

KENAI LEGISLATIVE INFORMATION OFFICE

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WRITTEN TESTIMONY

NAME: Bethany Swenson

REPRESENTING: _____

BILL # or SUBJECT: SB 49

COMMITTEE: Senate Finance DATE: 3-29-13

I am writing today to offer my view of SB 49.

First, I think the phrases, "medically necessary" and "elective abortion" in this bill carry twisted meanings that reveal biases in thinking. I understand abortion to be the only medical procedure that ends a pregnancy, so if a woman wants to end her pregnancy an abortion is then "medically necessary." "A threat of serious risk to the life or physical health of a woman from continuation of the woman's pregnancy" is not all-encompassing of "medically necessary."

I understand the word "elective" to mean "optional," as according to my Webster's Dictionary. I understand that every pregnant woman has options: She can raise the child, give the child up for adoption or have an abortion. It's not unheard of for rape victims to raise the resulting child. I've known women who did. So I understand an abortion for a rape pregnancy to actually be "elective." It's also not unheard of for women with serious health risks to decide to continue with their pregnancies against their doctor's advice. Such women still perceive an option.

I understand how someone who thinks abortion is wrong, or even murder, does not think of it by default as a medical procedure. Abortion would only seem "necessary" if advised by a doctor for the sake of a woman's health or life. I imagine such a person would make an allowance for abortion of a rape pregnancy out of compassion. I imagine such a person would make an allowance for abortions in the case of incest because incest is illegal and can result in children with deformities.

But an abortion for a pregnancy that resulted from irresponsible sex, I imagine, is very bothering. I understand that many of my fellow taxpayers are uncomfortable paying for abortions, especially ones of pregnancies from irresponsible sex. I understand how some taxpayers may want some women to take personal responsibility and pay for their own abortions. I understand that this bill is one way to address such points.

But politicians should not be trying to re-define what a necessary abortion is. If they want to exclude women who have unprotected sex from coverage, they should state that clearly and plainly, not twist words and phrases like "medically necessary" and "elective." "Medically necessary abortion" needs no further defining.

Aside from being written with biased thinking, this bill does not consider exception for two other cases - birth control failure and birth control sabotage.

For example, women who use oral contraceptives perfectly still have a 1% chance every year of becoming pregnant. That may be a tiny risk, but that's still 1 in every 100 women. It's not unheard of for women to become pregnant on "the Pill."

Birth control sabotage by partner is becoming newly understood and may be rare but not impossible. I know one person who became pregnant because her boyfriend poked holes in the condoms they used and confessed to her when confronted.

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Finally, I would like to point out that cases of incest are often cases of sexual abuse by authority figures in families such as fathers or mothers of younger relatives such as children or nieces. Some abuse continues into the incest victim's adulthood, minors cannot possibly consent, and a sexual relationship among, say, a father and daughter, is in its nature abusive. Wouldn't such cases actually be "rape"?

Or is this bill referring to consensual sexual relationships between related adults who then fear having a child with deformities and so seek abortion? Perhaps incest needs clarification in this bill.

I'm sure there are many people, such as those with differing views, who think I'm the one with biased thinking. All I ask for is your consideration. Thank you!

George W. Brown, MD

Community Pediatrician

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Honorable members of The Senate Finance Committee

Unintended pregnancies are not a criminal problem. They are not a moral problem. Unintended pregnancies are a health problem. Preventing them is complicated, especially as they involve individual personal choices. Our best approach is from having early childhood and lasting family and community support to be able to make sensible choices.

Physical Health and Mental Health are not separable. Treatment for either requires attention to the other. The increasing knowledge by medical science about PTSD continues to confirm this understanding.

Respect for those who disagree with our opinions is a difficult challenge. Yet, to approach solving social problems, it is vital. Unintended pregnancy is one of our current social problems I think both sides can come to believe we agree in one area - To Prevent as many Unintended Pregnancies as possible.

SB 49 does not enhance such cooperation. At the very least, it should have a hearing by the Health and Social Services Committees.

