



Planned Parenthood®

Monday *MONITOR*

Monday, March 3, 2008

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PREVENTION FIRST ACT FILED IN HOUSE AND SENATE

SB 1215 (Sen. Bray) and **HB 2272** (Rep. Wright Jones) were filed last week with a combined total of 56 Democrat and Republican, pro-choice and anti-choice co-sponsors. This bill promotes programs and services that safely reduce abortions in Missouri because they get to the core issue of unintended pregnancy. The Prevention First Act calls for:

- Comprehensive sex education in public schools
- Compassionate care for rape survivors in emergency rooms
- Birth control protection from meddling politicians
- Family planning services for low income women
- Protection for patients seeking to obtain prescription or over-the-counter contraception

Missouri voters believe their elected officials should focus on prevention programs not adding more restrictions to abortion services. Members of the House and Senate should seek a hearing and vote on these landmark bills.

PRO-CHOICE/PRO-PREVENTION ADVOCATES TO HIT THE CAPITOL ON TUESDAY

Teams of reproductive health supporters will visit legislators in the Capitol this Tuesday during the annual Lobby Day for Women's Health. These activists will promote the Prevention First Act, but also ask legislators to vote NO on HB1831 and SB1058 if they come to a vote. Please welcome them to your offices and spend a few moments speaking with them.

CUNNINGHAM'S HB1472 HEARD IN COMMITTEE

Rep. Jane Cunningham (R-86) presented her intrusive mandatory delay bill last week in House Health Care Policy Committee. Kerry Messer with the MO Baptist Convention was the only witness in support. Planned Parenthood again testified to the impact of 24-hour mandatory delays on access to abortion especially for women who may already have to travel several hours to get to a clinic. Michelle Trupiano explained that these delays do little to reduce the number of abortions, but rather push women further into their pregnancies or lead them to leave the state to obtain the procedure. Already, data in Missouri is showing a slight increase in mid-trimester and second trimester abortions. This does not protect the health of women and does nothing to reduce unintended pregnancies in Missouri.

HPV BILL PERFECTED IN THE SENATE

A substitute for **SB 778** (Sen. Justus) was brought to the Senate floor and perfected on Tuesday. Discussion was uncontroversial and Senator Justus was able to address concerns raised by a few of the Senators. 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. The substitute bill removes the requirement that health insurance companies provide coverage for HPV immunizations for females between the ages of 11 and 21—the FDA recommended group most in need of this vaccine that can decrease the incidence of cervical cancer.

**Proposed ballot initiative puts politicians and bureaucrats in charge of health care decisions;
Denies patients honest information and threatens doctors with unending lawsuits**

Monday, March 3, 2008: Jefferson City, MO - Today, the Planned Parenthood affiliates in Missouri (PPMO) and the Missouri Religious Coalition for Reproductive Choice (MORCRC) applauded a legal challenge, filed by Mary Hickey of St. Louis, to the second initiative petition submitted by Illinois-based David Reardon in so many months. This version was certified on February 21st.

“We will fight this initiative because it is dangerous and extreme,” said Peter Brownlie, President and CEO of Planned Parenthood of Kansas and Mid-Missouri. “I don’t believe the people of Missouri want politicians and bureaucrats deciding what treatments grown adults can receive or what treatments doctors can recommend.”

“The measure is so poorly written with vague and undefined terms so that no one is completely sure what it does, how far it goes or how it could be enforced,” stated Paula Gianino, President and CEO of Planned Parenthood of the St. Louis Region. “What is clear is this measure would force doctors to provide questionable and in some cases false information to their patients instead of the open honest discussion that is best for patients.”

“This measure will hurt women and deny them access to the professional health care they deserve because of David Reardon’s politically motivated goals,” stated the Reverend Rebecca Turner, Executive Director of Missouri Religious Coalition for Reproductive Choice.

“This measure may seem to target women—but it sets a precedent that politicians and bureaucrats can dictate what treatments any patient can qualify for and what treatments doctors can prescribe,” said Tonia Stubblefield, CEO of Tri-Rivers Planned Parenthood.

The vast majority of Missourians¹ believe that decisions about medical care, including abortion, should be made by a woman in consultation with her doctor. Planned Parenthood and MORCRC stand behind this belief and will stand up for Missourians on this issue. “Missouri already has some of the nation’s strongest laws requiring informed consent and a waiting period for abortion—so it’s clear that the measure is not really about that, it is about extreme politics,” said Kellie Rohrbaugh, Director of Public Affairs for Planned Parenthood of Southwest Missouri.

Planned Parenthood and the Missouri Religious Coalition oppose both of Mr. Reardon’s initiatives and will do everything possible to protect access to safe and legal health care, including the right to abortion care in Missouri.

For the summary language and full text of the initiative go to:

http://www.sos.mo.gov/elections/2008petitions/08init_pet.asp#2008027

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Planned Parenthood affiliates in Missouri serve more than 80,000 clients annually through well woman exams, family planning visits, STI and cancer screenings, and education services.

The Missouri Religious Coalition for Reproductive Choice is a statewide coalition of diverse religious organizations that believe a woman should be free to make reproductive health choices according to her own conscience and faith.