

HB

173

<TARGET><BILL>HB 173</BILL><SUBJECT>HB
173</SUBJECT><COMM>HFIN28</COMM></TARGET>

Fiscal Note

State of Alaska
2014 Legislative Session

Bill Version: HB 173
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB173-DHSS-HCMS-1-21-14
Title: RESTRICT MEDICAID PAYMENT FOR
ABORTIONS
Sponsor: LEDOUX
Requester: House Finance Committee

Department: Department of Health and Social Services
Appropriation: Medicaid Services
Allocation: Health Care Medicaid Services
OMB Component Number: 2077

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2015 Appropriation Requested	Included in Governor's FY2015 Request	Out-Year Cost Estimates				
			FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
OPERATING EXPENDITURES	***	0.0	***	***	***	***	***
Personal Services	***		***	***	***	***	***
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	***	0.0	***	***	***	***	***

Fund Source (Operating Only)

None							
Total	***	0.0	***	***	***	***	***

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues

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Estimated SUPPLEMENTAL (FY2014) cost: 0.0 (separate supplemental appropriation required)
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2015) cost: 0.0 (separate capital appropriation required)
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes
If yes, by what date are the regulations to be adopted, amended or repealed? 01/01/15

Why this fiscal note differs from previous version:

Updated for 2nd session to accurately reflect FY2015 and out year costs.
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Prepared By:	Margaret Brodie, Director	Phone:	(907)334-2520
Division:	Health Care Services	Date:	10/14/2013 04:00 PM
Approved By:	Sarah Woods, Deputy Director	Date:	10/14/13
Agency:	Finance & Management Services		

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2014 LEGISLATIVE SESSION

BILL NO. HB173

Analysis

This bill would limit funding of abortions for Medicaid eligible individuals to medically necessary abortions and abortions that are the result of rape or incest. The bill provides a statutory definition of medical necessity. Currently, Alaska Medicaid only pays for medically necessary abortions and abortions that are the result of rape or incest. However, the determination of medical necessity is made by the physician requesting authorization of the abortion based on professional judgment, not a specific definition.

It is possible that use of specific criteria for medical necessity could reduce the number of abortions qualified for state funding. However, the Department lacks the data needed to estimate how many abortions would fail to meet the bill's definition of medical necessity. Therefore, we cannot determine the impact on expenditures.

Medicaid payment regulations would need to be amended to apply the specific definition of medical necessity as a condition of payment for abortion services.

Fiscal Note

State of Alaska
2013 Legislative Session

Bill Version: HB 173
Fiscal Note Number: 1
(H) Publish Date: 4/6/13

Identifier: HB173-DHSS-HCMS-3-22-13
Title: RESTRICT MEDICAID PAYMENT FOR
ABORTIONS
Sponsor: LEDOUX
Requester: House Judiciary Committee

Department: Department of Health and Social Services
Appropriation: Medicaid Services
Allocation: Health Care Medicaid Services
OMB Component Number: 2077

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2014 Appropriation Requested	Included in Governor's FY2014 Request	Out-Year Cost Estimates				
			FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
OPERATING EXPENDITURES	***	FY 2014	***	***	***	***	***
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	***	0.0	***	***	***	***	***

Fund Source (Operating Only)

None							
Total	***	0.0	***	***	***	***	***

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues							
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Estimated SUPPLEMENTAL (FY2013) cost: 0.0

Estimated CAPITAL (FY2014) cost: 0.0

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes
If yes, by what date are the regulations to be adopted, amended or repealed? 01/01/14

Why this fiscal note differs from previous version:

Initial version, not applicable.

