



# Monday *MONITOR*

Monday, April 7, 2008

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## **DAVIS' PARENTAL CONSENT BILL AMENDED TO SB885 IN COMMITTEE**

After attempting to amend it on to other bills, sections of **HB1316**, sponsored by Rep. Cynthia Davis (R-19), were amended on to Senator Graham's benign 3-page Community Children's Services Fund bill when it was heard in Family Services Committee last week. The new language states "parents and legal guardians of unemancipated minors have a natural and fundamental right to determine and direct the care, health care, teaching and education of their child." Among many other things, this would require parental consent before a minor could access contraception or treatment for sexually transmitted infections---something Rep. Davis has pursued for years. On the heels of the recent CDC report that **one in four teen girls** (one in two African-America teen girls) **has a sexually transmitted infection** (STI), and that more than three million teenage girls have an STI, this is a highly irresponsible step for the state to take. The bill now goes to Rules.

## **HB1984—THE BIG BROTHER BILL—IS ROLLED TOGETHER WITH HB1922 AND VOTED 'DO PASS'**

**HB1984** (Sander, R-22) and **HB1922** (Harris, D-110) were passed out of Family Services Committee as a substitute. This bill requires additional reporting by abortion providers including the requirement that a woman be asked—and the provider report to the state—the reason the woman is seeking the abortion. This is the only medical procedure where such invasive, non-medical questions must be asked and then reported to the state. As was noted in a recent blog, this is reminiscent of the novel "1984" about a society where 'Big Brother' watches every move made by its citizens. Rep. Davis offered an amendment in committee to require additional reporting requirements of minors. Rep. Low asked direct questions of Rep. Davis to understand if the amendment was intended to also require parental consent for birth control and emergency contraception. As Rep. Davis was unable to answer the question, she was asked, by the Chair, to withdraw the amendment. Representatives should watch for this amendment to be offered on the floor when the bill comes up for debate.

## **HB1339—DISCRIMINATION AGAINST ABORTION PROVIDERS—VOTED DO PASS, AGAIN**

**H1339** (Muschany, R-87) was returned to House Judiciary Committee from Rules, but voted out again, as a substitute, and referred to Rules on Thursday. As described at length in last week's Monday Monitor, this bill unfairly singles out doctors and hospitals that provide safe, legal abortion care and denies them tort protections when there are no legitimate health or legal reasons for doing so. By removing tort protections from abortion providers this bill would also remove consumer protections found under the tort reform law.

## **HB1831—ABORTION RESTRICTION BILL OF 2008—VOTED DO PASS IN COMMITTEE**

**HB1831** (Onder, R-13)—into which was rolled bill number 1472 (sponsored by Senate candidate Rep. Jane Cunningham)—was amended and voted 'do pass' from House Health Care Policy Committee on Tuesday. While significant concessions were made regarding the unconstitutional 'coercion' sections, this bill continues to add burdensome requirements to the already highly regulated abortion informed consent process, designed **only** to make it harder for women to obtain abortions in Missouri. Missouri law currently requires: a treating physician to confer with the woman at least 24-hours prior to the procedure; the treating physician must evaluate the woman for "indicators and contraindicators, risk factors including any physical, psychological, or situational factors which would predispose the patient to or increase the risk of experiencing one or more adverse physical, emotional, or other health reactions;" the conference must be documented to show the woman gave her informed consent freely and without coercion after the physician discussed with her the indicators, contraindicators and risk factors associated with the abortion; the woman must sign the informed consent form 24-hours in advance of the procedure; and, this documentation must be maintained as part of the medical file, subject to the confidentiality laws and rules of Missouri. Abortion is the only medical procedure subject to such rigorous, non medically-necessary regulation. Additional regulations are intended only to make women jump through additional hoops. This bill should be defeated; and the legislature should focus on making affordable contraception and comprehensive sex education more accessible.

## **IN CASE YOU MISSED THEM...LETTERS TO THE EDITOR FROM ACROSS THE STATE**

### **COMMON-SENSE SOLUTIONS IGNORED**

Prevention is the key to decreasing abortion rates; MJ Grinstead ("President compounds abortion problem" March 14) is absolutely correct, we should address the real reason women seek abortion. If we as a state, and a country, were serious about reducing the number of abortions, we would work toward the real issue of unintended pregnancy. We would focus on common-sense prevention instead of creating more restrictions to women's health care. We would embrace preventive care including access to contraception and medically accurate sex education. Unfortunately, Governor Blunt, leaders in the Missouri legislature and President Bush ignore common-sense prevention solutions. Instead they waste precious time and tax dollars promoting dangerous abstinence-only sex education and eliminating access to preventive health care. Regardless of which side of this debate you fall on, we should all embrace common-sense prevention policies that are proven to reduce the need for abortion.

*Crystal Brigman, Springfield News Leader 3.30.08*

### **CONDOM SENSE**

Condoms are not 100 percent effective in preventing sexually transmitted infections, but as Becky Giles' (3/22, Letters, "Abstinence education") statistics support, they provide significant protection. In comprehensive sex education curricula, students learn this fact as well as the importance of using condoms as a method of protection if they choose to have sex. They learn the benefits of abstinence, how to develop positive relationships, and the effectiveness of various contraceptive methods. Students learn accurate information so that they can make informed decisions regarding their sexual health. Abstinence-only education leaves students ill-informed and unprepared. Given that more than 60 percent of youths have had sexual intercourse by Grade 12 (Centers for Disease Control), it is important that they are informed. If these youths do not use condoms, they are 100 percent unprotected from all sexually transmitted infections.

*Pamela Crandall, Kansas City Star 3.31.08*

### **ABSTINENCE-BASED EDUCATION AT FAULT**

As a high school student, it was not only surprising but also upsetting to read the most recent study published by the Centers for Disease Control and Prevention (CDC) that stated that one out of four (that's over three million) teenage girls were reported to have a sexually transmitted infection, or STI. "Teenage girl" is not only my demographic; it is the demographic of many of my friends and peers. Clearly, the type of education that has been received on our end has not met up to public health standards. These types of results are unacceptable. The message has been: just don't become sexually active. But shouldn't we consider the comprehensive message of "don't become sexually active, but if you do, use contraceptives"? It seems the most reasonable way to avoid the kind of consequences that result from unprotected sex is to focus on comprehensive education that includes discussions about protected sex alongside a message of abstinence. The best way to achieve a less startling statistic? Sex education that focuses on responsibility, prevention and health.

*Katherine Anne Frederick, Springfield News Leader 3.31.08*

### **TEENS NEED INFORMATION**

Thanks for the editorial "Playing the odds" (March 21), about the increase in sexually transmitted diseases among teenage girls. As a member of Planned Parenthood's Jefferson County Action Team, I am concerned about this issue and its effect on our communities. The statistics revealed in the editorial on infections and unintended pregnancy among teens are appalling. Yet in July 2007, Gov. Matt Blunt signed a bill that encourages school boards to adopt abstinence-only sex education and bars trained sex educators from Missouri classrooms. A study released this month showed that students who had no access to sex education or who received abstinence-only curricula were twice as likely to become teen parents as were teens who received comprehensive sex education. That St. Louis has the nation's highest rate of some STDs and St. Louis County's rate is higher than other larger counties makes it obvious that Missouri students need to have access to comprehensive, medically factual education to protect them against diseases and unintended pregnancy. The Prevention First Act in the state Legislature would reverse Mr. Blunt's mistake and require voluntary sex-ed courses to include information on abstinence and the need for contraception if teens become sexually active.

*Robin Salters, St. Louis Post Dispatch 3.31.08*