Prolife
Legislative Update

LEGISLATIVE DAY
RIGHT TO LIFE OF MICHIGAN

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Key House Committees
(Prolife in bold italics)

Appropriations
*Cox (C), VerHeulen (VC), Afendoulis, Allor, Bizon, Brann, Canfield, Hernandez, Inman, Kelly, LaSata, Marino, Miller, Pagel, VanSingel, Victory, Whiteford, Yaroch*, Durhal (MVC), Cochran, Faris, Hoadlyy, Kosowski, LeGrand, Pagan, Peterson, Rabhi, Santana, Yanez

Families, Children & Seniors
*Rendon (C), Noble (VC), Farrington, Hughes, Kahle, McCready*, Roberts, Liberati, (MVC), Ellison, Gay-Dagnogo, Robinson

Health Policy
*Vaupel (C), Tedder (VC), Calley, Farrington, Garcia, Graves, Hauck, Hornberger, Kahle, Noble, Sheppard*, Brinks (MVC), Ellison, Garrett, Hammoud, Hertel, Neeley

Judiciary
*Runestad (C), Theis (VC), Cole, Hornberger, Howrylak, LaFave*, Greimel (MVC), Guerra, Robinson, Sowerby

Law & Justice
*Kesto (C), Lucido (VC), Albert, Graves, Howrylak*, Roberts, *Theis*, Chang (MVC), Guerra, Liberati, Robinson, Wittenberg

Key Senate Committees

Appropriations
*Hildenbrand (C), MacGregor (VC), Booher, Green, Hansen, Knollenberg, Marleau, Nofs, Proos, Schuitmaker, Shirkey, Stamas*, Gregory (MVC), Hertel, Hopgood, Knezek, Young

Health Policy
*Shirkey (C), Hune (VC), Jones, Marleau, O’Brien, Robertson, Stamas*, Hertel (MVC), Knezek, Hopgood

Judiciary
*Jones (C.), Schuitmaker (VC), Colbeck*, Rocca, Bieda (MVC)

Oversight
*MacGregor (C), Kowall (VC), Schuitmaker, Stamas*, Gregory (MVC)

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RLM Legislative Accomplishments

✓ Abortion Reporting
✓ Abortion Injury Reporting
✓ Conscience Protection for Abortion
✓ Ban Medicaid-funded Abortion
✓ Parental Consent for Abortion
✓ Informed Consent/24-hour Waiting Period
✓ Prohibit Down Payments Before 24 Hours
✓ Ultrasound Viewing Option
✓ Abortion Clinic Regulations
✓ Prenatal Protection/Unborn Victims of Violence
✓ Born Alive Infant Protection
✓ Stillborn Child Birth Certificate & Tax Credit (credit repealed in 2011)
✓ Ban “Wrongful Birth” and “Wrongful Life” Lawsuits
✓ Promote College Campus Alternative Offices
✓ Prohibit research on live embryo/fetus (limited by 2008 ballot vote)
✓ Ban Human Cloning
✓ Patient Advocate/Durable Power Protections
✓ Ban Assisted Suicide
✓ Create Hospice Homes/Improve Pain Care
✓ Improve Adoption Laws
✓ Safe Delivery Act (aka “Safe Haven” or “Baby Moses” law)
✓ Ban Partial Birth Abortions
✓ Ban “Telemed” Pill (RU-486) Abortions
✓ ObamaCare Abortion Opt Out – Coverage by Riders Only
✓ Humane Disposition of Aborted Babies
✓ Ban Sale of Aborted Fetal Cells/Tissue
✓ Coercive Abortion Prevention Act
✓ Rape Survivor Child Custody Act
Planned Parenthood Funding Diversion
Budget “Boilerplate” Language

Overview

Removing government funding from Planned Parenthood (PP) has been the most vexing of policy challenges. For three years we have successfully removed state family planning program funds from abortion providers through state budget language. But long-entrenched contracts with Planned Parenthood persist, albeit exclusively with federal dollars.

We passed a state law in 2002 (Public Act 360) to prioritize funding to go to non-abortion providers first. In seven counties PP is the only “willing provider” requesting the Title X/family planning funds. Currently, there is no other agency where the funding can be diverted. However, in nine counties, both the county health department and PP are providing Title X services. Here is where the priority requirement of PA 360 should be controlling the contracts.

In short, those nine county health departments should get 100% of the money and PP none! There is no need for this duplication of providers. We are not in compliance with PA 360!

There are also 14 counties with no Title X funded services at all. Rather than continuing to fund PP, if the funds PP receives in the nine duplicate-service counties are not all needed there, the balance of the funds should be redistributed to non-abortion providers in those 14 unserved counties.

Talking Points

• For the past three budget years, no state tax dollars for family planning programs have gone to abortion providers, though federal dollars have gone to Planned Parenthood. We want to continue that policy and expand it to as many state and federal funds as possible.

• As Congress continues to fail in cutting off dollars to Planned Parenthood, the states are having to act independently.

