



Monday *MONITOR*

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Contact: Michelle Trupiano – 573.424.8717 (cell)

[ANTI-CHOICE LOBBY KILLS FAMILY FRIENDLY CANCER PREVENTION BILL & THEIR OWN ABORTION RESTRICTION BILL](#)

Jefferson City, MO, May 15 2009 – Today, the Missouri Legislature adjourned without adopting key health care legislation nor did they pass the much debated abortion restriction bill. The extremist wing of the anti-choice lobby defeated their own abortion restriction proposal after Senators negotiated a compromise.

In a shameful and blatant show of political gamesmanship, the anti-choice lobby attached an anti-Planned Parenthood amendment to a bill that would provide information to the parents of 6th grade girls about the HPV vaccine which prevents cervical cancer. This 11th hour move caused the bill to die.

With both the HPV and abortion restriction bills, legislators negotiated in good faith and thought agreements had been made only for those agreements to be abandoned by the extremists within the anti-choice lobby.

We urge legislators to put politics aside and focus on proven methods to improve the health of all Missourians. Before reconsidering additional informed consent requirements, the Missouri legislature should look to a new report finding that in-person counseling requirements cause unnecessary delays and, as a result, push abortion later in pregnancy. ([Gutmacher Institute](#))

The failed bill would have required health care providers to post signs and provide materials containing false information. As a healthcare provider, we know how important the decision making process is for every woman. Planned Parenthood provides every one of our patients with accurate, trusted information so a woman can make the best decisions based on her unique circumstances, whether her decision is raising the child, adoption, or abortion.

As the nation's leading advocate and provider of reproductive health services, Planned Parenthood knows that comprehensive sex education and birth control are the best tools for preventing unintended pregnancy and reducing the need for abortion.

Today there are more than 815,000 uninsured Missourians including at least 146,150 uninsured children. [*St. Louis Post Dispatch* & Kaiser Family Foundation] Missouri ranks among the top 15 states for sexually transmitted diseases – with Missouri's largest cities – Kansas City and St. Louis – leading the country in Chlamydia and Gonorrhea rates. [CDC] The Legislature's continued obsession with creating additional burdens, while ignoring programs and services aimed at prevention, is having a devastating impact on the lives and health of women, teen girls and families.

Meanwhile the following 10 prevention bills died while the legislature focused on abortion restrictions: SB 104 Cervical Cancer Immunization, SB 260/HB 520 Compassionate Assistance for Rape Emergencies, HB 413 Cancer Screening Coverage, SB 316 Comprehensive Sex Education, SB 329 Prevention First Act, HB 342 Prostate Research Development, HB 370 Expedited Partner Therapy, HB 430 Uterine Fibroids Information, SB 203/HB 584 Patient Protection at Pharmacies.

[CHAMPION DISPLAYED SHOCKING UNCONCERN](#)

On April 28, I had the privilege of participating in a Lobby Day to protect Women's Health, and meet with Missouri state Sen. Norma Champion. I, along with seven other constituents, were there to discuss the abortion restriction bill and the importance of putting prevention over politics and restrictions. Senator Champion was gracious enough to spend some time with us out of her busy day, but her comments were disheartening, to say the least. Before we even had a chance to express our concerns about the abortion restriction bill, she told us she already made up her mind and that she would vote for the bill. I was further concerned when a fellow made the point to say that the abortion restriction bill seemed more focused on party politics than about women's health. Without hesitation, Sen. Champion retorted, "I'm not concerned with

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women's health." Simultaneously and silently, the jaws of our group fell to the floor. Her blatant betrayal to her own sex shocked us all. It is abhorrent to think that Senator Champion could show such disregard for the health of half of the population, let alone the health of half of her constituents. Furthermore, her statement proved our suspicions about the abortion restriction bill to be correct. The abortion restriction bill must be about party politics if its supporters are not concerned with the health of women.
Ariel Smith, Springfield. *Springfield News Leader*: May 17 2009

