

Support for HB 195: Pharmacist Prescription Authority

Co-chairs and members of the House Finance Committee,

I am a pharmacist leader within Alaska's Tribal Health System and a constituent of District 23 in Eagle River. I am writing in **strong support** of House Bill 195.

At its core, HB 195 is about improving access to care for Alaskans—especially in rural and underserved communities—by allowing pharmacists to practice at the top of their training.

This bill comes at a critical time. Alaska has received funding through the federal Rural Health Transformation Program—a once-in-a-generation opportunity to strengthen our healthcare system. To fully realize this opportunity, we must modernize policies, including pharmacist scope of practice.

HB 195 supports this by enabling pharmacists to deliver team-based, protocol-driven care for low-acuity conditions and chronic disease management.

A key component is ensuring community pharmacists can enter into collaborative practice agreements. These are proven, safe partnerships that allow pharmacists to initiate and manage medication therapy under defined protocols—expanding access without adding burden to an already strained provider workforce.

In rural Alaska, where access to a provider may be limited, these agreements are not just helpful—they are essential. They allow patients to receive timely, evidence-based care in their own communities while maintaining coordination across the care team.

The reality is many communities may not have consistent access to a provider—but they do have pharmacists. Pharmacists are among the most accessible healthcare professionals and are uniquely positioned to improve population health.

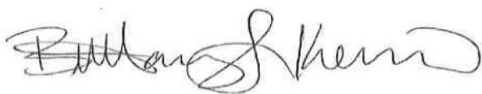
At the recent Centers for Medicare and Medicaid Services (CMS) Quality Conference, CMS leadership emphasized the untapped potential of pharmacists to help close access gaps—especially in rural areas. That is exactly what this bill enables.

HB 195 strengthens team-based care, extends the reach of our healthcare system, and improves outcomes—without replacing existing providers.

In closing, this is a practical, evidence-based step forward that aligns with federal priorities and improves access to care for all Alaskans.

I respectfully urge your support.

Thank you.



Brittany L. Keener, PharmD, MPH, BCPS, FAKPhA
ANTHC Ambulatory Pharmacy Manager
Alaska Pharmacy Association Past-President

4/15/2026

Dear Chair and Committee Members,

My name is Carrie Urena, and I am a licensed pharmacist in Alaska. As a pharmacist with a Doctor of Pharmacy degree and extensive clinical training, including a PGY1 residency with the Alaska Native Tribal Health Consortium, I have dedicated my career to improving patient care and expanding access to essential healthcare services. I have worked directly with underserved populations and in opioid treatment programs, where I have seen firsthand the consequences of limited access to timely care.

HB 195 is a carefully structured and collaborative modernization bill that strengthens team-based healthcare. It does not replace physicians, eliminate collaboration, or remove oversight. Instead, it clarifies collaborative practice agreements and allows pharmacists to provide narrowly defined patient care services within our education, training, and professional standards.

This legislation will help address Alaska's severe healthcare workforce shortages, long wait times, and geographic barriers. Pharmacists are among the most accessible healthcare professionals in the state and are often the first point of contact for patients seeking care. Expanding our ability to practice at the top of our training will improve access to timely treatment, particularly in rural and underserved communities.

Access to medications for opioid use disorder (MOUD) is especially critical in Alaska. Evidence-based treatments are proven to reduce overdose deaths, support long-term recovery, and improve overall health outcomes. Yet many Alaskans face significant barriers to accessing these life-saving medications due to provider shortages, stigma, and geographic isolation. Pharmacists are uniquely positioned to help bridge this gap. By enabling pharmacists to support and collaborate in MOUD-related care under appropriate agreements, HB 195 will expand access to treatment, strengthen continuity of care, and enhance Alaska's response to the opioid crisis.

HB 195 also supports interdisciplinary collaboration and strengthens referral pathways, ensuring patients receive the right level of care when needed. By enabling pharmacists to manage routine conditions and support medication therapy—including services related to chronic disease and opioid use disorder—this bill helps reduce unnecessary emergency department visits and improves health outcomes across Alaska.

Importantly, Alaska is not alone in considering this policy. Many states and federal healthcare systems have already implemented similar models with strong safety records, high patient satisfaction, and improved access to care.

At its core, HB 195 is about strengthening care teams, improving access, and ensuring that Alaskans receive safe, timely, and high-quality healthcare. It allows qualified professionals to contribute more effectively while maintaining appropriate oversight and collaboration.

I strongly support HB 195 and respectfully urge you to support HB 195 as well.

Thank you for your time and consideration.

Respectfully,
Carrie Urena, PharmD, BCPS

From: McKnight, Brian <bmcknight@SouthcentralFoundation.com>
Sent: Wednesday, April 15, 2026 2:11 PM
To: House Finance
Subject: HB 195: Pharmacists' Prescriptive Authority Bill

Good afternoon. My name is Brian McKnight. I am a pharmacy systems analyst working in Anchorage, and **I am emailing today in strong support of House Bill 195.**

Throughout my career, I have worked closely with pharmacies serving rural and remote communities. In many of these areas, consistent and timely access to primary care providers is not always possible.

Pharmacists are highly trained, accessible healthcare professionals who already serve as trusted resources in their communities. With the authority provided under HB 195, pharmacists could help manage routine treatments, provide timely care, and reduce unnecessary delays for patients who might otherwise go without services. This is not about replacing providers; it is about strengthening the healthcare team and filling gaps where they currently exist.

HB 195 would allow pharmacists to practice at the top of their education and training, improving access to care while maintaining patient safety. For many Alaskans, especially those in rural communities, this expanded role could make a meaningful difference.

I respectfully ask this committee to pass HB 195 and help pharmacists better serve patients across our state. Thank you for your time and consideration.

Brian McKnight CPHT-Adv

Pharmacy Systems Analyst

Southcentral Foundation

4320 Diplomacy Drive #1203

Anchorage, AK 99508

Direct 907-729-3318



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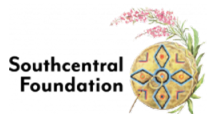
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Direct 907-729-3318



From: PatMartin=alaskarighttolife.org@mg.alaskarighttolife.org on behalf of Craig Gilliland <PatMartin@alaskarighttolife.org>
Sent: Wednesday, April 15, 2026 10:35 AM
To: House Finance; Rep. Neal Foster; Rep. Andy Josephson; Rep. Calvin Schrage
Subject: Craig Gilliland Urging Opposition and DO NOT PASS Vote on HB 195 / SB 147

House Finance Committee Co-Chairs Foster, Josephson, and Schrage:

AUTHORIZING UNACCEPTABLE RISK

As you know, [HB 195 / SB 147](#) authorize pharmacist prescribed, administered, and dispensed abortions in several ways:

1. **HB 195 / SB 147** authorize ***abortionists*** and ***pharmacists*** to ***diagnose pregnancies*** and other health conditions and illnesses under *Collaborative Practice Agreements*(CPA).
2. **HB 195 / SB 147** redefine ***patient care services*** to include ***prescribing, administering,*** and ***dispensing*** drugs and devices, including ***abortion pills*** such as ***mifepristone***.
3. **HB 195** eliminates much of the Department's and Board's approval and oversight of **CPAs**.
4. The *FDA Risk Evaluation and Mitigation Strategy* (**REMS**) for **mifepristone** has already been relaxed to permit ***pharmacists' prescribing*** and ***dispensing mifepristone*** and other ***progesterone receptor modulators*** without in person examinations.

KNOWN MIFESPRISTONE COMPLICATION RISK

The Ethics and Public Policy Center (**EPPC**) an all-payer insurance claims data **study** of **865,727 mifepristone abortions** from 2017 to 2023 shows that **10.93%** of women experienced ***sepsis, infection, hemorrhaging,*** or ***other serious complications***.

Permissive and virtually unregulated ***abortionist//pharmacist*** Collaborative Practice Agreements will expand Big Abortion's Mifepristone Abortion Pill Network and will ***increase the risk to Alaskan women*** far ***beyond already unacceptable levels***.

RURAL ALASKA MULTIPLIES THE RISK FACTORS

Given the *distance* and *difficulty of travel* to properly equipped emergency medical professionals and equipment, *women in rural Alaska will suffer even greater harm* when they are among the **10.93%** that will **suffer a serious mifepristone abortion complication**.

Rather than the promised benefits of improved access to healthcare, **HB 195 / SB 147**, *every additional mile driven* and *every minute waiting for an airplane* from Nome, Kotzebue, or Bethel **multiplies the suffering and risk of life-threatening outcomes** far too many women will experience.

The *serious complications* that are common with Mifepristone abortions could **quickly move beyond life-threatening** during the hours long drive to Fairbanks or even **before a plane from Nome or Kotzebue can get to her**.

Representative Foster, I cannot imagine the promised benefits of **HB 195 / SB 147** justify that kind of risk to Alaska women that have to drive or fly hours to reach properly equipped and staffed emergency medical centers.

RISK COMPOUNDS WITH DISTANCE, DELAY, AND DEPENDENCE ON AIR TRAVEL

Representative Foster, even the **FDA REMS** recognizes the known serious complication risks of Mifepristone abortions, requiring access to blood transfusion and resuscitation equipped medical centers.

Thus, **every added barrier** between a woman and the treatment she needs irresponsibly **increases the danger** of already known complication risks.

Representative Foster, Alaska geography and weather are not underlying factors in the 10.93% serious complication risk, but rather multipliers of that risk.

A woman in Anchorage may be minutes from surgical intervention, blood transfusion, and resuscitation. But **a woman in rural Alaska** – or in a village outside of Nome, Kotzebue, or Bethel will be separated from emergency medical facilities by ever changing **weather, daylight, aircraft availability, airfield conditions, and multiple takeoffs and landings**.

The pill may be the same, **but the risk to the women in rural Alaska is not**.

And since **HB 195 / SB 147** promise to extend healthcare access to rural Alaska and Native villages, continued support for the bill(s) in their current form, means **extending the consequences of Mifepristone Abortions** far beyond reliable access to properly equipped emergency medical professionals and equipment.

Representative Foster, since you've been warned of the predictable risks of Mifepristone Abortion Pills being prescribed and dispensed in rural Alaska and Native villages, you are necessarily responsible for whether those risks are prevented – or caused to multiply.

PHARMACY MODERNIZATION WITHOUT ABORTION EXPANSION

Representative Josephson, Alaska can pursue pharmacy modernization **without embedding abortion**

expansion within it.

Please allow reason and compassion for children and women to prevail and immediately **HOLD** or **AMEND SB 147** to *completely eliminate any authority* for **progesterone receptor modulating drugs** such as **mifepristone** to be **prescribed, administered, OR dispensed** in Alaska.

To that end, I've included a petition below from **Craig Gilliland** from Eagle River, who is **OPPOSING HB 195 / SB 147**.

Craig's petition will be electronically presented to the current committee considering **HB 195 / SB 147**. Your colleagues in the Legislature, along with **Governor Dunleavy**, will receive copies of this petition.

ABORTION NON-NEGOTIABLES

Alaska Right to Life and our Members have three primary concerns with **HB 195 / SB 147**:

First, **every abortion pill kills a child in the womb**. The fact that **HB 195 / SB 147** attempt to do nothing to reduce the killing is reason enough to oppose the bill(s).

Next, **1 in 10 abortion pills** cause the women who take them to experience **serious to life-threatening complications** according to this 2025 insurance claim [study](#).

The [Ethics and Public Policy Center study](#) referenced above is based on six years of insurance claims data involving **865,727 mifepristone abortions**. Insurance claim data shows that **10.9% of women experienced serious adverse events within 45 days**, including **hemorrhage, infection, sepsis, emergency room visits, or hospitalization**.

