



Testimony in Support of SB 490

April 1, 2013

Senate Committee on Health Care and Human Services

Anne Barry Lever, MS, RN, ANP

Good Afternoon, Chair Monnes Anderson, and Members of the Health Care Committee. Thank you for this opportunity to testify in support of SB 490.

My name is Anne Barry-Lever. I'm testifying today on behalf of the Oregon Nurses Association and Nurse Practitioners Oregon. I am addressing this committee as a primary care provider with over twenty years of service to my patients. I would like to share my experience as a Nurse Practitioner, and my focus today is to advocate for patients to understand what pregnancy services they are receiving. I've practiced for eighteen years in the college setting, providing primary and preventive care to students. I provide health and medical care for conditions like strep throat, acute illness and injuries, chronic illnesses, Gyn care, and pregnancy.

The safeguards in SB 490 are designed to protect patients and help them understand the nature of the services they can expect at a Crisis Pregnancy Center, as well as the services that aren't offered. This bill is a commonsense step to offer clear information, and protect the privacy of women like my patients during what can be the most vulnerable time in their lives.

Over my years in practice, I have seen a number of students who have come to me after experiences at a Crisis Pregnancy Centers. These experiences are often confusing for patients, as Crisis Pregnancy Centers often label themselves as "Health Clinic" and "Resource Centers." These terms easily lead women in crisis to believe that they are legitimate medical clinics, and to expect routine medical tests and for records to be kept confidential as they would be in a medical setting. In reality, these centers are totally unregulated, and some of the services that my students anticipate, like prenatal care or counseling, are not always offered.

Crisis Pregnancy Centers are not required to employ licensed medical staff, they are not medical facilities, and they are not required by law to protect confidentiality of patient records. These centers are not required to disclose their mission, staff qualifications or the facility philosophy. My student patients have conveyed the opinion that these centers had the agenda of passing on their religious viewpoint and philosophy.

Women in crisis who suspect they are pregnant, or have recently found out that they are unintentionally pregnant, rely on their initial visits inside a "clinic setting" to provide plans of care. Crisis Pregnancy Centers use labels like "clinic" and "pregnancy resource," and yet no oversight of basic care occurs. They don't offer the full range of services that their advertising would lead my patients to expect. My patients' accounts and lack of documentation show only perplexing scenarios called "crisis care". These centers are not required to refer patients to other providers for services that they don't offer—like prenatal care or domestic violence resources. This has led to very risky and

dangerous situations. The unregulated process for the patient breeds further crisis, adverse outcomes and elevated health risk for young people like my patients confronting unintended pregnancies.

The most frequent statements I've heard from patients about their initial visits to Crisis Pregnancy Centers are as follows:

- I wasn't given results, I was told to come back at end of week for results and I can't miss class anymore.
- I know I'm pregnant now, but they didn't write down or give me any test results, I have to go back.
- I know I'm pregnant, but now I need a doctor, I think I need a note from you.
- I don't really know who I saw, they said they were a clinic, and I watched a long movie.
- They did a test on my stomach but I don't have the results to show you.
- How do I get to see a doctor?
- I felt ashamed and judged about my options.
- I know the information I was given is not accurate that is why I have come to see you.

Some of the experiences that I described above are deeply troubling. They indicate to me that these centers are not providing clear, accurate, and timely information in a time of crisis, to those that who walk in the door. A pregnancy test takes only minutes to process. There's no medical reason a center of any type would need a patient to come back the next day for test results or watch a movie while they "wait" for test results. Delaying results hold the patient hostage and creates further panic, fear, and mistrust to their ability to cope.

My patients, as well as many providers, are confused by these experiences because they seem so inconsistent with the care that patients expect.

According to Contraceptive Technology, one out of every two women have an unintended pregnancy in their lifetime. When assessing unintentional pregnancy, it is a crisis. My patients are young, vulnerable, and often lack coping skills and support systems. They, like all patients need and deserve access to clear and accurate information that is understandable, reliable, and medically sound. Accurate, non-biased, timely information delivered to scared teens and all women is critical and it's compassionate. It allows coping to occur and helps prevent bad outcomes.

Health providers view crisis as a time of opportunity to provide well thought out, identifiable, support services. The transparency measures proposed in SB 490 work towards meeting expectations necessary in service to the women of our community.

Thank you for this opportunity to testify, and for your consideration of this important legislation.