

limited scope of what information does a woman absolutely have to have available to her...

PRESIDENT MOUL: Time.

SENATOR LINDSAY: ...before she undergoes the abortion procedure. That is what LP 110 seeks to do. If we need to clean up 110, let's clean up 110, but I suggest striking the entire thing and inserting a new bill is at least something I can't support.

PRESIDENT MOUL: Thank you, Senator Lindsay. Senator Landis, you're next, followed by Senators Hillman, Dierks, Bohlke, Witek and Rasmussen.

SENATOR LANDIS: This debate as to whether it's 110 or the Bohlke amendment is form over substance. This is smoke in mirrors unless there is a substantive body of difference. Let's ask ourselves that for just a moment. Is there in-between the Bohlke amendment, which by the way I support and if it is adopted and advanced I will not only vote for the amendment, I will vote for the bill and I will sit down, something that you know I don't do very often on this issue, what if in fact everybody is here just concerned about information why would it make any difference which way we did it? Whether the chicken crossed the road or whether it was the cart before the horse or the egg came before the chicken or whatever our metaphor's going to be here, it really doesn't make a difference unless something else is going on, and my argument is that something else is going on. My argument has always been on this issue that, in fact, this bill is not about informed consent. This bill is about, in as constitutional a way as possible, running clinics out of business or, if not, making their life as difficult as possible. Now I don't think Senator Lindsay shares that agenda as much as the lobby proponents do. I distinguish Senator Lindsay's attempt to arrive at a good faith solution from the proponents that basically rewrote the bill on General File. But understand what I think is the real difference between something that says, well, gosh, change 110, not the Bohlke amendment, or the Bohlke amendment, not 110, that's all smoke in mirrors if in fact there's an agreed upon body of information that women should know. What else might there be? Well, running up personnel costs, changing the way clinics operate, forcing them to add to their cost structure, giving more time and opportunity for going after the clinic. I don't know if you saw the Lincoln