Finally, abortion pills are not simply a different abortion procedure or technology. *Abortion pills (mifepristone) fundamentally change who carries the burden of the abortion process.*

As outlined in testimony submitted in **Louisiana v FDA**, 6:25-cv-01491, chemical abortion:

- Requires the **pregnant woman** herself to **initiate** and **complete** the **abortion** by ingesting the drugs.
 - Involves a multi-day process during which **she remains fully aware of the cramping, bleeding, and expulsion**.
 - Often results in the **formerly pregnant woman** directly **encountering the remains of her unborn child**.
 - Takes place outside a clinical setting, frequently *without in-person medical supervision*.
 - **Commonly occurs in her home**, turning what should be a place of safety into the setting of a **physically and emotionally traumatic event**.

Unlike a *surgical abortion* performed on a *pregnant woman* by an abortionist, **abortion pills shift the physical *initiation* and *completion* of the abortion** - and the **emotional aftermath** onto the woman

herself.

Unless or until the bill(s) are withdrawn or amended to *completely eliminate any authority* for **progesterone receptor modulating drugs** such as **mifepristone** to be **prescribed, administered, OR dispensed** in Alaska, our opposition will remain firm.

Conversely, **HB 195 / SB 147** could advance *without controversy* if the bill(s) *completely eliminate any authority* for **progesterone receptor modulating drugs** such as **mifepristone** to be **prescribed, administered, OR dispensed** in Alaska. As long as those provisions remain, our opposition will continue and expand as a direct result of that decision.

You may contact me at the phone or email below.

Regards,

Patrick Martin
Alaska Right to Life
PatMartin@AlaskaRightToLife.org
(907) 753-6397

****Record Craig Gilliland's OPPOSITION to HB 195 / SB 147 in the bill record.****

Whereas: Chemical Abortions have **surged to 60%** of all abortions, claiming **730 babies' lives** in **2025**;

Whereas: Every Abortion Pill kills a child in the womb;

Whereas: Insurance data shows that **1 in 10 women** that take the abortion pill experience **serious or life-threatening adverse events**, including ***hemorrhaging, infections, and sepsis***;

Whereas: HB 195 / SB 147 would redefine ***Patient Care Services*** to allow ***prescribing, administering, and dispensing*** controlled substances and ***Abortion Pills***;

Whereas: HB 195 / SB 147 would allow **Abortionists** and **Pharmacists** to form and operate **Abortion Pill Distributorships** through ***Collaborative Practice Agreements WITHOUT*** approval or oversight;

Whereas: HB 195 / SB 147 would create a ***legal gateway*** for **Pharmacists** to ***Prescribe, Administer, and Dispense Abortion Pills***, crossing a line no state should permit;

Whereas: *God made man in His own image* (Genesis 1:26), ***human life begins at conception***, and God instituted government to ***protect the right to live*** (Genesis 9:6, Romans 13:1-4, Article 1, Section 1 of the Alaska Constitution);

THEREFORE: so long as **HB 195 / SB 147** create or maintain a legal gateway for *Pharmacists* to *Prescribe, Administer, OR Dispense Abortion Pills*, I urge **ALL of Alaska's Elected Representatives** to vote **DO NOT PASS** or **NO** and **DEFEAT HB 195 / SB 147** without **apology, exception, or compromise.**

Craig Gilliland

Eagle River, Alaska 99577

From: PatMartin=alaskarighttolife.org@mg.alaskarighttolife.org on behalf of Karin Talley <PatMartin@alaskarighttolife.org>
Sent: Wednesday, April 15, 2026 3:31 PM
To: House Finance; Rep. Neal Foster; Rep. Andy Josephson; Rep. Calvin Schrage
Subject: Karin Talley Urging Opposition and DO NOT PASS Vote on HB 195 / SB 147

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Rather than the promised benefits of improved access to healthcare, **HB 195 / SB 147**, *every additional mile driven* and *every minute waiting for an airplane* from Nome, Kotzebue, or Bethel **multiplies the suffering and risk of life-threatening outcomes** far too many women will experience.

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Representative Foster, even the **FDA REMS** recognizes the known serious complication risks of Mifepristone abortions, requiring access to blood transfusion and resuscitation equipped medical centers.

Thus, **every added barrier** between a woman and the treatment she needs irresponsibly **increases the danger** of already known complication risks.

Representative Foster, Alaska geography and weather are not underlying factors in the 10.93% serious complication risk, but rather multipliers of that risk.

A woman in Anchorage may be minutes from surgical intervention, blood transfusion, and resuscitation. But **a woman in rural Alaska** – or in a village outside of Nome, Kotzebue, or Bethel will be separated from emergency medical facilities by ever changing **weather, daylight, aircraft availability, airfield conditions, and multiple takeoffs and landings**.

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And since **HB 195 / SB 147** promise to extend healthcare access to rural Alaska and Native villages, continued support for the bill(s) in their current form, means **extending the consequences of Mifepristone Abortions** far beyond reliable access to properly equipped emergency medical professionals and equipment.

Representative Foster, since you've been warned of the predictable risks of Mifepristone Abortion Pills being prescribed and dispensed in rural Alaska and Native villages, you are necessarily responsible for whether those risks are prevented – or caused to multiply.

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From: PatMartin=alaskarighttolife.org@mg.alaskarighttolife.org on behalf of John Cunningham <PatMartin@alaskarighttolife.org>
Sent: Wednesday, April 15, 2026 7:50 AM
To: House Finance; Rep. Neal Foster; Rep. Andy Josephson; Rep. Calvin Schrage
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 - Involves a multi-day process during which **she remains fully aware of the cramping, bleeding, and expulsion**.
 - Often results in the **formerly pregnant woman** directly **encountering the remains of her unborn child**.
 - Takes place outside a clinical setting, frequently *without in-person medical supervision*.
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Unlike a *surgical abortion* performed on a *pregnant woman* by an abortionist, **abortion pills shift the physical *initiation* and *completion* of the abortion** - and the **emotional aftermath** onto the woman

herself.

Unless or until the bill(s) are withdrawn or amended to *completely eliminate any authority* for **progesterone receptor modulating drugs** such as **mifepristone** to be **prescribed, administered, OR dispensed** in Alaska, our opposition will remain firm.

Conversely, **HB 195 / SB 147** could advance *without controversy* if the bill(s) *completely eliminate any authority* for **progesterone receptor modulating drugs** such as **mifepristone** to be **prescribed, administered, OR dispensed** in Alaska. As long as those provisions remain, our opposition will continue and expand as a direct result of that decision.

You may contact me at the phone or email below.

Regards,

Patrick Martin
Alaska Right to Life
PatMartin@AlaskaRightToLife.org
(907) 753-6397

****Record John Cunningham's OPPOSITION to HB 195 / SB 147 in the bill record.****

Whereas: Chemical Abortions have **surged to 60%** of all abortions, claiming **730 babies' lives** in **2025**;

Whereas: Every Abortion Pill kills a child in the womb;

Whereas: Insurance data shows that **1 in 10 women** that take the abortion pill experience **serious or life-threatening adverse events**, including ***hemorrhaging, infections, and sepsis***;

Whereas: HB 195 / SB 147 would redefine ***Patient Care Services*** to allow ***prescribing, administering, and dispensing*** controlled substances and ***Abortion Pills***;

Whereas: HB 195 / SB 147 would allow **Abortionists** and **Pharmacists** to form and operate **Abortion Pill Distributorships** through ***Collaborative Practice Agreements WITHOUT*** approval or oversight;

Whereas: HB 195 / SB 147 would create a ***legal gateway*** for **Pharmacists** to ***Prescribe, Administer, and Dispense Abortion Pills***, crossing a line no state should permit;

Whereas: *God made man in His own image* (Genesis 1:26), ***human life begins at conception***, and God instituted government to ***protect the right to live*** (Genesis 9:6, Romans 13:1-4, Article 1, Section 1 of the Alaska Constitution);

THEREFORE: so long as **HB 195 / SB 147** create or maintain a legal gateway for **Pharmacists** to **Prescribe, Administer, OR Dispense Abortion Pills**, I urge **ALL of Alaska's Elected Representatives** to vote **DO NOT PASS** or **NO** and **DEFEAT HB 195 / SB 147** without **apology, exception, or compromise.**

John Cunningham

Anchorage, Alaska 99504

From: PatMartin=alaskarighttolife.org@mg.alaskarighttolife.org on behalf of Rosemarie Henn <PatMartin@alaskarighttolife.org>
Sent: Wednesday, April 15, 2026 4:24 PM
To: House Finance; Rep. Neal Foster; Rep. Andy Josephson; Rep. Calvin Schrage
Subject: Rosemarie Henn Urging Opposition and DO NOT PASS Vote on HB 195 / SB 147

House Finance Committee Co-Chairs Foster, Josephson, and Schrage:

AUTHORIZING UNACCEPTABLE RISK

As you know, [HB 195 / SB 147](#) authorize pharmacist prescribed, administered, and dispensed abortions in several ways:

1. **HB 195 / SB 147** authorize ***abortionists*** and ***pharmacists*** to ***diagnose pregnancies*** and other health conditions and illnesses under *Collaborative Practice Agreements(CPA)*.
2. **HB 195 / SB 147** redefine ***patient care services*** to include ***prescribing, administering,*** and ***dispensing*** drugs and devices, including ***abortion pills*** such as ***mifepristone***.
3. **HB 195** eliminates much of the Department's and Board's approval and oversight of **CPAs**.
4. The *FDA Risk Evaluation and Mitigation Strategy (REMS)* for **mifepristone** has already been relaxed to permit ***pharmacists' prescribing*** and ***dispensing mifepristone*** and other ***progesterone receptor modulators*** without in person examinations.

KNOWN MIFESPRISTONE COMPLICATION RISK

The Ethics and Public Policy Center (**EPPC**) an all-payer insurance claims data **study** of **865,727 mifepristone abortions** from 2017 to 2023 shows that **10.93%** of women experienced ***sepsis, infection, hemorrhaging,*** or ***other serious complications***.

Permissive and virtually unregulated ***abortionist//pharmacist*** Collaborative Practice Agreements will expand Big Abortion's Mifepristone Abortion Pill Network and will ***increase the risk to Alaskan women*** far ***beyond already unacceptable levels***.

RURAL ALASKA MULTIPLIES THE RISK FACTORS

Given the *distance* and *difficulty of travel* to properly equipped emergency medical professionals and equipment, *women in rural Alaska will suffer even greater harm* when they are among the **10.93%** that will **suffer a serious mifepristone abortion complication**.

Rather than the promised benefits of improved access to healthcare, **HB 195 / SB 147**, *every additional mile driven* and *every minute waiting for an airplane* from Nome, Kotzebue, or Bethel **multiplies the suffering and risk of life-threatening outcomes** far too many women will experience.

The *serious complications* that are common with Mifepristone abortions could **quickly move beyond life-threatening** during the hours long drive to Fairbanks or even **before a plane from Nome or Kotzebue can get to her**.

Representative Foster, I cannot imagine the promised benefits of **HB 195 / SB 147** justify that kind of risk to Alaska women that have to drive or fly hours to reach properly equipped and staffed emergency medical centers.

RISK COMPOUNDS WITH DISTANCE, DELAY, AND DEPENDENCE ON AIR TRAVEL

Representative Foster, even the **FDA REMS** recognizes the known serious complication risks of Mifepristone abortions, requiring access to blood transfusion and resuscitation equipped medical centers.

Thus, **every added barrier** between a woman and the treatment she needs irresponsibly **increases the danger** of already known complication risks.

Representative Foster, Alaska geography and weather are not underlying factors in the 10.93% serious complication risk, but rather multipliers of that risk.

A woman in Anchorage may be minutes from surgical intervention, blood transfusion, and resuscitation. But **a woman in rural Alaska** – or in a village outside of Nome, Kotzebue, or Bethel will be separated from emergency medical facilities by ever changing **weather, daylight, aircraft availability, airfield conditions, and multiple takeoffs and landings**.

