



INITIATIVE MEASURE 694

PROPOSED TO THE PEOPLE

Official Ballot Title:

Shall the termination of a fetus' life during the process of birth be a felony crime except when necessary to prevent the pregnant woman's death?

Note: The ballot title was written by the court. The explanatory statement was written by the Attorney General as required by law and amended by the court. The complete text of Initiative Measure 694 begins on page 19.

Statement For

INITIATIVE-694 STOPS A TERRIBLE PROCEDURE FROM BEING USED AGAINST PARTIALLY-BORN CHILDREN

Initiative-694 would stop the horrible killing of partially-born infants using a gruesome procedure unrecognized by the American Medical Association and rightly opposed by most Americans. Initiative-694 is a clear, common-sense, and constitutional way to protect the lives of partially-born children.

INITIATIVE-694 DOES NOT VIOLATE THE UNITED STATES SUPREME COURT'S OPINION IN *ROE v. WADE*

Although the Supreme Court has declared a right to terminate a pregnancy, it has never declared a right to terminate the lives of children who are in the process of being born. Initiative-694 stops a procedure - partial-birth infanticide - that goes far beyond abortion and *Roe*. Initiative-694 is carefully drafted to ensure it does not interfere with a woman's right to choose an abortion. Under Initiative-694, women will still have access to legal abortion.

INITIATIVE-694 HELPS PROTECT WOMEN AGAINST AN UNNECESSARY AND DANGEROUS PROCEDURE

Former Surgeon General, C. Everett Koop, has said that partial-birth procedures are never medically necessary to protect the health of the mother. Medical experts have testified that such procedures can lead to severe bleeding, damage to the uterus, and problems with future pregnancies. Other options are available in emergencies ... and Initiative-694 specifically allows an exception to protect the life of the mother.

INITIATIVE-694 ESTABLISHES SPECIFIC MEDICAL STANDARDS DOCTORS CAN EASILY UNDERSTAND

Initiative-694 clearly defines the point in time when mothers and their physicians recognize the process of birth has begun - when the mother's cervix is dilated, her water has broken, and the baby is moving into the birth canal. We need to stop this unnecessary and hideous procedure that deliberately and intentionally ends the lives of helpless children in the process of being born. Initiative-694 will establish a reasonable, reliable, and legally-enforceable barrier against partial-birth infanticide.

For more information, call (360) 863-1077.

Rebuttal of Statement Against

Few doctors support partial-birth procedures.

Opponents of Initiative-694 keep using the same worn-out arguments for the most radical positions on abortion. But partial-birth infanticide is not abortion. Federal courts have upheld bans similar to Initiative-694.

These grisly and painful procedures include jabbing sharp instruments through the skulls of young infants while they are being born and brutally killing them by sucking out their brains.

Enough is enough. Let's stop partial-birth infanticide.

Please vote for Initiative-694.

Voters Pamphlet Statement Prepared by:

ROBERT V. BETHEL, D.O., Board Certified Family Practice, Sponsor; JOYCE MULLIKEN, State Representative, (R), 13th District; PAULA RANNEY, Attorney at Law.

Advisory Committee: CLYDE BALLARD, Speaker, State Representative (R); JIM HARGROVE, State Senator, (D), 24th District; SUSAN RUTHERFORD, M.D., OB-GYN, Specialist in Maternal/Fetal Health; BYRON CALHOUN, M.D., OB-GYN, Specialist in Maternal/Fetal Health; KEITH FREY, M.D., Clinical Professor, U.W. Department of Family Medicine.

The law as it now exists:

Abortion and pregnancy termination are currently governed by Chapter 9.02 RCW, originally enacted as Initiative Measure No. 120. This law provides that the state may not deny or interfere with a woman's right to choose to have an abortion prior to viability of the fetus, or to protect her life or health. Under these circumstances, a physician may terminate a pregnancy, and a health care provider may lawfully assist in the procedure. "Viability" is defined as "the point in the pregnancy when, in the judgment of the physician on the particular facts of the case before such physician, there is a reasonable likelihood of the fetus's sustained survival outside the uterus without the application of extraordinary medical measures." "Abortion" is defined as "any medical treatment intended to induce the termination of a pregnancy, except for the purpose of producing a live birth." Any person who performs an abortion not authorized by these provisions is guilty of a Class C felony.

