

**OPPONENT TESTIMONY ON  
OHIO HOUSE BILL 293  
BY  
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BEFORE THE  
OHIO HOUSE OF REPRESENTATIVES HEALTH COMMITTEE  
WEDNESDAY, DECEMBER 2, 2009  
ROOM 116, OHIO STATEHOUSE**

Chairwoman Boyd and other distinguished members of the Health Committee:

Thank you for the opportunity to address you this morning. My name is Dr. Kristine Severyn. I am a registered pharmacist in Ohio and Kentucky, with an additional Ph.D. in biopharmaceutics from the University of Cincinnati, involving training and research in pharmacology, toxicology, and drug kinetics. I live in Centerville, Ohio, a suburb of Dayton.

As a registered pharmacist I am concerned about the implications of Ohio HB 293 on my ability to work in my profession, and ask for your help in stopping or amending this legislation..

HB 293's sponsor, Representative Tyrone Yates, in his October 21, 2009 testimony to this committee stated, "This bill does not require any individual doctor, nurse, or medical professional to dispense a medication that they may have a religious objection to..." A reading of HB 293 indicates otherwise.

HB 293 criminalizes pro-life health care workers, especially pharmacists, who assert their conscience and religious convictions by refusing to dispense drugs which act as abortifacients, i.e., can terminate prenatal life. The bill clearly threatens pharmacists with disciplinary hearings by the Ohio State Board of Pharmacy, license revocation, civil actions, legal action by the Ohio Attorney General, and fines up to \$5,000 for each violation.

This reminds me of the executive order issued by recently impeached Illinois Governor Rod Blagojevich. In 2005 Gov. Blagojevich signed an executive order requiring all Illinois pharmacists to fill prescriptions for the morning-after pill. Walgreens required their Illinois pharmacists to sign a pledge that they would fill such prescriptions, and fired pharmacists for refusing to sign the pledge. Similar examples of pharmacists losing their jobs for asserting their consciences and/or religious beliefs have been reported across the country, even here in Ohio.

Ohio HB 293 mandates that all "complaints" regarding alleged violations of HB 293 be investigated by the Ohio State Board of Pharmacy within 30 days of receiving the complaint. This means that pro-life pharmacists could be stigmatized in their professional careers. Specifically, when I renew my pharmacy license every year, I sign a statement asserting that I have not been investigated by the Pharmacy Board. Thus, if a woman files a complaint with the Pharmacy Board concerning my refusing to dispense the morning-after pill, and I am investigated by the Board, this investigation will be part of my pharmacy license record forever.

Representative Yates presents inaccuracies regarding "emergency contraception (EC)." First, he states that EC "contains the same hormones found in normal birth control pills." While "normal birth control pills" usually contain synthetic estrogens and progestins, the EC marketed as "Plan B" contains only a synthetic progestin in a dosage nearly 17-20 times that of combination "normal birth control pills."

Secondly, while Rep. Yates is correct in that “emergency contraception is not the same as RU-486 or the ‘abortion pill,’” he is only partially correct in asserting through HB 293 that “emergency contraception does not cause an abortion.”

Depending on the time in a woman’s cycle that EC is taken, the drug may or may not be causing an abortion. If the drug is taken before she ovulates, EC will likely prevent ovulation. However, if she takes EC after she ovulates, and sperm has fertilized her egg (ovum), EC will act to prevent implantation of the fertilized egg in the mother’s uterus (womb). Since each one of us started our lives as a fertilized egg, it is accurate to say that EC can cause an abortion if it prevents implantation of the fertilized egg in his/her mother’s womb. Since pregnancy tests are not as accurate before a woman “misses” her period, HB 293’s directive to hospitals to perform such a test before administering EC may do little to avoid inadvertent abortions.

Unfortunately, oral contraceptives (birth control pills) carry one mechanism of action which can also be abortifacient. With the newer so-called “low dose” estrogen pills, breakthrough ovulation occurs in 2-10 percent of women. When this occurs, the pills can act similarly to EC in that the fertilized egg can not implant in the uterus.

Aside from the moral and religious aspects surrounding the use of EC and birth control pills, the drugs carry with them a high degree of adverse effects. The federal government requires that all women taking birth control pills receive printed information notifying them of adverse effects, including blood clots, heart attacks and strokes, gallbladder disease, liver tumors, as well as breast and cervical cancer. And as we all know, birth control pills do not protect against AIDS or other venereal diseases.

Less well known is that in 2005 the World Health Organization labeled the combined (estrogen-progestin) birth control pill a Group 1 carcinogen. This means there is sufficient documented evidence of carcinogenicity in humans. Whereas in past years breast cancer was mainly seen in post-menopausal women, it is not uncommon to see breast cancer in younger women, especially in those who have taken birth control pills. Why do we tell young men not to take steroids for enhanced performance in sports, but we think nothing of putting a young teenage girl on birth control pills for acne, cramps, or to make her “available” for sex?

If one goal of HB 293 is to reduce rates of abortion and unintended pregnancy, the bill’s sponsors will be disappointed. A 2007 study in *Obstetrics and Gynecology* found that “emergency contraception” had not reduced either.

HB 293 proponents testified on November 18<sup>th</sup> that health care workers who refused to dispense abortifacients were “imposing their religious beliefs” on others. Where is the “choice” in “pro-choice” if health care workers are faced with losing their livelihoods by violating their consciences and/or religious beliefs? If a woman wants to purchase emergency contraception, she can. In fact, I purchased this package of Plan B emergency contraception yesterday at my local Kroger Pharmacy without a prescription. I show you this only to illustrate how easy it is for women to obtain these drugs if they want them.

In conclusion, I wish to share with you selected pages of a lawsuit in U.S. District Court in Washington state, an Amicus brief in this case, and testimony by the American Pharmaceutical Association in support of a pharmacist’s right to conscience in employment.

Thank you for your attention. I welcome your questions.