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(FORM UPDATED: 08/11/2010)

## WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

### 2005-06

(session year)

### Senate

(Assembly, Senate or Joint)

## Committee on Labor and Election Process Reform...

### COMMITTEE NOTICES ...

- Committee Reports ... **CR**
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### INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
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(**ab** = Assembly Bill)                      (**ar** = Assembly Resolution)                      (**ajr** = Assembly Joint Resolution)  
(**sb** = Senate Bill)                      (**sr** = Senate Resolution)                      (**sfr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

Testimony  
of  
Tricia L. Knight  
Attorney at Law  
Knight & Associates, S.C.  
May 17, 2005

Speaking on my own behalf, as a woman, a mother, a wife, a daughter, a sister, and an employment discrimination and civil rights lawyer, and not on behalf of any of my clients, I submit this testimony in opposition to Senate Bill 155.

In an interview aired on Milwaukee's Channel 12 News, Senator Reynolds stated that he proposed this bill because pharmacists are being exposed to discrimination. On Milwaukee's Fox News, Senator Lazich stated that the proposed Bill will inconvenience women but it will not prevent women from obtaining contraceptives. On both points, I respectfully disagree. As the attorney representing the woman in Milwaukee who was denied emergency contraception, I have found myself in the center of this debate. Wherever I go, people have shared with me their opinions about this issue—whether I have wanted to hear their opinion or not. There is also information I have learned in this process to which I was previously ignorant. This proposed bill creates numerous concerns and questions. I will address only a few.

1. **Actual Abortion procedures vs. Contraceptives.** I have reviewed a number of religious discrimination cases involving medical professionals. All of the cases involved medical professionals objecting on religious grounds to being forced by their employer in participating in actual abortions. Pharmacists, however, are not legally permitted to dispense abortion drugs. As a result, this proposed Bill permits a pharmacist from refusing to dispense a medication that does not actually cause an abortion. All that is needed is a religious belief that the medication might cause an abortion. This position is contrary to all commonly accepted medical information. It poses a number of questions and concerns. Why would we permit such a thing when it is so contrary to all commonly accepted medical information? Does this proposed Bill create a situation where not only will women be denied access to the commonly accepted medical information, but will actually be provided information, passed off as a form of medical information, that is contrary to commonly accepted medical information?
2. **Religious Equality not Religious Preference.** Our country is founded upon religious freedom and equality. Under current law, all employees, regardless of their profession or their particular religious beliefs, are treated equally. The law is uniform. The test is the same. Does the employee have a bona fide religious belief that conflicts with an employment requirement? Did the employee provide the employer with notice ahead of time of the conflict between the religious belief or practice and the job duties? Did the employee request reasonable accommodation as a result of the conflict? Did the

employer refuse any reasonable accommodation? If so, was this failure because the employer could not make a reasonable accommodation without suffering undue hardship? The current law is acceptable as it is. A number of cases have recognized that employers must accommodate a medical professional's religious practice of not participating in abortions.

The proposed Bill grants preferential treatment to a particular class of individuals who hold only a particular class of religious beliefs. Such treatment is contrary to our Country's founding principles on religious freedom and equality. Will a pharmacist be obligated to hold a bona fide religious belief? Will a pharmacist be obligated to disclose such religious belief a head of time? If the employer were to suffer an undue hardship, why is a pharmacist afforded different treatment than other individuals who work other jobs or hold other religious beliefs? The proposed Bill does not require a "bona fide" religious belief. It does not require prior disclosure of the belief. It does not strike a balance for the employers in its competing obligations to others, namely women, and its employees.

Amending the Wisconsin Fair Employment Law to provide preferential treatment to pharmacists who hold particular religious views opens Pandora's box. What about the pharmacist that understands contraceptives do not cause abortions but objects to dispensing them on other moral or religious grounds? What about the cashier that objects on moral or religious grounds to ringing up condoms? What about the stock person that objects to stocking the shelves with condoms? What do we tell them about their religious and moral views—that they are not as important or our legislature is not affording them the same preferential treatment that they are affording pharmacists who hold particular religious and moral beliefs?

What about other individuals holding down other jobs? What about a Jewish person working at a deli counter at a supermarket? Does that person have a right to refrain from packaging up ham? The police officer who objects to carrying a gun on religious and moral grounds? The employee who works at McDonalds whose moral and religious beliefs preclude eating meat? The department store employees whose moral and religious beliefs preclude them from ringing up merchandise that they believe was made by child labor? Why aren't they too afforded this new special privilege that this proposed Bill is granting pharmacists who hold a particular religious or moral view?

3. **We all face moral choices.** We assume that that the police officer who objects to carrying a gun on religious and moral grounds chooses not to become a police officer. After all, we all understand that carrying a gun is a fundamental and necessary responsibility of a police officer even though the police officer doesn't actually use the gun on a daily basis. I, for example, chose to go into the legal field. However, I specifically chose not to go into criminal defense because I knew there might come a time where I could not

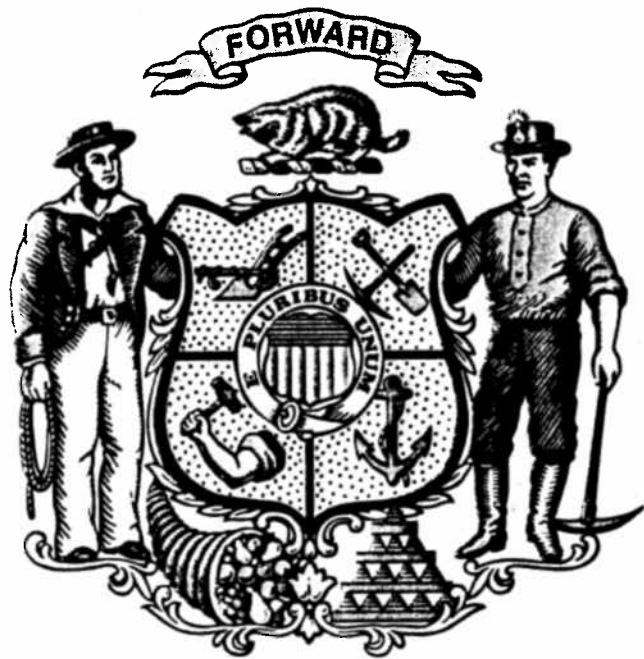
live up to my professional ethics and responsibilities. I knew my religious and moral views would preclude me from fulfilling my duties in representing individuals accused of child molestation, murder, rape, or domestic violence. Individuals are faced with such choices regularly when deciding what their profession will be and what particular job they will take. Why are we proposing a bill that treats pharmacists who choose to work at a Walgreens' or Kmart pharmacy who will regularly and repeatedly be asked to fill prescriptions for contraceptives differently than the rest of us? There are other jobs in that particular field that will not create such a tension. Such decisions are part of being professionals and adults.

4. **An Attack on Contraception and Women's Rights to Equality.** We need to acknowledge this proposed Bill for what it is—its an attack on contraception and a woman's right to have access to contraception. When two fundamental rights between two classes of individuals are in conflict, we require our legislature to use the least restrictive means in granting preference toward one of the classes by burdening the rights of the other class. This proposed Bill does not accomplish that objective. Wisconsin is one of about thirteen (13) states that has expressly stated that discrimination on the basis of sex is a violation of the Pharmacy code, and I commend our State for that. Currently, pharmacies in our State are required to ensure that women are provided equal access to medical treatment. This proposed Bill does away with that duty and insulates pharmacies from liability for negligent and willful failures to ensure such equality. That is bad medicine for Wisconsin women. A pharmaceutical corporation that makes billions of dollars a year should not be insulated from liability for harm done to a woman when the pharmacy has failed to take steps to ensure that the woman is not harmed as a result of one of its pharmacists refusing to fill a prescription for contraceptives. The current law maintains this balance and upholds that duty of the pharmacy.
5. **This proposed Bill harms women who need the most protection.** My life experiences and my time spent working on the pharmacy case in Milwaukee have taught me a number of things. The majority of women use contraceptives at some point in their lives for various reasons. This includes women who are not necessarily sophisticated users. It includes women of all socio-economic levels, of all ages, and in all geographic locations. This proposed Bill will unnecessarily harm low income, limited education women and women who live in rural areas. When a woman goes to her local pharmacy, she does not anticipate that she must prepare for an emotional battle. She does not anticipate that she may face moral ridicule and judgment or public embarrassment and humiliation over an issue that is related to private medical information, protected by law, and her right to control over what happens to her body based upon incomplete, and perhaps quite inaccurate, information. She expects to be treated equally and with care. The message to women across this State sent by the legislature through this proposed Bill is that the legislature does not care about the woman's well being. What

constitutes a "refusal"? Can the pharmacist take the prescription and refuse to transfer it? Can the pharmacist notify of his or her refusal by calling the woman "a murderer"? Can the pharmacist tell the woman that she is "killing her baby"? Can the pharmacist publicly disclose that woman's confidential medical information to individuals who are shopping in the vicinity? Why would we as a state allow such conduct? That is what this proposed Bill seems to permit.

In speaking to a number of your constituents, I have found that most people, regardless of their political views agree on a couple of things. First, whether an individual pharmacist should have a right to conscientiously object to filling a contraceptive prescription based upon particular religious or moral views, that right does not extend to public berating, chastisement, or ridicule toward the woman who exercises her right to take contraceptives. Second, our State should require pharmacies to put into place a procedure that is actually followed that ensures that women are able to receive a filled prescription for contraceptives as easily as possible. Turning women away through public ridicule and moral judgment is bad for all of us.

Thank you for this opportunity to provide testimony today.



# PHARMACISTS FOR LIFE INTERNATIONAL

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17 May 2005

No. 05/02

TESTIMONY of Bogomir M Kuhar, PharmD

Before the Wisconsin Senate Committee on Labor and Elections Process  
Madison, WI  
15 May 2005 AD  
Re: **SB 155**

Mister Chairman and distinguished members of the Labor and Elections Process Committee. Thank you for allowing me to address this august body today on a matter which is both very pertinent and important for the health and welfare of Wisconsinites and its health professionals. I specifically wish to thank and commend Senator Tom Reynolds for sponsoring SB 155 this session.

My name is Bogomir Kuhar and I am a licensed pharmacist in Ohio and Pennsylvania for almost 27 years, and have a post graduate doctorate in pharmacy degree. I have experience in many phases of pharmacy including retail (independent and chain), hospital, clinic, academic teaching and managed care pharmacy. In the past I have owned my own retail pharmacy and am presently employed as a consultant pharmacist. I have worked in pharmacy in one capacity or another since I was 12 years old and growing up in Cleveland.