The law provides that it is a defense to prosecution for abortion that a physician or health care provider exercised good faith judgment as to the viability of the fetus or as to the risk to life or health of the woman.

The effect of Initiative Measure 694, if approved into law:

This measure would redefine abortion as the termination of a pregnancy within the uterus or womb. It would provide that "the process of birth" begins when any living fetus has partially or wholly exited the uterus or womb by any means, including artificial extraction. Once this process of birth had begun, the fetus would be defined as becoming "a partially born infant" and it would be "partial-birth infanticide" to deliberately and intentionally perform a procedure that the person knows will terminate the life of the partially born infant. Partial birth infanticide would be a felony. The measure would allow partial birth infanticide to prevent the death of the

(continued on page 16)

Statement Against

DOCTORS OPPOSE I-694

Here's Why:

As physicians, we work to protect the health of thousands of women and their families. Their health and well-being come first. That's why we oppose I-694 and urge you to vote *no*.

We believe reproductive choices should remain a confidential medical decision made by women and their doctors.

In Washington state, terminating a viable pregnancy is *already* illegal except to save the health or life of the mother. Therefore, this initiative is unnecessary. It is also misguided.

LOOK AT I-694'S SERIOUS FLAWS:

The *odd language* of I-694 does not conform to known medical terminology. This means doctors will not know what is legal or illegal. The courts will decide if you or your doctor has broken the law. Depending on where you live, many abortions could be investigated and prosecuted as a felony by local authorities.

Under I-694, *your confidential medical records could be opened*.

I-694 will *sacrifice a woman's health*. I-694 clearly denies a woman suffering a crippling illness or cancer the choice to safely terminate her pregnancy.

I-694 takes the decision away from women and doctors and puts it into the hands of government, contradicting *Roe v. Wade* and three prior statewide votes in favor of protecting a woman's choice.

I-694 is seriously flawed. Remember, women look to their physicians for appropriate medical guidance, not their local prosecutors.

Trust your common sense and *vote no* on I-694.

For more information, call (206) 728-5919.

Rebuttal of Statement For

It's already a felony for a healthy mother to abort a viable fetus at the end of pregnancy. There is no record in Washington of such abortions ever occurring.

Don't be fooled. *The full text of Initiative-694 includes provisions that could ban most abortions.*

Fourteen state supreme courts have already ruled laws like Initiative-694 violate *Roe v. Wade* because it lets anti-choice prosecutors decide which abortions it bans.

Vote *no* on the abortion ban.

Voters Pamphlet Statement Prepared by:

GWEN CHAPLIN, President, Planned Parenthood Affiliates of Washington, Yakima; ELIZABETH PIERINI, President, League of Women Voters of Washington, Seattle; REV. FLORA BOWERS, United Methodist Church, Spokane.

Advisory Committee: JOSEPH J. MANCUSO, M.D., Chair-elect, American College of Obstetricians/Gynecologists, Washington; PETER K. MARSH, M.D., President, Washington State Medical Association; JACK LEVERSEE, M.D., Professor, Family Medicine, University of Washington Medical School; SHELDON BIBACK, M.D., OB-GYN.



INITIATIVE MEASURE 692 (continued from page 9)

The effect of Initiative Measure 692, if approved into law (continued):

medical condition, that the potential benefits of the medical use of marijuana would likely outweigh the health risks for that patient. Qualifying patients and their primary caregivers would be authorized to acquire and possess marijuana if they possessed no more than a sixty day supply for the patient's personal, medical use and if they could present valid documentation of authorization by a physician. Parents or guardians could possess marijuana solely for the medical use of qualifying patients under eighteen years of age.

