



Monday *MONITOR*

Monday, April 19, 2010

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SENATE GIVES PRELIMINARY APPROVAL TO 2010 ABORTION RESTRICTION BILL

On Wednesday, in just under one hour, the Senate took up, debated, and perfected the **2010 Abortion Restriction Bill—SB 793 (Mayer, R-25)**. This version of the bill, one of 5 such bills filed this session, intrudes on the doctor/patient relationship and adds many new burdensome and unnecessary requirements to the informed consent process for abortion. In addition, the bill attempts to impose an abortion coverage ban even more extreme than the ban proposed by Rep. Bart Stupak of Michigan which was defeated in Congress this year. SB 793 would deny women the ability to purchase private health plans that cover abortion, even if they pay the premiums with their own money. This bill reaches much further than current Missouri law and the Stupak ban by prohibiting the sale of single service riders for abortion coverage purchased with private individual funds. SB 793 goes well beyond the Hyde Amendment, which has prohibited public funding of abortion in most instances since 1977.

SB793 forces health care providers to deliver state-mandated messages—that “the life of each human being begins at conception;” and that “abortion will terminate the life of a separate, unique, living human being.” There are no medical or legal reasons for this statement; the intent is to impose state-mandated ideology and to attempt to shame and intimidate all women. The bill also requires posting of signs in abortion clinics that carry false promises of state-backed assistance in carrying a child to term and caring for that child once born, including health care, housing, transportation, food, clothing, education and job training. The Senators voted to make these false promises after approving—just the day before—a state budget that cuts education and many programs that serve women and children.

Thanks to the pro-choice Senators—Bray, Days, Justus, Keaveny, and Wright-Jones—who pointed out the hypocrisy of adding further restrictions to abortion when the body should be deliberating about how to help women prevent unintended pregnancies in the first place. The bill will likely be third read this week and then sent to the House. It is unfortunate that every year, no matter how pressing the problems facing Missouri women and families, our elected leaders always find time to legislate restrictions on abortion. The bill should be soundly defeated.

TOXIC HOUSE VERSION OF ABORTION RESTRICTION BILL HEARD IN SENATE

The even more toxic version of the **Abortion Restriction Bill—HB 1327 & 2000 (Davis, R-19; Pratt, R-55)**—took a record ten minutes to debate in Senate Judiciary Committee on Monday night. Two witnesses testified in favor; 6 testified against. This version includes reporting pregnant teens under 18 to the county prosecutor and obtaining tissue without chain-of-evidence procedures in place. Audio can be accessed here: <http://www.missourinet.com/wp-content/uploads/2010/04/Pratt-abortion-bill-041310.MP3>

DAVIS’ COMMITTEE SHENANIGANS CONTINUE

On Tuesday morning, Rep. Cynthia Davis (R-19) distributed a substitute for **HB1725 (Pollock, R-155)**, the **Abortion Insurance Ban** bill. The substitute not only banned insurance plan coverage that has already been banned in Missouri since 1983, it also added a new ban on *optional, privately purchased insurance riders* and a ban on abortion insurance coverage in the federal ‘public option’ plan—a *plan that never actually made it into the final federal healthcare bill!* Then, on Tuesday evening, Rep. Davis distributed a second substitute that—in addition—removed contraceptive equity language that was passed in 2001 and which ensures contraception is covered in health plans just as other medication is covered. (For the record: contraception prevents unintended pregnancies which can reduce abortions) In the end, Rep. Davis offered the first substitute which was approved by the committee on Wednesday morning, the sixth abortion bill approved by the ‘Abortion-Only’ Children and Families Committee this session.

TAX CREDITS FOR CPCs STILL ON TRACK FOR APPROVAL

HB2252 (Faith, R-15), Tax Credits for CPCs, was heard in House Rules Committee and voted 'do pass.' It is now on the House Perfection Calendar. Despite the economic turmoil in the state, despite enormous budget cuts approved in both chambers and serious review of the tax credits program overall, this state financial approval of agencies that mislead, misinform, and coerce women into childbirth, is on track for approval.