Prepared By: <u>Margaret Brodie, Director</u>	Phone: <u>(907)334-2520</u>
Division: <u>Health Care Services</u>	Date: <u>03/22/2013 02:00 PM</u>
Approved By: <u>Sarah Woods, Deputy Director</u>	Date: <u>03/22/13</u>
<u>Finance & Management Services</u>	

FISCAL NOTE ANALYSIS #1

STATE OF ALASKA
2013 LEGISLATIVE SESSION

BILL NO. HB 173

Analysis

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ALASKA STATE LEGISLATURE

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REPRESENTATIVE GABRIELLE LEDOUX
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Sponsor Statement

HB 173

An Act defining "medically necessary abortion" for purposes of making payments under the state Medicaid program.

HB 173 specifically brings clarity to the term "medically necessary abortion" for the purposes of making payments under Medicaid. In 2001, the Alaska Supreme Court determined the state must pay for medically necessary abortions for participants in the Medicaid program.

The question must be asked "why our tax payer's money is being used for elective abortions?" Currently there is no definition of what a 'medically necessary' abortion is, therefore all abortions covered under Medicaid are considered medically necessary.

HB 173, based on recommendations and expert testimony from medical professionals, reasonably provides a neutral definition for a 'medically necessary abortion.'

This bill does not prevent abortions from taking place in Alaska; HB 173 is simply a definition bill that defines what a 'medically necessary abortion' is.

I urge you to support HB 173

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SECTIONAL ANALYSIS

HB 149: "An Act defining 'medically necessary abortion' for purposes of making payments under the state Medicaid program."

Section 1: AS 47.07 is amended by adding a new section:

AS 47.07.068 shall read:

This section shall neutrally define "medically necessary abortions" for the purpose of making payments under Medicaid.

This section shall clearly distinguish between "medically necessary abortions" and "elective abortions."

Medicaid does not fund elective procedures (such as a facelift).

Medicaid also shall not fund elective abortions.

Medicaid only funds medically necessary procedures.

Medicaid shall only fund medically necessary abortions.

The definition was crafted after giving careful consideration to existing federal foundational thresholds found in the Hyde Amendment, the language in the 2001 "Planned Parenthood Case" (State, DHSS v. Planned Parenthood, 28 P.3d 904, 915 (Alaska 2001)), and the neutral, professional recommendations of medical experts.

(a) The department shall not pay for abortions unless the services are medically necessary or the pregnancy was the result of rape or incest. Payment shall not be made for elective abortions.

(b) (1) "Abortion" shall be as defined in AS 18.16.090.

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- (2) "Elective abortion" means an abortion that is not medically necessary.
- (3) "Medically necessary abortion" means, in a physician's objective and reasonable professional judgment, after considering neutral medically relevant factors, that an abortion must be performed to avoid a threat of serious risk to the life or physical health of a woman from continuation of the woman's pregnancy;
- (4) "Serious risk to the life or physical health" includes, but is not limited to, a serious risk to the pregnant woman of:
 - (A) death; or
 - (B) impairment of a major bodily function because of (i-xxii) the conditions listed.

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Attached is a memorandum from Kevin Clarkson in regards to SB 49 which is the exact same bill as HB 173. For your information, please review this material.

Gabrielle LeDoux

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MEMORANDUM

TO: Senator John Coghill
FROM: Kevin G. Clarkson, Esq.
DATE: March 8, 2013
RE: Medicaid Funding for Abortion in Alaska

**UNDER THE ALASKA CONSTITUTION THE STATE ONLY HAS TO PAY FOR
MEDICALLY NECESSARY ABORTIONS, DOES NOT HAVE TO PAY FOR
ELECTIVE ABORTIONS, AND CAN DEFINE MEDICAL NECESSITY FOR
ABORTION USING STANDARD, NEUTRAL MEDICAL TERMS AND CONCEPTS**

**I. THE MEDICAID PROGRAM, THE HYDE AMENDMENT AND THE FEDERAL
CONSTITUTION**

The Medicaid program was created in 1965 when Congress added Title XIX to the Social Security Act, 42 U.S.C. 1396, *et. seq.* Medicaid is a comprehensive health care program designed to provide medical assistance for all eligible poor persons. In function, it is a cooperative endeavor in which the Federal Government provides financial assistance to participating States to aid them in furnishing health care to needy persons. Medicaid was designed for the purpose of providing federal assistance to States that choose to reimburse certain costs of medical treatment of needy persons. Although participation in the Medicaid program is entirely optional, once a State elects to participate it must comply with the requirements of Title XIX. Alaska participates in the Medicaid program and provides funding for medical services for poor Alaskans primarily through the Medicaid program.