The pill may be the same, but the risk to the women in rural Alaska is not.

And since **HB 195 / SB 147** promise to extend healthcare access to rural Alaska and Native villages, continued support for the bill(s) in their current form, means **extending the consequences of Mifepristone Abortions** far beyond reliable access to properly equipped emergency medical professionals and equipment.

Representative Foster, since you've been warned of the predictable risks of Mifepristone Abortion Pills being prescribed and dispensed in rural Alaska and Native villages, you are necessarily responsible for whether those risks are prevented – or caused to multiply.

PHARMACY MODERNIZATION WITHOUT ABORTION EXPANSION

Representative Josephson, Alaska can pursue pharmacy modernization **without embedding abortion**

expansion within it.

Please allow reason and compassion for children and women to prevail and immediately **HOLD** or **AMEND SB 147** to *completely eliminate any authority* for **progesterone receptor modulating drugs** such as **mifepristone** to be **prescribed, administered, OR dispensed** in Alaska.

To that end, I've included a petition below from **Rosemarie Henn** from Wasilla, who is **OPPOSING HB 195 / SB 147**.

Rosemarie's petition will be electronically presented to the current committee considering **HB 195 / SB 147**. Your colleagues in the Legislature, along with **Governor Dunleavy**, will receive copies of this petition.

ABORTION NON-NEGOTIABLES

Alaska Right to Life and our Members have three primary concerns with **HB 195 / SB 147**:

First, **every abortion pill kills a child in the womb**. The fact that **HB 195 / SB 147** attempt to do nothing to reduce the killing is reason enough to oppose the bill(s).

Next, **1 in 10 abortion pills** cause the women who take them to experience **serious to life-threatening complications** according to this 2025 insurance claim [study](#).

The [Ethics and Public Policy Center study](#) referenced above is based on six years of insurance claims data involving **865,727 mifepristone abortions**. Insurance claim data shows that **10.9% of women experienced serious adverse events within 45 days**, including **hemorrhage, infection, sepsis, emergency room visits, or hospitalization**.

Finally, abortion pills are not simply a different abortion procedure or technology. *Abortion pills* (mifepristone) *fundamentally change who carries the burden of the abortion process*.

As outlined in testimony submitted in **Louisiana v FDA**, 6:25-cv-01491, chemical abortion:

- Requires the **pregnant woman** herself to **initiate** and **complete** the **abortion** by ingesting the drugs.
 - Involves a multi-day process during which **she remains fully aware of the cramping, bleeding, and expulsion**.
 - Often results in the **formerly pregnant woman** directly **encountering the remains of her unborn child**.
 - Takes place outside a clinical setting, frequently *without in-person medical supervision*.
 - **Commonly occurs in her home**, turning what should be a place of safety into the setting of a **physically and emotionally traumatic event**.

Unlike a *surgical abortion* performed **on a pregnant woman** by an abortionist, **abortion pills shift the physical initiation and completion of the abortion** - and the **emotional aftermath** onto the woman

herself.

Unless or until the bill(s) are withdrawn or amended to *completely eliminate any authority* for **progesterone receptor modulating drugs** such as **mifepristone** to be **prescribed, administered, OR dispensed** in Alaska, *our opposition will remain firm.*

Conversely, **HB 195 / SB 147** could advance *without controversy* if the bill(s) *completely eliminate any authority* for **progesterone receptor modulating drugs** such as **mifepristone** to be **prescribed, administered, OR dispensed** in Alaska. As long as those provisions remain, our opposition will continue and expand as a direct result of that decision.

You may contact me at the phone or email below.

Regards,

Patrick Martin
Alaska Right to Life
PatMartin@AlaskaRightToLife.org
(907) 753-6397

****Record Rosemarie Henn's OPPOSITION to HB 195 / SB 147 in the bill record.****

Whereas: Chemical Abortions have **surged to 60%** of all abortions, claiming **730 babies' lives** in **2025**;

Whereas: Every Abortion Pill kills a child in the womb;

Whereas: Insurance data shows that **1 in 10 women** that take the abortion pill experience **serious or life-threatening adverse events**, including ***hemorrhaging, infections, and sepsis***;

Whereas: HB 195 / SB 147 would redefine ***Patient Care Services*** to allow ***prescribing, administering, and dispensing*** controlled substances and ***Abortion Pills***;

Whereas: HB 195 / SB 147 would allow **Abortionists** and **Pharmacists** to form and operate **Abortion Pill Distributorships** through ***Collaborative Practice Agreements WITHOUT*** approval or oversight;

Whereas: HB 195 / SB 147 would create a ***legal gateway*** for **Pharmacists** to ***Prescribe, Administer, and Dispense Abortion Pills***, crossing a line no state should permit;

Whereas: *God made man in His own image* (Genesis 1:26), ***human life begins at conception***, and God instituted government to ***protect the right to live*** (Genesis 9:6, Romans 13:1-4, Article 1, Section 1 of the Alaska Constitution);

THEREFORE: so long as **HB 195 / SB 147** create or maintain a legal gateway for *Pharmacists* to *Prescribe, Administer, OR Dispense Abortion Pills*, I urge **ALL of Alaska's Elected Representatives** to vote **DO NOT PASS** or **NO** and **DEFEAT HB 195 / SB 147** without **apology, exception, or compromise.**

Rosemarie Henn

Wasilla, Alaska 99654

From: PatMartin=alaskarighttolife.org@mg.alaskarighttolife.org on behalf of Christopher Waetjen <PatMartin@alaskarighttolife.org>
Sent: Wednesday, April 15, 2026 4:46 PM
To: House Finance; Rep. Neal Foster; Rep. Andy Josephson; Rep. Calvin Schrage
Subject: Christopher Waetjen Urging Opposition and DO NOT PASS Vote on HB 195 / SB 147

House Finance Committee Co-Chairs Foster, Josephson, and Schrage:

AUTHORIZING UNACCEPTABLE RISK

As you know, [HB 195 / SB 147](#) authorize pharmacist prescribed, administered, and dispensed abortions in several ways:

1. **HB 195 / SB 147** authorize ***abortionists*** and ***pharmacists*** to ***diagnose pregnancies*** and other health conditions and illnesses under *Collaborative Practice Agreements(CPA)*.
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3. **HB 195** eliminates much of the Department's and Board's approval and oversight of **CPAs**.
4. The *FDA Risk Evaluation and Mitigation Strategy (REMS)* for **mifepristone** has already been relaxed to permit ***pharmacists' prescribing*** and ***dispensing mifepristone*** and other *progesterone receptor modulators* without in person examinations.

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Given the *distance* and *difficulty of travel* to properly equipped emergency medical professionals and equipment, *women in rural Alaska will suffer even greater harm* when they are among the **10.93%** that will **suffer a serious mifepristone abortion complication**.

Rather than the promised benefits of improved access to healthcare, **HB 195 / SB 147**, *every additional mile driven* and *every minute waiting for an airplane* from Nome, Kotzebue, or Bethel **multiplies the suffering and risk of life-threatening outcomes** far too many women will experience.

The *serious complications* that are common with Mifepristone abortions could **quickly move beyond life-threatening** during the hours long drive to Fairbanks or even **before a plane from Nome or Kotzebue can get to her**.

Representative Foster, I cannot imagine the promised benefits of **HB 195 / SB 147** justify that kind of risk to Alaska women that have to drive or fly hours to reach properly equipped and staffed emergency medical centers.

RISK COMPOUNDS WITH DISTANCE, DELAY, AND DEPENDENCE ON AIR TRAVEL

Representative Foster, even the **FDA REMS** recognizes the known serious complication risks of Mifepristone abortions, requiring access to blood transfusion and resuscitation equipped medical centers.

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And since **HB 195 / SB 147** promise to extend healthcare access to rural Alaska and Native villages, continued support for the bill(s) in their current form, means **extending the consequences of Mifepristone Abortions** far beyond reliable access to properly equipped emergency medical professionals and equipment.

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PHARMACY MODERNIZATION WITHOUT ABORTION EXPANSION

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expansion within it.

Please allow reason and compassion for children and women to prevail and immediately **HOLD** or **AMEND SB 147** to *completely eliminate any authority* for **progesterone receptor modulating drugs** such as **mifepristone** to be **prescribed, administered, OR dispensed** in Alaska.

To that end, I've included a petition below from **Christopher Waetjen** from Anchorage, who is **OPPOSING HB 195 / SB 147**.

Christopher's petition will be electronically presented to the current committee considering **HB 195 / SB 147**. Your colleagues in the Legislature, along with **Governor Dunleavy**, will receive copies of this petition.

ABORTION NON-NEGOTIABLES

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Regards,

Patrick Martin
Alaska Right to Life
PatMartin@AlaskaRightToLife.org
(907) 753-6397

****Record Christopher Waetjen's OPPOSITION to HB 195 / SB 147 in the bill record.****

Save the future generations!

Whereas: Chemical Abortions have **surged to 60%** of all abortions, claiming **730 babies' lives** in **2025**;

Whereas: Every Abortion Pill kills a child in the womb;

Whereas: Insurance data shows that **1 in 10 women** that take the abortion pill experience **serious or life-threatening adverse events**, including ***hemorrhaging, infections, and sepsis***;

Whereas: HB 195 / SB 147 would redefine ***Patient Care Services*** to allow ***prescribing, administering, and dispensing*** controlled substances and ***Abortion Pills***;

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THEREFORE: so long as **HB 195 / SB 147** create or maintain a legal gateway for **Pharmacists** to **Prescribe, Administer, OR Dispense Abortion Pills**, I urge **ALL of Alaska's Elected Representatives** to vote **DO NOT PASS** or **NO** and **DEFEAT HB 195 / SB 147** without **apology, exception, or compromise.**

Christopher Waetjen

Anchorage, Alaska 99502

From: PatMartin=alaskarighttolife.org@mg.alaskarighttolife.org on behalf of Drew Hanson <PatMartin@alaskarighttolife.org>
Sent: Wednesday, April 15, 2026 5:30 PM
To: House Finance; Rep. Neal Foster; Rep. Andy Josephson; Rep. Calvin Schrage
Subject: Drew Hanson Urging Opposition and DO NOT PASS Vote on HB 195 / SB 147

House Finance Committee Co-Chairs Foster, Josephson, and Schrage:

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PHARMACY MODERNIZATION WITHOUT ABORTION EXPANSION

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Please allow reason and compassion for children and women to prevail and immediately **HOLD** or **AMEND SB 147** to *completely eliminate any authority* for **progesterone receptor modulating drugs** such as **mifepristone** to be **prescribed, administered, OR dispensed** in Alaska.

To that end, I've included a petition below from **Drew Hanson** from Wasilla, who is **OPPOSING HB 195 / SB 147**.

Drew's petition will be electronically presented to the current committee considering **HB 195 / SB 147**. Your colleagues in the Legislature, along with **Governor Dunleavy**, will receive copies of this petition.

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Conversely, **HB 195 / SB 147** could advance *without controversy* if the bill(s) *completely eliminate any authority* for **progesterone receptor modulating drugs** such as **mifepristone** to be **prescribed, administered, OR dispensed** in Alaska. As long as those provisions remain, our opposition will continue and expand as a direct result of that decision.

You may contact me at the phone or email below.