George W. Brown MD

March 30, 2011

Hi Again Peter,

After participating in this evening's Judiciary Committee's ILO teleconferenced hearings on SB 49, it seems clear that a couple of things need to be reemphasized and clarified:

1) While the AK legislature has guidelines as to what activities constitute "rape" behavior, there seems to be nothing on who decides if those activities occurred during a particular sexual encounter. So my question is WHO decides if the events reported, that describe rape behavior, was rape. Is this decided based on the circumstances reported by the woman involved? Is this a decision that of the physician or examiner involved makes based on the reported incident and physical findings? Is the decision up to the police who may, or may not, have been asked to respond to the incident? Does the decision require witnesses to corroborate the woman's report? Is it a judge and or a jury who decides if a raped occurred. This is vey messy!

Who decides on the determination of rape, is critically important to when and whether or not the woman will be able to use Medicaid money to obtain an abortion, so this should be very clearly stated! If the rape incident was not reported to anyone near the time of the incident, which is often the case, and it is the pregnancy that prompts the victim to report, then it needs to be very clear how the decision is made to make Medicaid funds available for an abortion, in a timely way, if the woman is making that choice.

PLEASE clarify this decision making path before it becomes a fog of confusion, a time delay, and another obstacle in a woman's attempt to define her life!

Clearly all of these questions and needed answers also apply to the circumstance of incest.

2-If the author and sponsors of this bill must lay out a "medically necessary" standard, please know that this bill's description of "medically necessary" is ludicrously incomplete. Please also know that it is commonly acknowledged, in and outside of the medical profession, that the physical body's condition is NOT the only thing that matters when considering "medically necessary" interventions. Physical, mental, emotional and social considerations are all highly influential and necessary in determining one's medical status and likely outcome. So restricting Medicaid funds ONLY for physical risks to health and life is ignoring a huge proportion of what matters literally and figuratively in "saving a life".

Thank You,

Kate Finn RN, ANP (Advanced Nurse Practitioner), CNM (Certified Nurse Midwife), R.N. etc. in Alaska for 36 years working primarily in Public Health and women's health in both rural (Bethel, Dillingham and Barrow towns and surrounding villages) and semi-urban communities (Homer, Seward, Soldotna). For 5 years I was contracted by South Peninsula Hospital as a Sexual Assault Nurse Examiner.

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SAH 3-30-13
@ WASKIA ILO TESTIMONY

Thank you Mr. Chair

My name is Jean Wadland James and I live in Senate District C. I've lived in Fairbanks since 1982. I'm a mother and grandmother.

I grew up during the time that all abortions were illegal. It didn't stop them—only made things much worse for everyone--Backroom abortions; coat hangers-- women were maimed and died—as a result creating high costs to humanity and to health services.

I strongly believe that the decision of a medically necessary abortion is a physician's decision and not the legislature's. Unfortunately, events are never black and white and this type of determination should be made by a medical doctor and not by a legislative mandate. Mandates can be misinterpreted; circumstances can change with advances in medicine, etc.

I find it ironic that people who do not want the "government" in their lives can support this bill. This bill, if passed, could become subject to litigation which has been estimated would cost the state around \$1 million. This money would be better used to reducing unintended pregnancies by providing improved access to birth control.

I strongly urge you to oppose Senate Bill 49 and vote No. Instead focus on options that reduce the number and need for abortions, such as improved access to birth control and sex education that includes more than just abstinence. And focus on the pressing issues that are very important to all Alaskans – energy, air pollution, the economy and education.

Footnote:

I'm also the widow of a wonderful man, William (Bill) H. James M.D., who practiced pediatrics and family medicine in Alaska since 1959 both in private medicine and with the Public Health Service. As a physician he would have been very opposed to Senate Bill 49.

