



# Monthly *MONITOR*

Monday, July 19, 2010

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## **2010 ABORTION RESTRICTION BILL IS NOW LAW: EFFECTIVE DATE AUGUST 28**

This year Missouri added yet one more law restricting abortion to the more than 30 restrictions already on the books. The 2010 Abortion Restriction Law includes unnecessary and duplicative changes to the informed consent process that will negatively impact the women of this state who expect high quality health care.

Women seeking abortion care will now be subjected to state-mandated ideological messages that health care professionals are required to present, but are not based on medical science. In addition, informed consent consultations—which must already be done 24 hours prior to the abortion—must now be done in-person, causing further obstacles and delays for women traveling hundreds of miles for abortion care.

While extremely burdensome, the new law does include one minor improvement that was fought for by our pro-choice Senate champions. Women will now have access to qualified professionals including social workers, nurses and licensed counselors to help them through the cumbersome informed consent process.

The legislature put Governor Nixon in an impossible situation by sending this bill to his desk; now providers are put in the onerous position of implementing new politically motivated barriers to care with the least hoops for women to pass through.

## **EPT & HPV INFORMATION BILL SIGNED INTO LAW JULY 13**

On July 13, Governor Nixon signed **HB1375**, the Expedited Partner Therapy and HPV Information bill into law making Missouri the 18<sup>th</sup> state to enact such a law. The bill, sponsored by Rep. Cooper (R-155) and including HPV language promoted by Sen. Justus (D-10), allows physicians to treat the partner of a patient diagnosed with Chlamydia or gonorrhea without an existing physician/patient relationship in order to help curb the growing rate of sexually transmitted infections. The antibiotics would be dispensed in pill form. Each year, PPMO health centers provide more than 86,000 sexually transmitted infection tests to women and men.

The HPV language in the bill requires MO-DHSS to produce a brochure about the connection between HPV and cervical cancer and informing parents there is a vaccine that can protect against it. The brochure is to be made available on the DHSS website and school districts can decide if they want to avail themselves of it and distribute it directly to parents; it may not be sent home with the student. Planned Parenthood offers the HPV vaccine to females ages 9–26 at all Missouri health centers. Planned Parenthood health centers in the St. Louis and Southwest Missouri areas also offer the HPV vaccine to males ages 9-26.

## **WHITE HOUSE ANNOUNCES ABORTION BAN IN NEW HIGH-RISK INSURANCE POOLS**

*Statement by PPFA President Cecile Richards | 7.19.2010*

"Based on the Obama administration's statement, we are deeply disappointed that the administration has voluntarily and unnecessarily decided to impose limits on private funds used to purchase health insurance coverage for abortion care in the new high-risk insurance pools. These pools are being established for Americans who cannot currently purchase private insurance because of pre-existing conditions such as breast cancer, AIDS, and heart disease. These pools are designed to offer health insurance coverage to individuals with high-risk conditions until 2014, when state-based health insurance exchanges are established under the Affordable Care Act.

"The very women who need to purchase private health insurance in the new high-risk pools are likely to be more vulnerable to medically complicated pregnancies. It is truly harmful to these women that the administration may impose limits on how they use their own private dollars, limiting their health care options at a time when they need them most. This decision has no basis in the law and flies in the face of the intent of the high-risk pools that were meant to meet the medical needs of some of the most vulnerable women in this country."

## **GOOD NEWS! WHITE HOUSE ANNOUNCES NEW FUNDING TO FIGHT HIV/AIDS**

PPMO is heartened by the announcement last week by the White House of a new five-year plan of action to combat the HIV/AIDS epidemic in the United States. Introduced by Health and Human Services Secretary **Kathleen Sebelius**, the goal is to reduce the number of people who become infected with HIV in the next five years by 25 percent. A study released this week underscores the benefits of early testing and treatment as the very best way to reduce new infections (see article below).

## **TREATING HIV ALSO PREVENTS ITS SPREAD, STUDY FINDS**

By *MARILYNN MARCHIONE | AP, Posted: Sunday, July 18, 2010 6:38 am*

Provocative new research shows that treating people with the AIDS virus can provide a powerful bonus: It cuts the risk that they will infect others. New infections plummeted in parts of Canada as more people went on AIDS drugs, which lowered the amount of virus they had and the chances they would spread it, the study found. For every 100 people with HIV who started taking AIDS drugs, new infections dropped by 3 percent in British Columbia, where the study was done. The number of new infections there has been cut in half since 1996, matching a rise in treatment.

"The more people you put on therapy, the less transmission there is," said Dr. Anthony Fauci, director of the U.S. National Institute of Allergy and Infectious Diseases. The drop in new cases in Canada "likely could not be explained by anything else," he said.

The U.S. government helped pay for the study. Results were published online Sunday by the British medical journal *Lancet* and were being presented at the International AIDS Conference in Vienna. The results suggest that Canada's policy of free AIDS care is having a double benefit: to the people being treated and to the public's health. In the United States, the study should boost efforts to more aggressively test and treat people, and to plug funding gaps that keep many from getting care now, AIDS experts said. An estimated 1.1 million Americans have HIV, and about 20 percent of them don't know it. About 55,000 new infections occur each year in the U.S., a number that has held steady for a decade. Finding ways to prevent HIV infection is critical because there is no vaccine or cure for AIDS. Recommended treatment is a combination of medicines that lower the amount of virus that infected people harbor, often to undetectable levels.

A study a decade ago in Africa found that people with these very low levels of virus were less likely to infect others. Treating pregnant women with HIV lowers the amount of virus they have and the risk they'll pass it on to their babies. The new study is the first clear evidence that the same principle holds true on a population level, in everyday community settings. It was led by Dr. Julio Montaner, director of the British Columbia Centre for Excellence in HIV/AIDS in Vancouver.

Researchers used patient registries from British Columbia's universal health care system to track HIV tests, new cases, treatments and virus levels since 1996, when modern AIDS drugs became available. The number of infected people getting treatment rose from 837 in 1996 to 5,413 in 2009. The number of new HIV diagnoses fell from 702 to 338 per year during that time. The amount of virus that patients harbored also dropped and was directly related to fewer new cases being diagnosed in the population.

The trends were largely driven by more treatment and fewer new cases among injection drug users, as sharing needles raises the risk of spreading HIV. Rates of other sexually spread diseases rose during the study period, suggesting that safer sex behaviors were not responsible for the drop in new HIV infections - treatment was.

"There's an ethical imperative" to provide care to people with HIV, and finding that this helps prevention "is an added bonus," said Dr. Jonathan Mermin, the federal Centers for Disease Control and Prevention's AIDS prevention chief. "It's not enough on its own to stop the epidemic" and must be combined with safe sex and other prevention strategies, he said.

Mitchell Warren, executive director of the AIDS Vaccine Advocacy Coalition, a New York-based nonprofit group that has worked toward developing a vaccine and other prevention tools, said the study was "quite compelling" and "very strong evidence" that treatment cuts the risk of spreading infection. Nearly every country, including the U.S., has waiting lines for people to get treatment, he noted. And progress with this approach depends on getting more people tested.

Aggressive efforts to test and quickly treat anyone found to have HIV are under way in Washington, New York and San Francisco. The National Institutes of Health also has a study under way in seven countries, including the United States, to see if HIV treatment helps prevent spread of the virus to an uninfected partner.

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CONGRATULATIONS TO PLANNED PARENTHOOD OF KANSAS AND MID-MISSOURI,  
CELEBRATING 75 YEARS OF CARING FOR GENERATIONS ONE PERSON AT A TIME !