Regards,

Patrick Martin
Alaska Right to Life
PatMartin@AlaskaRightToLife.org
(907) 753-6397

****Record Drew Hanson's OPPOSITION to HB 195 / SB 147 in the bill record.****

Whereas: Chemical Abortions have **surged to 60%** of all abortions, claiming **730 babies' lives** in **2025**;

Whereas: Every Abortion Pill kills a child in the womb;

Whereas: Insurance data shows that **1 in 10 women** that take the abortion pill experience **serious or life-threatening adverse events**, including ***hemorrhaging, infections, and sepsis***;

Whereas: HB 195 / SB 147 would redefine ***Patient Care Services*** to allow ***prescribing, administering, and dispensing*** controlled substances and ***Abortion Pills***;

Whereas: HB 195 / SB 147 would allow **Abortionists** and **Pharmacists** to form and operate **Abortion Pill Distributorships** through ***Collaborative Practice Agreements WITHOUT*** approval or oversight;

Whereas: HB 195 / SB 147 would create a ***legal gateway*** for **Pharmacists** to ***Prescribe, Administer, and Dispense Abortion Pills***, crossing a line no state should permit;

Whereas: *God made man in His own image* (Genesis 1:26), ***human life begins at conception***, and God instituted government to ***protect the right to live*** (Genesis 9:6, Romans 13:1-4, Article 1, Section 1 of the Alaska Constitution);

THEREFORE: so long as **HB 195 / SB 147** create or maintain a legal gateway for *Pharmacists* to *Prescribe, Administer, OR Dispense Abortion Pills*, I urge **ALL of Alaska's Elected Representatives** to vote **DO NOT PASS** or **NO** and **DEFEAT HB 195 / SB 147** without **apology, exception, or compromise.**

Drew Hanson

Wasilla, Alaska 99654

From: PatMartin=alaskarighttolife.org@mg.alaskarighttolife.org on behalf of Sharon Knowlton <PatMartin@alaskarighttolife.org>
Sent: Thursday, April 16, 2026 10:34 AM
To: House Finance; Rep. Neal Foster; Rep. Andy Josephson; Rep. Calvin Schrage
Subject: Sharon Knowlton Urging Opposition and DO NOT PASS Vote on HB 195 / SB 147

House Finance Committee Co-Chairs Foster, Josephson, and Schrage:

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As you know, [HB 195 / SB 147](#) authorize pharmacist prescribed, administered, and dispensed abortions in several ways:

1. **HB 195 / SB 147** authorize ***abortionists*** and ***pharmacists*** to ***diagnose pregnancies*** and other health conditions and illnesses under *Collaborative Practice Agreements*(CPA).
2. **HB 195 / SB 147** redefine ***patient care services*** to include ***prescribing, administering***, and ***dispensing*** drugs and devices, including ***abortion pills*** such as ***mifepristone***.
3. **HB 195** eliminates much of the Department's and Board's approval and oversight of **CPAs**.
4. The *FDA Risk Evaluation and Mitigation Strategy* (**REMS**) for **mifepristone** has already been relaxed to permit ***pharmacists' prescribing*** and ***dispensing mifepristone*** and other ***progesterone receptor modulators*** without in person examinations.

KNOWN MIFESPRISTONE COMPLICATION RISK

The Ethics and Public Policy Center (**EPPC**) an all-payer insurance claims data **study** of **865,727 mifepristone abortions** from 2017 to 2023 shows that **10.93%** of women experienced ***sepsis, infection, hemorrhaging, or other serious complications***.

Permissive and virtually unregulated ***abortionist//pharmacist*** Collaborative Practice Agreements will expand Big Abortion's Mifepristone Abortion Pill Network and will ***increase the risk to Alaskan women far beyond already unacceptable levels***.

RURAL ALASKA MULTIPLIES THE RISK FACTORS

Given the *distance* and *difficulty of travel* to properly equipped emergency medical professionals and equipment, *women in rural Alaska will suffer even greater harm* when they are among the **10.93%** that will **suffer a serious mifepristone abortion complication**.

Rather than the promised benefits of improved access to healthcare, **HB 195 / SB 147**, *every additional mile driven* and *every minute waiting for an airplane* from Nome, Kotzebue, or Bethel **multiplies the suffering and risk of life-threatening outcomes** far too many women will experience.

The *serious complications* that are common with Mifepristone abortions could **quickly move beyond life-threatening** during the hours long drive to Fairbanks or even **before a plane from Nome or Kotzebue can get to her**.

Representative Foster, I cannot imagine the promised benefits of **HB 195 / SB 147** justify that kind of risk to Alaska women that have to drive or fly hours to reach properly equipped and staffed emergency medical centers.

RISK COMPOUNDS WITH DISTANCE, DELAY, AND DEPENDENCE ON AIR TRAVEL

Representative Foster, even the **FDA REMS** recognizes the known serious complication risks of Mifepristone abortions, requiring access to blood transfusion and resuscitation equipped medical centers.

Thus, **every added barrier** between a woman and the treatment she needs irresponsibly **increases the danger** of already known complication risks.

Representative Foster, Alaska geography and weather are not underlying factors in the 10.93% serious complication risk, but rather multipliers of that risk.

A woman in Anchorage may be minutes from surgical intervention, blood transfusion, and resuscitation. But **a woman in rural Alaska** – or in a village outside of Nome, Kotzebue, or Bethel will be separated from emergency medical facilities by ever changing **weather, daylight, aircraft availability, airfield conditions, and multiple takeoffs and landings**.

The pill may be the same, **but the risk to the women in rural Alaska is not**.

And since **HB 195 / SB 147** promise to extend healthcare access to rural Alaska and Native villages, continued support for the bill(s) in their current form, means **extending the consequences of Mifepristone Abortions** far beyond reliable access to properly equipped emergency medical professionals and equipment.

Representative Foster, since you've been warned of the predictable risks of Mifepristone Abortion Pills being prescribed and dispensed in rural Alaska and Native villages, you are necessarily responsible for whether those risks are prevented – or caused to multiply.

PHARMACY MODERNIZATION WITHOUT ABORTION EXPANSION

Representative Josephson, Alaska can pursue pharmacy modernization **without embedding abortion**

expansion within it.

Please allow reason and compassion for children and women to prevail and immediately **HOLD** or **AMEND SB 147** to *completely eliminate any authority* for **progesterone receptor modulating drugs** such as **mifepristone** to be **prescribed, administered, OR dispensed** in Alaska.

To that end, I've included a petition below from **Sharon Knowlton** from Nikiski, who is **OPPOSING HB 195 / SB 147**.

Sharon's petition will be electronically presented to the current committee considering **HB 195 / SB 147**. Your colleagues in the Legislature, along with **Governor Dunleavy**, will receive copies of this petition.

ABORTION NON-NEGOTIABLES

Alaska Right to Life and our Members have three primary concerns with **HB 195 / SB 147**:

First, **every abortion pill kills a child in the womb**. The fact that **HB 195 / SB 147** attempt to do nothing to reduce the killing is reason enough to oppose the bill(s).

Next, **1 in 10 abortion pills** cause the women who take them to experience **serious to life-threatening complications** according to this 2025 insurance claim [study](#).

The [Ethics and Public Policy Center study](#) referenced above is based on six years of insurance claims data involving **865,727 mifepristone abortions**. Insurance claim data shows that **10.9% of women experienced serious adverse events within 45 days**, including **hemorrhage, infection, sepsis, emergency room visits, or hospitalization**.

Finally, abortion pills are not simply a different abortion procedure or technology. *Abortion pills* (mifepristone) *fundamentally change who carries the burden of the abortion process*.

As outlined in testimony submitted in **Louisiana v FDA**, 6:25-cv-01491, chemical abortion:

- Requires the **pregnant woman** herself to **initiate** and **complete** the **abortion** by ingesting the drugs.
 - Involves a multi-day process during which **she remains fully aware of the cramping, bleeding, and expulsion**.
 - Often results in the **formerly pregnant woman** directly **encountering the remains of her unborn child**.
 - Takes place outside a clinical setting, frequently *without in-person medical supervision*.
 - **Commonly occurs in her home**, turning what should be a place of safety into the setting of a **physically and emotionally traumatic event**.

Unlike a *surgical abortion* performed **on a pregnant woman** by an abortionist, **abortion pills shift the physical *initiation* and *completion* of the abortion** - and the **emotional aftermath** onto the woman

herself.

Unless or until the bill(s) are withdrawn or amended to *completely eliminate any authority* for **progesterone receptor modulating drugs** such as **mifepristone** to be **prescribed, administered, OR dispensed** in Alaska, *our opposition will remain firm.*

Conversely, **HB 195 / SB 147** could advance *without controversy* if the bill(s) *completely eliminate any authority* for **progesterone receptor modulating drugs** such as **mifepristone** to be **prescribed, administered, OR dispensed** in Alaska. As long as those provisions remain, our opposition will continue and expand as a direct result of that decision.

You may contact me at the phone or email below.

Regards,

Patrick Martin
Alaska Right to Life
PatMartin@AlaskaRightToLife.org
[\(907\) 753-6397](tel:(907)753-6397)

****Record Sharon Knowlton's OPPOSITION to HB 195 / SB 147 in the bill record.****

Please stop preventing life for our most vulnerable, our babies.

Whereas: Chemical Abortions have **surged to 60%** of all abortions, claiming **730 babies' lives** in **2025**;

Whereas: Every Abortion Pill kills a child in the womb;

Whereas: Insurance data shows that **1 in 10 women** that take the abortion pill experience **serious or life-threatening adverse events**, including ***hemorrhaging, infections, and sepsis***;

Whereas: HB 195 / SB 147 would redefine ***Patient Care Services*** to allow ***prescribing, administering, and dispensing*** controlled substances and ***Abortion Pills***;

Whereas: HB 195 / SB 147 would allow **Abortionists** and **Pharmacists** to form and operate **Abortion Pill Distributorships** through ***Collaborative Practice Agreements WITHOUT*** approval or oversight;

Whereas: HB 195 / SB 147 would create a ***legal gateway*** for **Pharmacists** to ***Prescribe, Administer, and Dispense Abortion Pills***, crossing a line no state should permit;

Whereas: *God made man in His own image* (Genesis 1:26), ***human life begins at conception***, and God instituted government to ***protect the right to live*** (Genesis 9:6, Romans 13:1-4, Article 1, Section 1 of the Alaska Constitution);

THEREFORE: so long as **HB 195 / SB 147** create or maintain a legal gateway for **Pharmacists** to **Prescribe, Administer, OR Dispense Abortion Pills**, I urge **ALL of Alaska's Elected Representatives** to vote **DO NOT PASS** or **NO** and **DEFEAT HB 195 / SB 147** without **apology, exception, or compromise.**

Sharon Knowlton

Nikiski, Alaska 99635

From: PatMartin=alaskarighttolife.org@mg.alaskarighttolife.org on behalf of Sharon Knowlton <PatMartin@alaskarighttolife.org>
Sent: Thursday, April 16, 2026 10:34 AM
To: House Finance; Rep. Neal Foster; Rep. Andy Josephson; Rep. Calvin Schrage
Subject: Sharon Knowlton Urging Opposition and DO NOT PASS Vote on HB 195 / SB 147

House Finance Committee Co-Chairs Foster, Josephson, and Schrage:

AUTHORIZING UNACCEPTABLE RISK

As you know, [HB 195 / SB 147](#) authorize pharmacist prescribed, administered, and dispensed abortions in several ways:

1. **HB 195 / SB 147** authorize ***abortionists*** and ***pharmacists*** to ***diagnose pregnancies*** and other health conditions and illnesses under *Collaborative Practice Agreements(CPA)*.
2. **HB 195 / SB 147** redefine ***patient care services*** to include ***prescribing, administering***, and ***dispensing*** drugs and devices, including ***abortion pills*** such as ***mifepristone***.
3. **HB 195** eliminates much of the Department's and Board's approval and oversight of **CPAs**.
4. The *FDA Risk Evaluation and Mitigation Strategy (REMS)* for **mifepristone** has already been relaxed to permit ***pharmacists' prescribing*** and ***dispensing mifepristone*** and other *progesterone receptor modulators* without in person examinations.

