



Monday *MONITOR*

Monday, April 5, 2010

Contact: Michelle Trupiano – 573.424.8717 (cell)

ANOTHER BUSY WEEK FOR OPPONENTS OF WOMEN'S REPRODUCTIVE HEALTH

Last week, the Missouri House third read and passed **HB 1327/2000** (Davis, R-19 & Pratt, R-55) the **Abortion Restriction** bill, held hearings on **HB 1725** (Pollock, R-146) the **Abortion Insurance Ban** and **HB 2252** (Faith, R-15) **Tax Credits for Crisis Pregnancy Centers**, and the Senate held debate on **SB 747** (Rupp, R-02) the **Abortion Insurance Ban**. More below...

“WE MAY AS WELL JUST HANG WOMEN BY THEIR HEELS FOR AN HOUR...”

On Tuesday, while visitors to the Capitol for anti-abortion lobby day watched from the gallery, the House put on full-blown, election year political theater as one anti-abortion legislator after another stood up to posture on the ‘merits’ of **HB 1327/2000**, a bill that advocates for state intervention in a woman’s personal and private abortion decision and forces prosecutors between parents and teens.

The bill creates the new ‘crime of coercion of an abortion’ and requires providers to report to the county prosecutor any pregnant female under 18 who seeks information about an abortion—regardless of whether she obtains one, and regardless of parental consent to a decision to terminate (which is required under Missouri law). Supporters of the bill have cited the much publicized Mohler case involving heinous acts of child rape and abuse to illustrate the “need” for this measure. In fact, reporting in the tragic situation of the Mohler case is already required under current law which begs the question of whether the bill sponsors have taken the time to review what is required under Missouri law and whether they are addressing policy or politics with this measure. Rep. Pratt, who handled the bill on the floor, was caught off-guard when asked if he would mandate that Crisis Pregnancy Centers also refer pregnant and inquiring teens to the county prosecutor.

This version of the 2010 Abortion Restriction Bill contains the harshest requirements of all 5 filed, and the misinformation and vitriol during debate were unbounded (see first article on back). Denouncing the punitive nature of the bill, **Rep. Mary Still** (D-25) concluded: “Mr. Speaker, we may as well just hang women by their heels for an hour before the procedure...” In a more peculiar exchange, **Rep. Sander** (R-22) inquired whether Rep. Still’s husband had been a ‘partner in the conception of their child.’ “Yes,” Rep. Still responded, “and quite an enthusiastic partner as I recall.”

Showing great courage, two freshly elected legislators stood up to speak against the bill. **Rep. Stacey Newman** (D-73) recounted publicly for the first time her own personal story of being raped; she noted that under this bill, she would have been found incompetent to make her own reproductive health decision. **Rep. Hope Whitehead** (D-57), who had wondered what issue would motivate her to first stand up and speak on the House floor, questioned the wisdom of reporting to the prosecutor every pregnant teen who inquires about abortion when there is no evidence of sexual abuse or criminal activity. Other pro-choice champions who spoke against the bill included: **Reps. Mott Oxford, Nasheed, Low, Kirkton, Kelly, Schupp, Pace, and McNeil**.

As a trusted provider of reproductive health care, Planned Parenthood believes that every woman should have **evenhanded and unbiased information** so she can protect her health and make the best decision for her circumstances. A woman needs—and Missouri women currently get—information about the risks involved with, and alternatives to, abortion but the information **should not be written to coerce, shame or pressure the woman into making a decision that is not right for her**.

The final vote was 113-37 with 6 pro-choice votes absent. The bill now moves to the Senate where it has been referred to Senate Judiciary Committee.

TO COUNTER THE MISINFORMATION, PLEASE READ THE EXTENDED MONDAY MONITOR COVERAGE OF CURRENT INFORMED CONSENT PROCEDURES AS THEY ARE PRACTICED IN MO.

PRATT & NIEVES: PRO-CHOICE LEGISLATORS WANT TO 'PROTECT RAPISTS'

Honest people can disagree about public policy regarding abortion. But yesterday's debate in the Missouri House of Representatives on [HB 1327 & HB 2000](#) from **Reps. Cynthia Davis** (R-O'Fallon) and **Bryan Pratt** (R-Blue Springs) was ridiculous.