Besides many other professional demands, pharmacists are increasingly under demands and pressures in our contracepting/aborting society to "go along" in dispensing chemicals and devices which they know will be used to destroying a nascent human life at its earliest stages. While a random assortment of employment laws and regulations exist in various localities and states, they do not specifically address the unique situation of pharmacists to refuse to cooperate knowingly with the evils of contraception, abortion, euthanasia and assisted suicide, among others, in violation of their sincerely held religious, moral or ethical beliefs.

In 1987, two pharmacists working for Safeway in Longview, WA were dismissed from their jobs for refusing to dispense OCs knowing they act as abortifacients at various percentage rates. They were disciplined, harassed and discharged from their jobs for having the temerity of doing what they knew was the "right thing" to do, based on their long held and well known beliefs. In 1991, another pharmacist was forced to resign from the University of Florida for refusing to dispense the so-called euphemism "morning after pill (MAP)", a documented abortifacient, to college girls at the university

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**"LET THE GIFT OF MEDICATIONS PROMOTE LIFE, NOT DESTROY LIFE!"**

**FOUNDED IN 1984 AD**

**PRESIDENT: KAREN BRAUER, MS, RPH**

**EXECUTIVE DIRECTOR: BOGOMIR M KUHAR, PHARM D**

dispensary. In 2002, Paula Koch in Kansas was harassed and threatened with her job. Last year, three Eckerd pharmacists were dismissed from their positions for refusing to fill another so-called "MAP" prescription in January of this year. Also last year another pharmacist was fired in North Richland Hills, TX by CVS for similar circumstances. As we speak, the fate of Neil Noesen, of Wisconsin, is being discussed and debated by the board of pharmacy in Wisconsin for refusing to dispense and refer a patient to obtain abortifacients, and for refusing to cooperate with objective evil. Numerous dozens of similar cases have been brought to our attention and have seen increased interest in the media recently.

Physicians and nurses have had some specific national and state protections for their rights of conscience since at least 1970. A conscience clause, such as is embodied currently in SB 155, would give parity to pharmacy professionals.

With an increasing shortage of pharmacists in Wisconsin – as in most states – any situation which would indicate to pharmacists that they are not welcome or valued in Wisconsin, could cause further exodus of pharmacists from the state, as has been occurring for a number of years now. Be assured Pharmacists of Conscience increasingly are closely evaluating states **with or WITHOUT** a solid conscience clause before making occupational decisions.

While any law or regulation can be abused by a small minority, experience thus far shows that pharmacists who invoke the conscience clause (as has been the case in South Dakota, a very rural state, since 1998) do so for sincerely held convictions and after much thought and negotiations with their superiors. Some have actually worked out creative mechanisms for not violating their beliefs while attending to clients' genuine medical needs.

A pharmacist by virtue of properly understood conscience cannot be licitly compelled to cooperate in dispensing with what he/she knows will result in a chemical abortion and, hence, a dead baby. Such activity is called material cooperation. Further, it is not an inconvenience to refuse to refer such a client since the pharmacist is doing the woman and her preborn child a favor in terms of their physical and spiritual health. It is also well documented that the high dose levels of steroids in products such as so-called "MAP" are and have been deleterious to the health of many women.

Recent numerous reports document young, otherwise healthy females having died from strokes and emboli caused directly from ingestion of the steroids used in so-called "oral contraceptives", drugs which are often abortifacient, and serve as the basis of the so-called euphemism "MAP". The same moral, ethical and/or religious principles would hold true for Pharmacists of Conscience in matters of assisted suicide, euthanasia, biotech drugs cloned from aborted or artificially conceived embryos, and so on.

Material cooperation with such an evil can never be licit even if it may be lawful, as it is in today's society. Such a viewpoint is called "positivism" and is in direct conflict with the sincerely held moral, ethical or religious beliefs of many people, including a large contingent of pharmacists.

In fact, pharmacists aware of the evil nature of such a scenario as shown above would have a duty as a pharmacist and a person not to cooperate in such an evil even under



pain of serious adverse ramifications. Some authors, hiding their publicly stated support for any and all baby killing, have erroneously stated shameful opinions which equivocate on the rights of conscience and thus claim a pharmacist may have a right of conscience, but if all else fails, he must cooperate with the evil in our example, and refer confused clients elsewhere. Such thinking shows the irrational absurdity and confusion in the minds of those who adhere to such ideas.

The pharmacist who declines to dispense drugs or counseling which he/she knows to violate his/her conscience, properly understood, is resisting an objective evil and, in fact, is doing his/her client a favor, even if the media and certain factions promote different opinions. On the contrary, those who wish to mandate dispensing of drugs under any and all conditions or whims are really the ones imposing a false, relativistic, secular and humanistic morality on the pharmacist who understands that he/she cannot cooperate in something objectively wrong or evil. Would we state a pharmacist should knowingly dispense narcotics to all comers, willy nilly, whether for a valid medical purpose or not?

Pharmacists are under no obligation, even if written in the positive law, to violate the Divine or Natural Law. This would include, but not be limited to, any mandate to dispense or counsel for contraception, abortion, euthanasia and assisted suicide, IVF, etc. It is a grave error, which has arisen especially over the past 500 years, that a person may do as he/she pleases without negative consequences in both the temporal and eternal, spiritual spheres.

Like the Dutch resistance doctors of World War II, who resisted the evil (but legal) proclivities of the Nazi Third Reich, so today, Pharmacists of Conscience will continue to resist the evil being imposed on them, giving them no "choice". This is our chosen calling and vocation, we will not go silently nor quietly. We are here to serve our patients, not half-baked dictator-like leaders, who would love to religiously cleanse, as did Slobodan Milosevic to the Bosnians, the profession of pharmacy of these brave souls.

Thank you for your consideration and patience, and I appeal to and implore the sensibilities of the committee members to vote in favor of SB 155, as written, without amendment, anything to the contrary notwithstanding.

Bogomir M Kuhar, PharmD, BS Pharm, FASCP/s/  
Executive Director and Founder

PFLI PharmAid Center

BMK/umk  
Enclosures

Cc: file



May 17, 2005

Dear Members of the Senate Labor and Election Process Reform Committee:

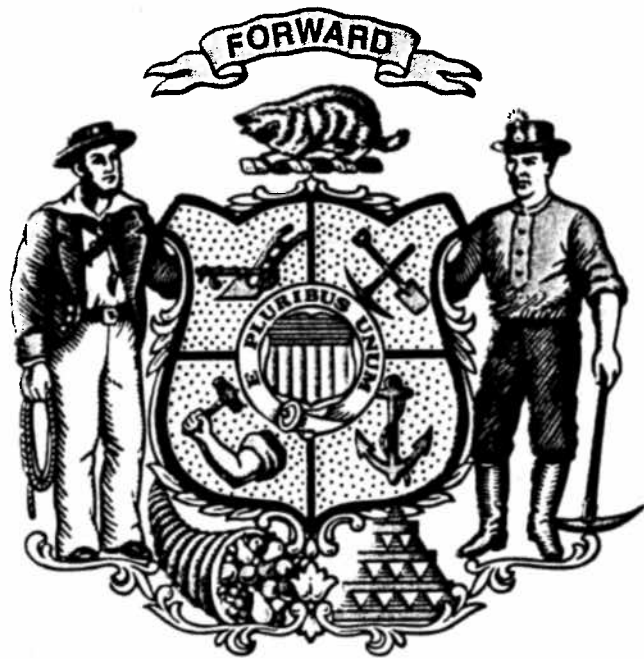
As a registered pharmacist who has practiced my profession for the last 27 years, I strongly support the passage of **2005 Senate Bill 155** for the following reasons:

- 1) I recognize, under current US law, the right of each person to choose to have an abortion. I only desire the same recognition within my practice of pharmacy to choose not to participate, or be a party to, any act which is contributory to the death of another human being whether by an abortion, assisted suicide or euthanasia.
- 2) The freedom of religion is a right guaranteed by the US Constitution. The basis of religion is an individual formulating beliefs and convictions they regard as true and right. These beliefs form the principles by which we live our lives and make decisions on a daily basis. To violate one's conscience is to directly go against what I believe is right. Would you want someone to dispense your prescription that would be willing to do that? **To require me to dispense any prescription against my conscience is a direct violation of my freedom of religion.**
- 3) The US military recognizes the right of any of its members to conscientiously object to participation in the killing of other human beings, which they regard as morally wrong. I only desire the same recognition to allow me not to participate in an act that I regard as morally and ethically wrong without repercussions.
- 4) **There currently exists a growing nationwide shortage of pharmacists. One recent study ranked Wisconsin #3 among states having the most severe shortage.** To give no protection to pharmacists under law from acts they regard as morally objectionable would deter pharmacists from moving to Wisconsin, discourage students in Wisconsin from choosing pharmacy as a career, and encourage those who currently practice in Wisconsin to consider moving elsewhere.

In conclusion, I support 2005 Senate Bill 155 as a means to give due protection to pharmacists who desire to earnestly serve the health care needs of those within our sphere of influence. My primary desire is to have my right, as one opposed to abortion, properly protected in the same way the law protects those who support abortion.

Thank you for your consideration of this matter.

Richard C. Laczny R.Ph.  
1658 Kaylee Ln  
Appleton, WI 54913



5-17-05

To: Chairman Reynolds  
Members of the Senate Committee on Labor and Election Process Reform

From: Kathryn Osborne on behalf of the Wisconsin Chapter of the American  
College of Nurse Midwives.

Chairman Reynolds, committee members, thank you for the opportunity to provide comments on Senate Bill 155. My name is Kathryn Osborne. I am licensed by the State of Wisconsin as a Registered Nurse, an Advanced Practice Nurse Prescriber and a Certified Nurse Midwife. I am here today, on behalf of the Wisconsin Chapter of the American College of Nurse Midwives (ACNM), to testify against Senate Bill 155. As women's health care providers, the Wisconsin Chapter of ACNM opposes any legislation that restricts a woman's access to health care. We believe that there are several mandates in SB 155 that will restrict access to health care and services.

I would like to start by clarifying that as advocates of self determination and individual choice, we understand that there are certain activities that some individuals would prefer not to participate in because of their "creed". That being said, we also understand that current law **already** addresses employment discrimination based on "creed". As you are aware, current law protects the religious conviction of individual employees, as long as making accommodations for that employee does not pose undue hardship on the employer. The employers we speak of here are health care providers. They are in the business of (and are professionally responsible for) providing safe, legal, health care to members of a community. If the religious conviction of employees and/or potential employees interferes with the business's ability to provide safe, legal health care services then employers must be afforded the opportunity to hire individuals who will be able deliver such services. Statutorily requiring employers to maintain, or hire employees to the degree that they are not able to provide services that are recognized as safe and legal in this country, has the potential of rendering them incapable of conducting business. SB 155 requires employers to honor religious conviction to that degree.

