



# Monday *MONITOR*

Tuesday, April 14, 2009

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## STATUS OF BILLS REGARDING REPRODUCTIVE HEALTH

### RESTRICTIVE/HARMFUL BILLS:

- **HB46 & 434 (Davis/Pratt), SB264 (Mayer)—2009 Abortion Restriction Bill**  
HB46&434 passed House, referred to Senate Judiciary. SB264 debated in Senate and 'laid over'.
- **HB226 (Emery), HB533 (Koenig)—Pharmacy Denial Bill**  
HB226 passed House Health Care Policy Cttee; HB533 referred to Health Care Policy
- **HR212 (Davis), HR294 (Dixon), SCR11 (Bartle)—Anti-FOCA Resolution**  
HB212 & 294 passed House. SCR11 on Senate Calendar
- **HB570 (Harris)—Report to State Reasons Women Seek Abortions**  
Passed House Children and Families Committee and referred to Rules
- **SB459 (Lager, SB529 (Goodman)—Prison Time for Pregnant Women**  
SB459 heard in Senate Judiciary. SB529 referred to General Laws
- **SJR17 (Lembke)—Ban on (already-banned) Funds for Abortion, Cloning, Human Research**  
Referred to Senate Seniors and Families

### PRO-ACTIVE/PREVENTIVE BILLS:

- **HB339 (El-Amin), SB250 (Smith)—Stop HIV/AIDS in Prison Act**  
HB339 killed in House Corrections Committee. SB250 referred to Senate Finance Committee
- **HB342 (El-Amin)—Prostate Research Development**  
Referred to House Health Care Policy Committee
- **HB370 (Storch)—Expedited Partner Therapy**  
Second read in the House
- **HB413 (Low)—Cancer Screening Coverage**  
Second read in the House
- **HB430 (Hoskins)—Uterine Fibroids Awareness**  
Second read in the House
- **SB104 (Justus)—Cervical Cancer Immunization** ← *could this one pass, at least??*  
Passed Senate. Read second time in the House
- **SB144 (Wright Jones)—Prostate Cancer Prevention**  
Passed Senate Seniors and Families
- **SB203 (Justus), HB584 (Talboy)—Patient Protection at Pharmacies**  
SB203 referred to Senate Seniors and Families. HB584 Second read in the House
- **SB260 (Wright Jones), HB520 (Mott Oxford)—Compassionate Assistance for Rape Emergencies**  
SB260 referred to Senate Judiciary. HB520 referred to House Health Care Policy
- **SB316 (Smith)—Comprehensive Sex Education**  
Referred to Senate Education
- **SB329 (Bray, HB999 (Low)—Prevention First Act**  
SB329 referred to Senate Education. HB999 second read in the House.

April puzzler: What's the difference between the Restrictive bills and the Pro-active bills?

Answer: the Restrictive bills are getting hearings and votes while virtually all the Pro-active bills languish.

Even more of a puzzler: What's the most effective and safest way to reduce abortions in Missouri?

Answer: Prevention! Watch for Lobby Day visitors on April 28 to explain how this prevention thing works...

## **EXPAND MEDICAID TO COVER THE UNINSURED**

*St. Louis Post Dispatch editorial board, 04.12.2009*

Republican lawmakers in Missouri have a problem: They'd like to reduce the number of uninsured Missourians. But they don't want to admit that their 2005 Medicaid cuts were a mistake — or hand Democratic Gov. Jay Nixon a political victory. Mr. Nixon put them on the spot last month with a plan to extend Medicaid coverage to nearly 35,000 poor working parents. The state's share of the cost, \$52.5 million, would come from payments received by Missouri hospitals for treating the uninsured.

