

SB

49

(FILE 1)

<TARGET><BILL>SB 49</BILL><SUBJECT>SB 49 (FILE
1)</SUBJECT><COMM>SFIN28</COMM></TARGET>

Doniece Gott

From: Sen. Kevin Meyer
Sent: Tuesday, April 02, 2013 4:09 PM
To: Senate Finance Committee
Subject: FW: Comments on SB 49 for the Senate Finance Committee hearing

SB 49 testimony

From: Jean Eaton [<mailto:eaton@alaska.com>]
Sent: Saturday, March 30, 2013 10:28 AM
To: Sen. Kevin Meyer
Subject: Comments on SB 49 for the Senate Finance Committee hearing

Dear Senator Meyer,

I would like to make some comments on SB 49 to be entered into the record of the Senate Finance Committee hearing today 3/30/2013.

For the record I am Jean Eaton from Senate District N.

Why should the legislature be practicing medicine?

SB 49 would only affect the poorest, most defenseless and needy segment of society. It is very invasive into a very personal aspect of a woman's health, and prevents the physician from using her training and judgment. It's a shameful attack on impoverished women in a very tough situation.

The legislature would do better to concentrate on our state's economy, energy production, education, employment, infrastructure and resources, so that Alaskans can support themselves, prosper and lead satisfying lives. You've been elected to run the economy, not the doctor's practice.

It would be more constructive to spend this time on a bill making abortion less necessary. Fund family planning, contraception, and reproductive education in the schools.

Providing free contraceptives to all who ask would be cheaper than paying for the births, the raising, the health, the foster care, and the social problems of impoverished, unwanted children.

Please VOTE NO on Senate Bill 49.

Jean Eaton

907 345-3606
8700 E Klatt Rd
Anchorage, AK 99507

Doniece Gott

From: Sen. Kevin Meyer
Sent: Tuesday, April 02, 2013 4:16 PM
To: Senate Finance Committee
Subject: FW: SB49 Senate Finance Hearing testimony

SB 49 Testimony

From: kime mcclintock [<mailto:mcclintock.k@gmail.com>]
Sent: Friday, March 29, 2013 2:55 PM
To: Sen. Kevin Meyer
Subject: SB49 Senate Finance Hearing testimony

Hi Sen. Meyer,

My name is Kime McClintock and I am your constituent. Unfortunately, I am unable to call into the hearing tomorrow regarding SB49, but wanted to make my voice heard. Bruce in Sen. Kelly's office advised me to use the "public opinion link" on the AK legislature website to submit comment, but I was unable to find it, so I hope this will suffice. I also left a message on your office phone; feel free to call me back at 907-351-2089 if you have any questions.

I urge you to vote against SB49. This bill is a huge overreach into the private lives of women and would effectively make two classes of women. This is not an Alaskan value. I urge you to also consider the fact that this bill does nothing to address the issue of unintended pregnancies, which is indeed a real issue. I would love to see thoughtful legislation that aimed to support women and families in leading healthy, self-determined lives; this bill does not do that.

You strike me as a reasonable person, and so I have faith that you will take my opinion into consideration. Please vote no on SB49.

Thank you,
Kime McClintock
MPH Candidate 2014
Tulane University

SENATE FINANCE COMMITTEE REPORT

DATE: 3/18/13

FURTHER:

DATE TURNED
IN TO OFFICE: _____

Finance Committee considered SPONSOR SUBSTITUTE FOR SENATE BILL NO. 49

SB 49 MEDICAID PAYMENT FOR ABORTIONS; TERMS

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

and recommends:

- be replaced with CS _____ (_____) Same Title New Title
- adopt previous CS _____ (_____) Same Title New Title
- attached amendment(s)
- adopt _____ Letter of Intent
- further referral to _____ Committee

| Dept Abbr. | |
|------------|-----|
| ADM | LWF |
| CED | LAW |
| COR | LEG |
| CRT | MVA |
| EED | DNR |
| DEC | DPS |
| DFG | REV |
| GOV | DOT |
| DHS | UA |

| NEW FISCAL NOTE(S) | | | | |
|--------------------|--------|--------|------|------|
| Dept. | Fiscal | Indet. | Zero | FN # |
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| PREVIOUS FISCAL NOTE(S) | | | | |
|-------------------------|--------|--------|------|------|
| Dept. | Fiscal | Indet. | Zero | FN # |
| DHS | | ✓ | | |
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APPROPRIATION - no fiscal note