By federal law, if Alaska is to receive federal Medicaid funding, Alaska must pay for certain types of medical care that is required by Title XIX, which includes childbirth related care. Under federal law, pursuant to what is known as the Hyde Amendment, federal Medicaid funds can only pay for abortions that are necessary to save a woman's life or to end a pregnancy that resulted from either rape or incest. The United States Supreme Court long ago ruled that the Federal Constitution does not require a State to pay for the costs of elective or nontherapeutic abortions just because it pays for the costs of childbirth related medical care.¹ The United States Supreme Court explained that the limitation "places no obstacles-absolute or otherwise-in the pregnant woman's path to an

¹ See *Maher v. Roe*, 432 U.S. 464, 474 (1977).

abortion. An indigent woman who desires an abortion suffers no disadvantage as a consequence of [the] ... decision to fund childbirth; she continues as before to be dependent on private sources for the services she desires."² The Court reasoned that although the funding limitation might make childbirth a more attractive alternative, thereby influencing the woman's decision, it imposes no restriction on access to abortion that was not already there (*i.e.*, the woman's indigency, which the State did not create).

The United States Supreme Court also long ago ruled that the Hyde Amendment does not violate an indigent woman's federal constitutional right to obtain a medically necessary abortion.³ The Court explained that "regardless of whether the freedom of a woman to choose to terminate her pregnancy for health reasons lies at the core or the periphery of the due process liberty recognized in *Roe v. Wade*, it simply does not follow that a woman's freedom of choice carries with it a constitutional entitlement to the financial resources to avail herself of the full range of protected choices."⁴ Thus, by the *Maher* and *Harris* decisions the United States Supreme Court has ruled that "although government may not place obstacles in the path of a woman's exercise of her freedom of choice, it need not remove those not of its own creation" (namely the woman's indigency).⁵ As the Court explained in *Harris* "[t]he financial constraints that restrict an indigent woman's ability to enjoy the full range of constitutionally protected freedom of choice are the product not of governmental restrictions on access to abortions, but rather of her indigency."⁶

II. MEDICAID ONLY PAYS FOR MEDICALLY NECESSARY MEDICAL CARE

The Medicaid program only provides funding for medically necessary medical care. "Medically necessary" is a blanket prerequisite for all medical services covered by the Medicaid Program. "The department will pay for a service only if that service . . . is medically necessary."⁷ The term "medically necessary" is replete throughout the regulations governing Alaska's Medicaid Program. Hospital stays, eye care, emergency air or ground ambulances, mental health treatment, behavioral health services, B-complex vitamins, podiatry services, all are specifically limited to being covered by Medicaid only when they are "medically necessary."⁸

III. THE ALASKA CONSTITUTION REQUIRES THE STATE TO PAY FOR MEDICALLY NECESSARY ABORTIONS IF THE STATE PAYS FOR CHILDBIRTH RELATED SERVICE

² *Id.*

³ *See Harris v. McRae*, 448 U.S. 297 (1980).

⁴ *Id.* at 316.

⁵ *Id.*

⁶ *Id.*

⁷ 7 AAC § 105.100.

⁸ *See* 7 AAC §§ 110.445(a)(1); 110.505(a); 110.715(a)(1); 120.110(e)(6)(H); 120.240; 120.415(a); 135.230(a)(1); 140.325.