The ability to fill a prescription is a critical element in the provision of health care. The mandates of SB 155 place the decision to proceed with a plan of care, established by a woman and her health care provider, in the hands of a pharmacist who for reasons of "creed" may refuse to fill the prescription. This is most likely to become an issue of restricted services in the rural areas of the state - areas where there may only be one pharmacist, one hospital, or one physician. Imagine for one minute, a young woman in Hayward Wisconsin who,

following a sexual assault, is not able to get her prescription for emergency contraception filled because the only pharmacist in town refuses to fill it based on his "creed". Shall we further violate her, by asking her to drive 25 miles to Spooner? And then she discovers that the pharmacist in Spooner refuses to fill it as well. After hours in an emergency room, following a violent assault, she now has to get back in her car and drive on to Rice Lake. This hardly seems like accessible health care.

The effects of this Bill will also be felt in our inner cities. I know that you are all aware of the rising rates of teen pregnancy. My practice in Milwaukee provides evidence that teen pregnancy is a very real problem in the state of Wisconsin. In addition to hundreds of teen pregnancies, over 50% of all pregnancies in this country are unplanned. Access to safe and legal contraception is the only way to reduce this number and subsequently improve the overall health status of women. I have seen the lists created by several organizations that **incorrectly** include hormonal contraceptives (birth control pills and Depo Provera) as abortive agents – drugs that under the provision of AB 155 pharmacists would be allowed to refuse to dispense. Keeping this in mind, imagine the crisis we will experience if the two most common forms of contraception for inner city women are rendered unavailable because WI statute allows pharmacists to refuse to fill a prescription for hormonal contraception. How likely will it be for my client, who is dependent upon public transportation, to travel from pharmacy to pharmacy (with multiple bus connections) until she finds a pharmacist who will fill the prescription that will prevent one more teen pregnancy? Pharmacists are not and should not be asked to review options, make recommendations, or provide counseling on the use of various forms of contraception. They are simply asked to do what they are educated and licensed to do – fill the prescription that was deemed most appropriate by the woman and her health care provider.

I would like to advocate for public policy that improves access to health care and moves us away from high rates of unplanned pregnancy, especially for young teens. This Bill has the potential to do just the opposite by limiting access to health care for women of all ages and economic status, in all parts of the state. Health care needs of the patient, not the personal beliefs of pharmacists, should be the driving force in the provision of health care and the creation of health policy.

Thank you for your consideration of our concerns.

Respectfully Submitted,

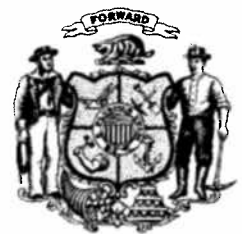


Kathryn Osborne MSN CNM

Wisconsin Chapter of the American College of Nurse Midwives



# WISCONSIN STATE LEGISLATURE



**Testimony of Dr. Michael Phillips**

**Chief of Pathology, Oconomowoc Memorial Hospital**

**Senate Bill 155**

**Senate Committee on Labor and Election Process Reform**

May 17, 2005

Good Morning Labor Committee Members and Guests:

According to the textbook Medical Embryology by Dr. Jan Langman, " the development of a human being begins with fertilization, a process by which two highly specialized cells, the spermatozoan from the male and the oocyte from the female unite to give rise to a new organism, the zygote." **Indeed, all human life begins at fertilization.** When a single spermatozoa passes through the ovum cell wall a new human organism is formed. A zona pellucida immediately encompasses this one cell human being and **no** other sperm cells can enter. This is a unique genetically distinct human, which has come into existence for the first time. Even at this one cell stage the full genetic information that this individual will carry for her entire life is present.

Each person in this room was once at that one cell stage of human life. Subsequent stages include cell division, uterine implantation, establishment of nourishment and growth. **In medical jurisprudence, when this new human organism is destroyed before development is complete, we call that an abortion. Any substance interfering with this development is medically defined as an abortifacient.** This



includes any substance interfering with endometrial implantation, including so call "emergency contraceptive" pills. No pharmacist should be forced in the administration of these substances. She should have the right to choose.

Some hospice representatives have testified against the right of the pharmacist to refuse to dispense high dose opioids or other high dose pain medications, which the pharmacist fears may cause death.

It can be a fine line between what medication dose alleviates pain and what dose may cause respiratory suppression and possible death. A conscientious pharmacist receiving such an order should verify with the physician the correctness of the order. One adverse witness suggests the pharmacist may be unable to contact the physician. We all carry beepers- and mine is on 24 hours a day. Furthermore, every physician on our medical staff has a designated alternate.

While it may currently be unlawful in this state to intentionally give a patient a fatal dose of a painkiller, there is no law against accidental or unintentional fatal overdose. That is why we need conscientious pharmacists in place as a safeguard against such an occurrence, and why we should establish a conscience right protection for them. Thank you.



## **TESTIMONY OF THE PUBLIC INTEREST LAW SECTION AGAINST SB 155**

Senate Labor Committee

May 17, 2005

The Wisconsin Bar Association's Public Interest Law Section urges committee members to oppose to SB 155, the Prescription Denial Bill.

One of the purposes of the Public Interest Law Section is to promote public interest issues and concerns and to encourage and strengthen the interest and participation of State Bar members in providing public interest services to individuals and groups. The Public Interest Law Section is committed to working towards making sure that the judicial system is accessible to the public and to all Wisconsin citizens and that laws are advanced that protect and enhance the public interest.

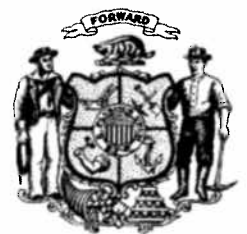
SB 155 abrogates ethical and legal protections for patients and the public. Currently, Wis. Stat. 450.13 (1) states that except for where otherwise provided by a prescriber, "a pharmacist shall dispense every prescription using either the drug product prescribed or its drug product equivalent." This provision explicitly states a duty to dispense medication on the part of a pharmacist. Section 450.01 (16) of the statutes delineates professional considerations appropriate for the pharmacist to make within the scope of his or her practice, including: "(b) [p]articipating in drug utilization reviews" and "(i) [d]rug regimen screening, including screening for therapeutic duplication, drug-to-drug interactions, incorrect dosage, incorrect duration of treatment, drug allergy reactions and clinical abuse or misuse." There is no provision whatsoever in the statutes that a pharmacist should consider his or her personal beliefs before patient care.

Though the religious beliefs of a pharmacist can be accommodated by an employer, this accommodation can not impose an undue burden on an employer, which courts have interpreted as a minimal burden. Further, this accommodation must be balanced by the pharmacist's ethical obligations to a patient, which includes "engaging in any pharmacy practice which constitutes a danger to the health, welfare, or safety of patient or public. . ." (Wis. Admin Code Pharm. Sec. 10.03 (2)) and the statutory provisions which establish that a pharmacist's role is to dispense safe, legal prescriptions. Wisconsin law makes no exception for a pharmacist who harms a patient because he or she had personal objections to the prescription at issue. In addition, a pharmacist does not actually have to harm a patient, as long as his or her conduct departed from professional norms and could have resulted in patient harm.

SB 155 guts these important ethical protections. Instead, it allows a pharmacist who may believe that birth control pills cause an abortion to refuse to dispense birth control pills, even if a woman needs to take birth control pills to treat medical conditions, such as endometriosis. No consultation with the prescribing physician is required, nor is the pharmacist who refuses required under the bill to take any actions to help the patient access the needed medication.



# WISCONSIN STATE LEGISLATURE



# Pro-Life Wisconsin



Defending them all...

P.O. Box 221, Brookfield, WI 53008-0221  
Phone (262) 796-1111 Fax (262) 796-1115  
info@prolifewisconsin.org www.prolifewisconsin.org

## Testimony of Matt Sande, Director of Legislative Affairs Senate Bill 155 / The Pharmacists Conscience Clause Bill Senate Committee on Labor and Election Process Reform May 17, 2005

Good morning Chairman Reynolds and committee members. Pro-Life Wisconsin appreciates the opportunity to express our support of Senate Bill (SB) 155, a bill that protects the right of pharmacists to conscientiously refuse to engage in practices that violate the sanctity of human life.

Current Wisconsin law already protects **health care employees** (licensed physicians, certified physician assistants, hospital employees, licensed nurses) from being fired or otherwise discriminated against based on a conscientious refusal to participate in ***surgical abortion and sterilization***. The Pharmacists Conscience Clause Bill would extend conscience protections to **pharmacists** who refuse to participate in ***chemical abortion and euthanasia***.

Under the provisions of Senator Reynolds's bill, a licensed pharmacist cannot be required to dispense a prescribed drug or device if the pharmacist believes the drug or device will be used for causing an abortion or causing the death of any person, such as through assisted suicide or euthanasia. He or she would be **exempt from professional liability or disciplinary action** and would be **shielded from employment discrimination** based on creed – including refusal to hire a pharmacist or termination of the pharmacist's employment.

**Senate Bill 155 does not ban birth control.** It will not make drugs such as the morning-after pill and other abortifacient birth control drugs illegal or unavailable. **SB 155 is a labor protection bill.** Pharmacists, like doctors and nurses, are valued members of the professional health care team who should not be forced to choose between their consciences and their livelihoods. No pharmacist should have to daily check his or her conscience at the door. **One person's convenience should not trump another's conscience.**

**Senate Bill 155 does not protect a pharmacist who would conscientiously refuse to transfer a prescription.** SB 155 is silent on the issue of transfer. Most pharmacists consider a prescription transfer to be a release of a patient health care record, not a direct referral. SB 155 leaves it up to the pharmacy employer and the individual pharmacist to work out an accommodation for the pharmacist's protected conscientious objection. Accordingly, SB 155 does not direct the pharmacist to follow certain protocols following

his or her refusal to dispense. Such protocols are unnecessary and would effectively place the burden on the pharmacist to ensure the patient receives her medication – which undermines the very notion of a conscientious objection.

**Why is this bill so necessary at this time?** In the past decade, new abortion techniques focusing on chemical means to end the life of preborn babies, such as the morning-after-pill and many other forms of abortifacient birth control, received FDA approval or became more readily available. While abortion was formerly relegated to a clinical setting, it is now common to receive life-ending drugs in a pharmacy, thus compelling pharmacists to be party to abortion.

