Hawai'i State Senate
The Twenty-Sixth Legislature
Regular Session of 2012
Committee on Health

March 26, 2012

TESTIMONY IN STRONG SUPPORT OF HD 2232.

Dear Chair Clayton Hee and Vice Chair Clayton V. C. Maille Shimabukto:

My name is Fran Miller. I have been a Visiting Professor of Law at the William S. Richardson School of Law at the University of Hawaii at Manoa for the past 5 years, and am Professor of Law Emerita at Boston University School of Law. I strongly support the original draft of Senate Bill 2578.

My familiarity with the practice of medical students performing pelvic examinations on women for teaching purposes comes from discussions of informed consent with students and faculty at Boston University's Schools of Medicine, Law and Public Health, from interviews with midwives and medical researchers, and from reading the medical and legal literature. Although almost all physicians and medical students understand that they are required to get a patient's informed consent before delivering medical treatment, they often misunderstand the meaning of an "informed" consent and think the legal requirement means only that they need to get the patient's signature on a consent form. Much more is of course required; the patient must truly understand what the physician – or medical student - intends to do, and must freely acquiesce in that action. Unfortunately, that does not always happen when it comes to medical training.

Medical training requires that students "practice" their diagnostic and treatment skills under supervision, and patients in training environments generally understand that medical students will often be associated with their treatment teams. But good medical education teaches students that patient permission will *always* be asked before students participate in their care. Nowhere is that more important than when it comes to performing pelvic examinations on anesthetized women. My colleague Professor Hazel Beh's testimony makes that point in graphic fashion, and I would like to incorporate her testimony and its rationale here. Although reportedly The John A. Burns Medical School has policies to discourage the practice, it will further their efforts to have a statute specifically reminding physicians and medical students of their responsibility to secure their anesthetized patients' knowing consent to pelvic examination. Specific statutory language makes an impression on physician thought, and thought influences physician behavior.

With Senate Bill 2578 Hawaii has the opportunity to join the modern legislative trend affirming the privacy rights of anesthetized women, who are in no position to protest about unconsented invasions of the most intimate sort imaginable.

Thank you for your consideration.

Frances H. Miller

Visiting Professor of Law

March 26, 2012

BY EMAIL

Senator Clayton Hee, Chair
Hawaii State Legislature
Senate Committee on Judiciary and Labor
Hawaii State Capitol, Room 407
Honolulu, Hawaii

Re: House Bill 2232 SD 1 Prohibiting Unauthorized Educational Pelvic Examinations

Dear Chairman Hee:

We write to urge the members of Senate Committee on Judiciary and Labor to support House Bill 2232 SD 1, which prohibits intimate pelvic examinations[1] on female patients, for medical teaching purposes, *without the patient's consent*. The passage of House Bill 2232 SD 1 will ensure that norms of autonomy and respect for all persons are honored. The passage of this bill will ensure that those who are capable of consenting are not treated as a means to an end. As we explain below, requiring explicit consent for intimate exams guarantees the dignity and respect that female patients deserve *without* jeopardizing the quality of medical education in Hawaii.

Part A of this letter applauds this important legislation, the passage of which would place Hawaii at the forefront of an emerging trend among states to disclose forthrightly the educational nature of practice procedures and require those performing such procedures to ask for permission. Part B details the extent of intimate examinations for medical training without the patient's consent. Part C describes legislation in four states that proscribes unauthorized educational pelvic examinations. The consensus of medical ethics groups is that such intimate exams should not occur without consent. Parts D, E, and F refute a number of common justifications for performing such intimate exams without permission. Specifically, Parts D and E rebut the unfounded justification that women have impliedly or expressly consented upon admission to the hospital. Part F shows empirically, that when asked patients consent to practice exams in overwhelming numbers and consequently, should be enlisted as "respected partners" [2] in medical teaching.

A. Senate Draft 1's Language Tightens the Protections Contained in House Bill 2232

Passage of Health Bill 2232 SD 1 would place Hawaii at the forefront of an emerging legislative trend among states, requiring healthcare providers to ask permission before using a patient as a tool to teach intimate exams. Virginia, California, Illinois, and Oregon all now require explicit consent for student executed pelvic examinations on unconscious patients.[3]

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[1] *See generally* Georgia Health Sciences University, Pelvic Exam, http://www.georgiahealth.edu/shs/sexualhealth/pelvic.html (last visited Jan 9, 2012) (detailing the basic elements of a standard pelvic examination).