With respect to Medicaid funding for abortion, the Alaska Supreme Court has interpreted the Alaska Constitution differently than the United States Supreme Court has interpreted the federal Constitution. The Alaska Court has interpreted the Alaska Constitution to require the State to fund medically necessary abortions through its Medicaid program (using State funds that are not restricted by the Hyde Amendment). The Alaska Court has ruled that the State must fund medically necessary abortions through its Medicaid program so long as the State pays for childbirth related medical care.⁹

IV. THE PLANNED PARENTHOOD DECISION CREATED NO OBLIGATION FOR THE STATE TO PAY FOR ELECTIVE ABORTIONS OR ABORTIONS THAT ARE NOT MEDICALLY NECESSARY

The Alaska Supreme Court's decision in *Planned Parenthood* cannot reasonably be read to require the State to fund elective abortions or those abortions that are not medically necessary. The Alaska Court emphasized in its Opinion that the *Planned Parenthood* case did "not concern State payment for elective abortions."¹⁰ The Court repeatedly limited the application of its decision to "medically necessary abortions."¹¹ The Court specifically and deliberately referred to the "medically necessary" nature of the abortions that it was addressing in the case on thirty-four (34) separate instances in its Opinion.¹² Given the Court's repeated limitation of its decision to "medically

⁹ See *State v. Planned Parenthood of Alaska, Inc.*, 28 P.3d 904 (Alaska 2001).

¹⁰ *Planned Parenthood*, 28 P.3d at 905.

¹¹ *Id.* at 905-915.

¹² See *Planned Parenthood*, 28 P.3d at 905 ("it denies funding for medically necessary abortions"); *id.* ("the medically necessary procedure"); *id.* ("state funding of medically necessary abortions"); *id.* ("assistance to eligible women whose health depends on obtaining abortions"); *id.* ("women who's health is in danger"); *id.* at 906 ("women who medically require abortions"); *id.* at 906 n.7 ("government support for medically necessary abortions"); *id.* at 907 ("Medicaid assistance for medically necessary abortions"); *id.* ("a woman who medically requires an abortion"); *id.* ("face significant risks if they cannot obtain abortions"); *id.* ("funding for medically necessary abortions"); *id.* ("coverage for medically necessary abortions"); *id.* at 907 n. 11 ("funding for medically necessary abortions" . . . "available to pay for medically necessary abortions"); *id.* at 908 ("women who need abortions"); *id.* ("necessary care to eligible women"); *id.* at 908 n.21 ("jeopardize the health of . . . of poor women by excluding medically necessary abortions"); *id.* at 910 ("medically unnecessary inpatient treatment" is different); *id.* ("coverage for medically necessary abortions"); *id.* at 911 ("public assistance for medically necessary abortions"); *id.* ("State grants needed health care" to some but denies for abortion); *id.* ("provides necessary medical care" but not to those needing abortion); *id.* ("women who medically require abortions"); *id.* at 912 ("jeopardize the health . . . of poor women by excluding medically necessary abortions"); *id.* at 913 ("women who for health reasons, require abortions"); *Id.* ("denying medically necessary care to women who need abortions"); *Id.* at 914 ("exclusion of medically necessary abortions"); *id.* at 914, n.78 ("require legislative funding for medically necessary abortion"); *Id.* at 915 ("to fund medically necessary abortions"); *Id.* ("medically necessary abortions"); *Id.* ("may not deny medically necessary services to eligible individuals"); *Id.* ("women who medically require abortions"); *Id.* at

necessary" abortions, and given the fact that Medicaid only provides funding for medically necessary medical care, it would be truly remarkable for anyone to claim that the Alaska Supreme Court's decision in *Planned Parenthood* requires the State to fund "elective" abortions or abortions that are not "medically necessary."