• Michigan already has a law (PA 360 of 2002) giving funding priority to non-abortion health care providers. The current contracts giving money to PP in nine counties where the health department is also providing services is not consistent with PA 360. All the funds should go to the counties – none to PP.

• The distribution of family planning funding is out of balance and needs to be adjusted to fund non-abortion providers in unserved counties.
Overview

For many decades the standard for making important medical treatment decisions involved the process of obtaining the affirmative consent of a patient, or a recognized patient surrogate, before implementing the treatment decision. This was particularly true regarding decisions about life-sustaining medical treatments.

More recently, a trend has developed where doctors and hospitals are acting to make unilateral decisions to withhold or withdraw life-sustaining medical treatments without the knowledge or consent of the patient or the patient’s surrogate or family. Families examining medical records after the death of a loved one have discovered that a Do-not-resuscitate order, or other life-sustaining treatment was ordered withheld without consulting with or receiving the consent of the patient or appropriate decision-maker.

The bill would require doctors to obtain consent before placing a medical order or otherwise making a treatment decision regarding life-sustaining treatment. The law would apply to either the patient, the patient’s appointed advocate or legal guardian, parents of a minor child and other decision-makers as defined.

The bill would not apply to all decisions because doctors make a myriad of treatment adjustments for hospital patients all the time. Requiring consent for all decisions would be completely unworkable and unnecessary.

Talking Points

• Informed consent regarding medical treatment decisions remains a fundamental principle in upholding the dignity and rights of every patient. Any decision that would have life or death implications demands a proper informed consent.

• Unilateral and secretive decision-making completely undermines trust in the doctor-patient relationship and violates the inherent rights patients have to direct their medical care.

• This legislation requires that consent be given before decisions regarding life-sustaining treatment are ordered or implemented.
Overview

Under Michigan law, if a patient is unable to make medical treatment decisions due to their physical or mental condition, a patient advocate appointed by the patient or a guardian appointed by a court have legal authority to make decisions. If neither of these surrogates are in place, hospital medical teams typically defer to immediate family members for decisions.

In some cases, however, when a disagreement about treatment develops between these decisionmakers and the medical team, hospitals have gone to court seeking appointment of an “emergency guardian” to override the authority of a legitimately-appointed patient advocate or guardian. Hospitals have sought these guardian appointments under a “loophole” in the law by claiming the surrogate decision-maker is not acting in the patient’s “best interests.”

Furthermore, the surrogates or family members are given no notice about the court proceedings taking place. It is a completely one-sided legal action. Once the court has appointed an emergency guardian, the original surrogate has no say over the patient’s care and can be completely excluded from even visiting the patient without the emergency guardian’s consent.

The legislation will require that the applicable decision-maker(s) be given proper advance notice of a hospital’s request to have an emergency guardian appointed (aka due process). This bill also places in law a presumption that the patient’s continued living is in the patient’s “best interests.”

Certainly there can be times when an advocate or guardian is unreasonably demanding treatment that is not beneficial to the patient. A court can find that a hospital’s recommended course of treatment serves the patient’s best interests. But both sides will have a chance to address the court.

Talking Points

- When a dispute arises between a patient’s decision-maker(s) and a hospital/medical team, a hospital should not be able to seek appointment of a guardian in court without notice to the patient’s decision-maker(s). The legislation requires that a patient’s decision-maker(s) be given proper notice if a hospital intends to seek a guardianship appointment to override the decision-maker’s authority.
- The legislation puts in place a legal (rebuttable) presumption that the patient’s continued living is in the patient’s “best interest.” Our laws must err on the side of life and not fall prey to a default “better off dead” mentality.
- Because these situations are almost always a matter of life and death, no patient should be deprived a chance at life without due process of law.
- The bill puts in place a time limit for a court to make a guardianship decision, during which time life-sustaining treatment cannot not be withheld or withdrawn.
Overview

When parents are given the difficult news that their unborn child has a life limiting condition, they are almost universally counseled to abort. Doctors and genetic counselors fail to treat this child like any other person with a terminal illness where hospice would be the normal course. This bill would require doctors to refer parents in these situations to perinatal hospice services.

Prenatal screening for genetic abnormalities are routinely done as part of standard prenatal care. The tests for abnormalities were once expensive, invasive, and posed a risk of miscarriage. Now however, some prenatal tests require only a basic blood sample from the mother and can be done as early as 10 weeks gestation. As prenatal testing becomes more common, less expensive and more accurate, doctors will promote them even more, and more women will avail themselves of the tests.

The prolife movement has long been aware that prenatal diagnoses lead to more abortions, with upwards of 90% of babies prenatally diagnosed with Down Syndrome being aborted. The same is true of even treatable conditions such as Spina Bifida or a cleft palate.

To help avoid eugenic “search and destroy” abortions, the Prenatally Diagnosed Condition Awareness Act will provide parents with medically accurate information about various conditions along with support groups associated with those conditions. The bill will require doctors to direct parents to a carefully monitored website containing life-affirming information. Last year’s budget included the necessary funds to get the website up and running.