[2] Jennifer Goedken, *Pelvic Examinations Under Anesthesia: An Important Teaching Tool*, 8 J. HEALTH CARE L.& POL'Y 234, 235 (2005).

[3] See *infra* Part C.

Like the laws of those states, House Bill 2232 SD 1 prohibits "a pelvic examination on an anesthetized patient" unless she gives prior informed consent or the attending physician or student has the patient's permission *and* the exam "is within the scope of [her] care." In addition, it would prohibit exams on unconscious patients unless "the exam is required for diagnostic purposes."[4]

House Bill 2232 SD 1 has been twice amended and the most recent version of this important legislation is the best draft to date.

In its original form, House Bill's required a woman's consent for an intimate exam only when "a physician, osteopathic physician, surgeon, or student who is participating in a course of instruction, residency program, or clinical training program....perform[s] a pelvic examination."[5] This language covered *some, but not all*, medical professionals who may train on patients without their permission.[6] Although much rarer, anesthetized patients present practice opportunities not only for medical students but for other aspiring medical professionals as well, such as certified nurse anesthetists, paramedics, and others.[7] The current draft extends patient protections to reach beyond medical students alone. It smartly covers any student participating in a course of instruction, residency program, or clinical training program.[8]

Section 1B of House Draft 2 added that specific informed consent would not be required if "*The physician, osteopathic physician, surgeon, or medical student has the patient's permission to be involved in the patient's care* and the performance of a pelvic examination is within the scope of care for the surgical procedure or diagnostic examination scheduled to be performed on the patient."[9] However, this addition undermined the intent underlying this effort, and would have effectively preserved the unacceptable status quo. As Parts D and E explain in further detail, the language in House Draft 2 ran afoul of the legislation's central goal – as patients are often presumed to know more about their healthcare providers than they actually do. Thus, in keeping with the intent of the bill, the added clause to Section 1B in House Draft 2 was wisely omitted in Senate Draft 1.

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[4] House Bill 2232 HD 2, § 2 Compare Cal. Bus. & Prof. Code § 2281 (2010) ("A physician and surgeon or a student undertaking a course of professional instruction or a clinical training program, may not perform a pelvic examination on an anesthetized or unconscious female patient unless the patient gave informed consent to the pelvic examination, or the performance of a pelvic examination is within the scope of care for the surgical procedure or diagnostic examination to be performed on the patient or, in the case of an unconscious patient, the pelvic examination is required for diagnostic purposes").

[5] House Bill 2232 HD 2 § 2.

[6] VA HOSPITAL, REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES, OPTIONAL FORM 522 (1994) (acknowledging "the presence of other persons during the surgical procedure, such as medical students, nursing students, other healthcare students or healthcare providers, and/or healthcare company representatives.").

[7] Robin Fretwell Wilson, *Unauthorized Practice: Regulating the Use of Anesthetized Recently Deceased, and Conscious Patients in Medical Training*, 44 IDAHO L.REV. 423, 427 (2008) *citing* an email from Dr. Steve Boggs, Anesthesiologist, Spartanburg Regional Medical Center).

[8] House Bill 2232 SD 1 §1.

[9] House Bill 2232 HD 2 §1B (italicized portion added in House Draft 2).

House Bill 2232 SD 1 was laudably amended to correct these weaknesses and provide a broader scope of protections. These additions should be retained.

B. The Extent of the Practice

Despite widespread ethical condemnation recognizing that "the practice of performing pelvic examinations on women under anesthesia, without their knowledge and approval [is] unethical and unacceptable,"[10] experience shows that unauthorized exams continue both in Hawaii and elsewhere across the US. In his testimony, Mr. Sean Barnes, a medical student at the John A. Burns School of Medicine, University of Hawaii, explains that "for three weeks, 4-5 times/day, [he] was asked to, and did, perform pelvic examinations on anesthetized women, without specific consent, solely for the purpose of my education."[11] Mr. Barnes' experience is not unique. Staunch defenses in the media of unauthorized practice by teaching faculty confirm that patient consent is "not a pre-requisite" for many institutions.[12]