V. THE STATE CAN DEFINE MEDICAL NECESSITY FOR ABORTION USING STANDARD, NEUTRAL MEDICAL CRITERIA

Under the *Planned Parenthood* decision the State of Alaska may not "grant[] needed health care to some Medicaid-eligible Alaskans, but den[y] it to others, based on criteria unrelated to the Medicaid program's purpose of granting uniform and high quality medical care to all needy persons of this state." *Planned Parenthood*, 28 P.3d at 911. Thus, if the State provides "medically necessary" care to Medicaid eligible women desiring childbirth, it must also provide "medically necessary" abortions to Medicaid eligible women who choose abortion. By repeatedly emphasizing that its decision required the State to pay for "medically necessary abortions" and by emphasizing that its decision did "not concern State payment for elective abortions,"¹³ the Court unmistakably concluded that there is a distinction between "elective" and "medically necessary abortions." The Court drove home the distinction between elective abortions and medically necessary abortions by detailing the rare but potential medical conditions that could make an abortion medically necessary.¹⁴ By the Alaska Court's 2001 decision, not all abortions are medically necessary and the State is not obligated to pay for abortions that are elective or that are not medically necessary.

The Alaska Supreme Court's decision in *Planned Parenthood* did not define the difference between what is or what is not a "medically necessary" abortion. The Court simply summarized the "medical evidence" that had been provided to the superior court in that case to demonstrate that some abortions are "medically necessary." *Id.* at 907 ("According to medical evidence provided to the superior court, some women . . . face significant risks if they cannot obtain abortions."). The Court did not constitutionalize a definition of "medical necessity" in *Planned Parenthood* and it did not rule that any particular medical condition constitutionally rendered an abortion medically necessary. *Id.* Instead, the Court simply noted that medical evidence in the case established that some abortions are medically necessary. *Id.*

915 n. 79 ("funding medically necessary abortions").

¹³ See *Planned Parenthood*, 28 P.3d at 905.

¹⁴ See *id.* at 907 ("The range of women whose access to medical care is restricted by the regulation is broad. According to medical evidence provided to the superior court, some women-particularly those who suffer from pre-existing health problems-face significant risks if they cannot obtain abortions. Women with diabetes risk kidney failure, blindness, and preeclampsia or eclampsia-conditions characterized by simultaneous convulsions and comas-when their disease is complicated by pregnancy. Women with renal disease may lose a kidney and face a lifetime of dialysis if they cannot obtain an abortion. And pregnancy in women with sickle cell anemia can accelerate the disease, leading to pneumonia, kidney infections, congestive heart failure, and pulmonary conditions such as embolus. Poor women who suffer from conditions such as epilepsy or bipolar disorder face a particularly brutal dilemma as a result of DHSS's regulation-medication needed by the women to control their own seizures or other symptoms can be highly dangerous to a developing fetus.").

The State is permitted to distinguish between the two types of abortions (those that are elective and those that are medically necessary) by way of "neutral criteria" that are related to "the purposes of the public health care program." *Id.* at 915.¹³ The Alaska Court found in *Planned Parenthood* that the purpose of the Alaska Medicaid program is to grant "needed health care" to Medicaid eligible Alaskans. *Id.* at 911. The Court concluded that the constitutional problem with the Medicaid regulation at issue in 2001 was that it "grant[ed] needed health care to some Medicaid-eligible Alaskans, but denie[d] it to others, based on criteria entirely unrelated to the Medicaid programs purpose of granting uniform high quality medical care to all needy persons of th[e] state." *Id.* at 911. In other words, by simply excluding all abortions from the Medicaid Program the State was excluding care from the Program without regard to medical evidence and medical knowledge. The Court observed that restrictions which limited funding based upon criteria like "medical necessity, cost and feasibility" are permissible; *i.e.*, distinguishing between medical care that is "medically necessary" and other medical care which is not, and then providing Medicaid funding only for that care which is "medically necessary", involves the permissible use of neutral criteria which does not violate the Alaska Constitution. *Id.* at 910. The "neutral criteria" that the Court found permissible in *Planned Parenthood* was accepted medical knowledge regarding what is or is not medically necessary.