The Republican answer is Senate Bill 306, sponsored by Sen. Tom Dempsey, R-St. Charles. It would reinvent the system that provides coverage to the working poor, imbuing it with partisan ideology. Instead of relying on Medicaid's simplicity and efficiency, it would be complex, limited and experimental. It also would rely on private insurance companies to provide care. **With the number of uninsured in Missouri reaching new heights, lawmakers should be looking for what works well and costs less: Medicaid.**

Mr. Dempsey deserves credit for trying to expand health coverage in a tough budget year, when a recession has strained state revenue and pushed the number of uninsured Missourians above 815,000 — one in seven people. But Mr. Dempsey's bill is based on a false premise, one that holds that private insurance does a better job of holding down health spending than government programs like Medicaid. In fact, the opposite is true. Mr. Dempsey's "Show-Me Health Coverage Plan" would enroll low-income residents in managed-care plans from private insurance companies. Those companies would be permitted to spend as much as 12 percent on overhead — more than twice what Medicaid spends.

**Nationally, Medicaid spending per enrollee grew by an average of about 5 percent between 2000 and 2006. Private insurance spending grew by more than 8 percent.** A peer-reviewed study published last June in the journal *Health Affairs* concluded that **switching Medicaid enrollees to private insurance would increase costs by 26 percent — an average of nearly \$1,500 per person.**

Mr. Dempsey's bill combines limited benefits for very-low-income people and health savings accounts for those with slightly higher incomes. It would extend coverage immediately to about 35,000 parents who earn less than half of the federal poverty level, or about \$9,155 a year for a family of three. That's not much money, but now **a single mother with two children can earn no more than about \$3,700 a year and qualify for Medicaid.** SB 306 would limit coverage to three years for those poor working parents. They could qualify for another two years if they enroll in education courses.

Those limits appeal to conservatives who insist that poor people could get health insurance at work if they had more education or skills. It's a great sound bite. But **only 20 percent of Americans earning less than the poverty level — about \$17,000 for a family of three — can get health insurance through their jobs. Even for those earning double that amount, fewer than half have insurance benefits.**

Before Mr. Dempsey's plan could take effect, state officials would need approvals from the federal government. That's expensive, time consuming and uncertain. Meanwhile, the need for coverage grows by the day. If lawmakers truly want to reduce the number of uninsured, they should approve a Medicaid expansion like Mr. Nixon proposed. It's quicker, cheaper and, ultimately, better for Missouri.

## **ANTI-ABORTION RIGHTS ACTIVISTS SHOULD FOCUS ON PREVENTION**

*The Maneater: Letter to the Editor by Lauren Carter, senior. Published March 30, 2009. Excerpted*

I would like to thank Marcus Bowen for making women's and gender issues so central to the "American Perspective" column of *The Maneater*. [...] That said, I would also like to set a few things straight regarding Bowen's fallacious claims regarding "a U.S. Senate bill known as the Freedom of Choice Act." First of all, FOCA is not a U.S. Senate bill, nor has it even been introduced to the 111th U.S. Congress. Speaker of the House Nancy Pelosi has stated that, even if introduced, she doesn't even plan on bringing FOCA up for a vote. More than anything, FOCA has served as the perfect mobilizing tool for "pro-life" (I think that's what they consider themselves) activists. Rather than focusing on common sense solutions to decreasing unintended pregnancies and, further, abortions, these activists have chosen to mobilize behind a non-existent piece of legislation.[...]

Perhaps in place of wasting time deploring imaginary legislation, "pro-life" advocates would have a greater impact on the lives of children they claim to care so much about if they instead channeled their abundant energy and resources to helping families survive these hard economic times. Or here's another novel idea: mobilize behind preventative legislation that can reduce the number of unintended pregnancies and significantly decrease the need for abortion services. The abortion debate is divisive; this is not news to anyone. The Put Prevention First Act, sponsored in the Missouri legislature by Rep. Beth Low and Sen. Joan Bray, provides common sense, preventative solutions to abortion that should be supported by people on all sides of the debate. Comprehensive sex education, access to FDA approved contraceptives and affordable women's health services are all components of the bill that aim to support healthy women and healthy families.[...]