the abortion. Paternity may be established by written declaration of paternity or by court action. To learn more about child support services and paternity, contact the Office of the Attorney General of Guam, Child Support Enforcement Division at (671) 475-3360) or visit www.guamcse.net. 10 G.C.A. § 3218.1(b)(v).
- You are free to withhold or withdraw your consent to the abortion at any time without affecting your right to future care or treatment and without the loss of any locally or federally funded benefits to which you might otherwise be entitled. 10 G.C.A. § 3218.1(b)(vi).

7. It is unlawful for any individual to coerce a woman to undergo an abortion. Any physician who performs an abortion upon a woman without her informed consent may be liable to her for damages in a civil action. 10 G.C.A. § 3218.1(c)(1).

8. The Territory of Guam strongly urges you to contact the resources provided in this booklet before making a final decision about abortion. The law requires that your physician or his or her agent give you the opportunity to call agencies and service providers like these before you undergo an abortion. 10 G.C.A. § 3218.1(c)(1).

9. I received this information at least twenty-four (24) hours prior to my procedure.

Signature of Patient

Time and Date Received