



Humanity In HealthCare Act 2022!

Thank you Representatives Tate, King, Prunty, Bechler, Bentley, Senators Mills and members of the ProLife Caucus for your collective work and contributions to the HB 3, The 2022 Humanity in Health Care Act

Elements of the Act

- ❖ Updating currently law impacting parent consent / protection of minors - the judicial bypass guidelines in place
- ❖ Dignified care for the terminated remains of pregnancy loss
- ❖ Updating reporting pregnancy termination statistics
- ❖ Chemical/Medical Pregnancy Termination Health Guidelines
- ❖ No Taxpayer Funding of Abortion in Kentucky

Kentucky By The Numbers

4035

2021 Jan –Nov

Surgical
Abortions 44%

D&E 6%

Chemical
Abortions 50%

Kentucky Reported 4035 abortions Jan-Nov 2021

It is the first time in years the number of abortions reported has increased to over 4000.

Sadly, these numbers do to represent all lives lost to abortion, but only those reported as preformed in Kentucky. Girls and women traveling to other states are not reflected in the reporting to the Cabinet.

A woman with long blonde hair, wearing a blue and white striped shirt, is shown from the chest up. She is holding a white, oval-shaped pill between her fingers in her right hand and a clear glass of water in her left hand. The background is a plain, light-colored wall. The image is framed by a dark blue border at the top and bottom.

RISKY BUSINESS

THE CHEMICAL ABORTION INDUSTRY *HURTS* WOMEN

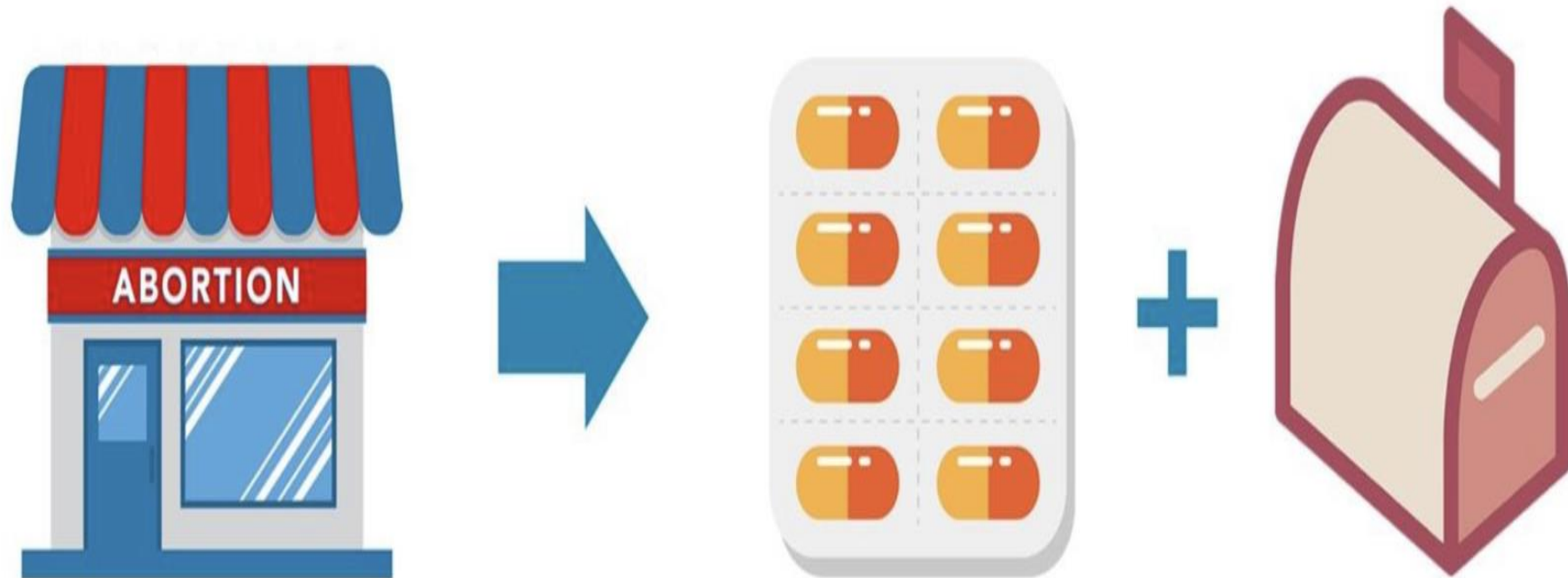
STANDARD U.S. MEDICAL ABORTION REGIMEN:

- **Mifepristone (Mifeprex or RU486)** taken orally to block progesterone receptors, cutting off hormonal support for the pregnancy, resulting in disruption of the implantation site
- **Misoprostol (Cytotec)** taken sublingually, buccally or vaginally 24-48 hours later, inducing contractions to expel the pregnancy tissue



Abortion Lobby Sets Sights on “Mail Order Abortion”

The Abortion Lobby views chemical abortion as the future of their industry, because it is cost-effective for them, and hard to regulate. Their next step is to create the Amazon of Abortion, making chemical abortion pills available through the mail, and turning pharmacies and post offices into abortion dispensers.



THIS EFFORT CAN STOP ABORTION DISTRIBUTION PLANS BEFORE THEY LAUNCH

Young Women are Being Targeted where they Spend their Time: At school and on Their phones

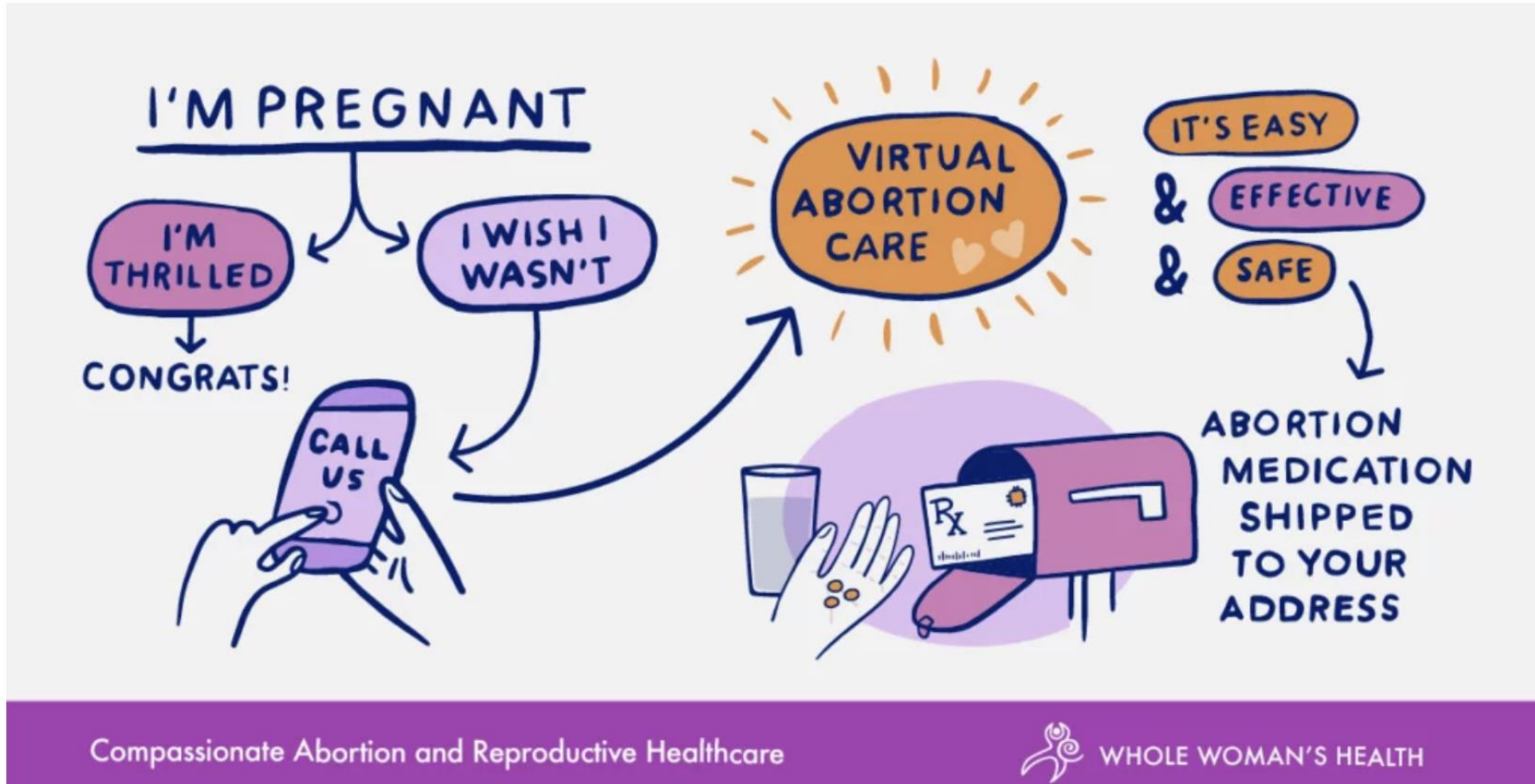
PLANNED PARENTHOOD CAN GET TO THE PHONES IN ALL 50 STATES


During the Covid-19 crisis, Planned Parenthood announced that it would have the capacity to do “telehealth services” in all 50 states ... meaning that every phone can become an abortion vendor, capable of distributing Chemical Abortion pills ... if the FDA regulations fall without being replaced with high medical standards.

96 percent of 18 to 29-year old’s have cell phones (and the other 4 percent can probably borrow one.)



Kentucky Women Deserve Better Than DIY Mail Order Healthcare





Missed period?
There's a pill for that.

PlanCPills.org

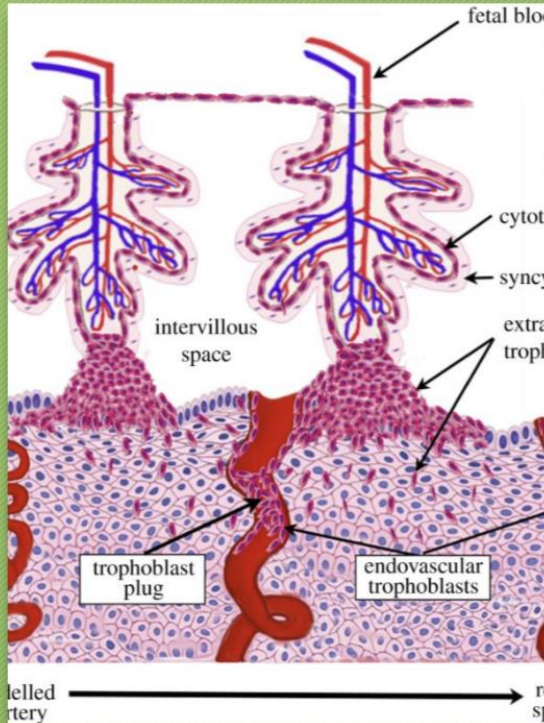
The Abortion Industry's New Frontier Demands an URGENT Response

- Chemical abortions comprise an estimated 41% of all US abortions and this number is rapidly growing. The majority of Planned Parenthood centers (56%) now provide ONLY chemical abortions.
- It has a 4 times greater rate of potentially life-threatening complications than surgical abortion. Women get sicker, faster.
- There is no comprehensive complication reporting system and little oversight at the federal level. We know from anecdotal evidence that more women end up in the emergency room, especially near college campuses.
- Mail order purchase of the pills, while illegal, is being marketed directly to women from companies in India, Slovenia, China, and more. The US Food & Drug Administration cannot certify safety or efficacy of drugs sold illegally in the US.
- Planned Parenthood and the National Abortion Federation are calling for a 'no test' abortion, **removing ALL evidence-based recommendations by the FDA** and others that have governed the use of chemical abortion over the past 20 years.

TYPICAL EXPERIENCE OF MIFEPRISTONE/MISOPROSTOL

- Promoted to women for reasons that benefit the abortion provider: fewer expenses related to surgeon, equipment, anesthesia.
- Most women will experience cramping, heavy bleeding, nausea, weakness, fever, chills, vomiting, headache, diarrhea and dizziness. Many will also see their developing child.
- Average woman bleeds for 8-16 days.
- 8% bleed for more than a month.

HEMORRHAGE AFTER MIFEPRISTONE



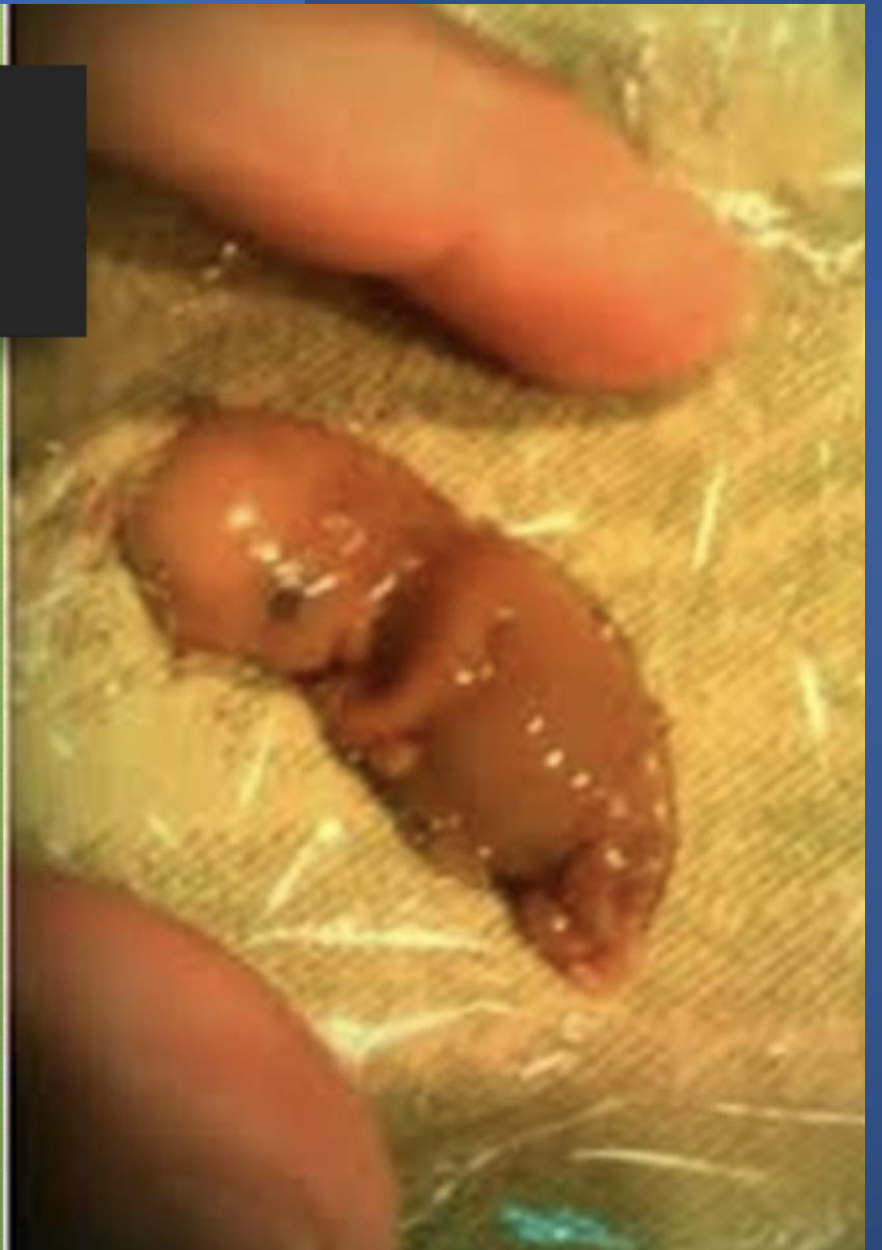
- Mifepristone interferes with ability of spiral arterioles to contract.
- Mifepristone has no effect on a pregnancy not implanted in the uterus, thus ruptured ectopic pregnancies can occur.
- Mifepristone is only weakly effective at inducing uterine contractions to expel the pregnancy tissue thus it must be used with misoprostol.

INFECTION AFTER MIFEPRISTONE AND MISOPROSTOL

- **Direct pharmacologic effects of mifepristone promote infection:**
 - blocks glucocorticoid receptors
 - releases inflammatory cytokines
 - impairs inflammatory response
- **Misoprostol also has immunosuppressive actions, so when used together, effect is enhanced.**
- **Incomplete expulsion of necrotic (dead) tissue worsens risk.**
- **Half of the deaths reported have occurred due to overwhelming sepsis, many due to *C sordelii*, a common, usually non-pathogenic organism.**

UNSUPERVISED MEDICAL ABORTION: WHAT COULD GO WRONG?

- Underestimation of gestational age may result in higher likelihood of failures.
- 2-6% failures under 7 weeks
- 39% failures second trimester
- Undetected ectopic pregnancies may rupture leading to life-threatening hemorrhage. Half of women with ectopic have no risk factors, and this condition cannot be ruled out without an ultrasound.



UNSUPERVISED MEDICAL ABORTION: WHAT COULD GO WRONG?



- Rh negative women not receiving prophylactic Rhogam may experience isoimmunization in future pregnancies. 14% untreated affected infants are stillborn, and half suffer neonatal death or brain injury.
- Potential for misuse is high when there is no way to verify who is consuming the medication, and whether they are doing so willingly (to benefit of sex traffickers, incestuous abusers, coercive boyfriends).

Protecting Women's Health in Kentucky 2022 Humanity in Healthcare Act

The Abortion- Inducing Drug Risk Protocol

- Requires **in-person** medical exam by a doctor licensed in your state; requires certain tests to confirm her health status before giving her the drugs.
- Directs that **only a doctor** can dispense the medication to her.
- Doctor must schedule a **follow-up visit** to confirm completion and assess bleeding.
- Makes **mail order delivery illegal**.
- Expands reporting of occurrence and demographics, but also reporting of complications seen by subsequent doctors/ER. **Significant state tracking**.
- Informed consent materials tell her where to find information about **abortion pill reversal** on the state's website.



Kentucky's 2022 Legislation

The Abortion- Inducing Drug Risk Protocol

- Requires informed consent be given **in person and in writing** prior to dispensing and include, at a minimum:
 - Medical and psychological risks
 - Probable gestational age and development of the unborn child
 - Ultrasound results
 - Information about coercion and reproductive control
 - That she needs a follow up appointment within 14 days of the procedure
 - That she has a legal right to obtain relief in the event of coerced or unwanted abortion
- Bans dispensing of the drugs on **college campuses.**
- Requires a contract with a **second doctor** that can handle complications (blood transfusions, surgery, etc.)
- Informs her of her **private right of action.**
- **Criminal and civil penalties and recovery.**



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