The measure would not authorize the acquisition, possession, or use of marijuana for any other purpose. Possession, sale, or use of marijuana for non-medical purposes would remain a crime. It would be a felony to fraudulently produce or to alter any documents relating to the medical use of marijuana. It would be a misdemeanor to use or display medical marijuana in public view. Health insurance providers would not be required to pay claims for the medical use of marijuana. No physician would be required to authorize the use of medical marijuana. The measure would not require the accommodation of any medical use of marijuana in any place of employment, school bus or school grounds, or youth center. No person would be authorized to engage in the medical use of marijuana in such a way as to endanger the health or well-being of any person through the use of a motorized vehicle on a street, road, or highway. The state could not be held liable for any damaging effects from permitted marijuana use.



INITIATIVE MEASURE 694 (continued from page 11)

The effect of Initiative Measure 694, if approved into law (continued):

mother only if no other procedure, including the induction of labor or cesarean section, would suffice to prevent the death of the mother. The measure would not apply to "abortions" as redefined. The measure would provide that in the event of conflict between it and any other law, the provisions of this measure would govern.



REFERENDUM BILL 49 (continued from page 13)

The effect of Referendum Bill 49, if approved into law (continued):

would be increased from 5% to 43.605% through June 30, 1999, and then to 51.203%. The motor vehicle excise tax revenue allocated and distributed to other funds would be increased or decreased by varying amounts. The measure would require transfers from the general fund into two of these funds, the county criminal justice assistance account and the municipal criminal justice assistance account. Beginning with Fiscal Year 2000, the limits on distributions into these accounts would be removed. Part of the reallocated motor vehicle excise tax revenue would be distributed to economically distressed counties through a new account in the treasury.

The measure provides for the issuance and sale of up to \$1.9 billion of general obligation bonds to pay for the location, design, right of way, and construction of state and local highway improvements. No bonds could be offered for sale without additional legislative action. The measure provides that the bonds shall pledge the full faith and credit of the state for payment of the principal and interest when due. The proceeds from the sale of the bonds would be deposited in the motor vehicle fund, and the principal and interest on the bonds would be first payable from revenues from the motor vehicle fuel and special fuel excise taxes.

The measure would modify Initiative 601 (RCW 43.135.035) to provide that the transfer of moneys from the general fund to other funds or accounts as authorized in this measure would not reduce the state expenditure limit. The measure would also modify Initiative 601 (RCW 43.135.060) to allow the state to reimburse local governments for the costs of new programs or increased service levels through increases in state distributions of revenue to local governments.

The measure would authorize certain cities owning and operating municipal public transportation systems to use local public transportation sales tax revenues to match their local motor vehicle excise tax revenues. This authorization would be implemented over a four year period beginning July 1, 1999. After July 1, 2002, 100% of the revenues generated from the local motor vehicle excise tax could be matched by local public transportation sales tax revenues.



INITIATIVE MEASURE 200 (continued from page 15)

The effect of Initiative Measure 200, if approved into law :

Initiative Measure No. 200 would add new provisions to state law. It would prohibit state and local agencies from discriminating against, or granting preferential treatment to, any individual or group on the basis of race, sex, color, ethnicity, or national origin in the operation of public employment, public education, or public contracting. The measure does not define the term "preferential treatment," and does not specify how continued implementation or enforcement of existing laws would be affected if this measure were approved. The effect of the proposed measure would thus depend on how its provisions are interpreted and applied.

The measure would not affect any otherwise lawful classification that (a) is based on sex and is necessary for sexual privacy or medical or psychological treatment; or (b) is necessary for undercover law enforcement or for film, video, audio, or theatrical casting; or (c) provides separate athletic teams for each sex. The measure would not prohibit actions that must be taken to establish or maintain eligibility for federal programs, if ineligibility would result in a loss of federal funds to the state.

