



15 February 2012

Chairman Kinzer
House Committee on Judiciary
300 SW 10th Ave. Room 346-S
Topeka, KS 66612

Dear Chairman Kinzer and Committee Members:

Thank you, members of the Committee, for hearing my testimony today in opposition to HB 2523.

HB 2523, a pharmacist refusal and medical personnel non-referral act, puts the rights of medical professionals over the rights of patients without constitutional justification. While no one should be forced to violate his or her conscience, the conscience of the health care provider should not trump that of the woman seeking health care. Women have the right to medication and services via the constitutionally recognized right to privacy. Also, while many Kansans face unemployment and a still-weak economy, this bill uses valuable taxpayer money and time on restricting women's access to family planning. This bill is an intrusive step toward a larger government—a government increasingly involved in private and individual medical decisions of private Kansas citizens.

HB 2523 is clearly an attempt to limit women's access not just to abortion, but contraception and reproductive decisions at all levels. For those who are unsure about the origin and intent of this bill please make no mistake, the sole purpose of this legislation is to further limit the right of women to access reproductive health care such as family planning and abortion care. Regardless, however, of where you happen to stand on the issue of reproductive freedom, what should be disconcerting about this bill is its far-reaching impact on the private medical decisions of Kansans.

For example, what does the pregnant woman do who needs to undergo chemotherapy? Or, what does a woman do who wants to limit the number of her pregnancies and family size? Or, what about the woman who wants to complete her education before beginning a family? Under this bill, the women from these scenarios could most certainly be placed in precarious, unwanted situations.

Without evidence, some believe that oral contraception and various other birth control methods cause abortion. This is not scientifically credible, but according to HB 2523, the belief of a pharmacist or other medical personnel could justify them denying certain types of contraception to women. It would further allow medical professionals to deny telling women where they could seek the medication elsewhere. That is neither humane, nor protected. Furthermore, allowing the legislature to dictate who can access what medicine and when is a frightening notion going against the grain of our core Kansas values.



The idea of “conscience” is presumptuous – putting any medical professional in a position to make value judgments about a woman’s choice and reason for seeking certain services and medication. Therefore it is inherently invasive and paternalistic; dismissive of women’s intellect and decision-making abilities. The American College of Obstetricians and Gynecologists has publicly stated that, “Abortion is a confidential, medical matter that should be protected between the physician and their patient. The intervention of legislative bodies into medical decision-making is inappropriate, ill-advised and dangerous. Women who wish to obtain an abortion should be unencumbered by obstacles such as: ... stricter facility regulations for abortion than for other surgical procedures of similar risk.”

HB 2523 doesn’t protect one’s freedom; but rather, imposes the ideology of one group onto the whole. It does so in a way that could potentially cause more harm. It forces women to devote more time and money to seeking out care and medication – putting women in rural communities at a heightened disadvantage because they would potentially have to make several commutes to get contraception or services. Delaying access to contraceptive services would ultimately increase the incidence of abortion.

The presence of bills like HB 2523 also creates a culture of fear that would dissuade women from approaching their pharmacists, doctors and nurses because they wouldn’t have the base trust that is so important in those relationships. HB 2523 discriminates against private, individual rights of Kansans to access basic medical care because it allows medical professionals to provide or refuse medication and services to them based on unfounded value judgments.

Instead of disregarding the prerogative of private Kansas citizens to make the best medical decisions in the privacy of their doctor’s office, legislators should make sex education, contraception and abortion more accessible and affordable. This would empower Kansans economic and physical health.

In conclusion, the negative ramifications of this bill, including endangering the health of and individual rights of Kansans to make the best medical decisions for their lives, far outweigh any positive outcomes from HB 2523. There is no positive outcome in restricting access to preventive medication and health care. I respectfully request that the Committee oppose HB 2523, as it, at best, does nothing to advance the health of Kansas women and their families and, at worst, allows a far-reaching government hand to meddle in the private affairs of Kansans’ lives. Thank you for hearing my testimony. I will stand for any questions you may have.

Sincerely, Virginia

Phillips

Supporting Facts against HB 2523

- 99% of women have used [some formⁱ](#) of contraception while over 40% of women actively use hormonal contraceptives. [60% of Kansansⁱⁱ](#) use some form of birth control method other than a hysterectomy.
- [10% of women have usedⁱⁱⁱ](#) emergency contraception as a back-up method.
- All forms of birth control are more effective if used sooner. Emergency contraception's effectiveness drops dramatically [72 hours after unprotected sex^{iv}](#).
- Having access to emergency contraception actually [decreases^v](#) the incidence of abortion.
- Emergency contraception, widely known by the brand Plan B, [does not cause abortion^{vi}](#) and is not related to the abortion pill commonly known as RU 486.
- [By age 45, three in 10^{vii}](#) American women will have had an abortion in their lifetime.
- The rate of abortions in countries where abortion is illegal is [higher and more dangerous^{viii}](#) than in countries where abortion is legal and accessible.

ⁱ *Facts on Contraception*. (2010, June). Retrieved from Guttmacher Institute: http://www.guttmacher.org/pubs/fb_contr_use.html

ⁱⁱ *Data Results Kansas BRFSS*. (2004). Retrieved from Kansas Department of Health and Environment: http://www.kdheks.gov/brfss/Survey2004/dr2004_brthcnt3.html

ⁱⁱⁱ Norton, A. (2011, April 27). *More U.S. women using "morning-after" pill: study*. Retrieved from Reuters: <http://www.reuters.com/article/2011/04/27/us-morning-pill-idUSTRE73Q81520110427>

^{iv} *Plan B*. (n.d.). Retrieved from Web Md: <http://women.webmd.com/guide/plan-b>

^v Wind, R. (2002, December 17). *Emergency Contraception Played Key Role in Abortion Rate Declines*. Retrieved from Guttmacher Institute: http://www.guttmacher.org/media/nr/2002/12/17/nr_340602.html

^{vi} *Setting the Record Straight: The Facts on Some Popular Myths About Abortion*. (2005, September). Retrieved from Center for Reproductive Rights: http://reproductiverights.org/sites/default/files/documents/pub_bp_tk_myths.pdf

^{vii} *Facts on Induced Abortion in the United States*. (2011, August). Retrieved from Guttmacher Institute: http://www.guttmacher.org/pubs/fb_induced_abortion.html

^{viii} Press, A. (2012, January 20). *Study: Higher abortion rates in countries where it's illegal, almost half are unsafe*. Retrieved from ABC 2 News: <http://www.abc2news.com/dpp/news/study-higher-abortion-rates-in-countries-where-its-illegal-almost-half-are-unsafe>