KNOWN MIFESPRISTONE COMPLICATION RISK

The Ethics and Public Policy Center (**EPPC**) an all-payer insurance claims data **study** of **865,727 mifepristone abortions** from 2017 to 2023 shows that **10.93%** of women experienced ***sepsis, infection, hemorrhaging, or other serious complications***.

Permissive and virtually unregulated ***abortionist//pharmacist*** Collaborative Practice Agreements will expand Big Abortion's Mifepristone Abortion Pill Network and will ***increase the risk to Alaskan women far beyond already unacceptable levels***.

RURAL ALASKA MULTIPLIES THE RISK FACTORS

Given the *distance* and *difficulty of travel* to properly equipped emergency medical professionals and equipment, *women in rural Alaska will suffer even greater harm* when they are among the **10.93%** that will **suffer a serious mifepristone abortion complication**.

Rather than the promised benefits of improved access to healthcare, **HB 195 / SB 147**, *every additional mile driven* and *every minute waiting for an airplane* from Nome, Kotzebue, or Bethel **multiplies the suffering and risk of life-threatening outcomes** far too many women will experience.

The *serious complications* that are common with Mifepristone abortions could **quickly move beyond life-threatening** during the hours long drive to Fairbanks or even **before a plane from Nome or Kotzebue can get to her**.

Representative Foster, I cannot imagine the promised benefits of **HB 195 / SB 147** justify that kind of risk to Alaska women that have to drive or fly hours to reach properly equipped and staffed emergency medical centers.

RISK COMPOUNDS WITH DISTANCE, DELAY, AND DEPENDENCE ON AIR TRAVEL

Representative Foster, even the **FDA REMS** recognizes the known serious complication risks of Mifepristone abortions, requiring access to blood transfusion and resuscitation equipped medical centers.

Thus, **every added barrier** between a woman and the treatment she needs irresponsibly **increases the danger** of already known complication risks.

Representative Foster, Alaska geography and weather are not underlying factors in the 10.93% serious complication risk, but rather multipliers of that risk.

A woman in Anchorage may be minutes from surgical intervention, blood transfusion, and resuscitation. But **a woman in rural Alaska** – or in a village outside of Nome, Kotzebue, or Bethel will be separated from emergency medical facilities by ever changing **weather, daylight, aircraft availability, airfield conditions, and multiple takeoffs and landings**.

The pill may be the same, but the risk to the women in rural Alaska is not.

And since **HB 195 / SB 147** promise to extend healthcare access to rural Alaska and Native villages, continued support for the bill(s) in their current form, means **extending the consequences of Mifepristone Abortions** far beyond reliable access to properly equipped emergency medical professionals and equipment.

Representative Foster, since you've been warned of the predictable risks of Mifepristone Abortion Pills being prescribed and dispensed in rural Alaska and Native villages, you are necessarily responsible for whether those risks are prevented – or caused to multiply.

PHARMACY MODERNIZATION WITHOUT ABORTION EXPANSION

Representative Josephson, Alaska can pursue pharmacy modernization **without embedding abortion**

expansion within it.

Please allow reason and compassion for children and women to prevail and immediately **HOLD** or **AMEND SB 147** to *completely eliminate any authority* for **progesterone receptor modulating drugs** such as **mifepristone** to be **prescribed, administered, OR dispensed** in Alaska.

To that end, I've included a petition below from **Sharon Knowlton** from Nikiski, who is **OPPOSING HB 195 / SB 147**.

Sharon's petition will be electronically presented to the current committee considering **HB 195 / SB 147**. Your colleagues in the Legislature, along with **Governor Dunleavy**, will receive copies of this petition.

ABORTION NON-NEGOTIABLES

Alaska Right to Life and our Members have three primary concerns with **HB 195 / SB 147**:

First, **every abortion pill kills a child in the womb**. The fact that **HB 195 / SB 147** attempt to do nothing to reduce the killing is reason enough to oppose the bill(s).

Next, **1 in 10 abortion pills** cause the women who take them to experience **serious to life-threatening complications** according to this 2025 insurance claim [study](#).

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Finally, abortion pills are not simply a different abortion procedure or technology. *Abortion pills* (mifepristone) *fundamentally change who carries the burden of the abortion process*.

As outlined in testimony submitted in **Louisiana v FDA**, 6:25-cv-01491, chemical abortion:

- Requires the **pregnant woman** herself to **initiate** and **complete** the **abortion** by ingesting the drugs.
 - Involves a multi-day process during which **she remains fully aware of the cramping, bleeding, and expulsion**.
 - Often results in the **formerly pregnant woman** directly **encountering the remains of her unborn child**.
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 - **Commonly occurs in her home**, turning what should be a place of safety into the setting of a **physically and emotionally traumatic event**.

Unlike a *surgical abortion* performed on a *pregnant woman* by an abortionist, **abortion pills shift the physical *initiation* and *completion* of the abortion** - and the **emotional aftermath** onto the woman

herself.

Unless or until the bill(s) are withdrawn or amended to *completely eliminate any authority* for **progesterone receptor modulating drugs** such as **mifepristone** to be **prescribed, administered, OR dispensed** in Alaska, *our opposition will remain firm.*

Conversely, **HB 195 / SB 147** could advance *without controversy* if the bill(s) *completely eliminate any authority* for **progesterone receptor modulating drugs** such as **mifepristone** to be **prescribed, administered, OR dispensed** in Alaska. As long as those provisions remain, our opposition will continue and expand as a direct result of that decision.

You may contact me at the phone or email below.

Regards,

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PatMartin@AlaskaRightToLife.org
[\(907\) 753-6397](tel:(907)753-6397)

****Record Sharon Knowlton's OPPOSITION to HB 195 / SB 147 in the bill record.****

Please stop preventing life for our most vulnerable, our babies.

Whereas: Chemical Abortions have **surged to 60%** of all abortions, claiming **730 babies' lives** in **2025**;

Whereas: Every Abortion Pill kills a child in the womb;

Whereas: Insurance data shows that **1 in 10 women** that take the abortion pill experience **serious or life-threatening adverse events**, including ***hemorrhaging, infections, and sepsis***;

Whereas: HB 195 / SB 147 would redefine ***Patient Care Services*** to allow ***prescribing, administering, and dispensing*** controlled substances and ***Abortion Pills***;

Whereas: HB 195 / SB 147 would allow **Abortionists** and **Pharmacists** to form and operate **Abortion Pill Distributorships** through ***Collaborative Practice Agreements WITHOUT*** approval or oversight;

Whereas: HB 195 / SB 147 would create a ***legal gateway*** for **Pharmacists** to ***Prescribe, Administer, and Dispense Abortion Pills***, crossing a line no state should permit;

Whereas: *God made man in His own image* (Genesis 1:26), ***human life begins at conception***, and God instituted government to ***protect the right to live*** (Genesis 9:6, Romans 13:1-4, Article 1, Section 1 of the Alaska Constitution);

THEREFORE: so long as **HB 195 / SB 147** create or maintain a legal gateway for *Pharmacists* to *Prescribe, Administer, OR Dispense Abortion Pills*, I urge **ALL of Alaska's Elected Representatives** to vote **DO NOT PASS** or **NO** and **DEFEAT HB 195 / SB 147** without **apology, exception, or compromise.**

Sharon Knowlton

Nikiski, Alaska 99635

From: PatMartin=alaskarighttolife.org@mg.alaskarighttolife.org on behalf of Drew Hanson <PatMartin@alaskarighttolife.org>
Sent: Wednesday, April 15, 2026 5:30 PM
To: House Finance; Rep. Neal Foster; Rep. Andy Josephson; Rep. Calvin Schrage
Subject: Drew Hanson Urging Opposition and DO NOT PASS Vote on HB 195 / SB 147

House Finance Committee Co-Chairs Foster, Josephson, and Schrage:

AUTHORIZING UNACCEPTABLE RISK

As you know, [HB 195 / SB 147](#) authorize pharmacist prescribed, administered, and dispensed abortions in several ways:

1. **HB 195 / SB 147** authorize ***abortionists*** and ***pharmacists*** to ***diagnose pregnancies*** and other health conditions and illnesses under *Collaborative Practice Agreements(CPA)*.
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Given the *distance* and *difficulty of travel* to properly equipped emergency medical professionals and equipment, *women in rural Alaska will suffer even greater harm* when they are among the **10.93%** that will **suffer a serious mifepristone abortion complication**.

Rather than the promised benefits of improved access to healthcare, **HB 195 / SB 147**, *every additional mile driven* and *every minute waiting for an airplane* from Nome, Kotzebue, or Bethel **multiplies the suffering and risk of life-threatening outcomes** far too many women will experience.

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Representative Foster, I cannot imagine the promised benefits of **HB 195 / SB 147** justify that kind of risk to Alaska women that have to drive or fly hours to reach properly equipped and staffed emergency medical centers.

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And since **HB 195 / SB 147** promise to extend healthcare access to rural Alaska and Native villages, continued support for the bill(s) in their current form, means **extending the consequences of Mifepristone Abortions** far beyond reliable access to properly equipped emergency medical professionals and equipment.

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PHARMACY MODERNIZATION WITHOUT ABORTION EXPANSION

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expansion within it.

Please allow reason and compassion for children and women to prevail and immediately **HOLD** or **AMEND SB 147** to *completely eliminate any authority* for **progesterone receptor modulating drugs** such as **mifepristone** to be **prescribed, administered, OR dispensed** in Alaska.

To that end, I've included a petition below from **Drew Hanson** from Wasilla, who is **OPPOSING HB 195 / SB 147**.

Drew's petition will be electronically presented to the current committee considering **HB 195 / SB 147**. Your colleagues in the Legislature, along with **Governor Dunleavy**, will receive copies of this petition.

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Regards,

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(907) 753-6397

****Record Drew Hanson's OPPOSITION to HB 195 / SB 147 in the bill record.****

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Drew Hanson

Wasilla, Alaska 99654

From: PatMartin=alaskarighttolife.org@mg.alaskarighttolife.org on behalf of Christopher Waetjen <PatMartin@alaskarighttolife.org>
Sent: Wednesday, April 15, 2026 4:46 PM
To: House Finance; Rep. Neal Foster; Rep. Andy Josephson; Rep. Calvin Schrage
Subject: Christopher Waetjen Urging Opposition and DO NOT PASS Vote on HB 195 / SB 147

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Representative Foster, since you've been warned of the predictable risks of Mifepristone Abortion Pills being prescribed and dispensed in rural Alaska and Native villages, you are necessarily responsible for whether those risks are prevented – or caused to multiply.

PHARMACY MODERNIZATION WITHOUT ABORTION EXPANSION

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Please allow reason and compassion for children and women to prevail and immediately **HOLD** or **AMEND SB 147** to *completely eliminate any authority* for **progesterone receptor modulating drugs** such as **mifepristone** to be **prescribed, administered, OR dispensed** in Alaska.

To that end, I've included a petition below from **Christopher Waetjen** from Anchorage, who is **OPPOSING HB 195 / SB 147**.

Christopher's petition will be electronically presented to the current committee considering **HB 195 / SB 147**. Your colleagues in the Legislature, along with **Governor Dunleavy**, will receive copies of this petition.

ABORTION NON-NEGOTIABLES

Alaska Right to Life and our Members have three primary concerns with **HB 195 / SB 147**:

First, **every abortion pill kills a child in the womb**. The fact that **HB 195 / SB 147** attempt to do nothing to reduce the killing is reason enough to oppose the bill(s).

Next, **1 in 10 abortion pills** cause the women who take them to experience **serious to life-threatening complications** according to this 2025 insurance claim [study](#).

