



Monday *MONITOR*

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SENATE JUDICIARY HEARS GOVERNOR'S ANTI-PREVENTION BILLS

On Monday night, Senate Judiciary heard seven bills – five of them concerning reproductive health, but only one that promotes prevention. Two of the restrictive bills are on the Governor's 2007 priority list: **SB 432** (Nodler, R-Joplin) Abstinence Only/Sex *Mis*-Education and **SB375** (Koster, R-Harrisonville) Alternatives-to-Abortion-That-Prohibit-Family-Planning. Dozens of witnesses – organizational and individual – went on record in opposition to SB432, including a 22-year veteran high school principal, a high school student, a rabbi, the ACLU, MNEA, Missouri Family Health Council, and National Council of Jewish Women. Four anti-abortion/anti-contraception/anti-education registered lobbyists went on record in support.

On the pro-active, prevention side **SB72** (Justus, D-Kansas City) was heard (albeit at the end of the hearing). The Conscientious Pharmacist Act places the burden for filling birth control scripts on the pharmacy – not the woman – and is common sense public policy.

Also heard Monday were **SB370** (Scott, R-Lowry City) and **SB196** (Gross, R-St. Charles) both of which increase political interference in abortion procedures and add an unfair and unjustified burden on physicians who perform abortions.

DID HE SAY THAT?

During Monday night's Judiciary Committee hearing, after attempts by various Senators to exact an answer from the bill sponsor on this specific issue, Sen. Koster finally asked Sen. Nodler to describe exactly how contraception might be taught in public schools following the bill's federal Abstinence-Only guidelines. Sen. Nodler's response? "I'm not answering that question, Senator."

"PHARMACY DENIAL" TO BE HEARD MONDAY NIGHT IN SENATE JUDICIARY

Originally scheduled for last Monday night, **SB285** (Crowell, R-Cape Girardeau) will be heard tonight. The third leg of Governor Blunt's anti-prevention agenda, this bill would protect individuals involved in dispensing medications – from the pharmacist to the cashier – from any accountability if they refuse to fill or ring up birth control prescriptions. *In January of this year, a married woman in Perryville, Missouri, was refused her prescription for routine birth control at the only pharmacy available.*

BIRTH CONTROL NOT BANS!

While the bill has not yet been filed, Rep. Cynthia Davis is seeking co-sponsors for an abortion ban bill. If Missouri is serious about reducing abortion, the legislature should support increased access to contraception, not enact abortion bans. Conservative South Dakota defeated a similar ban by 56% to 44% of the popular vote, and the legislature has refused to take it up again this year.

2007 PREVENTION FIRST ACT FILED IN SENATE

SB546 was filed on Wednesday with 7 co-sponsors. If you have not yet signed on to the House companion, please contact Rep. Robin Wright Jones' office (ext. 6800) and give her your name. This common sense bill puts into policy proven 'prevention and wellness' programs and policies which – unfortunately – Governor Blunt chooses to ignore or blatantly oppose.

U.S. ADULTS FAVOR COMPREHENSIVE SEX EDUCATION IN SCHOOLS

Amy Bleakley, PhD, MPH; Michael Hennessy, PhD, MPH; Martin Fishbein, PhD

Objective: To examine U.S. public opinion on sex education in schools to determine how the public's preferences align with those of policymakers and research scientists. **Main Outcome Measures:** Support for 3 different types of sex education in schools: abstinence-only, comprehensive sex education, and condom instruction. **Results:** Approximately 82% of respondents indicated support for programs that teach students about both abstinence and other methods of preventing pregnancy and sexually transmitted diseases. Similarly, 68.5% supported teaching how to properly use condoms. Abstinence-only education programs, in contrast, received the lowest levels of support (36%) and the highest level of opposition (about 50%) across the 3 program options. Self-identified conservative, liberal, and moderate respondents all supported abstinence-plus programs, although the extent of support varied significantly. **Conclusions:** Our results indicate that U.S. adults, regardless of political ideology, favor a more balanced approach to sex education compared with the abstinence-only programs funded by the federal government. In summary, abstinence-only programs, while a priority of the federal government, are supported by neither a majority of the public nor the scientific community. [Arch Pediatr Adolesc Med. 2006;160:1151-1156]

Missouri Senators and Representatives promoting abstinence-only sex mis-education have suggested in hearings and to colleagues that condoms do not protect against sexually transmitted infections and therefore information regarding condoms should not be shared in sex education classes. The following two references are from the Centers for Disease Control website.

I. HOW EFFECTIVE ARE LATEX CONDOMS IN PREVENTING HIV?

Latex condoms, when used consistently and correctly, are highly effective in preventing heterosexual sexual transmission of HIV, the virus that causes AIDS. Research on the effectiveness of latex condoms in preventing heterosexual transmission is both comprehensive and conclusive. The ability of latex condoms to prevent transmission has been scientifically established in laboratory studies as well as in epidemiologic studies of uninfected persons at very high risk of infection because they were involved in sexual relationships with HIV-infected partners. The most recent meta-analysis of epidemiologic studies of condom effectiveness was published by Weller and Davis in 2004. This analysis refines and updates their previous report published in 1999. The analysis demonstrates that the consistent use of latex condoms provides a high degree of protection against heterosexual transmission of HIV. It should be noted that condom use cannot provide absolute protection against HIV. <http://www.cdc.gov/hiv/resources/qa/condom.htm>

II. MALE LATEX CONDOMS AND SEXUALLY TRANSMITTED DISEASES

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

HIV, the virus that causes AIDS: Latex condoms, when used consistently and correctly, are highly effective in preventing the sexual transmission of HIV, the virus that causes AIDS.

Discharge diseases, other than HIV: Latex condoms, when used consistently and correctly, can reduce the risk of transmission of gonorrhea, chlamydia, and trichomoniasis.

Genital ulcer diseases and HPV infections: Genital ulcer diseases and HPV infections can occur in both male or female genital areas that are covered or protected by a latex condom, as well as in areas that are not covered. Correct and consistent use of latex condoms can reduce the risk of genital herpes, syphilis, and chancroid only when the infected area or site of potential exposure is protected. While the effect of condoms in preventing human papillomavirus infection is unknown, condom use has been associated with a lower rate of cervical cancer, an HPV-associated disease. <http://www.cdc.gov/nchstp/od/condoms.pdf>

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