| SIGNATURES AND RECOMMENDATIONS: | PRINTED LAST NAME | DO PASS | DO NOT PASS | NO REC | AMEND |
|---------------------------------|-------------------|---------|-------------|--------|-------|
| <i>[Signature]</i> | Dunleavy | ✓ | | | |
| <i>[Signature]</i> | Bishop | | | ✓ | |
| <i>[Signature]</i> | Hoffman | | | ✓ | |
| <i>[Signature]</i> | O'Soul | ✓ | | | |
| CO-CHAIR: <i>[Signature]</i> | Kelly | ✓ | | | |
| CO-CHAIR: <i>[Signature]</i> | Meyer | ✓ | | | |

Fiscal Note

State of Alaska
2013 Legislative Session

Bill Version: SSSB 49
Fiscal Note Number: 1
(S) Publish Date: 3/18/13

Identifier: SB049SS-DHSS-HCMS-2-22-13
Title: MEDICAID PAYMENT FOR ABORTIONS; TERMS
Sponsor: COGHILL
Requester: Senate 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 2015 | FY 2016 | FY 2017 | FY 2018 | FY 2019 |
| OPERATING EXPENDITURES | FY 2014 | 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 | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|

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: | Margaret Brodie, Director | Phone: | (907)334-2520 |
| Division | Health Care Services | Date: | 02/22/2013 12:00 PM |
| Approved By: | Sarah Woods, Deputy Director | Date: | 02/22/13 |
| | Finance & Management Services | | |

FISCAL NOTE ANALYSIS #1

STATE OF ALASKA
2013 LEGISLATIVE SESSION

BILL NO. SSSB 49

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.

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SENATOR JOHN COGHILL

Date: April 1, 2013

To: Finance Committee Members

From: Sen. John Coghill's Office

Re: SB 49

Rebuttal to Planned Parenthood and Testimony from Saturday, March 30, 2013

1. The testimony was broad and, at times, emotional. That is generally a common trait when debating issues involving abortion.
2. Sen. Coghill wants to correct some misunderstandings about the bill including some misunderstandings that come from its opponents.

POINT 1 - PLANNED PARENTHOOD STILL COULD NOT CLEARLY DEFINE WHAT AN ELECTIVE ABORTION WAS OR THAT ELECTIVE ABORTIONS EVEN EXIST.

- a. Of course, a reasonable person could argue that Planned Parenthood cannot openly clearly admit that elective abortions exist because that would make them elective procedures.
 - i. As we are all aware elective procedures are not covered under Medicaid.
 - ii. Paying for elective procedures would therefore be an open abuse of Medicaid.

POINT 2 - SB 49 DOES SATISFY EQUAL PROTECTION.

1. The 2001 Supreme Court Opinion stated that the State has to provide medically necessary care for women seeking to give birth to a child.
2. The court also stated that the State has to provide medically necessary care for women seeking an abortion.
 - a. What some opponents, even to this day, fail to recognize is the Supreme Court directed that a definition for a medically necessary abortion can be crafted as long as we base it on neutral criteria directly related to the health care program. See tab 4c, Page 16

highlighted portion. That is what SB 49 does. It was based on the very language of the 2001 Planned Parenthood decision and includes direct language found in the federal Hyde Amendment. The conditions are neutral and taken specifically from doctors in the field.

- i. One doctor disagreed with the conditions on Saturday. What she may or may not know is that the conditions were overwhelmingly directly taken from the 2001 *Planned Parenthood* decision.

POINT 3 – SB 49 UNFAIRLY TARGETS POOR WOMEN?

1. The US Supreme Court, long ago ruled that the Federal Constitution **does not** require a State to pay for the costs of elective abortions just because it pays for the costs of childbirth related medical care. See *Maier v. Roe*, 432 US 464, 474 (1977)
2. Additionally, the United States Supreme Court, in 1980, ruled that the Hyde Amendment (which is the foundation for SB 49) does not violate women with lower incomes right to obtain a medically necessary abortion. The case was *Harris v. McRae*, 448 US 297 (1980). The State has no obligation to remove obstacles that it did not create (namely the woman's status of being of little means).

POINT 4 – OTHER ATTEMPTS TO LIMIT ABORTIONS SINCE 2001 MAY OR MAY NOT HAVE BEEN SUCCESSFUL.