The [Ethics and Public Policy Center study](#) referenced above is based on six years of insurance claims data involving **865,727 mifepristone abortions**. Insurance claim data shows that **10.9% of women experienced serious adverse events within 45 days**, including **hemorrhage, infection, sepsis, emergency room visits, or hospitalization**.

Finally, abortion pills are not simply a different abortion procedure or technology. *Abortion pills* (mifepristone) *fundamentally change who carries the burden of the abortion process*.

As outlined in testimony submitted in **Louisiana v FDA**, 6:25-cv-01491, chemical abortion:

- Requires the **pregnant woman** herself to **initiate** and **complete** the **abortion** by ingesting the drugs.
 - Involves a multi-day process during which **she remains fully aware of the cramping, bleeding, and expulsion**.
 - Often results in the **formerly pregnant woman** directly **encountering the remains of her unborn child**.
 - Takes place outside a clinical setting, frequently *without in-person medical supervision*.
 - **Commonly occurs in her home**, turning what should be a place of safety into the setting of a **physically and emotionally traumatic event**.

Unlike a *surgical abortion* performed on a *pregnant woman* by an abortionist, **abortion pills shift the physical *initiation* and *completion* of the abortion** - and the **emotional aftermath** onto the woman

herself.

Unless or until the bill(s) are withdrawn or amended to *completely eliminate any authority* for **progesterone receptor modulating drugs** such as **mifepristone** to be **prescribed, administered, OR dispensed** in Alaska, *our opposition will remain firm.*

Conversely, **HB 195 / SB 147** could advance *without controversy* if the bill(s) *completely eliminate any authority* for **progesterone receptor modulating drugs** such as **mifepristone** to be **prescribed, administered, OR dispensed** in Alaska. As long as those provisions remain, our opposition will continue and expand as a direct result of that decision.

You may contact me at the phone or email below.

Regards,

Patrick Martin
Alaska Right to Life
PatMartin@AlaskaRightToLife.org
(907) 753-6397

****Record Christopher Waetjen's OPPOSITION to HB 195 / SB 147 in the bill record.****

Save the future generations!

Whereas: Chemical Abortions have **surged to 60%** of all abortions, claiming **730 babies' lives** in **2025**;

Whereas: Every Abortion Pill kills a child in the womb;

Whereas: Insurance data shows that **1 in 10 women** that take the abortion pill experience **serious or life-threatening adverse events**, including ***hemorrhaging, infections, and sepsis***;

Whereas: HB 195 / SB 147 would redefine ***Patient Care Services*** to allow ***prescribing, administering, and dispensing*** controlled substances and ***Abortion Pills***;

Whereas: HB 195 / SB 147 would allow **Abortionists** and **Pharmacists** to form and operate **Abortion Pill Distributorships** through ***Collaborative Practice Agreements WITHOUT*** approval or oversight;

Whereas: HB 195 / SB 147 would create a ***legal gateway*** for **Pharmacists** to ***Prescribe, Administer, and Dispense Abortion Pills***, crossing a line no state should permit;

Whereas: *God made man in His own image* (Genesis 1:26), ***human life begins at conception***, and God instituted government to ***protect the right to live*** (Genesis 9:6, Romans 13:1-4, Article 1, Section 1 of the Alaska Constitution);

THEREFORE: so long as **HB 195 / SB 147** create or maintain a legal gateway for *Pharmacists* to *Prescribe, Administer, OR Dispense Abortion Pills*, I urge **ALL of Alaska's Elected Representatives** to vote **DO NOT PASS** or **NO** and **DEFEAT HB 195 / SB 147** without **apology, exception, or compromise.**

Christopher Waetjen

Anchorage, Alaska 99502

From: PatMartin=alaskarighttolife.org@mg.alaskarighttolife.org on behalf of Rosemarie Henn <PatMartin@alaskarighttolife.org>
Sent: Wednesday, April 15, 2026 4:24 PM
To: House Finance; Rep. Neal Foster; Rep. Andy Josephson; Rep. Calvin Schrage
Subject: Rosemarie Henn Urging Opposition and DO NOT PASS Vote on HB 195 / SB 147

House Finance Committee Co-Chairs Foster, Josephson, and Schrage:

AUTHORIZING UNACCEPTABLE RISK

As you know, [HB 195 / SB 147](#) authorize pharmacist prescribed, administered, and dispensed abortions in several ways:

1. **HB 195 / SB 147** authorize ***abortionists*** and ***pharmacists*** to ***diagnose pregnancies*** and other health conditions and illnesses under *Collaborative Practice Agreements(CPA)*.
2. **HB 195 / SB 147** redefine ***patient care services*** to include ***prescribing, administering***, and ***dispensing*** drugs and devices, including ***abortion pills*** such as ***mifepristone***.
3. **HB 195** eliminates much of the Department's and Board's approval and oversight of **CPAs**.
4. The *FDA Risk Evaluation and Mitigation Strategy (REMS)* for **mifepristone** has already been relaxed to permit ***pharmacists' prescribing*** and ***dispensing mifepristone*** and other *progesterone receptor modulators* without in person examinations.

KNOWN MIFESPRISTONE COMPLICATION RISK

The Ethics and Public Policy Center (**EPPC**) an all-payer insurance claims data **study** of **865,727 mifepristone abortions** from 2017 to 2023 shows that **10.93%** of women experienced ***sepsis, infection, hemorrhaging, or other serious complications***.

Permissive and virtually unregulated ***abortionist//pharmacist*** Collaborative Practice Agreements will expand Big Abortion's Mifepristone Abortion Pill Network and will ***increase the risk to Alaskan women far beyond already unacceptable levels***.

RURAL ALASKA MULTIPLIES THE RISK FACTORS

Given the *distance* and *difficulty of travel* to properly equipped emergency medical professionals and equipment, *women in rural Alaska will suffer even greater harm* when they are among the **10.93%** that will **suffer a serious mifepristone abortion complication**.

Rather than the promised benefits of improved access to healthcare, **HB 195 / SB 147**, *every additional mile driven* and *every minute waiting for an airplane* from Nome, Kotzebue, or Bethel **multiplies the suffering and risk of life-threatening outcomes** far too many women will experience.

The *serious complications* that are common with Mifepristone abortions could **quickly move beyond life-threatening** during the hours long drive to Fairbanks or even **before a plane from Nome or Kotzebue can get to her**.

Representative Foster, I cannot imagine the promised benefits of **HB 195 / SB 147** justify that kind of risk to Alaska women that have to drive or fly hours to reach properly equipped and staffed emergency medical centers.

RISK COMPOUNDS WITH DISTANCE, DELAY, AND DEPENDENCE ON AIR TRAVEL

Representative Foster, even the **FDA REMS** recognizes the known serious complication risks of Mifepristone abortions, requiring access to blood transfusion and resuscitation equipped medical centers.

Thus, **every added barrier** between a woman and the treatment she needs irresponsibly **increases the danger** of already known complication risks.

Representative Foster, Alaska geography and weather are not underlying factors in the 10.93% serious complication risk, but rather multipliers of that risk.

A woman in Anchorage may be minutes from surgical intervention, blood transfusion, and resuscitation. But **a woman in rural Alaska** – or in a village outside of Nome, Kotzebue, or Bethel will be separated from emergency medical facilities by ever changing **weather, daylight, aircraft availability, airfield conditions, and multiple takeoffs and landings**.

The pill may be the same, **but the risk to the women in rural Alaska is not**.

And since **HB 195 / SB 147** promise to extend healthcare access to rural Alaska and Native villages, continued support for the bill(s) in their current form, means **extending the consequences of Mifepristone Abortions** far beyond reliable access to properly equipped emergency medical professionals and equipment.

Representative Foster, since you've been warned of the predictable risks of Mifepristone Abortion Pills being prescribed and dispensed in rural Alaska and Native villages, you are necessarily responsible for whether those risks are prevented – or caused to multiply.

PHARMACY MODERNIZATION WITHOUT ABORTION EXPANSION

Representative Josephson, Alaska can pursue pharmacy modernization **without embedding abortion**

expansion within it.

Please allow reason and compassion for children and women to prevail and immediately **HOLD** or **AMEND SB 147** to *completely eliminate any authority* for **progesterone receptor modulating drugs** such as **mifepristone** to be **prescribed, administered, OR dispensed** in Alaska.

To that end, I've included a petition below from **Rosemarie Henn** from Wasilla, who is **OPPOSING HB 195 / SB 147**.

Rosemarie's petition will be electronically presented to the current committee considering **HB 195 / SB 147**. Your colleagues in the Legislature, along with **Governor Dunleavy**, will receive copies of this petition.

ABORTION NON-NEGOTIABLES

Alaska Right to Life and our Members have three primary concerns with **HB 195 / SB 147**:

First, **every abortion pill kills a child in the womb**. The fact that **HB 195 / SB 147** attempt to do nothing to reduce the killing is reason enough to oppose the bill(s).

Next, **1 in 10 abortion pills** cause the women who take them to experience **serious to life-threatening complications** according to this 2025 insurance claim [study](#).

The [Ethics and Public Policy Center study](#) referenced above is based on six years of insurance claims data involving **865,727 mifepristone abortions**. Insurance claim data shows that **10.9% of women experienced serious adverse events within 45 days**, including **hemorrhage, infection, sepsis, emergency room visits, or hospitalization**.

Finally, abortion pills are not simply a different abortion procedure or technology. *Abortion pills (mifepristone) fundamentally change who carries the burden of the abortion process.*

As outlined in testimony submitted in **Louisiana v FDA**, 6:25-cv-01491, chemical abortion:

- Requires the **pregnant woman** herself to **initiate** and **complete** the **abortion** by ingesting the drugs.
 - Involves a multi-day process during which **she remains fully aware of the cramping, bleeding, and expulsion**.
 - Often results in the **formerly pregnant woman** directly **encountering the remains of her unborn child**.
 - Takes place outside a clinical setting, frequently *without in-person medical supervision*.
 - **Commonly occurs in her home**, turning what should be a place of safety into the setting of a **physically and emotionally traumatic event**.

Unlike a *surgical abortion* performed on a *pregnant woman* by an abortionist, **abortion pills shift the physical *initiation* and *completion* of the abortion** - and the **emotional aftermath** onto the woman

herself.

Unless or until the bill(s) are withdrawn or amended to *completely eliminate any authority* for **progesterone receptor modulating drugs** such as **mifepristone** to be **prescribed, administered, OR dispensed** in Alaska, our opposition will remain firm.

Conversely, **HB 195 / SB 147** could advance *without controversy* if the bill(s) *completely eliminate any authority* for **progesterone receptor modulating drugs** such as **mifepristone** to be **prescribed, administered, OR dispensed** in Alaska. As long as those provisions remain, our opposition will continue and expand as a direct result of that decision.

You may contact me at the phone or email below.