Empirical studies document the widespread nature of unauthorized pelvic examinations. In 2003, Peter Ubel and colleagues reported that 90% of medical students at five Philadelphia-area medical schools performed pelvic examinations on anesthetized patients for educational purposes during their obstetrics/gynecology rotation.[13] In 1992, Charles Beckmann reported that 37.3% of United States and Canadian medical schools reported using anesthetized patients to teach pelvic exams.[14] A study from the United Kingdom found that 53% of students at a single English medical school performed approximately 700 intimate examinations on anesthetized patients.[15] Students acted without any written or oral consent in 24% of the exams.[16]

C. The Legislative and Professional Response

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[10] Press Release, Am. Ass'n of Med. Colls., AAMC Statement on Patient Rights and Medical Training (June 12, 2003), http://www.aamc.org/newsroom/pressrel/2003/030612.htm.

[11] *See* Shawn S. Barnes, Practice Pelvic Exams by Medical Students on Women Under Anesthesia: Why Not Ask First?, Testimony to the Hawaii State Legislature, at p. 1 (Jan. 12, 2012).

[12] Robin Fretwell Wilson, Unauthorized Practice: Regulating the Use of Anesthetized Recently Deceased, and Conscious Patients in Medical Training, 44 Idaho L.Rev. 423, 427 (2008) (Presenting comments by faculty at George Washington University Hospital, UCLA Medical Center, and the Medical University of South Carolina).

[13] Peter A. Ubel et al., Don't Ask, Don't Tell: A Change in Medical Student Attitudes After Obstetrics/Gynecology Clerkships Toward Seeking Consent for Pelvic Examinations on an Anesthetized Patient, 188 AM. J. OBSTETRICS & GYNECOLOGY 575, 579 (2003).

[14] Charles R. B. Beckmann et al., Gynaecological Teaching Associates in the 1990s, 26 MED. EDUC. 105, 106 (1992).

[15] Yvette Coldicott et al., The Ethics of Intimate Examinations -- Teaching Tomorrow's Doctors, 326 BRIT. MED. J. 97, 98 tbl. 2 (2003).

[16] *Id.* at 98.

In response to this widespread use of patients, four U.S. jurisdictions by legislation now require explicit consent for pelvic examinations on unconscious patients for medical teaching purposes.[17]

This legislation reflects the consensus of American professional medical organizations that healthcare providers should obtain explicit for intimate teaching exams.[18] In the "Statement on Patient Rights and Medical Training" in 2003, the American Association of Medical Colleges, which represents 125 accredited U.S. medical schools and over 400 teaching hospitals, described "pelvic examinations on women under anesthesia, without their knowledge and approval ... [as] unethical and unacceptable."[19]

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[17] Va. Code Ann. § 54.1-2959 (2010) ("Students participating in a course of professional instruction or clinical training program shall not perform a pelvic examination on an anesthetized or unconscious female patient unless the patient or her authorized agent gives informed consent to such examination, the performance of such examination is within the scope of care ordered for the patient, or in the case of a patient incapable of giving informed consent, the examination is necessary for diagnosis or treatment of such patient"); 410 ILCS 50/7 (2010) ("Any physician, medical student, resident, advanced practice nurse, registered nurse, or physician assistant who provides treatment or care to a patient shall inform the patient of his or her profession upon providing the treatment or care, which includes but is not limited to any physical examination, such as a pelvic examination. In the case of an unconscious patient, any care or treatment must be related to the patient's illness, condition, or disease"); Cal Bus & Prof Code § 2281 (2010) ("A physician and surgeon or a student undertaking a course of professional instruction or a clinical training program, may not perform a pelvic examination on an anesthetized or unconscious female patient unless the patient gave informed consent to the pelvic examination, or the performance of a pelvic examination is within the scope of care for the surgical procedure or diagnostic examination to be performed on the patient or, in the case of an unconscious patient, the pelvic examination is required for diagnostic purposes"); Oregon H.B. No. 2908 (passed Jun 1, 2011) (effective Jan 1, 2012) ("(1) A person may not knowingly perform a pelvic examination on a woman who is anesthetized or unconscious in a hospital or medical clinic unless: (a) The woman or a person authorized to make health care decisions for the woman has given specific informed consent to the examination; (b) The examination is necessary for diagnostic or treatment purposes; or (c) A court orders the performance of the examination for the collection of evidence (2) A person who violates subsection (1) of this section is subject to discipline by any licensing board that licenses the person").