1. SB-49 has nothing to do with those attempts. We cannot comment on the reasons they may or may not have been successful. This is a total different focus. SB-49 is a "lean muscle" bill. We have high confidence in how thorough and specific the bill is drafted.

POINT 5 – SURVIVAL OF FETUS IS NOT CONSIDERED?

1. That is simply incorrect. We've heard testimony as to the "floating tomb" and the child being "brainless." We considered that option and incorporated Paragraph 4, B, 22 (See Tab 1). "Another physical disorder...arising from the pregnancy....that would be a major bodily impairment."

POINT 6 – AN OPPONENT OF THE BILL STATED THAT YOU CANNOT SEPARATE "PHYSICAL HEALTH" AND "MENTAL HEALTH."

1. With all due respect, President Obama via Executive Order 13535, case law, and the very existence of the Hyde Amendment prove otherwise. Sen. Coghill invites you to look at tab 7 in your binders. The language is clear to emphasize "physical disorder", "physical injury", or "physical illness." It specifically does not include mental or psychological disorders.
2. In addition, SB 49 supporters, including 3 national doctors and 7 Alaskan doctors fundamentally disagree with that presumption. There is a genuine disagreement in the medical community

that mental and psychological conditions should be included under the definition of “medically necessary abortion.”

George W. Brown, MD
1640 Second Street Douglas, AK 99824 -5211 907 364 2726

Community Pediatrician

gbrow177637@yahoo.com

Honorable members of The Senate Finance Committee

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

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

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

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

George W. Brown MD
March 30, 2011

KENAI LEGISLATIVE INFORMATION OFFICE

Email: Kenai_LIO@akleg.gov

Phone: 907-283-2030 / Fax: 907-283-3075

WRITTEN TESTIMONY

NAME: Bethany Swenson

REPRESENTING: _____

BILL # or SUBJECT: SB 49

COMMITTEE: Senate Finance DATE: 3-29-13

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

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

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

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

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

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

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

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

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

KENAI LEGISLATIVE INFORMATION OFFICE

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WRITTEN TESTIMONY

NAME: Bethany Swenson

REPRESENTING: _____

BILL # or SUBJECT: SB 49

COMMITTEE: Senate Finance DATE: 3-29-13

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

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

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

Testimonial for SB 49 & HB 173

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

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

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

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

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

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

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

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

I shutter at this argument from so many ethical issues!

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

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

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

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

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

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

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

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

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

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

Sincerely,

Jeanne Bramer, MD

OB/GYN

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

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SENATOR JOHN COGHILL

LIST OF INDIVIDUALS/ORGANIZATIONS THAT TESTIFIED IN JUDICIARY COMMITTEE

1. Illona Farr, MD – Family Physician – Anchorage
2. Regina Chennault, MD
3. William Resinger, MD
4. Nancy Bienvenue
5. Dr. Bramer – OBGYN from Fairbanks
6. Dr. John Thorp
7. Dr. Priscilla K. Coleman
8. Dr. Susan E. Rutherford
9. Planned Parenthood
10. Doctors associated with Planned Parenthood
11. ACLU
12. DHSS – Commissioner William J. Streur
13. Members of the public and medical community

This office shall defer to the Co-Chairs as to whether additional substantive testimony is necessary.

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SENATOR JOHN COGHILL

SUMMARY OF CHANGES TO SB 49

1. There were no changes to SB 49 from the Judiciary Committee.

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SENATOR JOHN COGHILL

SB 49: An Act defining “medically necessary abortion” for purposes of making payments under the state Medicaid program.

SPONSOR STATEMENT

Senate Bill 49 (“SB 49”) 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.¹ Since 2001, the term “medically necessary abortion” has acquired a constitutional component of *unknown scope*. The relatively few Alaska cases involving abortion rights do not provide guidance as to how broadly the term “medically necessary abortion” is to be construed.

SB 49 answers that issue. SB 49, based on recommendations and expert testimony from medical professionals, reasonably provides a neutral definition for a “medically necessary abortion.”

I urge you to support SB 49.

¹ See *State, Department of Health and Social Services v. Planned Parenthood of Alaska*, 28 P.3d 904 (Alaska 2001).

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SENATOR JOHN COGHILL

SECTIONAL ANALYSIS

SB 49: "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.

- (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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SENATOR JOHN COGHILL

SUPPORTING DOCUMENTS FOR SB 49

BRENA, BELL & CLARKSON, P.C.

