



Planned Parenthood®

Monday *MONITOR*

Monday, February 25, 2008

Contact: Michelle Trupiano – 573.424.8717 (cell)

SB1058/HB1831 HEARD IN COMMITTEE

SB1058 (Mayer R-25) was heard Monday evening in Senate Judiciary Committee. **HB1831** (Onder R-13), the House companion, was heard Tuesday noon in House Health Care Policy Committee. Testimony from two key witnesses for the bill, both of whom had abortions many years ago, suggested that they did not understand at the time that abortion terminates a pregnancy; now that they are better informed, they are committed to making that choice harder for other women to make. In addition, former state Representative and former St. Charles County Executive, Joe Ortwerth—who, in his role as county executive, single-handedly rejected federal Title X family planning funds for all of St. Charles County—testified for the local chapter of Focus on the Family.

SB1058 and HB1831 would, among many other things: create the new crime of ‘coercion of an abortion’ and remove decision-making from the woman seeking the procedure. These bills insert an extremely broad definition of ‘coercion’ into the process of seeking an abortion—including threatening divorce—and would stop a physician from performing an abortion on the ‘coerced’ woman, even if she makes a full and informed decision, for herself, to have one. HB1831 and SB1058 violate a woman’s constitutional right to make an informed decision about abortion and declare each woman incompetent to weigh her life circumstances and make a decision that is best for her and her family. This blatant government intrusion into the doctor/patient relationship is too extreme for Missouri and does nothing to protect the health and safety of women or prevent unintended pregnancy.

2008 PREVENTION FIRST ACT

A dozen supporters from across the state distributed prevention petitions to state legislators and asked members to co-sponsor the 2008 Prevention First Act. This common sense legislation has bipartisan support from pro-choice and anti-choice members because it focuses on the only means to safely reduce abortions in Missouri—access to contraception and comprehensive sex education. Statewide polling confirms that, in the area of reproductive health, Missourians want their elected officials to focus on prevention, not placing more restrictions on access to abortion. The bill will be introduced by Senator Joan Bray and Representative Robin Wright-Jones this week. If you have not already done so, please sign-on to this important pro-active legislation. **You can do so by calling Sen. Bray’s office at ext. 2514 or Rep. Wright Jones at ext. 6800.**

HB1472 MOVED TO HOUSE HEALTH CARE POLICY COMMITTEE

This bill relating to ultrasound procedures, sponsored by Rep. Jane Cunningham (R-86), was originally scheduled for a hearing in House Special Committee on Family Services, but has been moved to House Health Care Policy Committee, which heard Rep. Onder’s HB1831, that also contains new requirements regarding ultrasound procedures. Enshrining specific medical standards of practice in statute will limit the ability of healthcare providers to introduce new and more advanced technology as it is developed. HB1472 also defines pregnancy as “that female reproductive condition of having an unborn child in the mother’s uterus” where ‘unborn child’ includes a fertilized egg; the accepted medical definition of pregnancy continues to recognize that there is no pregnancy without implantation. This bill does not merit a hearing or a vote.

Lobby for Women’s Health and Lives

Tuesday, March 4, 2008—Jefferson City

MISSOURI BILL WOULD RECLASSIFY MORNING-AFTER PILL, PROTECT PHARMACIES

Kit Wagar, Kansas City Star, February 17, 2008

After years of imposing restrictions on abortion, Missouri lawmakers are now taking aim at emergency contraception, commonly known as the morning-after pill.

Legislation presented to a House panel last week would classify emergency contraception as an abortion-inducing medication, contrary to the definition used by the Food and Drug Administration.

The bill also would protect pharmacies from lawsuits and from punishment by state regulators for refusing to sell or fill a prescription for any drug defined as triggering an abortion. Supporters said it would remove any financial incentive to sue the pharmacy's owners for refusing to sell or stock an item that violated their conscience.

Opponents attacked the proposal as an unconstitutional restraint on reproductive freedom and an unconscionable affront to sexual assault victims. They said the bill would enshrine an inaccurate medical description in Missouri law, lead to increased numbers of abortions and leave millions of rural Missouri women without access to a safe and reliable form of birth control.

Filling prescriptions "is an essential function of your job," said Pamela Sumners, executive director of the Missouri affiliate of the National Abortion and Reproductive Rights Action League. "If you become a pharmacist, you should do your job."

The bill applies specifically to two drugs: RU486, the early name for mifepristone, the drug administered in a doctor's office to perform a nonsurgical abortion; and emergency contraception, which is marketed as Plan B. Mifepristone, which is used from five to seven weeks after conception, works by blocking a hormone needed to maintain the pregnancy. Plan B, which is effective up to about 100 hours after unprotected sexual intercourse, works primarily by preventing ovulation, the FDA says. If an egg has already been released, the drug also can prevent fertilization. And if fertilization has occurred, it can prevent the fertilized egg from implanting in the uterus.

Susan Klein, a lobbyist for Missouri Right to Life, noted that the bill does not attempt to make emergency contraception illegal. It only seeks to prevent family planning activists from exerting legal pressure against pharmacies that refuse to dispense it.

Klein said her group considers emergency contraception a form of abortion because her members believe that pregnancy begins the moment an egg is fertilized. Plan B, therefore, can lead to the death of "an already-created human being" by blocking implantation in the uterus, she said.

By the time of implantation, "the human is long past the stage of being a so-called fertilized egg," Klein said in written testimony. "If denied the ability to implant, then the human cannot form a placenta and continue to live. This means that a drug that prevents implantation causes an abortion."

Sumners said emergency contraception does not induce an abortion. As the FDA notes, it won't work if the fertilized egg has already implanted in the uterus and pregnancy has begun. Under Klein's definition of pregnancy, many standard forms of contraception, such as intrauterine devices, would be defined as abortion-inducing, Sumners said.

Michelle Trupiano, a lobbyist for Planned Parenthood, said the bill is an effort to limit the availability of Plan B. The references to mifepristone are disingenuous, she said, because pharmacists are not allowed to dispense mifepristone, which must be administered by a doctor. Plan B is so safe that it is available without a prescription to women 18 years and older, she said. However, one pharmacy that refuses to carry Plan B can leave thousands of Missouri women without a backup method of birth control, Trupiano said.

Sumners said a study found that 26 percent of women in Missouri do not live within 30 miles of a pharmacy that sells Plan B. She acknowledged that no pharmacy could be required to keep emergency contraception in stock. But if it is in stock, pharmacists should not be allowed to refuse to dispense it, she said.

Colleen Coble, who heads a Columbia victims' rights group, urged the panel to consider the bill's effect on sexual assault victims. She emphasized that emergency contraception was not a form of abortion. The use of emergency contraception is standard care for rape victims, she said, even in Catholic hospitals.

"In a case where your body has become a crime scene, where you have undergone an incredibly invasive examination to gather evidence, (this bill) would make you travel four counties away to avoid becoming pregnant by the person who violently attacked you," Coble said. "This is an issue of health care. It's an issue of decency."

The legislation is House Bill 1625.