It is a **medical fact** that the morning-after pill (a high dosage of the birth control pill) and most if not all birth control drugs and devices including the intrauterine device (IUD), Depo Provera, Norplant, the Patch, and the Pill can act to *terminate* a pregnancy by chemically preventing an already fertilized egg (a fully human embryo) from implanting in the uterine wall. **This action constitutes chemical abortion.**

One need only explore the websites of individual abortifacient brand-name drugs to verify their abortion causing effect. The most commonly used emergency contraceptive pill package is **Plan B**. The website for this drug regimen clearly indicates that it can work to prevent a fertilized egg from implanting in the uterine wall:

*Source: [www.go2planb.com](http://www.go2planb.com) under "About Plan B" then go to:  
"How does Plan B work (mechanism of action)?"*

*Plan B is believed to act as an emergency contraceptive principally by preventing ovulation or fertilization (by altering tubal transport of sperm and/or ova). In addition, **it may inhibit implantation by altering the endometrium** (emphasis added).*

The package insert of LO/OVRAL-28, a standard birth control pill manufactured by the Wyeth-Ayerst Company, also describes the mechanism of the drug: inhibition of ovulation and other alterations that 1) change the cervical mucus thus increasing the difficulty of sperm entry into the uterus, and 2) **change the endometrium, or uterine wall, which reduces the likelihood of implantation.**

While admitting that emergency contraception and the birth control pill inhibit the implantation of a fertilized egg, the makers of these hormonal drugs claim that they do not cause an abortion. For example, they argue that emergency contraception "prevents pregnancy" or "cannot terminate an established pregnancy." However, they intentionally define the term "pregnancy" as *implantation* of a fertilized egg in the lining of a woman's uterus, as opposed to "pregnancy" beginning at *fertilization*.

Whether one understands pregnancy as beginning at "implantation" or "fertilization," **the heart of the matter is when human life begins.** Embryological science has clearly determined that human life begins at fertilization – the fusion of an egg and sperm immediately resulting in a new, genetically distinct human being. This is not a subjective

opinion, but an irrefutable, objective scientific fact. Accordingly, **any artificial action that works to destroy a fertilized egg (human embryo) is abortifacient in nature.**

Importantly, the pharmacists' conscience clause bill is **the ONLY bill that protects pharmacists who conscientiously refuse to dispense the morning-after pill and other abortion-causing "hormonal contraceptives."**

On the other end of life's spectrum, efforts are underway in Wisconsin and other states that would allow terminally ill individuals to request a prescription for lethal drugs from their physicians. Pharmacists would then be asked to fill those prescriptions. The state of Oregon has already legalized physician-assisted suicide.

The issue of pharmacists being fired for conscientiously refusing to dispense abortion-causing birth control has received **international and national attention**. The *BBC News*, *USA Today*, *The Christian Science Monitor*, *CBS Evening News*, and *CNN*, to name just a few media sources, have all reported on documented **"real-life" cases** in which pharmacists have been put in the position of either leaving their jobs or compromising their beliefs. These attacks on pharmacists are an **infringement on their free exercise of religion**, and in the long run will serve only to **aggravate the already acute shortage of qualified pharmacists** by discouraging people of faith from entering the field.

The Pharmacists' Conscience Clause Bill has been in the process for several years. **South Dakota** passed a specific pharmacist conscience clause bill in 1998. To the best of our knowledge, no one has challenged that law nor have any cases arisen because of it, showing that such a law can and does work. Other states with specific and comprehensive pharmacist conscience clause laws include **Arkansas, Louisiana, and Mississippi**. Many other states are actively considering this legislation including North Carolina, Indiana, Michigan, Minnesota, Missouri, Ohio, Rhode Island, Vermont, Texas, New York, Arizona and Washington.

Just as a woman's legal right to a surgical abortion should not compel a hospital to provide one, a woman's legal right to abortifacient drugs and devices should not compel a pharmacist to dispense them. The bill simply recognizes that employers must not force pharmacists to participate in what they know to be the killing of another person. **It thereby reaches a middle ground where the pharmacist can be protected and the woman can access her prescription.**

I ask you to please support this important bill. Pro-Life Wisconsin has received close to 4,000 petition signatures in support of this bill from across the state and more come in every day. Let's make Wisconsin a "pharmacist-friendly" state. Thank you for listening, and I would be happy to answer any questions.





**MEMORANDUM**

**May 17, 2005**

TO: Committee on Labor and Election Process Reform

FROM: Patti Seger, Wisconsin Coalition Against Domestic Violence, Policy Development Coordinator

RE: In Opposition to Senate Bill 155

Thank you for the opportunity to provide testimony today on SB 155 on behalf of the Wisconsin Coalition Against Domestic Violence. The Wisconsin Coalition Against Domestic Violence (WCADV) is a statewide membership organization of battered women, formerly battered women, domestic abuse programs and individuals committed to ending domestic violence. A substantial charge of our organization is to advocate for families and children.

This written testimony outlines WCADV's reasons for opposition to Senate Bill 155, a proposal that will allow pharmacists to refuse to fill prescriptions based upon their own personal belief systems. Pharmacists refusing to fill certain prescriptions could do so without fear of repercussions should this bill pass. Should SB 155 pass, it will have a devastating impact on women's access to health care and will be particularly devastating to victims of domestic violence and sexual assault.

Both domestic violence and sexual assault are crimes of power, control and domination. Victims of ongoing abusive relationships have very little ability to exercise control over decisions that impact their lives including if they can work, where they can work, who they can associate with, and what they can wear. Depending upon the nature of the abuse and the whim of their abuser, victims report that control often extends to their reproductive health choices as well. Many abusers refuse to allow their victims to exercise reproductive health choices that will limit the number of pregnancies (and therefore will increase these victims' dependence on their abusers) while other abusers refuse to allow many victims to bear children if they wish. These abusers use violence during pregnancy as a means to deliberately cause termination of the pregnancy but also to cause great physical harm to their victims. It is estimated that one in five women will be abused during pregnancy. Pregnant and recently pregnant women are more likely to be victims of homicide than to die of any other cause.<sup>1</sup>



307 S. Paterson Street, Suite 1, Madison, WI 53703 Phone: 608/255-0539 Fax: 608/255-3560

<sup>1</sup> Horon, I., & Cheng, D., (2001). Enhanced Surveillance for Pregnancy-Associated Mortality - Maryland, 1993 - 1998. *The Journal of the American Medical Association*, 285, No. 11, March 21, 2001.

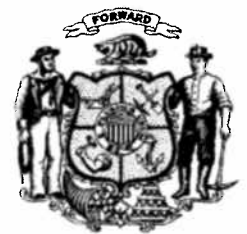
Why is this information critical for your consideration related to SB 155? It is critical because victims of abuse know their abusive partners well. They know, better than anyone else does, what issues will become impetus for violence. Victims of abuse must be allowed to make choices about their health care, particularly as it relates to reproductive health, in order to keep themselves safe. Many victims do indicate that while their abusers control much of what they do, many abusers do allow victims to have regular visits with doctors for reproductive health purposes without interference. To allow a pharmacist to make reproductive health choices on behalf of abused women may endanger some women further and it is an exercise of power and control that mirrors the tactics used by domestic abusers.

All women, and especially victims of violence against women crimes such as domestic violence and sexual assault, should have equal access to basic health care free from judgement and free from obstacles. While a pharmacist may have personal beliefs that conflict with the belief systems of others, no pharmacist can know or understand the complexities behind choices women make when choosing whether or not to use birth control or other reproductive health pharmaceuticals. It is critical that pharmacists not be allowed to make decisions on behalf of others that could potentially endanger them or their children.

Thank you for your time and consideration of my remarks on behalf of the Wisconsin Coalition Against Domestic Violence. Should you have additional questions, do not hesitate to contact me at 608-255-0539.



# WISCONSIN STATE LEGISLATURE



**May 17, 2005**

**To: Members, Senate Committee on Labor and Election Process Reform**

**From: Matthew Thill, Doctor of Pharmacy Candidate 2005**

**Re: In Support of Senate Bill 155: Pharmacist Conscience Clause Bill**

Good morning Chairman Reynolds and committee members. I thank you for the opportunity to speak to you in support of Senate Bill 155. My name is Matthew Thill, and just on Friday I participated in the graduation ceremony for the Doctor of Pharmacy program of the University of Wisconsin – Madison, along with over 100 of my classmates. In less than 2 months I plan to take the 3 licensure exams required by the state of Wisconsin to become a licensed pharmacist in this state. This will be the fulfillment of the 6 years of academic and clinical training it takes to become a licensed pharmacist in this state. In late June I will begin a pharmacy practice residency in Wisconsin to receive additional training, and then plan to move into a staff position somewhere in this state. This is an exciting time for me, and an exciting time for all pharmacists as we become a more integral part of the health care team.

But, along with the excitement I now experience, there are some concerns I have about my future practice. I'm talking about my reservations about the dispensing of certain medications, medications that I consider to be potentially lethal to my patients. One of the classes of medications legal in this state I am very concerned about is certain hormonal pills, injections, and transdermal patches. Others not currently legal in this state or not dispensed by pharmacists include drugs used for euthanasia and RU-486.

One of the ways in which hormonal contraceptives work, the "birth control pill", the "morning after pill", the birth control patch and injection, is to prevent the implantation of a fertilized egg, an embryo, into the mother's uterine lining. My faith, which has helped to form my conscience, teaches that human life begins at the moment of fertilization, not at implantation, and that medications that act in this manner can end human life in its earliest stages. In effect, these medications cause chemical abortions. I have discussed this concern of mine with pharmacists around the state, fellow classmates, and other pharmacy students. I have even been in contact with a few pharmacy students in other states. A number of them have expressed great concern that one day their licenses may be in danger if they follow their conscience. To be very clear, this is not just a handful of pharmacists or students.

The practice of pharmacy and all health care professions is oriented toward life-giving and life-sustaining practice. Not only do hormonal contraceptives have the ability to end human life in its earliest stages, but I also believe they are both dangerous and demeaning to women. They are dangerous because of the side effects the user may experience which include increased risks of cancer, heart attack, stroke, and pulmonary embolism which can be lethal, among many other side effects. They are demeaning to women because

implicit in their use is the inference that a woman's fertility is a defect, something that should be covered up and medicated; that it is a disease and should be treated as such. This is not a group of drug products I would want any of my female friends or family members to use.

