

**Testimony of Missouri Right to Life
In Support of HB 28**

**Before the House
Special Standing Committee on
Children and Families**

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TESTIMONY OF MISSOURI RIGHT TO LIFE IN SUPPORT OF HB 28

House Bill 28 offers protection for pharmacies against lawsuits brought by abortionists and their zealous supporters for refusing to dispense drugs that cause abortions. The problem is real, as such lawsuits have been filed elsewhere. For instance, Wal-Mart was sued for refusing to market a morning-after pill called “Preven.” HB 28 also protects pharmacies that refuse to fill such prescriptions from being penalized by state government in any way, whether by disciplinary action or by losing eligibility for government programs.

HB 28 particularly focuses on abortifacient drugs. It does not include any prescriptions for drugs that do not have the effect of killing an already-created human being. No one can come before this committee and criticize the bill for impeding the distributions of true contraceptives that act to prevent fertilization. The bill clearly states that it is abortifacients that it is concerned with.

Note carefully that the bill does not attempt to make an abortifacient illegal. It only protects pharmacies from being sued or otherwise penalized for not stocking abortifacients or filling prescriptions for them.

Now, the abortionists, especially Planned Parenthood, will no doubt make the claim that such drugs as “Plan B are, in fact, contraceptives. However, they do that only by distorting the meaning of the terms, “pregnancy” and “contraceptive.” They will say that “pregnancy” starts only with implantation, not fertilization. But preventing implantation is one way to perform an abortion.

By the time a human being is ready for implantation, a week of development has occurred. The human being is composed of approximately 200 cells, and specialization into different types of body systems has already begun. The human is long past the stage of being a so-called “fertilized egg.” If denied the ability to implant, then the human cannot form a placenta and continue to live. This means that a drug that prevents implantation causes an abortion.

The abortion drug, RU-486, which is now called, “mifepristone” and is marketed under the brand name, “Mifeprex,” can cause problems for pharmacists, not so much in how it is dispensed but in how its companion drug is dispensed. Mifeprex kills the unborn child, but it must be used with a second drug that induces contractions to expel the unborn child’s body. In the United States, the second drug is misoprostol, marketed under the trade name “Cytotec”. The FDA tells women to visit an abortion clinic or doctor’s office two days after taking Mifeprex to be examined and to take misoprostol (Cytotec). (FDA, “Mifepristone (Mifeprex) Medical Guide,” 2000). However, Planned Parenthood, claiming that “It is generally common for a large majority of clinicians in the U.S. to follow evidence-based alternatives to FDA regimens,” now claims that the “mifepristone regimen is often adapted” to eliminate some of the FDA’s recommended steps. (Planned Parenthood, “Mifepristone: Expanding Women’s Options for Early Abortion,” http://www.plannedparenthood.org/pp2/portal/files/_portal/medicalinfo/abortion/fact-early-abortion-mifepriestone.xml, visited 2/27/2007.) Planned Parenthood used to just tell women to skip the second clinic visit and “self-administer the prostaglandin at home.” (Planned Parenthood, “Mifepristone: Expanding Women’s Options for Early Abortion,” http://www.plannedparenthood.org/pp2/portal/files/_portal/medicalinfo/abortion/fact-early-abortion-mifepristone.xml, visit 2/11/2006.) Apparently, its exposure to liability for women’s deaths, including those to be mentioned shortly, has caused it to be more ambiguous in how it advises young women to ignore the FDA.

Cytotec is only approved by the FDA as a treatment for ulcers. Its manufacturer has even sent a letter warning physicians and pharmacists that it should not be used by pregnant women. Nevertheless, it continues to be used with Mifeprex.

The administration of Mifeprex followed by Cytotec has been implicated in the deaths of at least four women in the state of California in recent years. A teenager, Holly Patterson, died in September, 2003. In November, 2005, the New York Times reported that since Ms. Patterson’s

death, three more California women have died after using Mifeprex. (“Deaths after Abortion Pill to Be Studied by Officials,” New York Times, November 23, 2005,

<http://www.nytimes.com/2005/11/23/national/23pill.html?ex=1139806800&en=8cebf5261c831c8b&ei=5070>, accessed on 2/11/2006.) The Times article also reported that perhaps the vaginal self-administration of Cytotec caused the type of infection that led to the women’s death.

Planned Parenthood has accused pro-life officials of getting the facts wrong about the administration of Mifeprex in connection with the conscience rights of pharmacists. It says that Mifeprex is not dispensed by pharmacists. Planned Parenthood misses the point. It is the entire protocol that begins with Mifeprex that can be a problem for pharmacists. The second drug, Cytotec, is a prescription drug that is dispensed by pharmacists. If Planned Parenthood ever decides to give prescriptions for Cytotec for women to pick up at the local pharmacy, then that presents problems for pharmacies who have the safety of their patients in mind as well as conscientious objections to dispensing abortion drugs.

Missouri has demonstrated strong support through the years for policies that protect human life. Pharmacies and their owners ought to be protected by the state’s commitment in this area. Missouri Right to Life therefore strongly supports HB 28 and urges its approval by this committee.