

**TESTIMONY OF MISSOURI RIGHT TO LIFE BEFORE THE SENATE  
JUDICIARY AND CIVIL AND CRIMINAL JURISPRUDENCE COMMITTEE  
IN SUPPORT OF SB 175  
February 18, 2013**

Senate Bill 175 is a pro-active step to protect women from "web-cam abortions". Web-cam abortions are abortions done by a video conferencing system where the abortionist is located at one location and uses a closed circuit TV to talk with a woman who is at another location over a computer video screen. The abortionist is not present in the same room with the woman.

Planned Parenthood's new "telemedicine" program is working to set up a video conferencing system at many of its smaller or more remote clinics. The abortionist, located in an undisclosed location, uses a closed circuit monitoring system to talk with a woman he sees over a computer video screen. If she indicates she wants a chemical abortion and he is satisfied with her responses to a few medical questions, the abortionist clicks a mouse which releases a drawer miles away at her location. Inside is the abortifacient RU486 and the powerful prostaglandin misoprostol which stimulates the contractions needed to expel the tiny corpse.

At the time the abortifacient RU 486 is dispensed, the woman never actually is in the same room or location as the doctor and he has not done an actual physical exam that day.

If there is a problem--and complications like hemorrhage, infection, and gastrointestinal distress occurs with some frequency with the use of RU486--she will probably have to seek help elsewhere, since her abortionist is miles away. At least a dozen women have died after taking these powerful abortion drugs, and that was before this latest plan to dispense RU 486 via web-cam.

When these pills "work," they do not simply target the unborn child, but the woman's reproductive and other systems. They initiate copious bleeding, painful cramps, and often nausea, vomiting, and diarrhea. Some women have experienced heart palpitations, drops in blood pressure, dizziness. A number of women do not abort or do not have a complete abortion, requiring some surgical intervention.

If women are going to choose to use this risky method, they need to be closely monitored and they need to have medical help close at hand. When a woman is bleeding to death, a phone call isn't going to suffice. When she has retained tissue from an incomplete abortion, a video conference isn't going to do her any good. When she's suffering an allergic reaction to the medicine, she needs something more than computer screen counseling. She needs a doctor who will be there, who will take responsibility for her case, who will personally ensure that she gets the care that she needs. A woman gets none of that with a doctor on closed circuit TV.

Eight states have enacted web-cam abortion bans. Missouri should be the next leader in this pro-active step to ban web-cam abortions. Missouri has a long history of passing pro-life legislation that gives clear protection to a woman and her unborn child. **Missouri Right to Life urges the Missouri Senate to take up and pass SB 175.** Please see attached legal analysis by Mary Spaulding Balch, JD, Director, State Legislation for National Right to Life which concludes, with justification, that a law requiring the physical presence of a physician during the administration of a chemical abortion would be upheld, as constitutional, under current precedent.