There is a nationwide shortage of pharmacists, and Wisconsin is no exception to this trend. Many pharmacists have been working overtime just to be able to cover all of the shifts necessary to keep the pharmacy operating. This leads to pharmacist burnout and tension in the workplace and family life; I have witnessed this while on clinical rotations. Pharmacists around the nation are looking at Wisconsin now to see whether or not it is inviting to pharmacists. "If I go to Wisconsin to practice pharmacy, will I be able to follow my conscience? Or, will they scold me and tell me to just do my job?"

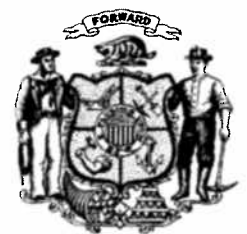
I urge each of you to support Senate Bill 155. This bill is not about outlawing or restricting access to birth control. It does nothing to affect the number of outpatient or inpatient pharmacies that stock medications pharmacists may object to dispensing. This bill does not give pharmacists the right to harass patients or lecture them. This bill is about citizens of the state of Wisconsin being able to practice their religion freely without concern that they will be reprimanded for doing so. One of this nation's founding principles was the freedom to practice one's religion without the intrusion of the government or other individuals. It is very sad that there are some here today who would trivialize my deeply held religious beliefs and place someone's convenience above my religious beliefs.

Pharmacists should not have to worry about being fired for their beliefs; they just want to take care of their patients. Some states have already passed laws protecting pharmacists from being forced to violate their beliefs. I hope the state of Wisconsin will soon join them.

Matthew Thill, Doctor of Pharmacy Candidate  
UW-Madison Class of 2005  
1626 N Fig Ave Apt 102  
Marshfield, WI 54449



WISCONSIN STATE LEGISLATURE





## **International Association of Machinists and Aero Space Workers**

AFFILIATED WITH THE AFL-CIO  
LODGE NO. 873

### **Testimony Opposing**

Presented by The Women's Committee - IAM Local 873  
(SB 155) "The Prescription Denial Bill"

Relating to pharmacists to refuse to dispense certain medications based upon a personal moral or religious belief.

State Capitol, Room 400 Southeast

Tuesday, May 17, 2005

Senate Committee on Labor and Election Process Reform

We the Women's Committee of Local 873 in Horicon of the International Association of Machinist and Aerospace Workers are opposed to the passage of SB 155 "The Prescription Denial Bill.

In October 2004 after five years of struggling to add contraceptive coverage to our health care plans, our efforts were successful. Our company has added this medication to our Formulated Drug list.

This was extremely important to us because Contraceptives are part of providing basic health care services to women. 625,000 women rely on contraception and 85% of these women rely on oral contraceptives at some point in their lives. Contraceptives reduce unintended pregnancy which is estimated at more than 50% in the United States, the highest of any industrialized country, and they prevent abortions. They also are used to treat many women's health problems, and they help lower the rates of low birth weight and infant mortality.

Now we face a more serious battle. Bill AB235 & SB 155 allowing Pharmacists to refuse to fill our prescriptions for contraceptives because of their moral and religious beliefs. We cannot believe that a pharmacist can essentially disregard what is in the patient's best interest by refusing to fill a prescription simply based on their personal objections. No woman should have to justify why she needs access to her doctor prescribed birth control, as this compromises her right to medical privacy.

We along with other Union Members, feel for the mother of six in Milwaukee whose pharmacist refused to fill her prescription for an emergency contraceptive and who berated her as a baby killer. She was so traumatized she didn't seek out another pharmacist and ended up having an abortion. That pharmacist crossed the line. She

inflicted emotional harm to this woman when she was making a very important and emotional decision in her life. EC interferes with conception rather than causing an abortion, and in our eyes the pharmacist caused this abortion to become a reality.

We also let our feelings be known in numerous Letters to The Editors about Neil Noesen refusing to fill a college students birth control prescription, refer her to another Pharmacy, or even giving it back to her so she could go elsewhere because of his religious beliefs. We applaud the Pharmacy Examining Board for reprimanding this Pharmacist.

We also have the utmost respect for the American Public Health Association for their support to a full range of reproductive health services, including emergency contraception. Dr. Georges C. Benjamin who is the Executive director of this organization feels that every woman who walks into a pharmacy with a prescription for emergency contraception should walk out with their prescription filled and their right to access contraceptive options respected.

In addition the public overwhelming opposes bills that allow pharmacists to refuse to dispense certain medications because of their personal beliefs. In 2003 a poll of 600 voters, 85.4% stated that they would be less likely to vote for a candidate who supported a law that would allow a pharmacist, because of this or her personal objection, to deny women access to birth control. We ourselves were not polled, however, if we would have been the percentage would have been much higher.

It is a well known fact that No pharmacist in the United States has the authority to dispense any medication that will terminate a pregnancy, including RU 486. State statute mandates that only a physician can dispense for and perform an abortion. Contraceptives or EC does not cause an abortion. Furthermore pharmacists are LEGALLY PROHIBITED from dispensing RU 486 (*mifepristone*) which causes an abortion.

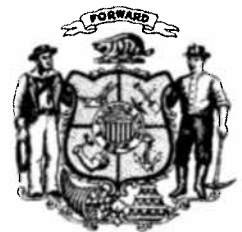
Thank you for your time and consideration in this important matter.

The Women's Committee of Local 873





# WISCONSIN STATE LEGISLATURE



May 17, 2005

Testimony in support of Senate Bill 155, Pharmacist Conscience Clause Bill to  
Senate Committee on Labor and Election Process Reform

Thank you for this opportunity to testify. My name is Christine Zainer. I am a medical doctor, board certified anesthesiologist, Assistant Professor of Anesthesiology at the Medical College of Wisconsin and on staff at Froedtert Memorial Lutheran Hospital and the Zablocki Veterans Administration Medical Center in Milwaukee. I have been in practice for 20 years, providing patient care and resident and medical student education. I serve as the President of the Milwaukee Guild of the Catholic Medical Association. I am speaking as a private individual in support of the Pharmacist Conscience Clause Bill.

*Personal conscience experience*

I have never participated in abortions and in the last 12 years I have not participated in sterilizations or other procedures that violate my faith and conscience (e.g. egg retrievals for in vitro fertilization). Although I would do my best to relieve pain and suffering, I would not kill a patient, assist their suicide or refer to those who would. I am grateful that my employer has respected my conscience. I have provided anesthesia care for thousands of patients for procedures that do not involve these issues. I trust that I have been of service. When occasionally I have been inadvertently assigned to a case that violates my conscience, I inform the charge person that I am unable to get involved. It is up to that individual to make a decision in conscience whether to do the case or to reassign it. I am not imposing my conscience on the patient or staff, nor am I cooperating with moral evil by ensuring that the procedure is done. I am simply removing myself from the situation and informing my employer's representative of the same. This bill allows pharmacists to exercise their conscience rights in a similar fashion. Pharmacists are not obligated to dispense any medication for a wide variety of reasons. There should be no requirement for any pharmacist to be involved in the dispensation of drugs likely to be used for morally illicit purposes.

*Pharmacist/Physician/Patient experience*

I have regular contact with operating room and community-based pharmacists. In both scenarios, pharmacists have refused to dispense medications. An example of the former is a case where the exact nature of a prior allergic reaction to an antibiotic was not documented. Although the surgeon was confident that given his knowledge of the patient and medications, an adverse cross-reaction to the drug he ordered was unlikely, the pharmacist refused to dispense the medication. The physician then ordered a different antibiotic. In the latter case, the pharmacy did not carry the medication ordered nor did they seek out or refer me to a pharmacy that did. I remember being surprised that I was left on my own to find another resource but I did not object.

Health care providers using their best judgment do at times limit or refuse "treatments" that are requested by patients. For example, a physician may not prescribe the latest drug promoted by a TV ad or an antibiotic even if the patient thinks that the medication would be beneficial and she is willing to take the risks. Should the physician be subject

to reprimands from an employer, patients or the state if she does not refer the patient to another doctor who will prescribe those drugs? No, and neither should the pharmacist be required to dispense any and all medications or identify a specific pharmacist who will.

#### *Bioethical Principles*

Principle 6 of *The Bioethical Principles of Medical Practice* by The Linacre Institute of the Catholic Medical Association ([www.cathmed.org](http://www.cathmed.org)) states, "The patient's autonomy does not supersede the conscience of the physician. Therefore, the physician must be free to refuse to participate in immoral procedures, and free to refuse to refer to other providers who might be willing to perform such procedures." This principle is applicable to pharmacists who in conscience refuse to dispense drugs that may be used to end a human life at any stage from conception to natural death.

#### *Religious freedom*

Pharmacists should not have to choose between their faith and their profession and livelihood. That is not freedom of religion according to the Bill of Rights.

Contraception, sterilization, abortion, and euthanasia have always been recognized by the Catholic Church in its 2000+-year history to be contrary to the moral and natural law. Persons of other faiths also shun these actions. The serious nature of this matter for Catholics is noted in the Catechism of the Catholic Church, 2<sup>nd</sup> ed., para. 2270-2272, "Human life must be respected and protected absolutely from the moment of conception. From the first moment of his existence, a human being must be recognized as having the rights of a person-among which is the inviolable right of every innocent being to life..... You shall not kill the embryo by abortion and shall not cause the newborn to perish..... Formal cooperation in an abortion constitutes a grave offense. The Church attaches the canonical penalty of excommunication to this crime against human life."

"Formal cooperation is committed when one actually takes part in the sin of another person. This may be either through the end of the act and of the agent or through the end of the agent only. The former takes place when one objectively shares in another's sin, even though he does so with a certain measure of reluctance.... A person co-operates formally through the end of the agent only when he performs an indifferent act, which the principal agent utilizes toward his sinful objective, and the co-operator positively wills that his act shall aid toward the sin." (Connell, Francis J., *Outlines of Moral Theology*, 2<sup>nd</sup> ed., Roman Catholic Books, Harrison, NY, 1958, pp. 92-93.)

For centuries, Catholic religious and laypersons sacrificed their time, talent and treasure to care for the sick in keeping with the mission of the Church. Now some would have institutions and individuals abandon their beliefs in order to accommodate acts now considered "reproductive health choices" in our secular humanist culture. These are acts that directly contradict the mission of the Church and that have not been provided all the while a healing ministry to countless patients has been offered.