One of the more controversial portions of the Pratt/Davis proposal would require providers to notify prosecutors if any woman under age 18 seeks an abortion without a court order, in both the woman's home county and the county of the provider.

During the debate, Rep. Pratt and Rep. **Brian Nieves** (R-Union) decided that anyone who voted against the bill -- and this provision -- was actively "protecting rapists."

NIEVES: If a person votes against this legislation, to me, it says very clearly and profoundly that they are in favor of increasing the number of abortions and...

PRATT: Protecting rapists.

NIEVES: ...somehow creating this protective category for those who would rape underage girls.

PRATT: You're right gentleman. You're absolutely right.

Passions can certainly run high in this sort of debate, but rhetoric like we heard from Pratt and Nieves is out of bounds. There are plenty of reasons to oppose their bill -- and there's absolutely no reason to believe Representatives who voted against the legislation wants to "protect rapists."

<http://www.firedupmissouri.com/content/pratt-nieves-pro-choice-legislators-want-protect-rapists>

ABORTION INSURANCE BAN HEARD IN HOUSE COMMITTEE & DEBATED ON SENATE FLOOR

HB 1725 (Pollock, R- 146) was heard Wednesday in House Children and Families Committee. In light of passage of federal healthcare reform, anti-abortion hardliners in the House want to go a step beyond current Missouri law, to prohibit health insurance exchanges established in Missouri from offering plans with *optional riders that provide coverage for elective abortions and are paid for with private funds*. Missouri law already bans insurance policies from covering abortion services except through a single-service rider. And, while there is no evidence that additional rider policies are generally available in Missouri, the sponsor would completely remove that privately funded option for all women now and in the future.

Rep. Webb (D-74) noted that he believes abortions will decrease under healthcare reform because women will now have better access to family planning services and comprehensive healthcare that may make them less likely to choose an abortion, with which PPMO heartily agrees.

SB 747 (Rupp, R-02) was debated in the Senate for about 45 minutes and laid over with an amendment pending by **Sen. Bray**. The amendment would allow for an optional rider paid for with a separate premium.

HB 2252 TAX CREDITS FOR CPCs: HEARD IN COMMITTEE

HB 2252 (Faith, R-15) was heard Wednesday in House Ways and Means Committee. At a time of severe budget crisis, the bill would reauthorize the current \$50,000 tax credit for donors to CPCs. Representatives of several Crisis Pregnancy Centers testified in support. **Rep. Mary Still** (D-25), after noting that she likes many of the services the CPCs provide asked each of the CPC witnesses whether they refer for birth control since "the other thing I like if a person is sexually active is birth control." None of the witnesses answered in the affirmative. CPCs are known to refuse to provide full and factual information to women facing an unintended pregnancy, to quote biblical scripture, provide misinformation, and attempt to scare women out of this decision. The Committee should reject this state financial support for misinformation.

THIS WEEK'S WINNER OF 'YOU CAN'T MAKE THIS STUFF UP': MEATLOAF MAYHEM...

HB 1375 (Cooper, R-155), the **Expedited Partner Therapy** bill that has been moving as a consent bill, faced an interesting hurdle upon third reading in the House. This bill seeks to decrease the spread of Chlamydia and gonorrhea by allowing providers to give women who present with an infection a dose of antibiotics to take home to their partner rather than risk the partner not coming in for treatment. In an extremely convoluted and logic-challenging hypothetical, **Rep. Cynthia Davis** (R-19) explained her opposition to this policy which is supported by medical and public health professionals across the country. Rep. Davis asked the House to imagine a man with three infected female partners (unknown to one another) who were each given antibiotics for him. In Rep. Davis' scenario, this man refuses the antibiotics so each woman decides to secretly grind up the medication and hide it in his meatloaf leading him to ingest a triple-dose of antibiotics...

The bill passed 119 to 32 and has been referred to Senate Health, Mental Health, Seniors and Families Committee where PPMO would hope it will be received with common sense.