BIGGEST LOSS THIS SESSION: HEALTH CARE

[excerpted from Missouri Budget Project State Policy Update, May 18 2009]

The largest defeat this session was the failure of the Legislature to pass restoration of Medicaid eligibility for 35,000 very low income parents with incomes between 20 – 50 percent of the federal poverty level (or an income of \$292 - \$763) per month. In an attempt to encourage bi-partisan action on increasing access to health care, Senator Tom Dempsey, District 23, proposed SB 306, the "Show-Me Health Plan". In the final days of the legislative session, Senator Dempsey worked tirelessly with other Senate Leaders including Senators Engler and Shields to incorporate language that the Missouri Budget Project requested in order to support the measure.

The Substitute for HB306 passed by the House was drastically different from the Senate-passed version. Although House and Senate conferees were appointed, it was apparent that the House and Senate would not come to an agreement, and SB306 was not taken up. In a last ditch effort on the last day of the session, parts of SB306 were amended to HB156 (Nance), which provided supplemental food stamps for elderly persons. The Senate passed the Senate Substitute for HB156 and sent it back to the House. Unfortunately, the House leadership failed to bring up this bi-partisan measure endorsed by the Senate and the Governor, which would have provided health care to 35,000 low income families at NO cost to the State.

Another loss in health care was the failure of the General Assembly to approve funding for the Governor's proposal to expand the State Children's Health Insurance Program. Ideology and partisanship took precedence over the health care needs of Missouri's children and families in 2009.

MOST LAWS MANDATING COUNSELING AND WAITING PERIODS BEFORE ABORTION HAVE LITTLE IMPACT. However, Laws Requiring In-Person Counseling Cause Delays, Create Additional Burdens; Poor Women Most Likely to be Affected. *Tuesday, May 12, 2009*

Laws that require counseling and waiting periods before abortion, but that allow counseling to be delivered over the Internet, by phone or by mail, appear to have little impact on birth and abortion rates. Yet, according to a new ***Guttmacher Paper*** analyzing the relevant literature, these laws may postpone the timing of some abortions. These findings imply that counseling requirements do not cause women to change their minds about having an abortion, and that waiting period requirements do not impose significant barriers to abortion services.

[...] Multiple studies of such a law in Mississippi have found that the requirement was associated with a decline in the state's abortion rates, an increase in the number of residents going out of state for an abortion, and delays in accessing abortion services. [...] "When we looked at the laws across the board, we found little impact," said the lead author of the new report, Theodore Joyce. "But the Mississippi studies consistently found that an in-person counseling requirement was associated with fewer abortions overall, but more abortions obtained out-of-state and more second-trimester procedures. In other words, some women had to travel greater distances, and as a result, they decided not to have the procedure or to have it later in pregnancy, when the procedure is less safe and more expensive."

Research from other Guttmacher studies has shown that poor and low-income women—who have the highest unintended pregnancy and abortion rates—are also those most affected by abortion restrictions. Disadvantaged women who have trouble raising the funds for their abortion frequently take up to three weeks longer than better-off women to obtain an abortion and have the greatest difficulties taking time off from work, getting child care and affording the travel costs to obtain the procedure. A requirement of multiple in-person visits imposes even more barriers, which disproportionately affect the most vulnerable women.

According to **previous Guttmacher research**, abortion providers report that almost all women obtaining abortions are sure of their decision to terminate their pregnancy before they have even picked up the phone to make an appointment. While it is important to ensure that women have the information they need to make an informed decision, the evidence suggests that mandated counseling serves only to delay women's access to a procedure they have already chosen, rather than to inform their decision making. "Requiring women to make two trips to obtain an abortion is unnecessary," says Guttmacher Paper coauthor **Lawrence Finer**. "These laws are intended primarily to block abortion access, and the most disadvantaged women, who already have trouble accessing services, are disproportionately affected."