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HEALTH POLICY BULLETIN

FOCUS: ABORTION RIGHTS LEGISLATION

Legislation introduced by Senator Jack Welborn (R-Kalamazoo) proposes (1) to require parental consent (SB 513) for minors to have abortions and (2) to limit the time when abortions could be performed before the 20th week of pregnancy (SB 514). Senator Fred Dillingham (R-Fowlerville) introduced a constitutional amendment (SJR H) to delete abortion coverage from state employee health benefit plans and a bill to prohibit the use of public funds to provide

abortion counseling to any woman receiving any kind of public aid with medical expenses (SB 515). Earlier this year Representative Michael Griffin (D-Jackson) reintroduced his legislation to remove abortion coverage from state employee benefits (HB 4022), and two weeks ago, he introduced a parental consent bill (HB 5103) identical to SB 513. A measure proposed by Representative Teola Hunter (D-Detroit) would allow the use of public funds to pay for no more than two abortions in a five-year period for an individual, except in cases of rape or incest. Rep. Joe Young, Jr. (D-Detroit), also reintroduced his bill to require the state to provide counseling on abortion alternatives (HB 4302).

Least likely to go anywhere are SJR H, the proposed constitutional amendment, and HB 4022, which seeks to accomplish statutorily the same ends as SJR H. The costs of mounting a ballot campaign, about \$2 million, to affect the lives of 30,000–50,000 people make it very unlikely that Senator Dillingham's amendment will appear on the 1990 general election ballot. The principal advantage the amendment has over HB 4022 is that legislation attempting to negate benefits arrived at through the collective bargaining process is apt to end up in court, whereas an amendment to the state constitution is not subject to court action on its constitutionality. SB 515, also not likely to pass both houses, reflects part of the U.S. Supreme Court's *Webster* decision. It is a logical extension of the argument against using tax dollars to pay for abortions; that is, if tax dollars are not to be used to pay for abortions, then they should not be used to fund abortion counseling services for recipients of public assistance programs. Rep. Joe Young, Jr.'s approach of providing assistance with counseling on abortion alternatives at the level of \$15 million annually is likely to be ignored because of budget constraints. Rep. Hunter's bill, backed by Governor Blanchard, is seen by pro-life advocate Ed Rivet, legislative director, Right to Life of Michigan, as an attempt to get around Proposal A's ban on Medicaid funding for abortions: "The rape and incest issues were fully explored last year. Everyone said, 'Let the people speak.' The bill is an attempt to alter the voice of the people." Its future is uncertain.

The most controversial and difficult bill from everybody's point of view is SB 513. The bill, which has considerable backing from many pro-choice voters who support the idea that parents should have some knowledge of abortion decisions made by their children, is the measure most likely to pass both houses. The bill has a judicial bypass provision so that a minor need not consult her parents if she felt they would be unsympathetic to her situation. Robin Menin, executive director, Planned Parenthood of Mid-Michigan, points out that "such legislation tends to discriminate against poor teenage women who don't know how to access the bypass possibility." She added that 70 percent of all teens do involve their parents in their decisions: "Those that don't do so for good reason." Medical professionals are concerned because the bill specifies that failure to get parental consent is evidence of failure to get informed consent thereby providing grounds for a malpractice allegation.

SB 514 places the most restrictions on health care providers and requires the performance of fetal viability tests. Of concern to health care providers are the following issues: the revocation of licensure penalty for failure to perform fetal viability tests, the need to assure the presence of a physician whose responsibility is the fetus, and the unreliability of fetal viability tests. Prospects for passage are marginal. While Rivet would like to see the measure passed, he feels the bill "has a tougher row to hoe. We'll have a better indication after SB 513."

Menin says it is time for legislators to take a position: "The issues have been clouded by taxes and public funding. We'll be able to see our legislators make a vote for choice."

Those who have voiced fears over the past several months about abortion as the issue likely to lead to single-issue politics can take some comfort from a recent New York Times/CBS poll taken in September. Although the roughly equal division (40–40) between those who prefer the status quo and those who would like abortions to be less available confirms the issues' polarizing ability, 63 percent saw other issues as important. Only 9 percent were willing to describe abortion

as the single most important election issue. Support for parental consent was almost 70 percent, with 83 percent saying parents should at least be informed; 65 percent favored fetal viability testing at the 20-week point. It is clear is that most Americans (69 percent) continue to believe the decision to have an abortion is one that should be made by the woman and her physician and is not a matter for government intrusion.