This measure would apply to state government, to all state agencies, and publicly supported colleges and universities, and to all counties, cities, school districts, special districts, and political subdivisions of the state. Remedies for violations would be the same as are available for violations of the existing law against discrimination.



COMPLETE TEXT OF Initiative Measure 692 (continued)

medical records, which states that, in the physician's professional opinion, the potential benefits of the medical use of marijuana would likely outweigh the health risks for a particular qualifying patient; and

(b) Proof of Identity such as a Washington state driver's license or identicaid, as defined in RCW 46.20.035.

NEW SECTION. Sec. 7. ADDITIONAL PROTECTIONS.

1. The lawful possession or manufacture of medical marijuana as authorized by this chapter shall not result in the forfeiture or seizure of any property.

2. No person shall be prosecuted for constructive possession, conspiracy, or any other criminal offense solely for being in the presence or vicinity of medical marijuana or its use as authorized by this chapter.

3. The state shall not be held liable for any deleterious outcomes from the medical use of marijuana by any qualifying patient.

NEW SECTION. Sec. 8. RESTRICTIONS, AND LIMITATIONS REGARDING THE MEDICAL USE OF MARIJUANA.

1. It shall be a misdemeanor to use or display medical marijuana in a manner or place which is open to the view of the general public.

2. Nothing in this chapter requires any health insurance provider to be liable for any claim for reimbursement for the medical use of marijuana.

3. Nothing in this chapter requires any physician to authorize the use of medical marijuana for a patient.

4. Nothing in this chapter requires any accommodation of any medical use of marijuana in any place of employment, in any school bus or on any school grounds, or in any youth center.

5. It is a class C felony to fraudulently produce any record purporting to be, or tamper with the content of any record for the purpose of having it accepted as, valid documentation under section 6 (5) (a) of this act.

6. No person shall be entitled to claim the affirmative defense provided in Section 5 of this act for engaging in the medical use of marijuana in a way that endangers the health or well-being of any person through the use of a motorized vehicle on a street, road, or highway.

NEW SECTION. Sec. 9. ADDITION OF MEDICAL CONDITIONS.

The Washington state medical quality assurance board, or other appropriate agency as designated by the governor, shall accept for consideration petitions submitted by

physicians or patients to add terminal or debilitating conditions to those included in this chapter. In considering such petitions, the Washington state medical quality assurance board shall include public notice of, and an opportunity to comment in a public hearing upon, such petitions. The Washington state medical quality assurance board shall, after hearing, approve or deny such petitions within one hundred eighty days of submission. The approval or denial of such a petition shall be considered a final agency action, subject to judicial review.

NEW SECTION. Sec. 10. SEVERABILITY.

If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected.

NEW SECTION. Sec. 11. CAPTIONS NOT LAW.

Captions used in this chapter are not any part of the law.

NEW SECTION. Sec. 12.

Sections 1 through 11 of this act constitute a new chapter in Title 69 RCW.



COMPLETE TEXT OF Initiative Measure 694

AN ACT Relating to limiting partial-birth infanticide; adding a new chapter to Title 9A RCW; and prescribing penalties.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF WASHINGTON:

NEW SECTION. Sec. 1. The sovereign people hereby find that, in accordance with current scientific evidence, medical terminology and practice, and decisions of the United States supreme court in *Roe v. Wade* and other cases:

(1) Pregnancy begins with conception and ends when the process of birth begins.

(2) The process of birth begins when a living child begins to exit the uterus or womb by any means and ends when the child is fully delivered or expelled from the vagina or birth canal by any means.

(3) Birth is an irreversible process that, once begun, will inevitably result in the complete delivery or expulsion of an infant child.

(4) Even a living fetus that is prematurely and artificially extracted from the uterus or womb into the vagina or birth canal will be born alive if not killed during the process of birth.

(5) Scientifically, medically, and legally, a child in the process of birth is no longer a fetus, but an infant.