EXPEDITED PARTNER THERAPY BILL MOVING IN SENATE

HB 1375 (Cooper, R-155) was heard in Senate Health, Mental Health, Seniors and Families Committee and should be up for a vote this week. The MO Nurses Association, MO Hospital Association, and MO Family Health Council all spoke in favor. Legally practiced in 21 other states, EPT has been shown in randomized studies to decrease the incidence of persistent and recurrent Chlamydia and gonorrhea.

KANSAS GOVERNOR MARK PARKINSON VETO STATEMENT—A TEACHABLE MOMENT

S. Sub HB 2115 contains many identical sections to a bill vetoed by Gov. Sebelius in 2009. It creates additional, unnecessary reporting and other requirements that do nothing to protect women's health. Gov. Parkinson issued the following veto statement on Wednesday, April 15th (language bolded below by PPMO).

"Kansas' current law concerning abortion was passed more than a decade ago and strikes a reasonable balance on a very difficult issue. I support the current law and believe that an annual legislative battle over the issue is not in the public's best interest. My view is that all abortions are tragedies, which is why I would encourage women who have unwanted pregnancies to consult with their partners, families, doctors and spiritual advisors. **I would not encourage women to consult with state legislators, as this is a private decision and should not be dictated by public officials.** Therefore, with respect to people on both sides of the issue, pursuant to Article 2, Section 14 of the Constitution of the State of Kansas, I veto S. Sub HB 2115."

EXCERPT FROM TESTIMONY PRESENTED TO SENATE JUDICIARY CTTEE AGAINST HB 1327

Presented by Renee Mestad, MD. Physicians for Reproductive Choice and Health

[...] As a physician, I am ethically bound to present the medical facts to my patients, whether the topic is cervical cancer, uterine fibroids, or an unplanned pregnancy. My patients trust me to present the facts so they have the knowledge they need to make the best health care decisions for themselves. [...]

My patient Sherry puts the injustices of HB 1327 into relief. When she came to see me, Sherry was 24, pregnant, and the mother of a 7-month-old son. Although her pregnancy was not planned, Sherry and her husband were excited to have a little brother or sister for their boy. Then Sherry's early ultrasound showed she had twins. She and her husband spent several weeks eagerly anticipating the growth of their family.

But the next ultrasound showed that the twins are conjoined, or Siamese. The babies were joined at the head, sharing a brain, and chest, sharing a heart. They had two spines, four arms, and four legs. It would have been impossible to separate them. If they survived after birth, it would only have been for a few minutes. One heart can't keep two bodies alive. The risk of stillbirth was also very high.

At 19 weeks into her pregnancy, Sherry told me she was depressed. She woke up every morning wondering if today would be the day her babies would die inside her. Sherry imagined carrying the twins for another four and a half months. She saw herself delivering stillborns or watching her babies die minutes after their birth.

Sherry had to decide whether to continue her pregnancy. An abortion might give her and her husband some emotional relief—the opposite of the "possible adverse psychological effects." Yet under HB 1327, I would have had to force Sherry and her husband to worry about those phantom effects on top of all of the other pain they were in. Then she would be forced to review materials that show no concern for her family's sadness and fear.

My goal as Sherry's physician is to provide her with the best and most compassionate care I can. This bill challenges that. Adding more informed consent requirements specific to abortion is not only unnecessary in Missouri, where the procedure is already heavily regulated, but, if in the form of this bill, downright cruel for women like Sherry. [...]

Physicians want the best for our patients—your constituents. Forcing physicians to navigate a new informed consent procedure with no medical basis will not benefit the women of Missouri. They will benefit from greater access to preventive reproductive health care services through increased family planning funding and comprehensive, medically accurate sex education. Publicly funded family planning clinics help the women of Missouri prevent 25,300 pregnancies each year, and every public dollar spent on family planning saves the state and federal governments three dollars in prenatal and newborn care Medicaid costs.

'Who Decides?' Pro-Choice Lobby Day, Wednesday, April 28, 2010