

CHARLES W. BOUSTANY, JR., MD
7TH DISTRICT, LOUISIANA

COMMITTEE ON WAYS AND MEANS
SUBCOMMITTEES:
CHAIRMAN ON OVERSIGHT
SELECT REVENUE MEASURES
HUMAN RESOURCES



Congress of the United States

House of Representatives

Washington, DC 20515-0304

December 12, 2012

WASHINGTON, DC OFFICE:

1431 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-2031

LAFAYETTE DISTRICT OFFICE:

800 LAFAYETTE STREET
SUITE 1400
LAFAYETTE, LA 70501
(337) 235-6322

LAKE CHARLES DISTRICT OFFICE:

ONE LAKESHORE DRIVE
SUITE 1775
LAKE CHARLES, LA 70629
(337) 433-1747

Secretary Bruce D. Greenstein
Department of Health & Hospitals
PO Box 629
Baton Rouge, LA 70821-0629

Dear Secretary Greenstein:

As a pro-life physician and supporter of the Child Interstate Abortion Notification Act, I request your assistance protecting pregnant adolescents from unscrupulous abortion providers.

According to one news report, the State of Louisiana cited Delta Clinic for filling out required state paperwork long before abortions took place. These physician-signed forms potentially shielded statutory rapists by listing the father's age and state of residence as "unk" or unknown in advance. In response, Louisiana pro-life advocate, Richard Mahoney contended abortionists concealed or provided false information on the age of the father "on every form for over 30 years." He blames Louisiana officials for neglecting to enforce the law requiring reporting the age of the father, arguing violators would face a "\$500 fine or six months in prison for every form not submitted or falsified" if your administration enforced the law.

I understand your department rejected Mahoney's request for a summary of basic information contained on completed Report of Induced Termination of Pregnancy Forms in your possession. Mr. Mahoney said he asked for the total "number of abortions done on minors, the age of the minor and the age of the baby's father, which are required by the DHH Office of Vital Records to determine how many minors were raped."

Your department's reply letter argued "medical records are not public records" and directed readers to a website that does not provide a specific total for abortions performed on females below the age of 18. The website excluded information on fathers' ages. Your department claimed "if the information is not in this report we do not have it."

In the interest of helping statutory rape victims, please instruct your staff to scan the completed forms

in your possession to provide basic totals Mr. Mahoney requested. If the information on fathers' ages remains incomplete on these forms due to fraud, please explain Louisiana's decision not to punish physicians who falsified documents.

Thank you for your assistance with this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "C. W. Boustany, Jr.", written in a cursive style.

Charles W. Boustany, Jr., M.D.
Member of Congress

REPORT OF INDUCED TERMINATION OF PREGNANCY PERFORMED IN LOUISIANA

Certificate No. _____

NOTE: Failure to complete and file this form is a crime (see LSA-R.S. 40:1289 and 40:1289.55.10) and is punishable by fine and/or imprisonment.

18. FACILITY NAME (Print hospital or clinic name and address)

Delta Clinic

Baton Rouge, LA

19. CITY, TOWN OR LOCATION OF PREGNANCY TERMINATION

20. DATE OF PREGNANCY TERMINATION

PORTANT:
to print in
statement block etc.

18. FACILITY NAME (Print hospital or clinic name and address)		Delta Clinic	
19. CITY, TOWN OR LOCATION OF PREGNANCY TERMINATION		Baton Rouge, LA	
20. DATE OF PREGNANCY TERMINATION			

21. PATIENT BIRTHDAY NUMBER	22. DATE OF BIRTH	23. SEX	24. RACE (Check only one)
			<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Other (Specify)
25. PATIENT BIRTHDAY NUMBER	26. DATE OF BIRTH	27. SEX	28. RACE (Check only one)
			<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Other (Specify)

29. MEDICAL CONDITION AT TIME OF ABORTION	30. TYPE OF CONTRACEPTION AT TIME OF PREGNANCY	31. DATE OF LAST PERIODIC TERMINATION (Month, Day, Year)
Good		
32. EDUCATION (Specify only highest grade completed)	33. HOW LIVING (12-10 or 17+)	34. HOW LIVED (Spontaneous or Induced)

35. PATIENT'S PREGNANCIES (Complete each entry)	36. LATE BIRTHS	37. OTHER TERMINATIONS
35a. Number _____ 35b. Spontaneous _____ 35c. Induced _____	36a. Number _____ 36b. Spontaneous _____ 36c. Induced _____	37a. Number _____ 37b. Spontaneous _____ 37c. Induced _____

38. PATIENT'S AGE	39. RESIDENCE - STATE	40. RESIDENCE - CITY
unk	unk	unk

41. TYPE OF TERMINATED PREGNANCY	42. TYPE OF TERMINATION PROCEDURE	43. ADDITIONAL PROCEDURES USED FOR THIS TERMINATION, IF ANY (Check all that apply)	44. COMPLICATION OF PREGNANCY TERMINATION (Check all that apply)	45. REASON FOR PREGNANCY TERMINATION (Check only one)	46. TYPE OF PROCEDURE DONE AFTER ABORTION (Check only one)
<input type="checkbox"/> Spontaneous <input checked="" type="checkbox"/> Induced	<input type="checkbox"/> Sharp Curettage <input type="checkbox"/> Intra-Uterine Pressure Suction <input type="checkbox"/> Mifepristone/Saline Irrigation <input type="checkbox"/> Hysterotomy <input type="checkbox"/> Hysterectomy <input type="checkbox"/> Ovarian and Excision <input checked="" type="checkbox"/> Other (Specify)	<input type="checkbox"/> None <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Infection <input type="checkbox"/> Uterine Perforation <input type="checkbox"/> Cervical Laceration <input type="checkbox"/> Retained Products <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> None <input type="checkbox"/> Physical Health of Mother <input type="checkbox"/> Physical Health of Fetus <input type="checkbox"/> Rape or Incest <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> None <input type="checkbox"/> Total Ligation <input type="checkbox"/> Hysterectomy <input checked="" type="checkbox"/> Other (Specify)	

47. DATE LAST NORMAL MENSTRUATION (Month, Day, Year)	48. PHYSICIAN'S ESTIMATE OF GESTATION (Weeks)	49. FETAL WEIGHT (Gms)
	unk	unk
50. OTHER SIGNIFICANT COMORBIDITIES OF FETUS	51. TYPE OF POST-ABORTION PROCEDURE	52. RESULT OF PATHOLOGICAL EXAMINATION
unk	none	n/a
53. TYPE OF FAMILY PLANNING RECOMMENDED TO PATIENT	54. TYPE OF ADDITIONAL COUNSELING GIVEN TO PATIENT	55. PHYSICIAN'S LICENSE NO.
unk	unk	10274

IMPORTANT: This report and accompanying certificate and consent forms required by LSA-R.S. 40:1289.55.10(25) must be submitted to the Vital Records Registry within 15 days of the abortion. Please staple/attach documents to the back of this form.

