



Monday *MONITOR*

Wednesday, January 14, 2008

Contact: Michelle Trupiano – 573.424.8717 (cell)

PRO-ACTIVE BILLS REFERRED TO COMMITTEE

Two pro-active, prevention bills were pre-filed in the Senate and have been referred to committee:

SB778—Justus (D-10): Cervical Cancer Immunization – referred to Seniors, Families & Public Health. This bill mandates that MO-DHSS send information to the parents or guardians of all females entering the 6th grade about the connection between HPV and cervical cancer and the availability of the HPV vaccine. This bill does not require the vaccine for admission to school. This bill does require health insurance companies to provide coverage for HPV immunizations for females between the ages of 11 and 21—the FDA recommended group most in need of this.

SB780—Smith (D-04): Comprehensive Sex Education – referred to Education. This bill repeals the restrictive provisions to sex education passed last year in HB1055. This bill would once again allow local school districts to invite trained sex education professionals of their choice into public schools and would require voluntary sex education courses to include information on both abstinence and the benefits of contraception.

SB766 – PRISON TIME FOR PREGNANT ADDICTS – HEARING TUESDAY

SB766—Goodman (R-29) will be heard Tuesday at 2:00pm in Senate Judiciary. This is a huge step backwards; pregnant women need services that address addiction problems, not the threat of jail time.

BLUNT’S ABORTION BAN TASK FORCE – MEETS TUESDAY

The Task Force, which is charged with proposing legislative initiatives that will further restrict access to abortion, will meet at noon on Tuesday in Room 470 of the Governor’s Office Building (200 Madison). After repeated pleas for him to include alternate views on his Task Force on Abortion or disband it altogether, Governor Blunt responded: “nothing is stopping Planned Parenthood from forming their own group.” This cavalier and inappropriate response ignores the state ‘seal of approval’ he has placed on the Task Force and the reality that this Task Force will produce, and the state will disseminate with taxpayer funds, a ‘report’ compiled by 100% anti-abortion/anti-family planning activists that will not include medically and scientifically accurate information regarding abortion care and that will studiously avoid any mention of programs and services that would safely reduce abortions. This overtly biased Task Force should be disbanded.

ROE V. WADE 35TH ANNIVERSARY LAUNCHES A CRITICAL YEAR FOR CHOICE

Rolla: Wednesday, January 16, 7:00pm, Rolla Public Library. View **Voices of Choice**, a documentary about physicians who provided safe abortions prior to Roe. Contact: Lisa at 573.364.1509 or trpp@fidnet.com

St. Louis: Tuesday, January 22, 6:00—9:00pm, Third Degree Glass Factory, 5200 Delmar. **Fired Up For Choice!** Veteran poet **Shirley Bradley Leflore**; fire jugglers; choice cheerleaders; postcard contest; refreshments; cash bar. Contact Angie at 314.531.7526 ext 334 or angie.postal@pplsr.org

Springfield: Tuesday, January 22, 7:00pm at Millie’s turn-of-the-century café, 313 S Jefferson. **Celebrations of Women, Freedom and Choice** will be presented by a collaborative theater group. Appetizers served; cash bar. Contact Kellie at 417.883.5899 or kellie.rohrbaugh@pprm.org

Columbia: Conclude a week of activities on Friday, January 25, 6:00—9:00pm, The Blue Note, 17 N 9th Street. Mingle with food and friends, listen to local bands, and **Stand Up for Choice!** Contact: Kristen at 573.443.0427 ext 241 or Kristen.walle@ppkm.org

Kansas City: Tuesday, January 29, 6:00—9:00pm at Unity Temple on the Plaza. **Chili For Choice**—a night of spoken word poetry, music and chili. Contact Victoria at 913-312-5100 ext 257 or victoria.pickering@ppkm.org

SAVE THE DATE: LOBBY FOR WOMEN’S HEALTH & LIVES

Tuesday, March 4, 2008—Jefferson City

Laws Requiring Parents To Be Notified When Teens Access Birth Control Could Lead to Increase in Unsafe Sex, Study Says [Jan 19, 2005]

Laws that would require clinics to notify a teenager's parents if she sought contraception likely would not reduce the number of teens who engage in sexual activity and could lead to an increase in unplanned pregnancies and sexually transmitted diseases, according to a study conducted by the Alan Guttmacher Institute and published in the Jan. 19, 2005 issue of the Journal of the American Medical Association. In order to investigate how such laws might affect teenagers' behavior, AGI researcher Dr. Rachel Jones and colleagues surveyed 1,526 girls under age 18 who attended federally funded family planning clinics in 33 states. The girls were asked to complete anonymous questionnaires about what they would do if they were required to get permission from their parents in order to receive contraception.