[18] Like these professional organizations, individual medical schools disallow unauthorized pelvic examinations. *See, e.g.*, University of Minnesota Medical School, University of Minnesota Medical School Policy for Medical Students' Performance of Pelvic Examinations on Anesthetized Patients, http://www.obgyn.umn.edu/prod/groups/med/@pub/@med/documents/asset/med_61625.pdf (last visited Jan 10, 2011) ("The medical student is an integral part of the health care team, and if the student is participating in the patient's care, it is appropriate that (s)he perform this exam. It is the policy of the University of Minnesota Medical School and the Department of Obstetrics, Gynecology, and Women's Health that informed consent must be obtained for breast and pelvic examinations under anesthesia to be done by medical students. Any student who feels that (s)he has been placed in a situation in which (s)he has been asked to perform or has performed a breast or pelvic examination on a patient without the patient's consent should immediately notify the Medical Student Coordinator"). Medical associations outside America have also condemned the practice. *See, e.g.*, Joint Statement of The Association of Academic Professionals in Obstetrics and Gynaecology of Canada and Society of Obstetricians and Gynaecologists of Canada, No. 246 (Sept. 2010), http://www.sogc.org/guidelines/documents/gui246PS1009E_000.pdf (last visited Jan 12, 2012) ("[P]atient autonomy should be respected in all clinical and educational interactions. When a medical student is involved in patient care, patients should be told what the student's roles will be, and patients must provide consent. Patient participation in any aspect of medical education should be voluntary and non-discriminatory").

[19] Press Release, Am. Ass'n of Med. Colls., AAMC Statement on Patient Rights and Medical Training (June 12, 2003), http:// www.aamc.org/newsroom/pressrel/2003/030612.htm (last visited March 16, 2005).

In August 2011 Committee on Ethics ruling, the American College of Obstetricians and Gynecologists affirmed that "[r]espect for patient autonomy requires patients be allowed to choose to not be cared for or treated by [medical student] learners when this is feasible."[20] The Ethics Committee ruling applied this ethical tenant to pelvic examinations specifically: "Pelvic examinations on an anesthetized woman that offer her no personal benefit and should be performed only with her specific informed consent before surgery."[21]

Teaching faculty offer a number of justifications for dispensing with the simple step of asking for permission[22] — justifications that simply do not withstand scrutiny, as the next Parts of this letter demonstrate.

D. Patients Have Not Implicitly Consented to Intimate Educational Exams.

The first justification that teaching faculty advance for not obtaining specific consent for educational pelvic exams is that patients have implicitly consented by accepting care at a teaching hospital. Empirical evidence suggests that many patients do not consciously chose teaching facilities or even know they are in one.

One study, for example, found that 60% of patients at a teaching hospital in Great Britain were unaware that they were at a teaching hospital until they encountered students for the first time.[23] Indeed in the U.S., an overwhelming number of facilities in the United States give little indication to prospective patients of the hospital's teaching status.[24] Public disclosure of hospitals' teaching status varies drastically. Some hospitals, like Duke University Medical Center[25] and New York-Presbyterian —The University Hospital of Columbia and Cornell,[26] indicate their medical school affiliation in their name.

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[20] American College of Obstetricians and Gynecologists Committee on Ethics, Professional Responsibilities in Obstetric-Gynecologic Medical Education and Training, Ruling No. 500 (August 2011), http://www.acog.org/~/media/Committee%20Opinions/Committee%20on%20Ethics/co500.ashx?dmc=1&ts=20120112T1021153539.

[21] *Id.*

[22] Robin Fretwell Wilson, *Unauthorized Practice: Regulating the Use of Anesthetized Recently Deceased, and Conscious Patients in Medical Training*, 44 Idaho L.Rev. 423, 427 (2008) (Presenting comments by faculty at George Washington University Hospital, UCLA Medical Center, and the Medical University of South Carolina).

[23] D. King et al., Attitudes of Elderly Patients to Medical Students, 26 MED. EDUC. 360 (1992) (reporting on results of survey, prior to discharge, of patients whose average age was 80 years old).

[24] Wilson, *supra* n. 21.

[25] *See, e.g.,* Duke University Medical Center website, at http://www.dukehealth.org (last visited Jan, 10 2012). See also The University Hospital, University of Medicine & Dentistry of New Jersey website, at http://www.theuniversityhospital.com (last visited Jan 10, 2012); Johns Hopkins Hospital & Health System website, at http://www.hopkinsmedicine.org (last visited Jan 10, 2012).

