

We are urging a NO vote on House Bill 2002.

HB 2002 removes the previous limitation requiring parental consent for abortions performed on children younger than 15. The bill also eliminates the crime of “concealing the birth of an infant,” effectively shielding abortion providers who end the life of an infant born alive after an attempted abortion.

Infants surviving abortion procedures have been documented and cited as “the dreaded complication” by abortion providers.¹ However, due to inconsistencies in abortion-related reporting, it is difficult to know how frequently this occurs. In October 2022, Oregon Right to Life PAC held a press conference featuring Oregonian women who survived abortions.²

HB 2002 also removes any age of consent limit on abortions. Under current law, elective abortions performed on children under 15 years of age require parental consent. Additionally, HB 2002 imposes a legal requirement on abortion providers to withhold information from parents unless the child submits an explicit, written request to notify them.

Comments and corrections from Monday’s hearing:

Myth: “Reproductive care saves lives”

Abortion endangers women.

Physical complications of surgical abortions include hemorrhage, infection, retained pregnancy tissue, cervical damage, damage to the lining of the uterus, uterine perforation or rupture, injuries to surrounding organs, anesthetic reactions or complications, and death.³

Physical complications of chemical abortion include hemorrhage, infection, retained pregnancy tissue, need for surgical completion (with all the risks of surgical abortion), Rh isoimmunization if Rhogam is not given if indicated, ruptured ectopic pregnancy if undiagnosed, and death.⁴

Chemical abortion has a complication rate four times that of surgical abortion. As many as one in five women suffers complications from chemical abortion. Up to 15% of women will experience hemorrhage, and 2% contract infections.⁵

¹ <https://lozierinstitute.org/questions-and-answers-on-born-alive-abortion-survivors/>

² <https://ortlpac.org/protect-abortion-survivors/>

³ <https://lozierinstitute.org/immediate-physical-complications-of-induced-abortion/>

⁴ <https://lozierinstitute.org/immediate-physical-complications-of-induced-abortion/>

⁵ <https://lozierinstitute.org/fact-sheet-risks-and-complications-of-chemical-abortion/>

Myth: “Without HB 2002, some Oregonians will have to travel hundreds of miles for sometimes life-saving abortion”

Every state with laws restricting abortion includes exceptions for the life of the mother.⁶

This is also true of ectopic pregnancy treatment, which is protected in every state that has laws restricting abortion. Abortion restrictions do not impede access to ectopic pregnancy treatment.

Myth: “Reproductive care is health care”

Abortion is not healthcare. Healthcare provides life-saving care; in contrast, abortion actively ends the life of a human being. We support healthcare that protects and cares for mothers and children, not procedures that kill innocent humans and harm women.

Myth: Abortion is necessary because children experience abuse

No child is better off dead because of potential hardships they may face in life; the answer to hardship is never to end the life of the human facing that difficulty. The solution to child abuse is to protect children and prosecute abusers. In contrast, HB 2002 enables abusers to hide physical evidence of sexual abuse from a child’s parents.

Myth: Women die because of abortion restrictions

Abortion restrictions do not lead to a higher rate of maternal mortality. In fact, abortion restrictions are positively associated with lower rates of maternal mortality. The United States has a high rate of abortions, and it has the worst maternal mortality rate of the developed countries.⁷

Myth: Abortion restrictions affect miscarriage management

The medical term for a miscarriage is a “spontaneous abortion,” but it is very different from chemically or surgically induced abortions. Treatment for miscarriages (“spontaneous abortions”) sometimes requires procedures that are also used in induced surgical abortions. In a surgical abortion, these procedures actively end the life of the fetus. In miscarriage care, the life of the fetus has already ended. The procedure’s sole purpose is to remove fetal tissue to protect the woman’s health. Like ectopic pregnancy treatment, miscarriage care is protected in states that restrict abortion.

⁶ <https://lozierinstitute.org/pro-life-laws-protect-mom-and-baby-pregnant-womens-lives-are-protected-in-all-states/>

⁷ https://lozierinstitute.org/response-to-media-allegations-that-abortion-restrictions-cause-maternal-mortality-and-female-suicides/#_ftn1

Myth: Abortion providers need to be protected from “harassment, abuse, violence”

The heart of the pro-life movement has long opposed the use of force, intimidation, and violence by any person pursuing pro-life activities. Our commitment to the well-being of all human life requires that we respect the inherent value and dignity of all people. Just as we condemn abortion and euthanasia, we oppose private acts that take human life, inflict bodily harm, or destroy another’s property.

Sidewalk advocates are overwhelmingly peaceful and are there to provide resources for vulnerable women. Leading sidewalk advocate programs promote peaceful, compassionate engagement and denounce harassment, abuse, and violence.

Myth: Abortion restrictions criminalize people seeking abortions.

No current law in the United States criminally penalizes the patient seeking an abortion. The pro-life movement seeks to help vulnerable women by offering multiple choices, not threatening them with penalties.⁸

Myth: HB 2002 does not change how minors consent to abortion.

Although we can agree that not every parent is a good parent (such as in cases of abuse), we recognize that parental involvement is wise in every other major decision in a child’s life. Removing parental involvement prior to making a life-changing decision significantly changes how minors consent to abortions. Parents should be empowered to help and support their children during a vulnerable and confusing time, not removed from the equation. This is especially concerning because HB 2002 would prevent parents from accessing information that would help them protect their children from sexual abusers.

“...proud that Oregon leads the nation in abortion protection”

Oregon Right to Life represents hundreds of thousands of Oregonians who do not support current laws allowing abortions for any reason at any time during pregnancy.

“For whatever reason not to carry a pregnancy to term”

It’s important to understand the context of abortion at different stages of pregnancy. During the first trimester, many milestones are met. The heartbeat begins 22 days after fertilization. At only

⁸ <https://lozierinstitute.org/protecting-life-not-punishing-women/>

7 weeks gestation, major organs are forming, including the lungs, liver, kidneys, stomach, and pancreas. At 10 weeks gestation, the fetus is already demonstrating hand dominance.⁹

At 15 weeks gestation, the fetus is capable of feeling pain the same as at birth. All the major organs have formed, and the heart is pumping 26 quarts of blood each day. The entire body responds to touch. The fetus differentiates between flavors. Eye movements are seen in ultrasound recordings.¹⁰ In the third trimester, the fetus has established sleep patterns. The unborn child can smell different odors within the amniotic fluid and responds to light.¹¹

Research indicates that poverty and lack of financial resources are primary contributing factors to elective abortion. One study found that 73% of women identified poverty or financial concerns as a reason for having an abortion.¹² According to the Guttmacher Institute, another study indicated that “Some 75% of abortion patients in 2014 were poor (having an income below the federal poverty level of \$15,730 for a family of two in 2014) or low-income (having an income of 100–199% of the federal poverty level).”¹³

The most recent data available from states that collect and report reasons for abortion indicates that 95.7% of abortions were for elective, unspecified reasons. Only 0.3% of abortions were obtained because of rape or incest.¹⁴

Women need resources and support. Abortion is not a solution to poverty.

⁹ <https://lozierinstitute.org/voyage/>

¹⁰ <https://lozierinstitute.org/15-facts-at-15-weeks/>

¹¹ <https://lozierinstitute.org/voyage/>

¹² <https://pubmed.ncbi.nlm.nih.gov/16150658/>

¹³ <https://www.guttmacher.org/fact-sheet/induced-abortion-united-states>

¹⁴ <https://lozierinstitute.org/fact-sheet-reasons-for-abortion/>