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2019 State Legislature Candidate Questionnaire

For many years, Louisiana has led the way in protecting human life. This commitment has been shown through the laws passed by our Legislature and signed into law by our Governors. As an organization in existence since 1970, Louisiana Right to Life (LARTL) is proud of this achievement, and we hope to continue our state’s exemplary record in defending life and protecting the health and safety of women. The role of a state legislator is essential to this commitment.

Please answer this questionnaire and return to us. Questionnaire responses, along with available voting records, will be publicized on our website, in forums, and through other means. Failure to complete the questionnaire will be listed as “no response.” Comments to clarify your position are welcome, but they may not be publicized. Please complete candidate information on page two.

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1. Louisiana law states that when Roe v. Wade is overturned by the U.S. Supreme Court, unborn children will be protected by law in Louisiana. Do you support the reversal of Roe v. Wade and its progeny so that elected legislative bodies may protect unborn children by prohibiting or limiting abortion?
 YES NO

2. LARTL takes the position that unborn children, from the moment of conception, should be protected by law.

When the mother’s life is endangered, LARTL takes the position that a physician may perform a medical procedure necessary in reasonable medical judgment to prevent the death or substantial risk of death due to a physical condition. The physician should make every effort to preserve both the life of the mother and her unborn child in a manner consistent with reasonable medical practice, such as in a premature delivery. This is known as the “death of the mother exception.”

Would you vote for a law that would prohibit abortions, except to prevent the “death of the mother” (LARTL position)?
 YES NO

If “No,” under what circumstances do you believe abortion should be legal?

3. Would you vote for an "informed consent" law requiring that abortion facilities provide information on the unborn child, alternatives to abortion, and medical risks of abortion, with a 24-hour or 72-hour waiting period, before an abortion can be performed?
 YES NO



Return by fax at 504-835-6522, via mail at P.O. Box 24106 New Orleans, LA 70184, or email at info@prolifelouisiana.org. Contact us at 1-866-463-5433 or by email if you have any questions.

4. Would you actively support and sign into law legislation protecting unborn children from the "dismemberment abortion" method used by abortion facilities, often beginning around the 12th week of pregnancy? YES NO

5. Would you vote for a law to prohibit the use of federal funds or state funds, facilities, employees, from performing, referring for, recommending, or counseling for abortions? YES NO

6. Would you vote for a law to prohibit the state or any agency there in from making a grant to or entering into a contract with any entity, such as Planned Parenthood, that performs abortion, maintains facilities that performs abortions, or recommends, refers for or counsels for abortion? YES NO

7. Would you vote to use state dollars to fund pregnancy counseling centers that provide alternatives to abortion and do not counsel for abortions? (Similar project funded since 2000 in LA) YES NO

8. Would you oppose any legislation that would weaken existing pro-life laws on abortion? YES NO

9. Will you vote into law measures to protect living human embryos from being used for experiments that would kill them (such as in "embryonic stem cell research"), regardless of the method used to create these human embryos (whether IVF, "SCNT", or "human cloning")? YES NO

10. Would you vote for legislation to prohibit the sale or donation of the remains of unborn babies killed by abortion? YES NO

11. Would you oppose legislation that allows for physician-assisted suicide or euthanasia (currently prohibited in LA) or weakens current pro-life law applicable at the "end-of-life"? YES NO

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Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (Campaign Line) _____ (Home/Cell/Other Office) _____

Fax: _____ Email: _____

House/Senate District: _____ Date of Election: _____ Party: _____

Date Signed: _____ Signature of Candidate: _____