About 60% of the teens surveyed said their parents already were aware they visited a family planning, and 59% of respondents said they would continue to seek contraception if parental notification laws were enacted. However, 70% of respondents who said their parents were not aware they visited a clinic said they would stop using clinic services if a parental notification law for contraception were enacted in their state. Nearly half of those teenagers said they would switch to an over-the-counter method of contraception, such as condoms, instead of using prescription contraceptives, while only 7% said they would stop having sex. Eighteen percent of those teenagers said they would rely on the rhythm method or withdrawal -- both of which are "far less reliable" in preventing pregnancy than other contraceptives, according to the *AP/Times-Dispatch (AP/Richmond Times-Dispatch, 1/19/2005)*. "The implication is that parental notification wouldn't be a good thing," Jones said, adding that teenagers "wouldn't stop having sex, they would just have unsafe sex" (*Reuters Health, 1/18/2005*). The study findings "echo" the findings of several smaller, local studies, according to the *AP/Times-Dispatch (AP/Richmond Times-Dispatch, 1/19/2005)*.

NOTE: Rep. Cynthia Davis has filed a bill (HB1316) that would likely result in outcomes similar to those found in this 2005 study. For PPMO, the daily experience of providing counseling, education, and healthcare to parents and teens supports the findings of this study. The first priority for lawmakers—as for all parents—should be to keep our teens safe and healthy; this bill would have the opposite effect.

IGNORANCE AND EXCUSES [St. Louis Post Dispatch—Thursday, Nov. 15 2007]

The city of St. Louis has the nation's highest rates of gonorrhea and chlamydia, a bacterial infection that can cause infertility. For well over a decade, our area has had some of the nation's highest rates of sexually transmitted diseases. And for well over a decade, people living around St. Louis smugly have dismissed those high rates as someone else's problem. It is everyone's problem. Political boundaries don't stop the spread of disease, as statistics released this week by the U.S. Centers for Disease Control and Prevention make all too clear: The gonorrhea rate in St. Louis County is nearly double that of Los Angeles County. The chlamydia rate in St. Louis County is 26 percent higher than the county that includes Las Vegas. Our region — St. Louis and 17 surrounding counties in Illinois and Missouri — has the nation's fifth-highest rates of gonorrhea and chlamydia.

After dropping steadily for three years, gonorrhea rates climbed in 2005 and 2006. Now they're 11 percent higher than they were in 2002, when our region had the nation's 11th highest rate. Nationally, the rates of infection of antibiotic-resistant strains of gonorrhea are increasing. Chlamydia rates have been climbing in the region for the past five years. Some of the increase may reflect more aggressive testing; the more often doctors look for chlamydia, the more often they find it.

Among the factors that make the high rates so alarming is that both chlamydia and gonorrhea most often infect younger people. For example, nationally, the chlamydia rate for teenagers between 15 and 19 is double that of those between 25 and 29. Teenagers are neither physically or emotionally prepared for sexual contact and would be better off on both counts if they didn't engage in it. But not everyone makes that choice. When they don't, correct and consistent use of condoms is the best way to prevent infection.

Missouri Legislators have tried repeatedly in recent years to remove requirements that students be taught about contraception during sexual education. That's a mistake. Ignorance breeds disease. High rates of sexually transmitted diseases also demonstrate the importance of adequately funding public health and of ensuring that everyone has access to basic health care. Local and state public health departments have been under severe budget pressures in recent years, at the same time that they're being asked to play an ever-growing role in detecting potential threats from bioterrorism and emerging infectious diseases. They can't do the job without adequate funding. It's difficult to reduce high rates of sexually transmitted diseases, but other cities have shown that it can be done. It could be done here, too — as it should have been long ago.

NOTE: For several years, Rep. Davis filed legislation to remove information regarding contraception from sex education curricula. Last year, HB1055 was passed promoting and encouraging abstinence-only education.