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JESSE C. BELL, ATTORNEY
KEVIN G. CLARKSON, ATTORNEY
DAVID W. WENSEL, ATTORNEY
ANTHONY S. GUERNIERO, ATTORNEY
LAURA S. GOULD, ATTORNEY
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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 915.¹⁵ 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

¹⁵ *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.

TESTIMONY ON SB 49 SENATE JUDICIARY COMMITTEE MRCH 4, 2013

Rewording of the Hyde Amendment to apply to Alaska state government rules about payment for abortion services is both subtle and stark. While the effect will reduce abortions among Alaskan women, the real message seems overpowering and the effect is disrespectful. The clearest way I can describe SB 49 is to say our intense feelings - really like an emotional war - cloud judgment and thinking.

Removal of mental injury or emotional stress as among the allowable risks to the mother's health contradicts present medical and psychological science. Put simply, mind and body cannot be separated in understanding human disease. More than 3 decades of research about Post Traumatic Stress disorder (PTSD) supports our understanding that emotional injury can be severe and may take more time and work to heal than physical injury. Indeed such injuries produce physical and biochemical changes in our nervous and endocrine systems at the molecular level. It is obvious any significant physical injury has emotional injury with it. These injuries and resulting emotional changes abound in the complex interplay between and among women and men, boys and girls, throughout life. Mistakes are made. Feelings are hurt. Sometimes physical violence ensues. Yet these damages can be understood, treated, and eventually healed.

Because such injuries by their very nature are personal and exquisitely intimate, added outside input may increase the mental injury - even make it much worse. I am not talking just about war and physical violence injuries. No doubt they are real. The history of human childhood abounds with murder, abandonment, slavery, and sheer terror. Nearly constant warfare, mixed with starvation and forced migrations, as well as recurrent natural disasters means PTSD has been around for millennia. We have survived, but with brain injury and emotional wounds. Genetic science teaches such mental injuries follow us through generations. Just as damaging to our nervous and endocrine systems are the unrelenting traumas of economic exploitation, racial discrimination, and socially tolerated poverty. Sol Gordon has described this damage as "soul murder" of children and families. Yet, in our enlightened times such suppression of personal identity and self worth abounds in chronic neglect and emotional maltreatment. The major sustaining forces of this are paternalism and patriarchy. It took women hundreds of years to gain the right to vote, own property, and control their own bank accounts. The "double standard" in male and female sexual behavior has only recently begun to lose its hold. The stark impact of excluding full option medical reproductive care for mental health issues in pregnant women continues the heritage of dominant male control. It minimizes the real trauma of unintended and unwanted pregnancies.

Conflicting ideas and differences in strongly held convictions about abortion are real. They all deserve to be expressed and heard. I sincerely try to respect these differences in my conversations. It is all too easy to feel attacked, become defensive, and start down a slippery slope of demonizing others. Our body politic, indeed the whole global human population, cannot help but be aware of such impasse on several urgent issues of our time. Our deep convictions blind our eyes and muffle our ears. We then move into a state of emotional warfare. This is not only dangerous and sometimes lethal, but perpetuates the conflict. Blaming and insulting does not solve human problems. As one of the WW I

survivors, who experienced the 1914 Christmas Day truce on the western front has said, "On the other end of the rifle we are all the same".


As you are our elected representatives, who take your public service duties with sincere responsibility, I respect the burdens you bear. I know you cannot pass the buck on difficult decisions. I have shared this brief historical view of violence and mental health issues to put into perspective our opportunity for opposing forces on the issue of abortion to pause and seek some common ground.

The bed-rock principle which my colleagues and I who provide health care for children and families is, "First, do no harm". I believe there are areas of common agreement, especially in doing all that medical science, social policy, and legal structures can do to prevent as many unwanted and unintended pregnancies as possible. I know this is in no way easy, but there are reliable, best practice ways available.

Our Alaska and United States Constitutions expressly promise freedom of speech, of the press, of public assembly to petition, and freedom of and from religion. These are solemn and challenging promises. They are not all yet kept for many of us, sadly for too many of us. If I had somehow been able to add another constitutional promise, I would have added "freedom to practice tolerance everywhere and as often as anyone possible could".

It is important for you to understand that the health of body and mind cannot be divided. I ask you to carefully consider the negative impact that passage of SB 49 will have on the emotional and physical health of many Alaskan women.