[26] New York-Presbyterian, The University Hospital of Columbia and Cornell is the primary teaching hospital of Columbia University College of Physicians & Surgeons and the Weill Medical College of Cornell University. See NewYork-Presbyterian, The University Hospital of Columbia and Cornell website at http://www.nyp.org (last visited Jan 10, 2012) This full title appears on the exterior building and on all hospital publications. Personal

These two examples are exceptions to the rule, however. Of the approximately 400 members of the Council of Teaching Hospitals and Health Systems, only 106 -- slightly more than 25% -- contain the word "college" or "university" in their name.[27]

The University of Hawaii's medical school partners with 19 health care facilities.[28] None of these institutions' names suggest any affiliation with the Medical School or their status as a teaching hospital.[29]

While a hospital's name or website may not relay its teaching mission to patients, physical proximity to a medical school can, arguably, give patients constructive notice of a hospital's teaching status. It is reasonable to assume that a patient at New York-Presbyterian, located less than sixty feet from the Columbia Medical University College of Physicians & Surgeons, knows the facility is a teaching hospital.[30] But, patients at the 50 different facilities associated with Columbia's medical school located throughout New York, New Jersey, and Connecticut,[31] cannot possibly be on constructive notice.

Like the rest of the United States, Hawaii has considerable geographical space separating affiliated educational institutions and healthcare facilities, in Hawaii. The Pacific Ocean separates healthcare facilities affiliated with the University of Hawaii School of Medicine.[32]

E. Patients Have Not Expressly Consented to Intimate Educational Exams

Many teaching faculty assert that the patient has consented upon admission to a teaching facility.[33] This claim takes two forms: In the stronger form, teaching faculty assert that the student's pelvic exam is an

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communication with Cathy Thompson, Office of Public Affairs & Media, Columbia-Presbyterian Medical Center. (Oct. 29, 2003) (on file with Robin Fretwell Wilson).

[27] Member Teaching Hospitals and Health Systems, Council of Teaching Hospitals and Health Systems, http://services.aamc.org/memberlistings/index.cfm?fuseaction=home.search&search_type=TH&state_criteria=ALL (last visited Jan 10, 2012).

[28] University of Hawaii School of Medicine, http://www.catalog.hawaii.edu/schoolscolleges/medicine/general.htm (last visited Jan 10, 2012).

[29] *Id.*

[30] Google Maps gives the distance from Columbia's location at 630 W. 168th Street to New York Presbyterian's location at 622 W. 168th Street as less than 0.01 miles. Mapquest, maps.google.com (last visited Jan 10, 2012).

[31] NEW YORK PRESBYTERIAN HEALTH SYS. (noting that "Most System members are academic affiliates of either Weill Medical College of Cornell University or Columbia University College of Physicians & Surgeons"), at http://www.nypsystem.org/about.html (last visited Jan. 11, 2012).

[32] *See, e.g.,* University of Hawaii School of Medicine Catolog, http://www.catalog.hawaii.edu/schoolscolleges/medicine/general.htm (last visited Jan 10, 2012) (noting the affiliation between the University of Hawaii School of Medicine, located on Oahu Island, and Maui Memorial Medical Center located on Maui Island).

[33] AM. COLL. OF OBSTETRICIANS AND GYNECOLOGISTS (ACOG), COMM. OPINION 181: ETHICAL ISSUES IN OBSTETRIC-GYNECOLOGICAL EDUCATION 2 (1997).

ordinary component of the surgery to which the patient has consented.[34] A variant on this claim holds that if consent was obtained for one procedure, it encompasses consent for additional, related procedures.[35] This is just not so as a matter of contract interpretation. In a typical consent form, patients will:

> [A]gree and give consent to [teaching hospital], its employees, agents, the treating physician ... medical residents and Housestaff to diagnose and treat the patient named on this consent to any and all treatment which includes, but might not be limited to ... examinations and other procedures related to the routine diagnosis and treatment of the patient.[36]

The typical admission form authorizes care for the patient's benefit, not for student educational purposes.

This authorization should encompass only the treatment that a patient would reasonably expect to receive when checking into a health care facility— treatment that provides the patient with a direct benefit to her.