Regards,

Patrick Martin
Alaska Right to Life
PatMartin@AlaskaRightToLife.org
(907) 753-6397

****Record Rosemarie Henn's OPPOSITION to HB 195 / SB 147 in the bill record.****

Whereas: Chemical Abortions have **surged to 60%** of all abortions, claiming **730 babies' lives** in **2025**;

Whereas: Every Abortion Pill kills a child in the womb;

Whereas: Insurance data shows that **1 in 10 women** that take the abortion pill experience **serious or life-threatening adverse events**, including ***hemorrhaging, infections, and sepsis***;

Whereas: HB 195 / SB 147 would redefine ***Patient Care Services*** to allow ***prescribing, administering, and dispensing*** controlled substances and ***Abortion Pills***;

Whereas: HB 195 / SB 147 would allow **Abortionists** and **Pharmacists** to form and operate **Abortion Pill Distributorships** through ***Collaborative Practice Agreements WITHOUT*** approval or oversight;

Whereas: HB 195 / SB 147 would create a ***legal gateway*** for **Pharmacists** to ***Prescribe, Administer, and Dispense Abortion Pills***, crossing a line no state should permit;

Whereas: *God made man in His own image* (Genesis 1:26), ***human life begins at conception***, and God instituted government to ***protect the right to live*** (Genesis 9:6, Romans 13:1-4, Article 1, Section 1 of the Alaska Constitution);

THEREFORE: so long as **HB 195 / SB 147** create or maintain a legal gateway for **Pharmacists** to **Prescribe, Administer, OR Dispense Abortion Pills**, I urge **ALL of Alaska's Elected Representatives** to vote **DO NOT PASS** or **NO** and **DEFEAT HB 195 / SB 147** without **apology, exception, or compromise.**

Rosemarie Henn

Wasilla, Alaska 99654

From: PatMartin=alaskarighttolife.org@mg.alaskarighttolife.org on behalf of John Cunningham <PatMartin@alaskarighttolife.org>
Sent: Wednesday, April 15, 2026 7:50 AM
To: House Finance; Rep. Neal Foster; Rep. Andy Josephson; Rep. Calvin Schrage
Subject: John Cunningham Urging Opposition and DO NOT PASS Vote on HB 195 / SB 147

House Finance Committee Co-Chairs Foster, Josephson, and Schrage:

AUTHORIZING UNACCEPTABLE RISK

As you know, [HB 195 / SB 147](#) authorize pharmacist prescribed, administered, and dispensed abortions in several ways:

1. **HB 195 / SB 147** authorize ***abortionists*** and ***pharmacists*** to ***diagnose pregnancies*** and other health conditions and illnesses under *Collaborative Practice Agreements(CPA)*.
2. **HB 195 / SB 147** redefine ***patient care services*** to include ***prescribing, administering,*** and ***dispensing*** drugs and devices, including ***abortion pills*** such as ***mifepristone***.
3. **HB 195** eliminates much of the Department's and Board's approval and oversight of **CPAs**.
4. The *FDA Risk Evaluation and Mitigation Strategy (REMS)* for **mifepristone** has already been relaxed to permit ***pharmacists' prescribing*** and ***dispensing mifepristone*** and other ***progesterone receptor modulators*** without in person examinations.

KNOWN MIFESPRISTONE COMPLICATION RISK

The Ethics and Public Policy Center (**EPPC**) an all-payer insurance claims data **study** of **865,727 mifepristone abortions** from 2017 to 2023 shows that **10.93%** of women experienced ***sepsis, infection, hemorrhaging,*** or ***other serious complications***.

Permissive and virtually unregulated ***abortionist//pharmacist*** Collaborative Practice Agreements will expand Big Abortion's Mifepristone Abortion Pill Network and will ***increase the risk to Alaskan women*** far ***beyond already unacceptable levels***.

RURAL ALASKA MULTIPLIES THE RISK FACTORS

Given the *distance* and *difficulty of travel* to properly equipped emergency medical professionals and equipment, *women in rural Alaska will suffer even greater harm* when they are among the **10.93%** that will **suffer a serious mifepristone abortion complication**.

Rather than the promised benefits of improved access to healthcare, **HB 195 / SB 147**, *every additional mile driven* and *every minute waiting for an airplane* from Nome, Kotzebue, or Bethel **multiplies the suffering and risk of life-threatening outcomes** far too many women will experience.

The *serious complications* that are common with Mifepristone abortions could **quickly move beyond life-threatening** during the hours long drive to Fairbanks or even **before a plane from Nome or Kotzebue can get to her**.

Representative Foster, I cannot imagine the promised benefits of **HB 195 / SB 147** justify that kind of risk to Alaska women that have to drive or fly hours to reach properly equipped and staffed emergency medical centers.

RISK COMPOUNDS WITH DISTANCE, DELAY, AND DEPENDENCE ON AIR TRAVEL

Representative Foster, even the **FDA REMS** recognizes the known serious complication risks of Mifepristone abortions, requiring access to blood transfusion and resuscitation equipped medical centers.

Thus, **every added barrier** between a woman and the treatment she needs irresponsibly **increases the danger** of already known complication risks.

Representative Foster, Alaska geography and weather are not underlying factors in the 10.93% serious complication risk, but rather multipliers of that risk.

A woman in Anchorage may be minutes from surgical intervention, blood transfusion, and resuscitation. But **a woman in rural Alaska** – or in a village outside of Nome, Kotzebue, or Bethel will be separated from emergency medical facilities by ever changing **weather, daylight, aircraft availability, airfield conditions, and multiple takeoffs and landings**.

The pill may be the same, **but the risk to the women in rural Alaska is not**.

And since **HB 195 / SB 147** promise to extend healthcare access to rural Alaska and Native villages, continued support for the bill(s) in their current form, means **extending the consequences of Mifepristone Abortions** far beyond reliable access to properly equipped emergency medical professionals and equipment.

Representative Foster, since you've been warned of the predictable risks of Mifepristone Abortion Pills being prescribed and dispensed in rural Alaska and Native villages, you are necessarily responsible for whether those risks are prevented – or caused to multiply.

PHARMACY MODERNIZATION WITHOUT ABORTION EXPANSION

Representative Josephson, Alaska can pursue pharmacy modernization **without embedding abortion**

expansion within it.

Please allow reason and compassion for children and women to prevail and immediately **HOLD** or **AMEND SB 147** to *completely eliminate any authority* for **progesterone receptor modulating drugs** such as **mifepristone** to be **prescribed, administered, OR dispensed** in Alaska.

To that end, I've included a petition below from **John Cunningham** from Anchorage, who is **OPPOSING HB 195 / SB 147**.

John's petition will be electronically presented to the current committee considering **HB 195 / SB 147**. Your colleagues in the Legislature, along with **Governor Dunleavy**, will receive copies of this petition.

ABORTION NON-NEGOTIABLES

Alaska Right to Life and our Members have three primary concerns with **HB 195 / SB 147**:

First, **every abortion pill kills a child in the womb**. The fact that **HB 195 / SB 147** attempt to do nothing to reduce the killing is reason enough to oppose the bill(s).

Next, **1 in 10 abortion pills** cause the women who take them to experience **serious to life-threatening complications** according to this 2025 insurance claim [study](#).

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Finally, abortion pills are not simply a different abortion procedure or technology. *Abortion pills (mifepristone) fundamentally change who carries the burden of the abortion process.*

As outlined in testimony submitted in **Louisiana v FDA**, 6:25-cv-01491, chemical abortion:

- Requires the **pregnant woman** herself to **initiate** and **complete** the **abortion** by ingesting the drugs.
 - Involves a multi-day process during which **she remains fully aware of the cramping, bleeding, and expulsion**.
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Unlike a *surgical abortion* performed on a *pregnant woman* by an abortionist, **abortion pills shift the physical *initiation* and *completion* of the abortion** - and the **emotional aftermath** onto the woman

herself.

Unless or until the bill(s) are withdrawn or amended to *completely eliminate any authority* for **progesterone receptor modulating drugs** such as **mifepristone** to be **prescribed, administered, OR dispensed** in Alaska, our opposition will remain firm.

Conversely, **HB 195 / SB 147** could advance *without controversy* if the bill(s) *completely eliminate any authority* for **progesterone receptor modulating drugs** such as **mifepristone** to be **prescribed, administered, OR dispensed** in Alaska. As long as those provisions remain, our opposition will continue and expand as a direct result of that decision.

You may contact me at the phone or email below.

Regards,

Patrick Martin
Alaska Right to Life
PatMartin@AlaskaRightToLife.org
(907) 753-6397

****Record John Cunningham's OPPOSITION to HB 195 / SB 147 in the bill record.****

Whereas: Chemical Abortions have **surged to 60%** of all abortions, claiming **730 babies' lives** in **2025**;

Whereas: Every Abortion Pill kills a child in the womb;

Whereas: Insurance data shows that **1 in 10 women** that take the abortion pill experience **serious or life-threatening adverse events**, including ***hemorrhaging, infections, and sepsis***;

Whereas: HB 195 / SB 147 would redefine ***Patient Care Services*** to allow ***prescribing, administering, and dispensing*** controlled substances and ***Abortion Pills***;

Whereas: HB 195 / SB 147 would allow **Abortionists** and **Pharmacists** to form and operate **Abortion Pill Distributorships** through ***Collaborative Practice Agreements WITHOUT*** approval or oversight;

Whereas: HB 195 / SB 147 would create a ***legal gateway*** for **Pharmacists** to ***Prescribe, Administer, and Dispense Abortion Pills***, crossing a line no state should permit;

Whereas: *God made man in His own image* (Genesis 1:26), ***human life begins at conception***, and God instituted government to ***protect the right to live*** (Genesis 9:6, Romans 13:1-4, Article 1, Section 1 of the Alaska Constitution);

THEREFORE: so long as **HB 195 / SB 147** create or maintain a legal gateway for *Pharmacists* to *Prescribe, Administer, OR Dispense Abortion Pills*, I urge **ALL of Alaska's Elected Representatives** to vote **DO NOT PASS** or **NO** and **DEFEAT HB 195 / SB 147** without **apology, exception, or compromise.**

John Cunningham

Anchorage, Alaska 99504

From: PatMartin=alaskarighttolife.org@mg.alaskarighttolife.org on behalf of Karin Talley <PatMartin@alaskarighttolife.org>
Sent: Wednesday, April 15, 2026 3:31 PM
To: House Finance; Rep. Neal Foster; Rep. Andy Josephson; Rep. Calvin Schrage
Subject: Karin Talley Urging Opposition and DO NOT PASS Vote on HB 195 / SB 147

House Finance Committee Co-Chairs Foster, Josephson, and Schrage:

AUTHORIZING UNACCEPTABLE RISK

As you know, [HB 195 / SB 147](#) authorize pharmacist prescribed, administered, and dispensed abortions in several ways:

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RURAL ALASKA MULTIPLIES THE RISK FACTORS

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Rather than the promised benefits of improved access to healthcare, **HB 195 / SB 147**, *every additional mile driven* and *every minute waiting for an airplane* from Nome, Kotzebue, or Bethel **multiplies the suffering and risk of life-threatening outcomes** far too many women will experience.

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Representative Foster, I cannot imagine the promised benefits of **HB 195 / SB 147** justify that kind of risk to Alaska women that have to drive or fly hours to reach properly equipped and staffed emergency medical centers.

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Thus, **every added barrier** between a woman and the treatment she needs irresponsibly **increases the danger** of already known complication risks.

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And since **HB 195 / SB 147** promise to extend healthcare access to rural Alaska and Native villages, continued support for the bill(s) in their current form, means **extending the consequences of Mifepristone Abortions** far beyond reliable access to properly equipped emergency medical professionals and equipment.

Representative Foster, since you've been warned of the predictable risks of Mifepristone Abortion Pills being prescribed and dispensed in rural Alaska and Native villages, you are necessarily responsible for whether those risks are prevented – or caused to multiply.

PHARMACY MODERNIZATION WITHOUT ABORTION EXPANSION

Representative Josephson, Alaska can pursue pharmacy modernization **without embedding abortion**

expansion within it.

Please allow reason and compassion for children and women to prevail and immediately **HOLD** or **AMEND SB 147** to *completely eliminate any authority* for **progesterone receptor modulating drugs** such as **mifepristone** to be **prescribed, administered, OR dispensed** in Alaska.

To that end, I've included a petition below from **Karin Talley** from Anchorage, who is **OPPOSING HB 195 / SB 147**.

Karin's petition will be electronically presented to the current committee considering **HB 195 / SB 147**. Your colleagues in the Legislature, along with **Governor Dunleavy**, will receive copies of this petition.

ABORTION NON-NEGOTIABLES

Alaska Right to Life and our Members have three primary concerns with **HB 195 / SB 147**:

First, **every abortion pill kills a child in the womb**. The fact that **HB 195 / SB 147** attempt to do nothing to reduce the killing is reason enough to oppose the bill(s).

