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Commentary

Let's work together against unintended pregnancy in Alaska, not low-income women's access to abortion services

Matt Davis | November 17, 2015

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When we talk about abortion in Alaska, the discussion often morphs into a pro-choice, pro-life debate that, by virtue of being grounded in personal beliefs, is unlikely to yield an answer that satisfies both sides. If we accept this stalemate, though, we miss an important point: the surest way to prevent abortions is to reduce the number of unintended pregnancies.

The good news is almost everyone agrees that allowing women to control whether or not they become pregnant is a good thing. Despite this consensus, however, according to the Guttmacher Institute, whose mission is to advance sexual and reproductive health worldwide, around half of pregnancies in the United States are unintended. In 2011, this translated into 18 percent of pregnancies nationwide ending in abortions. In Alaska the figure was 12 percent.

According to the Alaska Bureau of Vital Statistics, there were 1,629 abortions performed in Alaska in 2012. If we are serious about reducing that number, we will need to follow the lead of places like Colorado, where state officials say a state-run family planning initiative reduced the abortion rate of women ages 15-19 by 42 percent and of women 20-24 by 18 percent between 2009-2013. The secret behind this incredible success? Increased access to long-acting,

reversible contraceptives like intrauterine devices and implants. Fifty-one percent of women in Alaska who received abortions in 2012 were under 25 years old, so we should pay close attention to these efforts and successes.

Sadly, our public officials have sometimes resorted to blocking broader health-care access as a means of restricting abortion access. For example, in 2010 Gov. Sean Parnell vetoed the expansion of Denali KidCare -- Alaska's version of the federal Children's Health Insurance Program that provides care to poor women and their children -- saying that, "My intention here today is to make sure we don't expand state government funding of abortions here in Alaska." That decision kept up to 1,300 children and 225 pregnant women from accessing the program.

At the beginning of November, the state of Alaska announced it will continue attempting to restrict low-income women's ability to access abortions via Medicaid funds by appealing a Superior Court ruling in *Planned Parenthood v. Streur*. In striking down a state regulation that severely narrowed the definition of 'medical necessity' as it relates to abortion provision, the court described how the regulation came to be in the first place: "Contrary to normal DHSS procedure, Commissioner William Streur developed the abortion regulation on his own. DHSS staff did not participate in the drafting of the regulation. The DHSS medical director played no role. No abortion providers were consulted." Of note, former Commissioner Streur is not a physician.

The American College of Obstetricians and Gynecologists states in its abortion policy statement, "Like all medical matters, decisions regarding abortion should be made by patients in consultation with their health care providers and without undue interference by outside parties." Traditionally, the state has allowed patients and physicians to determine together what may or may not constitute a medical necessity. I suspect most Alaskans would prefer the government not interfere with that relationship.

If we are truly invested in women's health, let's support it by increasing access to primary care and family planning services rather than targeting low-income women's access to abortion services. As Judge Suddock wrote, "Women voluntarily assume the risks of pregnancy in the joyful context of a wanted child. But Alaskan women denied Medicaid abortions by a restrictive standard who are unable to beg, borrow, or earn \$650 (or far more for an out-of-state second-trimester abortion) would be forced to carry to term without voluntarily assuming those risks."

I strongly urge Gov. Walker and Attorney General Richards to reconsider their appeal and to refrain from imposing their personal beliefs on low-income Alaskan women. Whether you are for or against abortion access, let's work together to reduce the need for it using evidence-based public health measures.

Matt Davis was born and raised in Anchorage and is currently attending medical school at the George Washington University School of Medicine & Health Sciences in Washington, D.C.

Correction: An earlier version of this commentary mistakenly referred to a federal initiative as the "Children's Health Insurance Plan." The correct title is "Children's Health Insurance Program."

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