THANK YOU



George W. Brown, MD

Pediatrician

1640 Second St. Douglas, AK 99824 364 2726 gbrow177637@yahoo.com

March 5, 2013

To the Senate Judiciary Committee

Re: Senate Bill 49

I have sat through two-days of hearings on SB 49, without being granted the opportunity to testify. I waited 2 hours yesterday and another 1.5 hours today, along with six other women at the Anchorage LIO.

After hearing today's testimony I am more strongly convinced that SB 49 is a bad bill. For a bill that is purportedly about funding, we were dragged through an ideological battleground today. It would be a mistake for the committee to think that every woman who has had an abortion makes the choice lightly, thinks of her pregnancy as an inconvenience, lives a miserable life wracked by guilt, thinks God has anything to do with it, or would want people with radically different ideological, medical and political views to have a say in such an important decision. This bill will end up in court and will fail, but not before costing Alaskans money that could be better spent elsewhere.

Senate Bill 49 will hurt people, specifically poor Alaskan women. SB 49 violates a poor woman's Constitutional rights to privacy, equal treatment and equal access. It singles out the most vulnerable segment of our population upon which to cast moral judgment. It is not neutral; far from it.

Regardless of personal or religious beliefs, abortion is legal and medically ethical in Alaska. Because of this, it is safe and must remain so for the welfare of Alaskan women. Yet through SB 49, this committee is bending over backwards to find a way to make abortion illegal while disregarding the consequences this could have on Alaska's low income population. Medical decisions affect not only a woman but entire families, the people who depend on her, and the people who care about her. Poor women don't need the Alaska Legislature questioning their moral fiber or worth as a prerequisite to healthcare.

Senate Bill 49 represents gross government overreach. It is about exerting control over a particular segment of the population that is within reach only because of their economic status. No one should be made to climb political and religious hurdles to get healthcare to which they are legally entitled, particularly not to satisfy someone else's ideological beliefs.

Respectfully,

Lynda Giguere
239 W. Cook Avenue
Anchorage, AK 99501

Paige Hodson

From: Paige Hodson [paigh@alaska.net]
Sent: Tuesday, March 05, 2013 9:01 AM
To: 'Paige Hodson'
Subject: HB 49 testimony/Senate Judiciary 3/5/13

*— Speaking in
Opposition —*

My name is Paige Hodson.
I am the mother of 3 children and a life long Alaska) currently residing in Senator McGuire's district.

My parents came to Alaska before Statehood.
My father was a long haul truck driver who cut his teeth during the war bulding the Alcan Highway.
My parents were quite poor and struck out for Alaska to try to better themselves.
They were ~~in~~ young and in love, and as things happen, babies kept coming.

This was before the advent of the pill, and birth control methods were clearly not as effective.

They thought baby 4 would be the last, but 9 years later my mother found herself pregnant with number 5.
Living in a 1-room house, with no car, barely enough money to feed the 4 children she had, raising them essentially alone due to my fathers work, my mother collapsed from a combination of exhaustion, stress and depression and was hospitalized.

Safe and legal abortion wasn't available and my mother was not a well woman. Our family dove deeper into poverty when my father could not work to take care of a pregnant, fragile and ailing wife and 4 young children.
My mother recovered and the pregnancy continued. During childbirth, something went wrong. Her doctor told her that both she and the baby were in grave danger, and that it might come down to a decision of which life to save.
My mother chose the baby's life. Thankfully, both survived.

That 5th baby was me.

My own family's story underlines vividly why women and their doctors must be given the choice over their own lives, their own health, their own families.

i would have gladly exchanged my life for my mothers. Who knows what might have happened to my 4 brothers and sisters had my mother died.

But the bottom line is that it was her decision to make.

These sorts of decisions should never be limited by what an Alaska State Legislator decides is "necessary".
Women's mental and physical health is too complex to be set down in a predetermined list for politicians to pick and choose what they deem medically necessary.
Respectfully, you are not qualified to make these decisions.

Please, please get on to more important state business.
We can not afford these continued attempts to micromanage women's lives.
The Alaska courts have held consistently that we women have a fundamental right to privacy and that you may not discriminate between classes and genders in medical decisions.
It is especially unnerving that you continue to try to undermine and take away rights from disadvantaged women who are less likely to have the ability to fight for their rights.
We can not afford more million dollar legal battles.

I know that some of you who have deeply held convictions about abortion are well intentioned.
Believe me, all of your constituents love babies as much as you do. But the reality is that you will save more lives by fully funding family planning services and health care to all Alaskans than by trying to deprive women of the right to control their own lives and bodies.