#### *Contraception and the culture*

Certain drugs and devices may interfere with the life of the pre and post-implantation embryo. Even if contraceptives were proven definitely not to have any of these effects, the pharmacist should not be required to dispense them. The view that contraceptive sex in marriage is responsible behavior gained approval in 1930 at the Lambeth Conference of the Anglican Church, the first Christian denomination to declare contraception a licit act. In 1960, the US Food and Drug Administration approved the Pill. Within the last forty-five years, contraception has become widespread and is considered responsible, even desirable behavior. Therefore, it is difficult for many to consider that well educated, highly trained professionals could have rational arguments against it. One is considered curiously antediluvian at best or a dangerous, religious fanatic at worst. Sex (not life itself) is considered an inalienable right and pregnancy is thought of as a complication of sex if psychologically procreation is not intended or desired. Physiologically, however, if a couple has intercourse and a woman conceives, that really is an indication that the bodies of both have functioned in a naturally, healthy way in the area of fertility. Fertility is not a disease. Pregnancy is not a disease. And the child as the fruit of the act is always a gift – not a “contraceptive failure”. The contraceptive mentality has laid the foundation for widespread, non-marital sexual relations that have had deleterious effects. All negative social indicators according to government statistics (abortion, divorce, child abuse, STDs, etc.) especially those affecting women and children, have increased since 1960 as the contraceptive mentality and practice have taken hold. Contraception is often used for social convenience. Although people with diseases get pregnant and may have complications, healthy women also may have serious, life-threatening complications from contraception unassociated with pregnancy. And women with various health problems may also be particularly at risk using hormonal contraceptives. Hysterectomy and abstinence are the only 100% effective means to prevent pregnancy, not contraception. This bill does not address or make illegal contraceptives and I only mention these historical aspects on contraception to stimulate further thought and discourse.

#### *Abortifacient effects*

Regarding the abortifacient effects of contraceptives, I am neither an embryologist nor an obstetrician/gynecologist. But I am a physician that routinely uses many different medications in my practice and I read the medical literature on a variety of topics. These are my observations:

The abortifacient nature of contraceptives has been challenged in the literature. In an article, (The mechanism of action of hormonal contraceptives and intrauterine contraceptive devices. Rivera, R., Yacobson, I., Grimes, D. Am. J. Obstet. Gynecol. 181:1263-1269, 1999) the authors state, “some special interest groups have claimed, without providing any scientific rationale, that some methods of contraception may have an abortifacient effect.” The article was from the Research Triangle Park of North Carolina and supported by the US Agency for International Development.

The authors do admit, “The hormonal methods, particularly the low-dose progestin-only products and emergency contraceptive pills, have effects on the endometrium that, theoretically, could affect implantation.” They also go on to say that the “precise

mechanism of intrauterine contraceptive devices is unclear" and again they state "Currently, we have an incomplete knowledge of the mechanism of the contraceptive action for most hormonal methods and intrauterine contraceptive devices (IUDs)." Their statement then that "no scientific evidence indicates that prevention of implantation actually results from the use of these methods," in the face of admittedly "incomplete knowledge" does not scientifically and definitively exclude post fertilization losses.

The pharmaceutical companies readily report and recognize these potential medical effects as noted in the package inserts and the Physicians' Desk Reference. To answer the question of whether in any given patient at any given time is there interference with implantation of a fertilized ovum, zygote, pre-embryo, or embryo seems to pose ethical and research dilemmas, for which an answer may not be feasible at this time.

Other authors have reviewed the literature and contrary to Rivera, et. al. who state that "scientific rationale" is lacking, conclude, "good evidence exists to support the hypothesis that the effectiveness of oral contraceptives depends to some degree on post fertilization effects." They do observe that, "there are insufficient data to quantitate the relative contribution of post fertilization effects," but conclude, "Despite the lack of quantitative data, the principles of informed consent suggest that patients who may object to any post fertilization loss should be made aware of this information so that they can give fully informed consent for the use of oral contraceptives." (Post fertilization effects of oral contraceptives and their relationship to informed consent. Larimore, W., Stanford, J. Arch Fam Med 9:126-133, 2000)

#### *Redefinition of pregnancy*

The redefinition of pregnancy by some in the medical and ethical fields to exclude the pre-implantation period and thereby avoid naming the destruction or loss of the preimplantation human individual as an early abortion does not change the biological fact that drugs may have effects on the endometrial lining of the uterus necessary for an individual to continue his/her existence. The title of a mini symposium "The major histocompatibility complex: an important factor in every stage of pregnancy from preimplantation to birth?" (European Society of Human Reproduction and Embryology - Human Reproduction Update, 5:91-93, 1999) implies by its very title that the period of preimplantation is considered a stage of "pregnancy". The Merck Manual, 17<sup>th</sup> ed., published by Merck Research Laboratories, Whitehouse Station, NJ, 1999, p. 2017 states, "Pregnancy is considered to last 266 days from the time of conception or 280 days from the first day of the last menstrual period if periods are regular at 28 days."

Lawmakers and judges seem to have more weight in deciding medical facts than physicians or scientists. The act of abortion, formerly considered by the medical profession as a crime was instantly given the status of a legal health care right in the Roe vs. Wade decision in 1973. It was in politics and law, not embryological science, that the "medical" redefinition of "pregnancy" has its roots. To exclude the preimplantation period of the zygote, "pre-embryo" or embryo would further marginalize the value of his or her new life in vivo and/or ex utero.

Could these new “definitions” or “redefinitions” have been put in place to avoid having to consider the unborn child at early stages as “human research subjects” to be protected according to federal legislation?

With the passage of the National Research Act of 1974, Secretary of Health and Human Services, Weinberger, appointed the 11 member National Commission. This commission was composed of three physicians, two biomedical researchers, three lawyers, one public member and two philosophers. No embryologists were on the commission. This legal mandate required the commission to study ethical questions in relation to various populations in research including the fetus. The final report of the Commission, The Belmont Report (1978) identified three principles of ethics (respect for persons, beneficence and justice later evolving to autonomy, beneficence, non-maleficence, and justice) for the government to use in evaluation of research of human subjects (aka Belmont principles, Georgetown mantra, principlism). Thus bioethics began by congressional mandate.

Notably the National Commission used definitions in its report on Fetal Research that, “differ(ed) from medical, legal, or common usage.” They stated that “these definitions have been adopted in the interest of clarity and to conform to the language used in the legislative mandate” (National Research Act 1974). These “unique” definitions included “fetus” as the human from the time of implantation (5-7 days) until a determination is made following delivery that it is viable or possibly viable.” “Fetus” is again defined there as “the product of conception from the time of implantation...” and “pregnancy” is defined as “the period of time from confirmation of implantation...”

Commissioner Louisell (Professor of Law at the University of California at Berkeley) was “compelled to disagree with the Commission’s Recommendations (and the reasoning and definitions on which they are based) insofar as they succumb to the error of sacrificing the interests of innocent human life to a postulated social need...”. Human embryology textbooks decades before the birth of bioethics from a congressional mandate, had defined the “fetus” as beginning much later in development, at about the 9<sup>th</sup> week after fertilization, not at implantation (5-7 days after fertilization). Pregnancy had always been defined as beginning at fertilization. (Ref: Bruce M. Carlson, Human Embryology and Developmental Biology, St. Louis, MO: Mosby, 1994, p. 3: “Human pregnancy begins with the fusion of an egg and a sperm... Finally, the fertilized egg, now properly called an embryo, must make its way into the uterus,...; “The embryonic period proper... occupies the first 8 postovulatory weeks... The fetal period extends from 8 weeks to birth” – (quotations referenced and cited in American Bioethics Advisory Commission presentation by Dianne N. Irving, M.A., Ph.D., “What is bioethics?” Tenth Annual Conference: Life and Learning X, University Faculty for Life, Georgetown University, Washington, D.C., June 3, 2000.)

### *Professionalism*

So is it professional to refuse to dispense or prescribe medications for reasons based on moral values or creed? Yes. The nature of professionalism does encompass, not only scientific and clinical practice knowledge, but also virtues and moral values. Respect for

persons and their conscience in all medical professions is fundamental to the healing arts and must be protected. Autonomy of the patient does not and should not supercede the autonomy of the provider. Autonomy of patients does not require pharmacists, physicians, or other health care professionals to function as mere technicians.

Hippocrates in The Oath said, "I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to any one if asked, nor suggest any such counsel; and in like manner I will not give to a woman a pessary to produce abortion. With purity and with holiness I will pass my life and practice my Art." (Ref. Great Books of the Western World, Vol. 10, Hippocrates Galen. Hutchins and Adler, eds. Hippocratic Writings translated by Francis Adams, published by Encyclopaedia Britannica, 30th printing, 1988. ISBN 0852291639, Library of Congress 55-10319.)

*It seems to be primarily in the areas of human reproduction and end of life decisions that physicians, pharmacists, or other practitioners are expected to give the patient the treatment that the patient thinks is indicated or refer to another provider who will. All health care providers, including pharmacists, must have the individual freedom to decline to participate in any way with procedures or the dispensation of drugs that are not in keeping with their best judgment, medical and/or moral. Pharmacists are highly trained health care professionals who have the right not to dispense any medication according to their professional judgment, which may involve medical, practical and/or moral reasons.*

*Common good*

Is it in the interests of the community to "force" pharmacists to dispense against their beliefs? No.

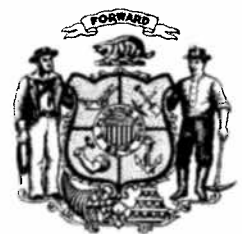
There is already a shortage of health care professionals in many areas of health care. It is my opinion that persons will not invest the time and money in health care education if there is a risk that their moral values will not be respected in their professional lives. They will avoid controversy and use their talents elsewhere. I have heard young physicians say that they have chosen a specialty precisely because it would not put them in the position of having to face these moral dilemmas and possible persecution. One cannot force anyone to cooperate with morally wrong acts but one can make the price so high that conscientious persons will avoid professions and workplaces that fail to respect their moral beliefs on life and death issues.

I hope that you will support SB 155 that extends conscience protection to pharmacists that already is available to physicians and other health care providers. Thank you.

Christine M. Zainer, M.D.  
737 N. Robertson St.  
Wauwatosa, WI 53213-3337



# WISCONSIN STATE LEGISLATURE







no date

Wisconsin Coalition Against Sexual Assault  
600 Williamson Street, Suite N-2  
Madison, WI 53703

Good morning, my name is Mike Murray and I am the Policy Specialist for the Wisconsin Coalition Against Sexual Assault, Inc. (WCASA). I am here to speak in opposition to Senate Bill 155. WCASA is deeply concerned with how SB 155 could deny victims of sexual assault access to emergency contraception.

Sexual assault removes the victim's sense of control. Victims must regain the feeling of control if they are ever to recover from their assault. In order for this process to begin, victims deserve to have access to all viable medical options available to them.