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- Requires the **pregnant woman** herself to **initiate** and **complete** the **abortion** by ingesting the drugs.
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Unlike a *surgical abortion* performed on a *pregnant woman* by an abortionist, **abortion pills shift the physical *initiation* and *completion* of the abortion** - and the **emotional aftermath** onto the woman

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Unless or until the bill(s) are withdrawn or amended to *completely eliminate any authority* for **progesterone receptor modulating drugs** such as **mifepristone** to be **prescribed, administered, OR dispensed** in Alaska, *our opposition will remain firm.*

Conversely, **HB 195 / SB 147** could advance *without controversy* if the bill(s) *completely eliminate any authority* for **progesterone receptor modulating drugs** such as **mifepristone** to be **prescribed, administered, OR dispensed** in Alaska. As long as those provisions remain, our opposition will continue and expand as a direct result of that decision.

You may contact me at the phone or email below.

Regards,

Patrick Martin
Alaska Right to Life
PatMartin@AlaskaRightToLife.org
(907) 753-6397

****Record Karin Talley's OPPOSITION to HB 195 / SB 147 in the bill record.****

Whereas: Chemical Abortions have **surged to 60%** of all abortions, claiming **730 babies' lives** in **2025**;

Whereas: Every Abortion Pill kills a child in the womb;

Whereas: Insurance data shows that **1 in 10 women** that take the abortion pill experience **serious or life-threatening adverse events**, including ***hemorrhaging, infections, and sepsis***;

Whereas: HB 195 / SB 147 would redefine ***Patient Care Services*** to allow ***prescribing, administering, and dispensing*** controlled substances and ***Abortion Pills***;

Whereas: HB 195 / SB 147 would allow **Abortionists** and **Pharmacists** to form and operate **Abortion Pill Distributorships** through ***Collaborative Practice Agreements WITHOUT*** approval or oversight;

Whereas: HB 195 / SB 147 would create a ***legal gateway*** for **Pharmacists** to ***Prescribe, Administer, and Dispense Abortion Pills***, crossing a line no state should permit;

Whereas: *God made man in His own image* (Genesis 1:26), ***human life begins at conception***, and God instituted government to ***protect the right to live*** (Genesis 9:6, Romans 13:1-4, Article 1, Section 1 of the Alaska Constitution);

THEREFORE: so long as **HB 195 / SB 147** create or maintain a legal gateway for *Pharmacists* to *Prescribe, Administer, OR Dispense Abortion Pills*, I urge **ALL of Alaska's Elected Representatives** to vote **DO NOT PASS** or **NO** and **DEFEAT HB 195 / SB 147** without **apology, exception, or compromise.**

Karin Talley

Anchorage, Alaska 99503

From: PatMartin=alaskarighttolife.org@mg.alaskarighttolife.org on behalf of Craig Gilliland <PatMartin@alaskarighttolife.org>
Sent: Wednesday, April 15, 2026 10:35 AM
To: House Finance; Rep. Neal Foster; Rep. Andy Josephson; Rep. Calvin Schrage
Subject: Craig Gilliland Urging Opposition and DO NOT PASS Vote on HB 195 / SB 147

House Finance Committee Co-Chairs Foster, Josephson, and Schrage:

AUTHORIZING UNACCEPTABLE RISK

As you know, [HB 195 / SB 147](#) authorize pharmacist prescribed, administered, and dispensed abortions in several ways:

1. **HB 195 / SB 147** authorize ***abortionists*** and ***pharmacists*** to ***diagnose pregnancies*** and other health conditions and illnesses under *Collaborative Practice Agreements*(CPA).
2. **HB 195 / SB 147** redefine ***patient care services*** to include ***prescribing, administering,*** and ***dispensing*** drugs and devices, including ***abortion pills*** such as ***mifepristone***.
3. **HB 195** eliminates much of the Department's and Board's approval and oversight of **CPAs**.
4. The *FDA Risk Evaluation and Mitigation Strategy* (**REMS**) for **mifepristone** has already been relaxed to permit ***pharmacists' prescribing*** and ***dispensing mifepristone*** and other ***progesterone receptor modulators*** without in person examinations.

KNOWN MIFESPRISTONE COMPLICATION RISK

The Ethics and Public Policy Center (**EPPC**) an all-payer insurance claims data **study** of **865,727 mifepristone abortions** from 2017 to 2023 shows that **10.93%** of women experienced ***sepsis, infection, hemorrhaging,*** or ***other serious complications***.

Permissive and virtually unregulated ***abortionist//pharmacist*** Collaborative Practice Agreements will expand Big Abortion's Mifepristone Abortion Pill Network and will ***increase the risk to Alaskan women*** far ***beyond already unacceptable levels***.

RURAL ALASKA MULTIPLIES THE RISK FACTORS

Given the *distance* and *difficulty of travel* to properly equipped emergency medical professionals and equipment, *women in rural Alaska will suffer even greater harm* when they are among the **10.93%** that will **suffer a serious mifepristone abortion complication**.

Rather than the promised benefits of improved access to healthcare, **HB 195 / SB 147**, *every additional mile driven* and *every minute waiting for an airplane* from Nome, Kotzebue, or Bethel **multiplies the suffering and risk of life-threatening outcomes** far too many women will experience.

The *serious complications* that are common with Mifepristone abortions could **quickly move beyond life-threatening** during the hours long drive to Fairbanks or even **before a plane from Nome or Kotzebue can get to her**.

Representative Foster, I cannot imagine the promised benefits of **HB 195 / SB 147** justify that kind of risk to Alaska women that have to drive or fly hours to reach properly equipped and staffed emergency medical centers.

RISK COMPOUNDS WITH DISTANCE, DELAY, AND DEPENDENCE ON AIR TRAVEL

Representative Foster, even the **FDA REMS** recognizes the known serious complication risks of Mifepristone abortions, requiring access to blood transfusion and resuscitation equipped medical centers.

Thus, **every added barrier** between a woman and the treatment she needs irresponsibly **increases the danger** of already known complication risks.

Representative Foster, Alaska geography and weather are not underlying factors in the 10.93% serious complication risk, but rather multipliers of that risk.

A woman in Anchorage may be minutes from surgical intervention, blood transfusion, and resuscitation. But **a woman in rural Alaska** – or in a village outside of Nome, Kotzebue, or Bethel will be separated from emergency medical facilities by ever changing **weather, daylight, aircraft availability, airfield conditions, and multiple takeoffs and landings**.

The pill may be the same, **but the risk to the women in rural Alaska is not**.

And since **HB 195 / SB 147** promise to extend healthcare access to rural Alaska and Native villages, continued support for the bill(s) in their current form, means **extending the consequences of Mifepristone Abortions** far beyond reliable access to properly equipped emergency medical professionals and equipment.

Representative Foster, since you've been warned of the predictable risks of Mifepristone Abortion Pills being prescribed and dispensed in rural Alaska and Native villages, you are necessarily responsible for whether those risks are prevented – or caused to multiply.

PHARMACY MODERNIZATION WITHOUT ABORTION EXPANSION

Representative Josephson, Alaska can pursue pharmacy modernization **without embedding abortion**

expansion within it.

Please allow reason and compassion for children and women to prevail and immediately **HOLD** or **AMEND SB 147** to *completely eliminate any authority* for **progesterone receptor modulating drugs** such as **mifepristone** to be **prescribed, administered, OR dispensed** in Alaska.

To that end, I've included a petition below from **Craig Gilliland** from Eagle River, who is **OPPOSING HB 195 / SB 147**.

Craig's petition will be electronically presented to the current committee considering **HB 195 / SB 147**. Your colleagues in the Legislature, along with **Governor Dunleavy**, will receive copies of this petition.

ABORTION NON-NEGOTIABLES

Alaska Right to Life and our Members have three primary concerns with **HB 195 / SB 147**:

First, **every abortion pill kills a child in the womb**. The fact that **HB 195 / SB 147** attempt to do nothing to reduce the killing is reason enough to oppose the bill(s).

Next, **1 in 10 abortion pills** cause the women who take them to experience **serious to life-threatening complications** according to this 2025 insurance claim [study](#).

The [Ethics and Public Policy Center study](#) referenced above is based on six years of insurance claims data involving **865,727 mifepristone abortions**. Insurance claim data shows that **10.9% of women experienced serious adverse events within 45 days**, including **hemorrhage, infection, sepsis, emergency room visits, or hospitalization**.

Finally, abortion pills are not simply a different abortion procedure or technology. *Abortion pills* (mifepristone) *fundamentally change who carries the burden of the abortion process*.

As outlined in testimony submitted in **Louisiana v FDA**, 6:25-cv-01491, chemical abortion:

- Requires the **pregnant woman** herself to **initiate** and **complete** the **abortion** by ingesting the drugs.
 - Involves a multi-day process during which **she remains fully aware of the cramping, bleeding, and expulsion**.
 - Often results in the **formerly pregnant woman** directly **encountering the remains of her unborn child**.
 - Takes place outside a clinical setting, frequently *without in-person medical supervision*.
 - **Commonly occurs in her home**, turning what should be a place of safety into the setting of a **physically and emotionally traumatic event**.

Unlike a *surgical abortion* performed on a *pregnant woman* by an abortionist, **abortion pills shift the physical *initiation* and *completion* of the abortion** - and the **emotional aftermath** onto the woman

herself.

Unless or until the bill(s) are withdrawn or amended to *completely eliminate any authority* for **progesterone receptor modulating drugs** such as **mifepristone** to be **prescribed, administered, OR dispensed** in Alaska, *our opposition will remain firm*.

Conversely, **HB 195 / SB 147** could advance *without controversy* if the bill(s) *completely eliminate any authority* for **progesterone receptor modulating drugs** such as **mifepristone** to be **prescribed, administered, OR dispensed** in Alaska. As long as those provisions remain, our opposition will continue and expand as a direct result of that decision.

You may contact me at the phone or email below.

Regards,

Patrick Martin
Alaska Right to Life
PatMartin@AlaskaRightToLife.org
(907) 753-6397

****Record Craig Gilliland's OPPOSITION to HB 195 / SB 147 in the bill record.****

Whereas: Chemical Abortions have **surged to 60%** of all abortions, claiming **730 babies' lives** in **2025**;

Whereas: Every Abortion Pill kills a child in the womb;

Whereas: Insurance data shows that **1 in 10 women** that take the abortion pill experience **serious or life-threatening adverse events**, including ***hemorrhaging, infections, and sepsis***;

Whereas: HB 195 / SB 147 would redefine ***Patient Care Services*** to allow ***prescribing, administering, and dispensing*** controlled substances and ***Abortion Pills***;

Whereas: HB 195 / SB 147 would allow **Abortionists** and **Pharmacists** to form and operate **Abortion Pill Distributorships** through ***Collaborative Practice Agreements WITHOUT*** approval or oversight;

Whereas: HB 195 / SB 147 would create a ***legal gateway*** for **Pharmacists** to ***Prescribe, Administer, and Dispense Abortion Pills***, crossing a line no state should permit;

Whereas: *God made man in His own image* (Genesis 1:26), ***human life begins at conception***, and God instituted government to ***protect the right to live*** (Genesis 9:6, Romans 13:1-4, Article 1, Section 1 of the Alaska Constitution);

THEREFORE: so long as **HB 195 / SB 147** create or maintain a legal gateway for **Pharmacists** to **Prescribe, Administer, OR Dispense Abortion Pills**, I urge **ALL of Alaska's Elected Representatives** to vote **DO NOT PASS** or **NO** and **DEFEAT HB 195 / SB 147** without **apology, exception, or compromise.**

Craig Gilliland

Eagle River, Alaska 99577