A Comprehensive Study

A living breathing

Senate bill 49

sidewalk cr.
My name is Shirleen Rannals and I am testifying in favor of Senate bill 49

I have gone regularly to abortions clinics in Anchorage and listened to hundreds of mothers over the past 25 years who regret their abortions.

They don't understand that their baby in their wombs will be vacuumed out like a piece of dirt and thrown away or put into an ~~incinerator~~ and burned.
incinerator

Any time women experience a difficult pregnancy I support all efforts to save both the mother and the baby.

As a member of the public I regret that my tax money has been used to fund abortions.

I support Senate bill 49 and any measures that will limit tax funding of abortion

Karen Lidster

From: Sen. John Coghill
Sent: Wednesday, March 06, 2013 12:26 PM
To: Karen Lidster
Subject: FW: Oppose SB 49 -- No Government Between Women and Doctors

-----Original Message-----

From: Planned Parenthood Votes Northwest [<mailto:ppaction@ppvotewa.org>] On Behalf Of Andrea Peterson
Sent: Wednesday, February 27, 2013 4:43 PM
To: Sen. John Coghill
Subject: Oppose SB 49 -- No Government Between Women and Doctors

Feb 27, 2013

Senator John Coghill
State Capitol, Room 119
120 Fourth Street
Juneau, AK 99801-1182

Dear Senator Coghill,

I am writing to ask you to respect Alaska's Constitution and oppose Senate Bill 49. Senator John Coghill and co-sponsors Senators Cathy Giessel, Donny Olson, Fredy Dyson and others are making a blatant government overreach into a woman's personal and private decision making and attempting to shame and demean low-income women who seek safe and legal abortion.

This is about fairness for low-income women. All women, no matter their income, deserve the freedom and privacy to make the best pregnancy decisions for themselves and their families. Our Constitution says that privacy is a fundamental right, and the Alaska Supreme Court has already said TWICE before that politicians cannot restrict access to abortion for low-income women.

Please Oppose Senate Bill 49. Our state government needs to focus on the issues that matter to Alaskans most, not inserting politicians between women and their doctors.

Sincerely,

Mrs. Andrea Peterson
9338 Northland St
Juneau, AK 99801-9644

Karen Lidster

From: Sen. John Coghill
Sent: Wednesday, March 06, 2013 12:25 PM
To: Karen Lidster
Subject: FW: SB49

From: Tammie Wilson [mailto:balotabookbinding@gmail.com]
Sent: Tuesday, March 05, 2013 7:08 PM
To: Sen. John Coghill; Sen. Lesli McGuire; Sen. Fred Dyson; Sen. Donny Olson; Sen. Bill Wielechowski
Subject: SB49

Dear Senate Judiciary Committee,

RE: Senate Bill 49

I currently live in Senate District J, and grew up in Palmer, AK. After viewing the testimony today on this bill, I was immediately compelled to respond to Senator Dyson's comment that abortions are morally repugnant. This medical procedure may be morally repugnant to Senator Dyson, but thankfully he does not determine what is medically moral for me or any other women on this earth. I have the freedom to define my own morality and I find that comment extremely offensive and would hope that in the future Senator Dyson refrain from such judgement of women who are faced with making such a difficult choice in their life. Have your opinion about abortion, but it is not your choice. It is MINE. My choice. Fought and won by women and men across this country.

I would urge any person in support of this bill to stop wasting our taxpayer money on redefining legal definitions that have already been hashed out through court processes and previous legislation. As a matter of fact I am embarrassed that our elected politicians are cheapening the office of legislator to claim moral superiority at the expense of underprivileged women and men. There are much larger looming problems in our society that I would prefer elected professionals focus their efforts on. Defining what is medically necessary for individuals needs to be determined by medical experts not policy makers. Further definitions and decisions about my ovaries and uterus belong in a private room protected by the Hippocratic Oath with the help of a caring medical professional. This bill is insulting to a woman's and a trained doctor's intelligence.

Currently I run my own business in Anchorage. I have a Bachelor of Physics, and a Master's in Engineering. Before obtaining my education and becoming a professional I went to Planned Parenthood for over 20 years for my primary health care. I lived below the poverty level for most of that time. My primary employment for 13 years was early childhood education and I was not offered any affordable health care in my teaching position. However, to put myself through college and graduate school without ending up in too much debt I also worked in the food service industry, and was never offered health care in those positions either. I relied on Planned Parenthood's services.

