PLANNED PARENTHOOD ADVOCACY FUND 2006 LEGISLATIVE CANDIDATE QUESTIONNAIRE

Candidate's Name: USEN KONGO DOCK DUTS
Legislative District or Office Sought: STATE REPORTS OF HOUSEN
Party Affiliation: CTEEN-RAINDOW Pointy
Campaign Committee: The Oroadhurst Committee
Campaign Manager: I ames I an Oroachurst
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Campaign Phone: 4.3.786.1508 Campaign Fax: 425.988.8734
Campaign Email Address: Owen broadhurst egmail. Com
Campaign Website (if applicable): www.owenbrockhurst.org
Are you currently or were you previously an elected official? If so, please indicate which office(s) you held and for what period of time.
I am an appointed public official, elected to the Town of Agawam Community Preservation Committee by the City Council of Agawam.

Please return this questionnaire by Thursday, May 4, 2006, to:
Colin Moore
Planned Parenthood Advocacy Fund
1055 Commonwealth Avenue
Boston, MA 02215-1001

Tel: 617-616-1693 Fax: 617-616-1665 Candidate's Name: Ower Q, Broadhurst

Please circle YES or NO in answer to each of the questions below. Thank you.

1. Planned Parenthood believes that young people need access to comprehensive sex education to be able to make responsible choices, prevent sexually transmitted diseases (including HIV/AIDS) and avoid unplanned pregnancies. Studies have shown that comprehensive sex education delays the onset of sexual activity, reduces the number of partners and increases the use of contraceptives. In addition, a number of studies have shown that the vast majority of parents support the teaching of comprehensive sex education over programs that focus only on abstinence.

Do you support comprehensive sex education that includes the discussion of abstinence and contraception?



2. To address the lack of comprehensive health education in school districts throughout Massachusetts, Planned Parenthood has joined the CARE for Youth Coalition, a statewide campaign to pass legislation making comprehensive health education, including comprehensive sex education, part of the core curriculum for public schools. The proposal relies on the Department of Education's comprehensive Health Education Curriculum Framework, which covers such topics as nutrition, substance abuse, exercise, injury prevention, violence prevention, mental health, and sexuality. This legislation already has 40 co-sponsors in the House of Representatives and 10 co-sponsors in the State Senate.

Would you co-sponsor legislation making comprehensive health education part of the core curriculum for public schools in Massachusetts?



3. Many low-income people rely on state-funded family planning programs for access to contraceptives, cervical cancer screenings, and testing for and treatment of sexually transmitted diseases.

Do you support increasing state funding for family planning services?



4. Nearly half of all pregnancies in the U.S. are unplanned, and approximately half of all unplanned pregnancies result in abortion. In 1998, the FDA approved emergency contraception (EC) as a safe and effective method of birth control that can prevent pregnancy if taken within up to five days of unprotected sex. EC has no long-term side effects and does not harm an existing pregnancy. Yet, some hospitals and pharmacists have refused to provide EC to women, including to those who have been raped. The Massachusetts Legislature passed Chapter 91 of the Acts of 2005 which mandates that hospitals make EC available to rape and sexual assault survivors and allows specially trained pharmacists to dispense EC without a doctor's prescription.

Do you support the new law's requirement that all Massachusetts hospitals offer EC to women who have been raped?

YES

NO

Do you support the flexibility the new law provides to Massachusetts pharmacists to dispense EC more easily through a collaborative agreement with a physician?

YES NO

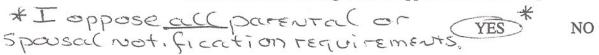
5. Roe v. Wade, the 1973 landmark U.S. Supreme Court decision, legalized abortion and required states to provide "a compelling state interest" for any restrictions on abortion imposed by states prior to fetal viability (usually around 24 weeks). Under Roe, states may prohibit abortions after the point of fetal viability, except when a woman's life or health is at risk. In Massachusetts, no abortion may be performed after 24 weeks of pregnancy, unless it is necessary to protect the life or health of the woman.

Do you support the right of all women to a medically safe, legal abortion under the standards set forth in *Roe v. Wade?*



6. Under Massachusetts law, women under the age of 18 must obtain the consent of one parent or a judge to have an abortion. While most young women involve their parents in their decision whether or not to have an abortion, some young women cannot — either because they have been subjected to physical or sexual abuse at home, have been threatened by their parents if they should become pregnant, or are concerned that knowledge of their pregnancy would exacerbate an already unstable family situation. Teens who feel that they cannot tell their parents must either travel to another state or go through a Massachusetts court proceeding to obtain an abortion. The result is almost always a delay, which increases the health risk to the teen.

Do you support legislation that would allow another adult family member to give consent or allow the procedure if the young woman could demonstrate that she had received counseling from an approved health care professional?



Do you oppose further restrictions on teens seeking abortions?

YES NO

7. The Department of Public Health (DPH) currently requires providers to inform women seeking abortions about the procedures available, their risks, alternatives to abortion, and that public assistance cannot be denied to women who decide to continue their pregnancies. Women must also sign a DPH informed consent form signifying that they have received this information and authorizing their physician to perform the procedure.

Despite these requirements, organizations that oppose abortion are actively promoting legislation like the so-called "Woman's Right to Know" bill, which would impose additional consent and reporting requirements on women seeking abortions and physicians who perform abortions — including requiring providers to give women information 24 hours before the abortion about the "probable anatomical and physiological characteristics of the unborn child at two-week gestational increments" and requiring physicians or their agents to provide similar information just prior to the procedure.

Do you oppose establishing additional consent requirements such as those contained in the so-called "Woman's Right to Know" bill?



8. The current Massachusetts Buffer Zones Law establishes an 18' buffer zone outside of health facilities. However, protesters can be within that zone, as long as they are not within six feet of an entering patient, and can be within that six-foot "bubble" zone if they have the entering patient's consent. While better than no law at all, the current law has been nearly impossible to enforce due to its complexity, and the vagueness of the language surrounding consent. Legislation is being filed that would strengthen this law by establishing a 35' fixed buffer zone within which protesters could not stand.

Do you support the establishment of a 35' fixed buffer zone outside of health facilities?



Would you co-sponsor legislation to establish a 35' fixed buffer zone outside of health facilities?



9. Finally, in our experience, it is often helpful for candidates for public office to be briefed on reproductive health issues in order to respond more effectively to questions from other candidates and the media. Would you be interested in meeting with PPLM staff for such a briefing or in receiving additional information?



Please feel free to add any other information below or on separate page that you feel would be useful for us to know in assessing your candidacy. Thank you.