Monday *MONITOR*—*Extended Copy*

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LET'S SET THE RECORD STRAIGHT: MISSOURI ALREADY HAS A RIGOROUS INFORMED CONSENT FOR ABORTION PROCESS

Under [current statute](#)—which has been in state law since 1979—“No abortion shall be performed except with the prior, informed and written consent freely given of the pregnant woman.”

As a trusted provider of reproductive health care, Planned Parenthood believes that every woman should have evenhanded and unbiased information so she can protect her health and make the best decision for her circumstances. A woman needs – and Missouri women get – information about the risks involved with, and alternatives to abortion but the information should not be written to coerce, shame or pressure the woman into making a decision that is not right for her. We rigorously follow over 30 state laws and countless regulations governing the delivery of abortion care in Missouri.

The debate over HB 1327/1200 and SB 793 in the 2010 Missouri Legislative session has created confusion about the status of the informed consent process.

Here are the facts:

[Current law, updated in 2003](#), requires that at least 24 hours in advance of the procedure, the patient confers with a treating physician who gathers and reviews information about the woman and relays information about the abortion procedure and any possible complications or risks.

Prior to the procedure, the woman:

- Has the specific abortion procedure and any risks described to her;
- Has an ultrasound, is informed of the gestational age of the fetus, and is offered the option of viewing the ultrasound;
- Has necessary lab-work done, blood pressure checked, and a bi-manual (pelvic) exam conducted;
- Completes a medical history which is reviewed by trained staff and physician for completeness and clarity; and
- Speaks with staff specially trained to review all options when faced with an unintended pregnancy.

Specially trained staff will:

- Provide information, support and referrals as appropriate;
- Assist the woman in understanding the impact of the pregnancy on her current life situation;
- Help her identify and explore all of the options available to her—childbirth, adoption, or abortion—so she can make the best decision for her;
- Provide support and information to help her cope effectively with the emotional, social, and medical aspects of her situation;

- Make appropriate referrals for prenatal care, OB/GYN care, adoption and situation-specific counseling;
- Educate her about her related reproductive healthcare such as, birth control methods, pre-natal care, HIV and STI prevention and other appropriate concerns;
- Provide information and support as needed to 'significant others' who may accompany her;
- On the day of the procedure, conduct a pre-procedural interview to assess whether she is certain of her decision;
- Answer questions regarding risks, complications, and aftercare;
- Provide emotional support during the health care visit including before, during and after the procedure.

A specially trained staff member also conducts an extensive interview about the woman's social history including questions about emotional or psychiatric history, depression or existing mental illness, suicidal feelings, use of drugs or alcohol, any sexual abuse or incest, anorexia, bulimia, previous pregnancies, births or abortions, to identify any potentially troubling issues. The trained staff member looks for verbal and non-verbal cues that might indicate an uncertainty about her decision. They are trained to detect abusive situations, refer the woman to appropriate resources and comply with mandatory reporting for teens when abuse and/or neglect is suspected.

At least 24 hours in advance of the procedure, the patient confers with a treating physician who reviews all of the medical and social history forms and again describes the abortion procedure and any possible complications or risks. The doctor asks a series of specific medical questions, probes for any possible contraindications or concerns, and gives her the opportunity to ask any additional questions.

[As required by current law](#), at the end of the conference, and if the woman chooses to proceed with the abortion, a treating physician shall sign and shall cause the patient to sign a written statement that the woman gave her informed consent freely and without coercion after the physician had discussed with her the indicators and contraindicators, and risk factors, including any physical, psychological, or situational factors. All such executed statements shall be maintained as part of the patient's medical file, subject to the confidentiality laws and rules of this state.

Just as the physician must sign a statement confirming that he or she has offered the following instruction, the woman also signs a consent form saying:

"I have been given instructions that I may withdraw my consent at any time prior to the performance of the procedure."

END

It is PPMO's sincere hope that elected officials in this Show Me State will take the time to visit a center that provides abortion care, to understand and experience first hand the extent of the current informed consent process. Please contact Michelle Trupiano if you are willing to take the time to visit and find out for yourself before you vote for even more burdensome and unnecessary restrictions.

Thank you.