FOCUS: ANDROMEDA STRAIN, HERE WE COME

Michael Crichton, M.D., may have created a world more possible than he thought in his 1969 bestseller, *The Andromeda Strain*. Imagine viruses far more deadly than HIV. Imagine a single simple mutation of HIV that could make it as easy to spread as the common cold. Joshua Lederberg, a Nobel laureate and out-going president of Rockefeller University, the nation's only graduate university dedicated exclusively to graduate training in the health sciences, predicts that the viral world has some surprises in store for us. Other virologists are not so sure. Howard M. Temin, the University of Wisconsin, thinks that if HIV were to mutate so that it could be easily spread and enter the body through the lungs, the virus would have changed so much as to be as harmless as the viruses causing the common cold. At present, there is no evidence to indicate which of these distinguished scientists is correct.

The particular source of danger, apparently, is the tropics. Viruses causing deadly diseases (Marburg, Lassa fever, Rift Valley fever, Ebola, and so forth) mutated in a fashion enabling them to transfer from their usual hosts to humans. Moreover, Karl M. Johnson, a public health consultant in Maryland, believes that many of these viral events have their roots in the "large and often still accelerating ecological changes brought by a burgeoning population." He cites the Aswan Dam construction and related ecological changes as being responsible for the 1977 epidemic of Rift Valley fever, a virus that in 1977 moved from its traditional hosts, sheep and cattle, into human beings in South Africa and then spread north. Recent outbreaks of Lassa fever in Nigeria have been linked to the discovery of new diamond fields. In Baltimore, Maryland, health officials have discovered rats infected with Korean hemorrhagic virus; the virus appears to be making a successful transition to human hosts.

At the same time that new diseases linked to tropical viruses are cropping up, our ability to cope is waning because the number of tropical disease programs and specialists is declining. While it is not feasible to predict new outbreaks of viruses and their nature, mounting a modest surveillance effort and some kind of rapid response mechanism might be in order. In 1973 the National Institutes of Health closed its last tropical virology laboratory, and the American military establishment is planning to close its laboratory in Malaysia despite its utility as a surveillance center for new diseases. William H. McNeill, distinguished historian at the University of Chicago and author of *Plagues and People* (1977), warns that an expanding human population pushed into overcrowded urban areas provides a unique opportunity for upwardly mobile viruses and hungry bacteria: "There's a magnificent feeding ground out there, with billions and billions of human bodies where 25 or 27 years ago there was half that."

What can be done? Experts like Donald A. Henderson, dean of the Johns Hopkins University School of Hygiene and Public Health, the academic center in this country for the study of tropical diseases, endorse spending \$150 million a year for the creation of a global network to finance 15 tropical medicine centers and 10 U.S. research centers; this would leave about \$25 million to support projects in areas where epidemics are occurring.

OF INTEREST

In the next thirty days, look for the

- House Committee on Public Health to report out HB 4081 and SBs 349-350 (regulating anabolic steroids), HB 4952 (emergency medical services), SB 393 (recruitment of health professionals), HB 5060 (reporting of fetal alcohol syndrome and drug dependency in children), HBs 4744-4746 (senior care respite fund), and HB 5133 (release of AIDS-related health care information to foster parents);
- Senate Committee on Health Policy to continue holding hearings on rural access to health care and to draft legislation to address the problems, and to hold hearings on SB 517 (licensure and regulation of social workers), HBs 4639-4640 (sudden infant death syndrome), and HB 4952 (emergency medical services); and
- both committees to work on medical records information legislation. A substitute for HB 4736 is being drafted and a Senate bill is currently being drafted with introduction expected shortly.

The Certificate of Need Commission will meet on October 11 and 12, at 9:00 a.m., in Parlor B, MSU Student Union Bldg. The second day will run until the six standards remaining to be approved are accepted. The hospital bed standard will be revisited to correct problems created by the adoption of an amendment at the August meeting.

— Frances L. Faverman, Editor