The constitutional key to distinguishing between "elective abortions" that the State is not obligated to fund, and "medically necessary" abortions that the State is obligated to fund, is the use of "neutral criteria" derived from accepted medical knowledge. The Court has already recognized "medical necessity" as being a "neutral criterion." *Id.* at 910. Thus, the distinction between "medically necessary" care and "non-medically necessary" care is a constitutionally "neutral" distinction. If the criteria for distinguishing between what the state must fund and need not fund must be "neutral," then the terms and concepts used in drawing that distinction must likewise be "neutral." Medical necessity is a neutral medical concept. Thus, drawing a distinction between "medical necessity" and "election" with respect to abortion using accepted medical knowledge, terms and concepts is likewise constitutionally neutral. So long as the State defines the difference between "medically necessary" abortion and "elective" abortion using accepted medical knowledge, terms and and concepts, there is no constitutional infirmity in the State's action in adopting such a definition for purposes of funding "medically necessary" abortions.

The State is not obligated to leave the definition of "medical necessity" for purposes of Medicaid funding in the sole and unquestioned discretion of the physician. If that were the case, then the State would not be permitted to define the types of medical care that is covered by Medicaid and the types of medical care that is not. But, the Alaska Court plainly indicated that it was permissible for the State to draw such a distinction independent of the physician. *See Id.* at 910 (unnecessary inpatient treatment and beautifying cosmetic surgery). The notion that the Legislature cannot define "medical necessity" for some or all, or even one, of the various medical procedures covered by Medicaid is simply incorrect. The Alaska Supreme Court recognized in its 2001 decision that "medical necessity" is a neutral criterion. *Planned Parenthood*, 28 P.3d at 910. And, the Court recognized that the Legislature or the Department of Health and Human Services could draw a distinction between "medically necessary" medical care and other elective medical care independent of the

¹³ *See also* 28 P.3d at 908 ("when the State government seeks to act for the common benefit, protection, and security of the people in providing medical care for the poor, it has an obligation to do so in a neutral manner so as to not infringe upon the constitutional rights of its citizens").

physician. *See id.* at 910 (the state was permitted to exclude from Medicaid such things as unnecessary inpatient treatment and beautifying cosmetic surgery; *i.e.*, the State was not required to leave it to a physician to decide whether such things were “medically necessary” but instead could place them in that category on its own).

Alaska abortion providers have proven themselves to be unreliable with respect to distinguishing between abortions that are medically necessary and those that are not. For example Dr. Whitefield, one of Alaska’s leading abortion providers and now employed with Planned Parenthood, has testified under oath three separate times in three separate cases that he has consistently defined medical necessity to include women who believe pregnancy will interfere with their employment or education plans, as well as women who view their pregnancy as being an “affront” to them (which essentially means nothing more than that the woman does not want to be pregnant). *See* attached Trial Transcript from the Alaska Parental Consent litigation.

If the Legislature receives medical testimony and opinion from recognized and qualified medical experts as what physical or medical conditions make an abortion “medically necessary,” and then crafts a definition based upon that expert medical testimony and opinion, then the Legislature is not running afoul of the Alaska Constitution in any manner or form.

13 Q Now, in your practice the State will pay for a minor
14 girl's abortion -- and again we're -- I'm speaking now at
15 this time of -- when I speak of a minor I'm talking about
16 the classification of 16 and under for our purposes of
17 definitions -- and the State will pay for any abortion
18 that is medically necessary; is that correct?

19 A Correct.

20 Q And since you've been practicing since 1985 you have been
21 able to find a medical necessity for State-paid abortions
22 for these girls except perhaps for only 10; is that
23 correct?

24 A I believe that's what I said in my deposition.

25 Q And your definition of medical necessity is what you refer

1 to if the pregnancy is an affront to the minor; is that
2 correct?