It is important to understand that sexual assault is an act of power and control in which sexual violence is used to exercise power and control over the victim. This is why mental health professionals believe that the healing process in sexual assault cases works best when it is based on the choices of the victim; not when it is based upon the choices dictated to the victim. SB 155 allows the personal beliefs of a pharmacist to trump the needs and rights of a patient. Such disregard for patient well-being will allow some pharmacists to further rob sexual assault victims of control over their lives. By limiting a sexual assault victim's access to emergency contraception, SB 155 unnecessarily puts a sexual assault victim at risk for a pregnancy that has literally been forced upon her.

WCASA wants to ensure that victims have access to the full range of medical options they deserve. Victims of sexual assault rely on health care professionals, including pharmacists, to assist them and protect their best interests during a very traumatic time in their lives.

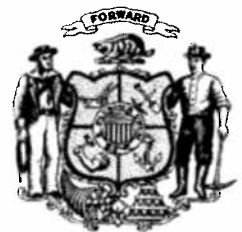
WCASA is also concerned that SB 155 will put sexual assault victims in rural areas at a further disadvantage because of the limited access to pharmacies in these areas. Where a citizen lives in Wisconsin should not dictate the type of health care receives or the options available to him or her.

Finally, WCASA wants to make it clear that it represents all victims, regardless of the health care options a particular victim wishes to pursue. Wisconsin's pharmacists owe this same level of support to these victims. Unless all legally-prescribed medical options are available to sexual assault victims, Wisconsin's citizens will receive substandard health care.

WCASA and its members ask that you oppose SB 155.



# WISCONSIN STATE LEGISLATURE





**TESTIMONY OF PLANNED PARENTHOOD ADVOCATES OF  
WISCONSIN IN OPPOSITION TO SB 155  
THE PRESCRIPTION DENIAL BILL**

The Prescription Denial Bill is an egregious attack on a patient's right to get access to safe, legal prescriptions. This bill elevates the personal beliefs of a pharmacist above the health and well-being of patients, gutting Wisconsin law and ethical principles. Planned Parenthood Advocates of Wisconsin strongly urges you to oppose this egregious bill.

Having served Wisconsin citizens for 70 years, Planned Parenthood of Wisconsin is the largest and oldest family planning provider in the state. We serve over 71,000 patients each year, in 30 health centers throughout the state, by providing preventative and diagnostic health care services. These services include breast and cervical cancer screening, sexually transmitted infection testing and treatment, contraception services, pregnancy counseling, and abstinence-based, age-appropriate sexuality education.

Our mission is to provide women and men with the education and direct health care services to ensure healthy futures. We have an obligation to speak on behalf of patients who will be threatened by the Prescription Denial Bill.

In Wisconsin, pharmacists have a legal and ethical duty to dispense safe, legal prescriptions to patients. Wis. Stat. Sec. 450.13 (1) provides that except where otherwise provided by a prescriber, "a pharmacist shall dispense every prescription using either the drug product prescribed or its drug product equivalent." Wisconsin law authorizes pharmacists to refuse to fill valid prescriptions, but this is based only on their professional, as opposed to their personal, judgment. According to Wis. Stat. Sec. 450.01(16), the practice of pharmacy includes drug regimen screening, drug-to-drug interactions, incorrect dosage, incorrect duration of treatment, drug allergy reactions and clinical abuse or misuse. No where in Wisconsin law are pharmacists allowed to explicitly refuse to fill a prescription because of a personal belief. In fact, in the case of Neil Noesen, an administrative law judge and the Wisconsin Pharmacy Examining Board explicitly stated that "The standard of care ordinarily exercised by a pharmacist requires a pharmacist to dispense medication to a patient when presented with a valid prescription order, unless the pharmacist in his professional opinion believes that the prescription has the potential for causing harm to the patient." (*In the Matter of Disciplinary Proceedings Against Neil T. Noesen*, February 15, 2005, p. 6 para. 52). Even when an employer accommodates a

pharmacist's personal beliefs, the Administrative Law Judge and the Pharmacy Examining Board found that a pharmacist still has an ethical obligation to the patient to facilitate access to the legal, safe prescription (*Id.*, p. 7 at para. 54).

The Wisconsin Code of Ethics and the Code of Ethics promulgated by the American Pharmacy Association, the largest pharmacy association in the country, make clear that pharmaceutical practice must be patient-center, not self-centered around the personal beliefs of a pharmacist.

Under Wisconsin ethical codes, "unprofessional conduct" of a pharmacist is conduct which "constitutes a danger to the health, welfare or safety of patient or public, including but not limited to, practicing in a manner which substantially departs from the standard of care ordinarily exercised by a pharmacist which harmed or could have harmed the patient." (Wis. Admin. Phar 10.03 (2)). The recent decision by the Pharmacy Examining Board concluded that pharmacist Neil Noesen, who refused to fill and transfer a woman's birth control prescription because of his personal opposition to birth control, violated this Code because he jeopardized the safety of the patient by increasing her chances of an unintended pregnancy.

The American Pharmacy Association's recommended Code of Ethics and their Principles of Practice for Pharmaceutical Care again establish the principle that patient care is of primary importance in the pharmaceutical encounter. The APhA's Code of Ethics establishes that pharmacist must promise to help individuals achieve optimum benefit from their medications, to be committed to their welfare and to maintain their trust. The Principles of Practice explicitly state that "pharmaceutical care is a patient-centered, outcomes oriented pharmacy practice. . . The goal of Pharmaceutical Care is to optimize the patient's health related quality of life."

Though the APhA's Code of Ethics recognizes a pharmacist's duty to tell the trust and to act with conviction of conscience, this must be balanced with the pharmacist avoiding "discriminatory practices, behavior or work conditions that impair professional judgment and actions that compromise dedication to the best interest of the patient."

Under Wisconsin law, employers must accommodate an employee's sincerely held religious belief, if doing so imposes no more than a minimal burden on the employer and does not jeopardize patient health and safety. Indeed, a pharmacist's religious objections to dispensing certain medications does not end his or her ethical duty to the patient to facilitate access to needed prescriptions, as found by both the Administrative Law Judge and the Pharmacy Examining Board in the Noesen case.

SB 155 dramatically changes this focus on patient care by subordinating patient health needs to the personal beliefs of a pharmacist. Under this bill, pharmacists

have no duty to take any actions to facilitate patient access to medication which they refuse to provide because of a personal opposition.

Many of you are aware of a pharmacist, Neil Noesen who refused to fill and transfer a woman's birth control prescription, as referenced previously. As a result, this patient missed a dosage of her birth control pills and risked unintended pregnancy. This patient filed a complaint with the Pharmacy Examining Board and there was a hearing last October on the complaint, in which Mr. Noesen was found to have violated his ethical duties to the patient and was subject to discipline. Mr. Noesen believed that birth control pills cause an abortion. Although this is not a medically supportable belief, it is a belief nonetheless.

The Prescription Denial Bill is an attempt to legalize Noesen's conduct in denying women their birth control prescriptions. Under this bill, a pharmacist's belief that a medication could cause an abortion is enough to permit a pharmacist to refuse to fill a birth control prescription. The definition of abortion used by the bill supports this concern. Rather than use the definition of abortion that is currently contained in Wis. Stats. 253.09 (1), which is the removal of a human embryo or fetus, the Patient Abandonment Bill defines abortion as "the use of an instrument, drug or device" with the intent to terminate the pregnancy known to be pregnant or may be pregnant. This is a strange definition indeed, as it is medically impossible to perform an abortion on someone who is not conclusively pregnant, unless you believe that pregnancy begins at some earlier point, as Neil Noesen did. If you have a religious belief that birth control pills cause an abortion, then it also follows that you believe women who are taking birth control pills could be pregnant and that the birth control pills could be terminating a pregnancy. Again, this is not medically accurate belief, but a belief nonetheless that is protected under this bill.

Women take birth control pills for many reasons. First, most women at some point in their lives take birth control pills to prevent pregnancy. As found by the Pharmacy Examining Board, the risk of unintended pregnancy constitutes harming a patient, as there are severe risks associated with every pregnancy. According to the World Health Organization, 15% of women will encounter a serious medical complication during a pregnancy. Further, women take birth control pills to treat serious, painful medical conditions, such as endometriosis. Finally, some women are going through serious medical treatments, such as chemotherapy, and pregnancy threatens both their life and the life of the fetus.

SB 155 harms patients in other ways. The Prescription Denial bill removes all legal protections for Wisconsin patients who incur substantial harm due to the prescription denials allowed by this bill. Even a patient who suffers a permanent injury will have no legal recourse against a hospital, physician or health care worker. Wisconsin citizens, who depend on the skill, knowledge and expertise of their health care

providers, are left out in the cold without any legal remedy even when they have been harmed.

Not only is SB 155 horrible for patients, but it is horrible for employers. As set forth in Wis. Stats. Sec. 111.337, employers have an affirmative obligation to reasonably accommodate an employee's or prospective employee's religious observance or practice if doing so does not pose more than a minimal burden on the employer. In most cases, this would be a financial hardship to an employer. SB 155 eliminates this important exception for employers. Rather, employers can not base any employment decision on a pharmacist's refusal to dispense certain medication because of a personal belief, even if the employer can not financially afford to accommodate such a belief or practice. This leads to absurd results, as a pharmacist who owns his or her own practice would be forced to hire a pharmacist who refused to dispense birth control, regardless of the economic impact on that employer.

Planned Parenthood of Wisconsin's opposition to this bill is not in any way a criticism of most of the pharmacists throughout this state who work tirelessly to ensure that their patients get the best possible health care. We are confident that the majority of these pharmacists will continue to put the needs of their patients first in providing pharmaceutical care. We oppose this bill because it establishes dangerous law, abrogates medical ethics and could result in harming patients. Any patient who is harmed by this legislation or whose health is compromised by this legislation is one patient too many.

Clearly, allowing a pharmacist the ability to refuse to dispense birth control pills because of a personal belief conflicts with Wisconsin law and ethical principles. This bill will place women's health and lives at risk. This bill clearly conflicts with the expectation we have for health care providers, which is to care for patients and act in their best interests. At the end of the day, the members of this committee must ask themselves whether you want pharmacy care to be patient centered around the best interests of the patient or centered on the personal beliefs of individual pharmacists.

For the sake of the health of all Wisconsin citizens, we urge you to support pharmacy practice being patient centered. We urge you to oppose this dangerous bill.



no date

## Testimony in Opposition to 2005 Senate Bill 155

As a pediatrician, husband and father of three adolescent children, I am compelled to speak out against the bill that is before this committee today—2005 Senate Bill 155, the Prescription Denial Bill, which I believe to be unethical. I am speaking for myself and not representing any group or entity.