Testimonial for SB 49 & HB 173

I am an OB/GYN physician that has been practicing since 1999. I have not been involved significantly with politics or research, but with taking care of thousands of women with their reproductive health care needs. With the rate of unintended pregnancies being approximately 50 percent I have counseled many women when they've found out they were pregnant and looking for answers. Even after reviewing their health histories I have never recommended that they should have an abortion because of significant risks to them. Many may have chosen an elective abortion, but it was for no other reason than their choice to not continue the pregnancy. I have a difficult time believing that over one third of the abortions performed in Alaska last year that were paid for by Medicaid were justifiably "medical necessary". One of the few medical reasons that I would consider an abortion to be medically necessary are some severe heart conditions where there is a significant risk of the woman and the fetus dying as a result of the pregnancy. The conditions listed in the bill are extremely liberal, and most patients with these issues would never consider an abortion if it were for a planned pregnancy. I personally had an appendicitis during my first pregnancy. I can't imagine considering an abortion because of that.

The bill is not even an issue about pro-life versus pro-choice. It is simply an economic issue regarding the payment for abortions. It is simply about defining "medical necessity" in order to establish payment and insurance coverage. I was actually shocked to realize that Medicaid programs cover abortions. I've never heard of any private insurance companies covering abortions - even if they were "medically necessary", but no one ever seems concerned for the middle and upper class women since they have the means to still have an abortion if they so choose. This is simply about being fiscally responsible for allocating funds in a program that has limited resources - just like every program. Medicaid does not cover infertility treatments. And even though I am adamantly pro-life I don't feel that they should. It would take funds away from other programs.

I have read many of the opposition's concerns and I don't feel any of them are valid.

1. They are concerned that low income women will not have access to abortions.

The access will not change. They will continue to have the same availability that they have now. There is no infringement on the patient/physician relationship.

2. They are concerned that "back-alley" abortions could return and women would resort to that to end a pregnancy.

This bill is not changing anything about the legalization of elective abortions. Nor were "back-alley" abortions free. Those women still had to pay for them. The safety of elective abortions is not being jeopardized in any way. Again, this is simply about the payment of the abortions.

3. One person opposing the bill referenced the amount of money of raising a child on welfare compared to the cost of an abortion rationing that abortions should be allowable to low income women to prevent spending the money to take care of the child.

I shutter at this argument from so many ethical issues!

4. Others told sad tales of girls and women "needing" an abortion because of a

pregnancy that was the result of rape or incest and the emotional issues associated with those heinous crimes.

The bill does allow elective abortions to be covered that are the result of these even though it has been shown to often cause even more psychological trauma.

5. Another concern had to do with internal bleeding caused by an ectopic pregnancy not being covered.

An ectopic pregnancy is not the same as an elective abortion. There is no way of saving a fetus that has implanted anywhere except the uterus. It is not considered an abortion, and pro-life advocates have never suggested not taking care of the women in these scenarios.

6. They reference all the unwanted children in the country.

There are actually thousands of families wishing to adopt children every year. There are even adoption agencies that only place special needs infants (i.e. Down's Syndrome) - and they too have waiting lists.

If Planned Parenthood and other Pro-choice groups are concerned with low income women having access to abortions, they could perform them on a sliding scale or raise funds to cover the ones that were not deemed "medically necessary." One of the representatives for Planned Parenthood had difficulty defining an elective abortion. It's actually very simple. It is any pregnancy that is ended because the woman does not wish to be pregnant.

There are risks of being pregnant and risks to abortions. There are risks to every aspect of our lives. But I can assure you that the vast majority of physicians and other health care providers would never recommend that their patients have an abortion for mental disorders. This has simply been allowed to be a way of spending tax dollars to fund elective abortions. There are millions of women with legitimate psychological disorders who have done very well throughout their pregnancies.

Again, this bill is not about the legality or safety of abortions nor does it affect the access that all Americans have to obtaining elective abortions. It simply defines "medical necessity" to prevent the fraudulent claims that have caused thousands of Alaskan's tax dollars to pay for elective abortions. In this time of economic crisis, it is the only responsible way proceed. Therefore, I fully support Senate Bill 49 & House Bill 173.

Sincerely,

Jeanne Bramer, MD

OB/GYN

Medical Director, CareNet Pregnancy Center of the Tanana Valley
Fairbanks, AK