F. Exaggerated Fears of Widespread Refusal

Some members of the medical education community argue that performing educational exams without specific consent is necessary. Their argument is essentially that "we can't ask you, because if we ask you, you won't consent."

These fears are wholly misplaced. Study after study has shown that women will consent to pelvic examinations for educational purposes. These include not only "hypothetical" studies -- studies asking patients how they would respond if asked to do a variety of things -- but also studies of actual women giving actual consent to real exams.

A 2010 Canadian study found that 62% of women surveyed said they would consent to medical students doing pelvic examinations, 5% would consent for female students only, and only 14% would refuse.[37] A study in the United Kingdom found that 46% of women in outpatient care did not object to having

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[34] Liv Osby, MUSC May Change Pelvic Exam Practice, GREENVILLE NEWS (S.C.), Mar. 13, 2003 (quoting the OB/GYN clerkship director at the Medical University of South Carolina, who indicated that "no specific permission" is sought for educational pelvic exams and acknowledged, "maybe this is something we need to revisit"), http://greenvilleonline.com/news/2003/03/12/200303122797.htm (last visited Mar. 16, 2005).

[35] See e.g., Michael Ardagh, May We Practise Endotracheal Intubation on the Newly Dead?, 23 J. MED. ETHICS 289, 292 (1997) (making this observation with respect to practicing resuscitation procedures on the recently deceased); A.D. Goldblatt, Don't Ask, Don't Tell: Practicing Minimally Invasive Resuscitation Techniques on the Newly Dead, 25 ANNALS EMERGENCY MED. 86, 87 (1995) (analogizing to "construed consent," which authorizes related tests or diagnostic procedures).

[36] PALMETTO RICHLAND MEMORIAL HOSPITAL, INFORMED CONSENT. Palmetto Richland Memorial Hospital is a teaching hospital for the Medical University of South Carolina. OUR AFFILIATIONS, PALMETTO HEALTH SYSTEM, http://www.palmettohealth.org/body.cfm?id=3124&oTopID=0.

[37] S. Wainberg et al., Teaching pelvic examinations under anaesthesia: what do women think?, 32 J OBSTET. GYNAECOL CAN 49 (2010).

students perform pelvic exams on them.[38] In a private practice setting, another study found refusal rates of approximately 5% to perform educational pelvic exams.[39] In yet another study, 61% of outpatients reported that they would definitely allow, probably allow, or were unsure whether they would allow a pelvic examination.[40]

Even more women consent to examinations before surgery. In one study in the United Kingdom, 85% of patients awaiting surgery consented to educational exams by students while the patient was under anesthesia.[41] These studies involved *actual patients* giving *actual consent* to *real exams* by *real students*. Responding to hypothetical questions, more than half of the patients surveyed in another study (53%) would consent or were unsure if they would consent to pelvic exams, if asked prior to surgery.[42]

G. Conclusion

Without adequate safeguards to protect the autonomy of women to consent to medical teaching, many will be reduced into acting as "medical practice dummies" without their permission. You should simply not allow such disrespectful treatment of patients who would gladly consent if only asked.

We welcome any opportunity to provide further information, analysis, or testimony to the Hawaii State Legislature.

Respectfully Yours,[43]

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[38] J. Bibby et al., Consent for Vaginal Examination by Students on Anaesthetised Patients, 2 LANCET 1150, 1150 (1988). Lawton et al., Patient Consent for Gynaecological Examination, 44 BRIT. J. HOSP. MED. 326, 326 (1990) (discussing study by J. Bibby et al).

[39] Lawton, *supra* n. 35 at 329.

[40] Peter A. Ubel & Ari Silver-Isenstadt, Are Patients Willing to Participate in Medical Education?, 11 J. CLINICAL ETHICS 230, 232-33 (2000)

[41] Lawton et al. at 329.

[42] Ubel & Silver-Isenstadt at 234.

[43] Academic affiliation is for identification purposes only. The universities that employ the signers take no position on this or any other bill.

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 27, 2012 12:21 AM
To: JDLTestimony
Cc: annfreed@hotmail.com
Subject: Testimony for HB2232 on 3/27/2012 10:30:00 AM
Attachments: HB2232 Pelvic exams

Testimony for JDL 3/27/2012 10:30:00 AM HB2232

Conference room: 016
Testifier position: Support
Testifier will be present: No
Submitted by: Ann S Freed
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Submitted on: 3/27/2012

Comments: