

Fiscal Estimate - 2003 Session

Original
 Updated
 Corrected
 Supplemental

LRB Number 03-2229/1	Introduction Number SB-304
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Subject
 Parental consent for a minor's abortion

Fiscal Effect

State:

No State Fiscal Effect
 Indeterminate

<input type="checkbox"/> Increase Existing Appropriations <input type="checkbox"/> Decrease Existing Appropriations <input type="checkbox"/> Create New Appropriations	<input type="checkbox"/> Increase Existing Revenues <input type="checkbox"/> Decrease Existing Revenues	<input type="checkbox"/> Increase Costs - May be possible to absorb within agency's budget <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decrease Costs
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Local:

No Local Government Costs
 Indeterminate

1. <input type="checkbox"/> Increase Costs <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory 2. <input type="checkbox"/> Decrease Costs <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory	3. <input type="checkbox"/> Increase Revenue <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory 4. <input type="checkbox"/> Decrease Revenue <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory	5. Types of Local Government Units Affected <input type="checkbox"/> Towns <input type="checkbox"/> Village <input type="checkbox"/> Cities <input type="checkbox"/> Counties <input type="checkbox"/> Others <input type="checkbox"/> School Districts <input type="checkbox"/> WTCS Districts
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Fund Sources Affected	Affected Ch. 20 Appropriations
<input type="checkbox"/> GPR <input type="checkbox"/> FED <input type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEGS	

Agency/Prepared By DHFS/ Ellen Hadidian (608) 266-8155	Authorized Signature Freda Ellen Bove (608) 266-2907	Date 2/10/2004
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Fiscal Estimate Narratives
DHFS 2/10/2004

LRB Number	03-2229/1	Introduction Number	SB-304	Estimate Type	Original
Subject					
Parental consent for a minor's abortion					

Assumptions Used in Arriving at Fiscal Estimate

SB 304 makes numerous changes to the law that requires an unemancipated minor to obtain parental or other adult consent or a judicial waiver of consent before she may have an abortion.

Under current law, a minor may not obtain an abortion unless the minor has given voluntary informed consent, received specified oral and written information at least 24 hours before the abortion, and voluntary informed consent is given by a parent, one of several adult family members, or a foster parent, or a court has granted the minor a petition for a waiver of the consent. SB 304 eliminates the authority of an adult family member, a foster parent, a treatment foster parent, or a parent who does not have legal custody of a child to consent to an abortion for the minor.

The bill also requires an adult who consents to an abortion to sign and acknowledge a consent document in front of a notary public who is responsible for verifying the identity of the individual. The notary is required to keep confidential any information acquired in taking the acknowledgement and verification.

Under current law, consent or a judicial waiver is not required if the person who intends to perform or induce the abortion believes that a medical emergency exists that complicates the pregnancy so as to require an immediate abortion. This bill defines medical emergency as a condition that requires an abortion to avert the death of a pregnant woman or for which a 24-hour delay in performance will seriously risk substantial and irreversible impairment of one or more of the woman's major bodily functions.

In addition, current law allows the consent provisions to be waived if a psychiatrist or psychologist states in writing that the minor is likely to commit suicide rather than seek consent or a judicial waiver. This bill eliminates that provision.

Under current law, a person who intentionally performs an abortion without receiving proper consent is liable to the minor and the minor's parent, guardian, or legal custodian for damages arising out of the abortion. This bill eliminates the requirement that the violation be intentional and instead provides that the violation be committed under circumstances in which the person knew, or, in the exercise of reasonable care, should have known that the consent requirements were not fulfilled.

Also under current law, a member of the clergy may petition the court for a waiver of the consent requirements on the minor's behalf and may be present at the initial court appearance instead of the minor. If the clergy person files an affidavit stating that he or she has explored all the minor's alternatives and has determined that it is in the minor's best interest to obtain an abortion, the court may grant the petition and the minor does not have to appear in court. This bill eliminates the option for a member of the clergy to file a petition and affidavit on behalf of the minor. Under this bill, the minor must file her own petition and be present at the initial appearance and the court must appoint counsel for the minor and hold a hearing to consider the petition. This bill also requires that the court must hear testimony relating to the nature of the relationship between the minor and her parents before a waiver may be granted.

It is possible that the number of abortions provided to minors will decrease under this bill. As a result, the number of births to minors might increase. Approximately 86% of births to minors are funded by Medicaid (MA). MA delivery costs are approximately \$7,500 (\$3,100 GPR and \$4,400 FED) per birth. Health care costs for an infant in its first year are approximately \$1,400 (\$600 GPR and \$800 FED) annually. In addition, the mother would be added to the Medicaid caseload, at a cost of \$2,100 (\$900 GPR and \$1,200 FED)/person annually. To the extent that the number of births to minors would increase as a result of this bill, the costs to MA would also increase. It is not known how many abortions might not be performed under this legislation, but if abortions decline and Medicaid births increase, Medicaid costs would increase.

Long-Range Fiscal Implications