Talking Points

• Eugenic abortions take place at an alarming rate when a prenatal diagnosis is made. This bill will help provide resources and information to parents so that abortion isn't the only option presented.

• In cases of a prenatal diagnosis of a fatal condition, parents will be referred to a hospice program to help them with end-of-life planning and the grieving process.

• It is estimated that up to 90% of all Down Syndrome babies are aborted following a prenatal diagnosis. Providing parents with medically accurate information and support can empower couples to choose life.

• Approximately 3% of all abortions are due to fetal anomalies. While this bill will not end all eugenic abortions, it should provide hope to those facing a prenatal diagnosis.

• The website created by this legislation will give parents accurate information and hopefully curtail their obtaining outdated or conflicting information by “Googling” for information themselves.
Overview

Public Act 208 of 1999 requires any physician treating a woman with complications from an abortion to report that complication to the state health department. These reports are to be added to the annual state abortion data. It is clear from both anecdotal evidence and official data that compliance with this law is almost nonexistent.

The annual Michigan abortion report for 2016 shows less than 40 complications stemming from over 26,000 abortions. No medical procedure has such an absurdly low complication rate, literally 1/10 of 1%. Ambulances are seen taking women away from abortion clinics, but no reports are filed.

In 2006, a 15 year-old Michigan girl died from abortion complications. Her death was widely covered in the news media, but was never part of the official records. She was not even given the dignity of becoming a statistic.

The Citizen Accountability Act would allow any individual who has knowledge of a woman being treated for an abortion complication to file a “Notice of Compliance” regarding Public Act 208. This notice would be filed simultaneously with the physician or facility treating the complication, the abortionist, and the state health department.

This form puts all the accountable parties on notice that somebody should be filing a report, and the department will be expecting to receive such a report. The notice gives the basic information about where the woman received the treatment and when, but cannot include any identifying information. There is a stiff penalty for anyone filing a false notice.

Talking Points

• The Citizen Accountability Act will improve compliance with the 1999 reporting law and identify those abortion doctors/clinics that routinely injure women.

• This legislation will lead to protection for women from dangerous abortion providers.

• The current rate of reported complications from abortions is ridiculously low. This legislation will expose the obvious ‘under reporting’ of physical complications resulting from abortion, giving everyone a more accurate picture of how “safe” abortion really is, or is not.

• By allowing citizens to file these forms, those with actual knowledge of the situation can trigger proper reporting without adding significant enforcement costs to the state.

• Abortion advocates use the “low complication rate” to sell abortions and overturn safety laws. This legislation will expose the truth - abortion hurts women.

Citizen Accountability Act
SB 376-377 Sen. Rick Jones

Michigan’s Prenatal Protection Act, initiated by RLM and passed in 1999, treats the unborn child as a separate victim of a crime whenever harm is brought to the pregnant mother. There is a provision in Michigan’s criminal sentencing law that establishes the severity of any criminal sentence based on the number of victims of the crime. In 2016, a convicted assailant appealed his sentence under this law, claiming the unborn child was not defined as a “victim” within the particular statute. The Court of Appeals rejected his claim and ruled that the Prenatal Protection Act clearly identifies the unborn as a victim, even if the sentencing law definition of “victim” was not formally amended. HB 4500 will formally amend the definition of “victim” to include unborn children.


Allows parents with medical and other expenses related to a child stillborn after 20 weeks gestation to claim the child as a dependent for that tax year for state income tax purposes. A law spearheaded by RLM in 1998 was originally proposed in this form but was ultimately passed as a tax credit to families. During the 2011 major rewrite of the tax code in Gov. Snyder’s first 6 months in office, all tax credits were eliminated. A child born showing any sign of life, even if only a moment, before dying is considered to be live born and a dependent for that year. HB 4522 would restore the original tax equity concept as parents who lose a child to stillbirth often have the same expenses as a child who dies a minute after birth. Equally important, the tax credit recognizes the humanity of the unborn.

Clinic Licensing Enforcement Act: SB 164 - Sen. John Proos

The Michigan Department of Licensing and Regulatory Affairs (LARA) oversees the licensing of surgical abortion clinics. The department has almost no enforcement capabilities for minor or persistent code violations short of bringing an expensive and time-consuming civil court case against a clinic. SB 163 will give LARA authority to levy fines or suspend a license for repeated instances of non-compliance. Specifically, a clinic that has code violations will have 60 days to correct them. If they fail to do so, LARA can assess a fine. If they fail to correct the problems after a second 60 day period, LARA can suspend their license and shut them down.


Prohibits performing an abortion by dismembering the unborn child (medically known as a Dilation & Extraction or “D & E” abortion). These abortions are most routinely done in the second trimester of pregnancy from approximately 14 to 20 weeks of pregnancy. In Michigan, 1,636 dismemberment abortions were performed in 2016 during that gestational time frame. HB 4552 would amend the existing Partial Birth Abortion Ban Act and make it the Partial Birth and Dismemberment Abortion Ban. HB 4553 would create the criminal penalty for violating the law.