3 A It's that the pregnancy in some way is a threat to the
4 patient's medical or psychological well-being.

5 Q And what you use for a definition is a theoretical hazard
6 to her mental health; is that correct?

7 A I think I've used those terms.

8 Q And this could mean that if, in fact, the pregnancy would
9 cause her some conc-- problems in dealing with education,
10 her continued employment, things of this nature, would be

11 the kind of affront you're talking about; is that correct?

12 A Independence would be another one, the ability to raise a

13 family. There's multiple factors that will go into it.

March 19, 2013

Dear Representatives,

I am writing to support House Bill 173. I oppose the use of taxpayer's money being used to pay for an elective abortion. My definition of an elective abortion is any abortion performed other than to save the life of the mother. If a woman wants an abortion for any other reason, it should not be done at the taxpayer's expense. I honestly struggle with that fact that abortion is made so convenient in this nation while adoption is made so difficult.

I was told at a young age that I could never have children due to fertility issues. My husband and I looked into adoption in a couple states but discovered time and again that it was an arduous and expensive process that is seemingly unattainable unless one is independently wealthy. Meanwhile, abortions are performed in almost every populated area for a nominal fee and provided to girls and women of all ages. We were blessed after 13 years of marriage with a daughter and she will always know how precious life is and to respect it.

Yes, this is personal for me. I understand that I cannot evoke my morality on others nor would I try to in a free country. I do however, have a say on how my tax money is spent. In financially difficult times such as these, it should be spent on education, jobs, and infrastructure. Perhaps if we need to be involved in unwanted pregnancies, we could help these mothers through the pregnancy and find homes for the children where they would be wanted, loved, and cared for.

I urge my Representatives to support this legislation and thank you for the opportunity to share my opinion.

Sincerely,
Julie Gillette
4301 S. Well Site Rd
Wasilla AK 99654
907-376-5455

Harmony Shields

From: gabrielle satterfield <gesatterfield@gmail.com>
Sent: Tuesday, March 12, 2013 12:19 AM
To: GOV.AllLegislators@alaska.gov
Subject: Medically Necessary Abortion

Greetings Representatives,

When trying to define "Medically Necessary Abortions" I urge you to value Physical Life above all and in doing so value both the mother's life and the fetus' life equally. Please seek to close any gap in wording that would either elevate one life over the other or equate "quality of life" to actual "physical life." Please only allow necessary to mean "necessary to save the mothers life" as opposed to any number of so called necessities such as "necessary to maintain optimal health." And if a doctor deems it necessary to save the life of the mother then he should be able to prove within reasonable doubt that the mother would have indeed died - possibly with consensus from another doctor - after all, it should it up to a single man to carry the burden of choosing to end one life even if it is his best intentions to save another? If there is only one life that can be saved then it's worth it in the event that both would surely die otherwise. The truth is that abortion poses more risks and damage to a mother whose not at risk of losing her life and is never a good option for her health either physical or mental. It's my understanding that abortion only refers to ending a live pregnancy and not a miscarriage - otherwise I think the mother should have the option to have abortion procedures to remove the miscarried fetus.

Thank you for your time,
Gabrielle Satterfield

Harmony Shields

From: Scott Phillips <scottphillipsfamily@me.com>
Sent: Monday, March 11, 2013 5:00 PM
To: GOV.ALLlegislators@alaska.gov
Subject: State Funded Healthcare Concerns.

Greetings,

I wanted to thank you for your service to the State of Alaska and its people. I am writing you today concerning the issue of State Funded Abortions. I would ask that you please take into consideration any proposed legislation that would aid in closing any present loop holes allowing State Finances to be used for Abortions that are deemed medically necessary. It is my understanding that the term "Medically Necessary" is not clearly defined and allows many abortions to be State funded while in fact they're Not truly medically necessary.

Our State Constitution in part exists for those that are voiceless, to protect their basic human rights which includes the Right To Life. Please do your part in seeing The Dignity of our State preserved in the midst of Western Trends that Devalue human life.

Thank you for your consideration,
Scott Phillips
Wasilla, Alaska

Sent from my iPhone