COMPLETE TEXT OF Initiative Measure 694 (continued)

(6) The intentional killing of an infant child in the process of birth is infanticide.

(7) Abortion is the termination of a pregnancy by intentionally killing a living human fetus in the uterus or womb before the process of birth begins.

(8) Regulating partial-birth infanticide is not regulating abortion, but rather, is proscribing infanticide by restricting the killing of a live infant who is in the process of birth, that is, who has exited by any means, at least in part, the uterus or womb and has entered by any means, at least in part, the vagina or birth canal.

(9) Although the United States supreme court has declared a right to choose an abortion to terminate a pregnancy, it has never held that there is a fundamental or constitutional right to kill a partially born infant, that is, a child in the process of birth.

(10) Because abortion is the termination of a pregnancy, a prohibition against killing an infant child in the process of birth does not implicate abortion jurisprudence.

(11) This chapter is not intended to stop any abortion performed to terminate a pregnancy, but is intended to stop the killing of partially born infant children and to establish and maintain a clear and impenetrable barrier against partial-birth infanticide.

NEW SECTION. Sec. 2. (1) "Partial-birth infanticide" means the killing of an infant in the process of birth by a person who deliberately and intentionally performs a procedure on the partially born infant that the person knows will terminate the life of the infant and the procedure does terminate the life of the infant.

(2) "Partially born infant" means a child in the process of birth.

(3) "Process of birth" means the pregnancy has ended and the process of being born has begun, that is, the point in time has occurred when the maternal cervix has become dilated, the protective membrane of the amniotic sac has become ruptured, and any part or member of an infant child has passed from the uterus or womb beyond the plane of the cervical os.

NEW SECTION. Sec. 3. It is a felony for a person to perform partial-birth infanticide.

NEW SECTION. Sec. 4. This chapter does not apply to partial-birth infanticide performed to prevent the death of a mother where no other procedure, including the induction of labor or cesarean section, would suffice to prevent the death of the mother.

NEW SECTION. Sec. 5. This chapter does not apply to any abortion performed to terminate a pregnancy, that is, any abortion performed in the uterus or womb prior to the point in time when the pregnancy has ended and the process of birth has begun, that is, any abortion performed in the uterus or womb prior to the point in time when the maternal cervix has become dilated, the protective membrane of the amniotic sac has become ruptured, and any part or member of an infant child has passed from the uterus or womb beyond the plane of the cervical os.

NEW SECTION. Sec. 6. The provisions of this chapter are to be liberally construed to effectuate the policies and purposes of this chapter. In the event of conflict between this chapter and any other provision of law, the provisions of this chapter shall govern.

NEW SECTION. Sec. 7. If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected.

NEW SECTION. Sec. 8. Sections 1 through 7 of this act constitute a new chapter in Title 9A RCW.



COMPLETE TEXT OF Referendum Bill 49

AN ACT Relating to the reallocation of motor vehicle excise tax and general fund resources for the purpose of providing transportation funding, local criminal justice funding, and tax reduction; amending RCW 82.44.020, 82.44.041, 82.44.110, 82.44.150, 82.14.045, 82.14.200, 82.14.310, 82.14.330, 43.135.060, 82.50.410, 82.50.510, 35.58.273, 35.58.410, 43.160.070, 43.160.076, 43.160.080, 46.16.068, 70.94.015, 81.100.060, 82.08.020, 82.14.046, 82.44.023, 82.44.025, 82.44.155, 82.44.180, and 84.44.050; amending 1997 c 367 s 10 (uncodified); reenacting and amending RCW 82.14.320, 43.160.210, and 81.104.160; adding a new section to chapter 82.44 RCW; adding a new section to chapter 43.160 RCW; adding a new section to chapter 82.14 RCW; adding a new section to chapter 43.135 RCW; adding new sections to chapter 47.10 RCW; creating new sections; providing effective dates; providing contingent effective dates; providing for submission of certain sections of this act to a vote of the people; and declaring an emergency.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON: