Pro-Life Wisconsin



The Pharmacists' Conscience Clause Bill

2005 Senate Bill 155 / Talking Points

What the bill does:

SB 155 would protect the right of pharmacists to conscientiously refuse to engage in practices that violate the sanctity of human life.

Current law already protects health care employees (licensed physicians, certified physician assistants, hospital employees, licensed nurses and certified nurse assistants) 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 that conscience protection to pharmacists who refuse to participate in *chemical abortion* and *euthanasia*. Outside of the hospital setting, pharmacists enjoy no clear protection. SB 155 seeks to fill this conspicuously unjust hole in Wisconsin law.

Under SB 155, 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.

Under SB 155, the pharmacist 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.

What the bill does not do:

SB 155 does <u>not</u> ban birth control. It will not make drugs such as the morning-after pill and other abortifacient birth control illegal or unavailable.

The bill does <u>not</u> 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 <u>not</u> 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.

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.

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.

Why the bill is necessary:

Abortion techniques focusing on chemical means to end the life of preborn babies, such as the morning-after-pill, have received FDA approval. It is common to receive life-ending (abortifacient) drugs in a pharmacy, thus compelling pharmacists to be party to abortion.

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

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

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.

What is chemical abortion?

It is a <u>medical fact</u> 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. <u>This action constitutes chemical abortion</u>.

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 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 inhibits the implantation of a fertilized egg, the makers of Plan B contend that emergency contraception does not cause an abortion. 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.

What other states are doing:

The Pharmacists' Conscience Clause Bill is modeled after a **South Dakota** law enacted 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 <u>specific</u> and <u>comprehensive</u> pharmacist conscience clause laws include **Arkansas**, **Louisiana**, and **Mississippi**. Many other states are actively considering this legislation including Indiana, Michigan, Minnesota, Missouri, Ohio, Rhode Island, Vermont, Texas, New York, Arizona and Washington.

Let's make Wisconsin a "pharmacist-friendly" state!