When applying for graduate school I was an intern at the University of WI in Madison, WI in Physical Oceanography. During that time, I had an unplanned pregnancy. I threw myself on the floor and cried after taking that test, because I knew this would mean a PhD would be out of the question now if I had this child. When I told my boyfriend of four years of our situation, he told me he wasn't ready. He was also a graduate student in Madison, and said that he could not be involved with helping me if I kept it. He actually told me to have an abortion or leave him. In fact when pressured, I asked him if I miscarried would he take me back and he said yes. I was needless to say shocked, and devastated. Everything I thought I had was suddenly gone, and I

could give this (excuse the language) jerk what he wanted, abort the baby, or face single motherhood on my own.

To confirm my pregnancy and document it to fly home to Alaska, I went to Planned Parenthood. I heard Senator McGuire in testimony today ask for a less speculative situation when a pregnant women comes into Planned Parenthood. Well, I'll tell you exactly what happens. You go in saying "I think I'm pregnant and need to know for certain". They confirmed my pregnancy and inquired if I understood all of my choices. I said yes. Then they asked what sort of support network I had.

Here is what they heard; I was unemployed, no money in savings, no family nearby, and a boyfriend that was begging me to abort my child. In the several times I went back before returning to Alaska not a single time did any person at planned parenthood encourage me to do anything but what I wanted. I always knew I would keep the baby, but these circumstances were not ideal. How could I get a job pregnant? At that time I only had a bachelor in Physics, much to my dismay, not a very employable degree without graduate school.

That was the hardest year of my life. I cried every day of my pregnancy and wondered how I would make it...buy shoes...afford hockey, but I made it thanks to a supportive family, Planned Parenthood, food stamps and childcare assistance. I had never been treated so disrespectfully in my life until my boyfriend dumped me because I was carrying his baby and then had to experience the welfare office in Muldoon. I do not say all this to endorse my particular choice, but to illustrate how planned parenthood helped me do what was right for me. Not a single Planned Parenthood nurse or physician mentioned abortion even though I was a complete wreck every time I went in. It's usually not the same person and each time I had to explain where the father was, and my economic circumstances, I was a mess. There was no judgment. I felt safe and encouraged. They provided resource information for what I would need to make it through.

When he was three months old I walked into UAA and found an advisor in the engineering program to put myself into graduate school and become more employable. I needed all of those social services to accomplish it. And I did. I am proud to say my son is a smart and healthy boy. I am now happily married with a second child. I am happy to have my first child, and I am thankful for the support from Planned Parenthood. In fact, I donate yearly now. But, I understand what I accomplished is not possible for everybody. I don't belong in the room with a woman or doctor making that choice and either do you. So please, vote no on this offensive and useless legislation and please put your mind on something that really does something to help people.

Thank your for you time and attention. Your actions do not go unnoticed.

Most Sincerely,

Tammie L. Wilson

Balota Bookbinding and Restoration
1508 Nunaka Drive
Anchorage, AK 99504
balotabookbinding@gmail.com

907-306-9344

March 6, 2013

Dear Senators/Representatives,

I am writing to support Senate Bill 49. 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 Senators and 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

Karen Lidster

From: Sen. John Coghill
Sent: Sunday, March 10, 2013 7:32 PM
To: Karen Lidster
Subject: FW: SB49 Medically Necessary

From: Lance Roberts [<mailto:roberts.lance@gmail.com>]
Sent: Sunday, March 10, 2013 7:27 PM
To: Sen. John Coghill; Sen. Lesil McGuire; Sen. Fred Dyson; Sen. Donny Olson; Sen. Bill Wielechowski
Subject: SB49 Medically Necessary

To the Senate Judiciary Committee:

The State of Alaska desperately needs a solid definition of medically necessary, since the activist Alaska Supreme Court has demanded that we pay for killing babies that are seen as health impediments. I certainly don't want my share of the state revenue going for abortions for reasons of mental stress or other reasons of convenience.

Please move this bill forward, I'm certainly hoping we can see a good legal definition implemented this year.

Good law demands good definitions.

