

## TESTIMONY PREPARED FOR SENATE BILL 958 (Irons)

### (Mandating health insurance coverage for hormonal contraceptives)

#### WITHDRAWN FROM SENATE FILES

June, 2003

Mr. Chairman, Honorable Representatives:

My name is Dr. W. A. Krotoski. I am a retired internist and medical researcher, holding both Ph.D. and M.P.H. (Master of Public Health) degrees in addition to the M.D. I have lived in Louisiana for 28 years, and in the Baton Rouge area since 1981. Until retirement, I practiced mostly with the U.S. Public Health Service, but also served on the faculties of LSU and Tulane Public Health and Medical Schools. I have authored or co-authored some 54 research articles and a medical text, and have contributed to several others. Two years ago, I presented medical testimony to both House and Senate Committees on the issue of mandated contraception. It was quite similar to what I am about to present to you here, because, frankly, little has changed.

Basically, I would appreciate your considering the following points:

1. Most contraceptives have at least some of their efficacy – up to one-third or more – due to an abortifacient mechanism. That is, they either prevent implantation of the early embryo in the womb, or physically abort her or him, once implanted. The Intra-uterine devices (IUDs) and the so-called "morning-after" pills, for example, are clearly abortifacient. These issues were carefully reviewed in the medical literature in the context of a need for informed consent of patients receiving them, just three years ago. [Arch. Fam. Med., vol.9, pp. 126-133 (2000)].

2. Like any physician who subscribes to the principles of the Hippocratic Oath, I respect the sanctity of each, individual, human life during his or her entire existence. Therefore, I – and others like me – object to mandating medications or procedures which destroy such lives. We also object to helping pay for their destruction, directly or indirectly, e.g. through higher insurance rates for coverage of the prescriptions *and for their side-effects*.

3. Data have been accumulating over the years that long-term, chronic use of hormonal contraceptives, like abortion, may produce an increase in breast cancer rates. Clearly, this is not acceptable for any mandated coverage. In the most recent review, published in *The Lancet*, a highly respected British medical journal, these risks have been quantified on the basis of a review of 28 studies, conducted by the Cancer Research UK Epidemiology Unit and the Institute of Cancer Research (Britain), the London School of Hygiene and Tropical Medicine (London), and the Agency for Research on Cancer (Lyon, France). These involved 12,531 women. The results showed that the risk of cervical cancer increased with duration of pill use, *regardless* of whether or not the women were infected with human papilloma virus (HPV), another known cause of this deadly cancer. The risk increased from 60% for pill use of between 5 and 9 years in women not infected

with HPV, to 1 50% for pill use of over 10 years in women who were infected. The results of this systematic review of published data show that the relative risk of cervical cancer increases with increasing duration of oral contraceptive use, in virtually every way that data were examined. Surely, it is not acceptable to mandate payment for use of a carcinogen! Consider, also, the likelihood of resulting lawsuits against the State of Louisiana!

4. In regard to so-called Emergency Contraception, bear in mind that *in vitro* fertilization technology has clearly shown that human life begins at the moment of fusion of the male's sperm with the woman's ovum ("egg") – when two half-complements of DNA combine to form one full complement, and cell division begins. Contraceptive hormones act – at least in part – by preventing implantation of a several-days-old embryo into a woman's womb lining, thus resulting in his or her death. In the dosages employed for so-called "emergency" purposes, these agents can also produce serious adverse pharmacologic reactions in the woman. Furthermore, notwithstanding the obvious plight of a woman who becomes pregnant through rape, studies have shown that her chances of actually becoming pregnant as a result of such a frightful violation of her person are probably of the order of 1 in 1,000 or less, even if no interventional measures are employed. According to the Louisiana Division of Health and Hospitals, only two (2) abortions among the 23,392 abortions performed during 1999 *and* 2000 were for rape or incest.

It would seem inappropriate, therefore, to mandate that all hospitals stock pharmaceutical agents – which have a finite shelf-life – for events which are so rare, particularly given that their availability would unquestionably increase their arguably unnecessary – or even fraudulent – use.

Far better that an increased emphasis be placed on rape prevention: by a greater sympathy for the true rape victim; by appropriate upbringing of children in regard to the evil and brutality of rape; by teaching better self-protection to women; by better policing of dangerous neighborhoods; by appropriate and swift punishment of perpetrators; and so on.

Finally, 5. Arguments have been raised that, if Viagra is approved for coverage for men, it is only fair that contraceptive coverage should be provided for women. In that context, it must be pointed out that this is like comparing apples and raspberries, and is based on false premises. Viagra is used to help correct a functional problem in men – and has also been employed in women to attempt to help correct a related dysfunction. However, this has nothing to do with contraceptives, which are used to create a *physiologic irregularity* in the *normal* pituitary-ovarian axis to fool the woman's body into thinking that she is already pregnant, so as to produce temporary sterility – but with additional health risks.

Mr. Chairman and Committee members, I appreciate your attention, and urge you to deny any such contraceptive mandate.

W. A. Krotoski, M.D., Ph.D., M.P.H.