Although this bill purports to talk about the religious beliefs or creed of pharmacists, it is in reality an attempt to block a patient's access to birth control. The supporters of this bill mistakenly believe that combination oral contraceptives containing estrogen and progestins can induce abortion. That is simply inconsistent with the medical, scientific facts. Oral contraceptives, like the Pill and including currently available emergency contraception, work primarily by stopping or delaying ovulation and to a much lesser degree by preventing fertilization and implantation of a fertilized egg—also known as conception. Oral contraceptives, including emergency contraception, work before conception occurs—hence the name “contraception.” And oral contraceptives do not cause an abortion—or the termination of a pregnancy after implantation or conception.

In fact, the improved availability of emergency contraception appears to be an important cause of the decline in unintended pregnancies that have been seen in a number of settings in the past couple of years. As more pharmacies carry these prescription medications and have them available in a timely fashion for women who've had unprotected intercourse, the fewer abortions we are likely to see. Medications like Plan B, the most commonly available form of emergency contraception, are very safe and effective and having them more readily available means that fewer women will have to contend with the trauma of an unintended pregnancy—surely we can all agree on that being a desirable goal.

FDA regulation requires that medication abortion—also known as RU-486 or mifepristone—be dispensed and administered exclusively by doctors, not pharmacists. For that reason, it is a fallacy to suggest that pharmacists in Wisconsin are being asked to fill prescriptions for this medication.

Although the personal beliefs of pharmacists are to be respected, theirs is not the viewpoint that matters most in the clinical encounter. It is a critical component of medical ethics that the beliefs of the patient take priority over the agenda or creed of the health care provider. Health care providers, including pharmacists and physicians like myself, have an obligation to the general public to provide for the welfare of our patients. Much of our education was subsidized by public tax dollars and our licenses to practice are awarded by the state. As such, we have an ethical responsibility to provide the care that meets the needs of our patients, as long as it is sound medically and is permitted by the laws that govern medical and pharmacy practice.

There are other professions where the needs of others do not come first, but this ethical precept of placing the beliefs of the patient over the creed of the health care provider is

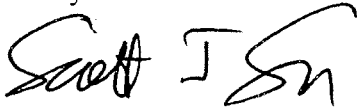


central to providing health care. Patients have a basic human right to expect us to do our jobs in their best interest. Any thing less is unethical.

Pharmacists can and do call physicians every day to discuss the prescriptions we write and to clarify that these meet the needs of our patients in the most appropriate manner. But these discussions arise from the perspective of what is best for the patient, not what the pharmacist feels or happens to personally believe about a medication. To destroy this essential relationship of trust between patients, their physicians and pharmacists—which is exactly what SB 155 will do—is harmful to the welfare of our patients and to the public good. It will cause chaos in pharmacies across this state, will be distressing to patients and physicians and will lead to an increase in unintended pregnancies and elective abortions as a result.

Furthermore, this bill allows a pharmacist to become an obstacle rather than a facilitator of patient health care. Under this bill, the pharmacist is not required to take any actions to help the patient access the medication that the patient needs. This is a severe abridgement of the pharmacist code of ethics, which is patient-centered and states that no pharmacist can “harm the health, safety or welfare of a patient.”

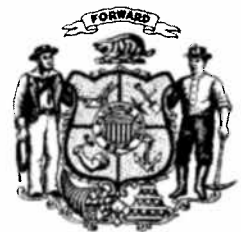
I urge you to reject SB 155 as the unethical and harmful piece of legislation that it is. Thank you!

A handwritten signature in black ink that reads "Scott J. Spear". The signature is written in a cursive, flowing style.

Scott J. Spear, MD  
Associate Professor of Pediatrics  
3901 Regent Street  
Madison, WI 53705



# WISCONSIN STATE LEGISLATURE



no date

## Testimony in Opposition of SB 155

I am here today to express my opposition to SB 155, the Prescription Denial Bill.

I am a professional woman who for the last 15 years has used birth control to prevent pregnancy. I am a college graduate with a degree in medical microbiology and immunology, a professional in a non-profit, active in organizations in my community and currently supporting myself and my fiance while he attends law school. I don't believe I would have achieved any of these if I had an unplanned pregnancy. I hope to have children in the next few years but because of the medical advances of today's world I can chose when I want that to happen rather than using less reliable and unrealist methods of birth control.

The Prescription Denial Bill allows pharmacists to refuse to dispense birth control pills. SB 155 states that a pharmacist can refuse to dispense any medication that he or she *believes* will cause an abortion. This purpose is disingenuous and misleading. Currently, under Wisconsin law, a pharmacist is prohibited from dispensing any medication that will terminate an existing pregnancy. (Wis. Stat. ) However, since some pharmacists hold the *medically incorrect*, religiously-based belief that any contraceptive use that interferes with pregnancy is akin to an abortion, this bill will allow pharmacists to refuse to dispense birth control pills, including emergency contraception. Therefore, one can only conclude that this bill is actually aimed at restricting access to birth control pills, and has nothing to do with abortion.

I am not a health care professional, so I will not testify today about the medical and pharmacological effects of birth control pills. I can, however, testify to the common sense conclusion that if access to birth control pills, including emergency contraception, is restricted, unintended pregnancies and abortions will surely increase. Birth control is basic preventative health care; when access to services and supplies are decreased, unintended pregnancies rise. Without access to birth control, the average woman would bear 12 to 15 children in her lifetime. It is simply unconscionable for the legislature to assume the role of physician and pharmacist, dictating how and when women can access legal, safe prescriptions for birth control.

Birth control is basic health care. Over 90% of women use it at some point during their reproductive years. By limiting a women's access to birth control, the Prescription Denial Bill unnecessarily puts many of us at risk for unintended pregnancies and the need for an abortion will rise. If this legislature is serious about reducing the occurrence of abortion in Wisconsin, it should oppose any bills restricting a woman's ability to obtain birth control and support increased family planning funding and access to all contraceptives, including emergency contraception.

Tia Torhorst  
617 East Dayton Street, Unit D  
Madison, WI 53703



no date

TESTIMONY IN OPPOSITION TO SB 155

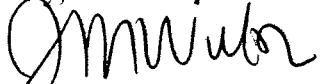
As a Women's Health Nurse Practitioner for over 20 years, I strongly oppose this bill. This bill would allow pharmacists to refuse to fill prescriptions due to religious or personal beliefs.

Although this bill purports to talk about the conscience of pharmacists, it is in reality an attempt to block a patient's access to birth control and emergency contraception. The supporters of this bill mistakenly imply that combination oral contraceptives can induce abortion. That is simply inconsistent with the medical scientific facts. Oral contraceptives, including currently available emergency contraception, work primarily by stopping or delaying ovulation. They work before conception occurs.

Despite these facts, as a prescribing nurse practitioner for over 20 years, I have never had a pharmacist refuse a prescription, but only question the dosage or drug prescribed for patient safety. The pharmacist has no intimate knowledge of the patient nor the patient's belief systems. We prescribe oral contraceptives for reasons other than birth control, including heavy menstrual cramps, endometriosis, and menstrual migraines. Under HIPPA regulations we also have an obligation to protect the privacy of the patient. Only the prescriber has the intimate knowledge of the patient's history and physical condition. The pharmacist has a duty to protect the safety of the patient by instructing them on drug side effects and possible interactions, but not to refuse to fill a prescription because of personal beliefs. The needs of patients come first and this bill would only undermine the good relationships health care providers have with their pharmacists.

I therefore, on behalf of my patients, strongly recommend that you reject this bill.

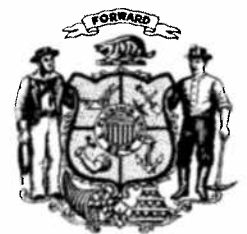
Sincerely,



Jeanne M. Wilton, RNC, MS, WHNP  
1612 Wisconsin Ave.  
Racine, Wisconsin 53403



WISCONSIN STATE LEGISLATURE





Liu (JIANGDONG LIU) MD  
Mark Sennis MD.

Chris Forberg RPh.

Don Hebach MD

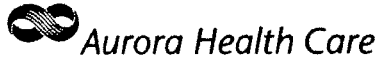
Mesfin Abdissa MD

Wong, MD

Maunty Rajagopal MD.

Douglas L Brown, M.D.

Vidhant m.D.



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Marisa Baines RN-C, APNP

Shere Stephanie Hansen RNC

A. Amaze, M.D.

Betty Amayo M.D.

Rajnarayan MD

Eric Smithneck Medical Student

Therese Julian MA

Late. Jupyter.

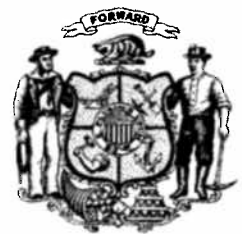
Fr. Harris

Juanita Cobb MA.





# WISCONSIN STATE LEGISLATURE





State of Wisconsin  
2005 - 2006 LEGISLATURE

LRBa0611/2  
PJH:kjf&wlj:rs

SENATE AMENDMENT, 1  
TO 2005 SENATE BILL 155

5-17-05

By Senators Hansen, Carpenter....

- 1 At the locations indicated, amend the bill as follows:
- 2 1. Page 3, line 4: after that line insert:
- 3 "SECTION 2j. 450.09 (2) of the statutes is renumbered 450.09 (2) (a).
- 4 SECTION 2r. 450.09 (2) (b) of the statutes is created to read:
- 5 450.09 (2) (b) Every pharmacy shall have, during all business hours, at least
- 6 one pharmacist on site who will administer, dispense, deliver, or distribute all
- 7 contraceptive articles approved by the federal food and drug administration."
- 8 (END)



# SB 155 · Public Hearing

5-17-05

Speaker	For	Against	For Info Only
Sen Reynolds	X		
Sen. Lazich	X		
Matt Sande	X		
Kirby Brandt	X		
Mathew Thill	X		
Dr. Scott Spencer		X	
Dr. Frederick Brueckhinien		X	
Dr. Christine Zainer	X		
Dr. Jane Peterson	<del>X</del>	X	
Dr. Jason Clark		X	
Denise Borsheim		X	
Kathryn Osborne		X	
Gigi Pomerantz		X	
Chris Taylor		X	
John Huebsher			X
Mike Murray		X	
Tricia Knight		X	
David E Lasker		X	
<del>April Schone</del>			
Tia Torhorst		X	