Thanks,

Lance Roberts
Fairbanks

Karen Lidster

From: Sen. John Coghill
Sent: Monday, March 11, 2013 3:51 PM
To: Karen Lidster
Subject: FW: I come in agreement with bill SB49

From: Cheyenne Norberg [<mailto:chevennenorberg20@hotmail.com>]
Sent: Monday, March 11, 2013 3:49 PM
To: GOV.ALLlegislators@alaska.gov
Subject: I come in agreement with bill SB49

My name is Cheyenne Norberg, I'm a resident in Wasilla, Alaska. The pro-life movement is something I greatly care about. Abortions at any rate should be illegal, however if we can make them, under a more narrow category for a choice, I am for it. The Internet definition of an a-bor-tion is:

Noun

The deliberate termination of a human pregnancy.
A miscarriage.

Synonyms

miscarriage - failure

The deliberate termination of a human pregnancy.. To be pregnant, to have a child inside of you. How can we terminate, our children? Why are we getting away with it? So lets take a look at what miscarriage is defined ad since that is part of the definition of what abortion is defined as:

mis·car·riage

/mis'karij/

Noun

The expulsion of a fetus from the womb before it is able to survive independently, esp. spontaneously or as the result of accident.

An unsuccessful outcome of something planned: "the miscarriage of the project".

Synonyms

failure - miss - misbirth

how is an abortion unsuccessful, If it is planned, by the mother to terminate the pregnancy?
What I am trying to say, is we should never be able to terminate something so beautiful without some rocket scientist explanation, we shouldn't be able to walk into an abortion clinic and say "doc, I've got stress, I can't have this baby."

Therefore I again say again, I come in agreement with bill SB49

Karen Lidster

From: Sen. John Coghill
Sent: Monday, March 11, 2013 3:47 PM
To: Karen Lidster
Subject: FW: Support SB49

From: Jan De Land [<mailto:deland@cfaith.com>]
Sent: Monday, March 11, 2013 3:25 PM
To: GOV.AllLegislators@alaska.gov
Subject: Support SB49

Please support SB49. We should not finance abortion except to save the physical LIFE of the mother. We should not be paying to sacrifice human life.
Jan De Land, Anchorage, Alaska

Karen Lidster

From: Sen. John Coghill
Sent: Monday, March 11, 2013 3:47 PM
To: Karen Lidster
Subject: FW: Support of bill SB49

-----Original Message-----

From: Tamara Boeckman [<mailto:tamara.boeckman@gmail.com>]
Sent: Monday, March 11, 2013 3:21 PM
To: gov.alllegislators@alaska.gov
Subject: Support of bill SB49

Hello Legislators,

I am just letting you know that I support Bill SB49, defining what is a medically necessary abortion, limiting State funding of abortions.

Thanks,

Tamara Boeckman

Sent from my iPhone

Karen Lidster

From: Sen. John Coghill
Sent: Monday, March 11, 2013 3:47 PM
To: Karen Lidster
Subject: FW: I support SB49

From: Phil De Land [<mailto:dakkanoms@gmail.com>]
Sent: Monday, March 11, 2013 3:17 PM
To: GOV.AllLegislators@alaska.gov
Subject: I support SB49

Hello, my name is Phillip De Land, from Anchorage, and I have been an Alaska Resident my entire life. I support SB49- our state funds should not go to fund abortions for the reason of the "health" of the mother, which may include normal stress.

Karen Lidster

From: Sen. John Coghill
Sent: Monday, March 11, 2013 3:47 PM
To: Karen Lidster
Subject: FW: sb49

From: Doug Somers [<mailto:doug@dougsomers.com>]
Sent: Monday, March 11, 2013 3:12 PM
To: GOV.AllLegislators@alaska.gov
Subject: sb49

I feel this to be common sense legislation. Without a definition of "medically necessary" there is no direction, only agenda. Doug Somers, (907)347-9525, PO Box 55329, North Pole, Alaska 99705. (Physical: 2185 PeedeRd., North Pole)

Karen Lidster

From: Sen. John Coghill
Sent: Monday, March 11, 2013 3:46 PM
To: Karen Lidster
Subject: FW: SB 49

From: bzeman [<mailto:bzeman@acsalaska.net>]
Sent: Monday, March 11, 2013 2:58 PM
To: Sen. John Coghill
Subject: SB 49

Thank you so much, Senator Coghill et al for your work on SB 49.
Just as specific requirements exist for a physician to determine an event such as death actually occurred,
it behooves Alaskan physicians to have specific requirements to determine need for an abortion event.
Thank you-
Bonnie Zeman
Douglas, Alaska