



Monday *MONITOR*

Monday, February 18, 2008

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PRO-ACTIVE PREVENTION BILLS MOVING!

On Tuesday of last week, **HB1504: Expedited Partner Therapy** sponsored by Rep. Head Walton (D-81) was passed out of House Health Care Policy Committee with only one dissenting vote (Davis-R19). This bill will make it easier to treat the partners of individuals with sexually transmitted infections and is a tremendous step forward for public health in areas where the rates of Chlamydia and Gonorrhea are particularly acute.

And, on Thursday, a committee substitute to **SB778: Cervical Cancer Immunization**—Justus (S10) was approved in Senate Seniors, Families and Public Health Committee and has been placed on the Senate Perfection Calendar. This is a timely and important bill that can help reduce the risk of cervical cancer in young women.

PHARMACY DENIAL HEARD IN COMMITTEE

HB1625: Pharmacy Denial (Emery R-126) was heard Tuesday in House Health Care Policy Committee. This bill would protect pharmacies from recrimination if employees of the pharmacy deny women prescription or over-the-counter contraception. HB 1625 also incorrectly equates emergency contraception with abortion even though EC is approved by the FDA as a contraceptive. It would allow a pharmacist to refuse to dispense 'RU486'—even though this medication is never available at the local pharmacy, but only under direct contract between the manufacturer and the abortion provider. This bill is intentionally confusing and deceptive.

DISCRIMINATION AGAINST DOCTORS & HOSPITALS THAT PROVIDE ABORTIONS

This ill-conceived and discriminatory bill was passed out of House Judiciary Committee on Tuesday. **HB1339**, sponsored by Rep. Muschany (R-87) amends Missouri's pre-existing tort reform law to exempt abortion services from the protections otherwise applicable to health care providers and seeks to more stringently "regulate" abortion care through the civil court system.

SB1054/HB1831: THE CRIME OF "COERCED ABORTION"

SB1054 (Mayer R-25) will be heard Monday evening in Senate Judiciary Committee and **HB1831** (Onder R-13) may be heard in House Health Care Policy committee on Tuesday, though as of this writing, no House hearing has been posted. These convoluted checklist bills demonstrate a lack of understanding of how professional abortion care is provided in Missouri; contain numerous burdensome, duplicative, and/or unnecessary requirements for counseling, evaluating, and performing abortion procedures; require risky, experimental anesthesia be provided to certain women; create the new crime of "coercing an abortion"; and, remove decision-making entirely from the woman seeking the procedure.

PREVENTION FIRST DAY OF ACTION: TUESDAY FEBRUARY 19

Rescheduled from last week, Planned Parenthood activists from across the state will be in Jefferson City this Tuesday to talk with legislators about co-sponsoring the 2008 Prevention First Act. This bill will be simultaneously introduced by Senator Joan Bray and Representative Robin Wright-Jones later this month. Please sign-on to this important pro-active legislation if you have not already done so. **You can do so by calling Sen. Bray's office at ext. 2514 or Rep. Wright Jones at ext. 6800.**

Lobby for Women's Health and Lives

Tuesday, March 4, 2008—Jefferson City

On behalf of Planned Parenthood Federation of America and Planned Parenthood affiliates in Missouri, from September 5 to 10, 2007, Peter D. Hart Research Associates, Inc., conducted a survey among 1,007 registered voters in the state of Missouri, including oversamples of 150 residents of Greene County, 150 residents of St. Charles County, 100 African Americans, and 100 voters under age 30. The margin of error for the sample is ± 3.09 percentage points.

MISSOURI VOTERS SUPPORT PREVENTION OVER MORE ABORTION RESTRICTIONS.

OVERVIEW OF KEY FINDINGS: The findings from this research reveal that **(#1)** Missouri voters are dissatisfied with the current direction of reproductive health policy in the state and that this frustration is strongly tied to the need for more education and greater resources about reproductive health decisions, rather than about the availability of abortion. Further, **(#2)** a majority of Missouri voters want to see Roe versus Wade upheld and show no consensus or momentum behind placing additional restrictions on abortion. In fact, **(#3)** voters overwhelmingly favor an approach that emphasizes “prevention first” instead of placing additional restrictions on abortion. In addition, **(#4)** voters strongly support a wide range of proactive policy initiatives led by near-universal support for comprehensive sex education in public schools, but also including issues such as combating pharmacy refusal and restoring state funding for family planning services for uninsured women.

ONE: Missouri voters are dissatisfied with the direction of the state when it comes to matters of reproductive health... Voters’ dissatisfaction...is not driven primarily by the availability of or access to abortion. Instead, several other issues are far more salient...young people not having enough information and guidance to make responsible decisions about their own sexual behavior (28%), too many unintended pregnancies, especially among teens (26%), and government being too quick to interfere with people’s private decisions (22%)...[E]ven among a broad range of constituencies including Republicans, Catholics, evangelicals, rural voters, and voters who feel Roe should be overturned...availability of abortion is not the primary concern.

TWO: Support for upholding Roe versus Wade is a mainstream position among Missouri voters... A majority (55%) of Missouri voters want to see Roe versus Wade upheld, with the greatest intensity (44%) behind voters who describe themselves as feeling strongly about upholding Roe.

THREE: Overwhelmingly, voters favor a “prevention first” approach over an approach that emphasizes placing additional restrictions on abortion... In fact, by 23 percentage points, voters say a legislator who advocates “prevention first” focusing on “reducing unintended pregnancies by providing comprehensive sex education and increasing access to contraception and other family planning services” has the best approach (59%), compared with a legislator who advocates placing additional restrictions on abortion (36%).

FOUR: A wide range of pro-family planning and pro-reproductive rights policy initiatives enjoy overwhelming support across Missouri: Voters STRONGLY support a broad array of proactive policy initiatives on issues related to reproductive health:

- **76%**--Require all public schools that choose to teach sex education to teach comprehensive sex education, which includes information about contraception, abstinence, and how to avoid sexually transmitted diseases such as HIV and AIDS
- **65%**--Require all pharmacies to dispense over-the-counter and prescription contraception to patients without discrimination or delay
- **64%**--Require hospital emergency rooms to inform sexual-assault survivors of the availability of FDA-approved emergency contraception, also known as the "morning-after pill," to help them avoid becoming pregnant
- **63%**--Prohibit the government from interfering with private health care decisions made between a patient and her doctor
- **58%**--Ensure that the state cannot pass additional restrictions to abortion in cases where a woman's health is in jeopardy
- **58%**--Protect the right of individuals to get any FDA-approved contraceptive drugs or devices without state government interference or intrusion

For more information on the poll results, go to: www.ppmissouri.org