Mead Treadwell Lieutenant Governor State Capitol Juneau, Alaska 99811 907.465.3520 465.5400 Fax WWW.LTGOV.ALASKA.GOV



530 West 7th Ave, Suite 1700 Anchorage, Alaska 99501 907,269,7460 269.0263 LT.GOVERNOR@ALASKA.GOV

OFFICE OF THE LIEUTENANT GOVERNOR ALASKA

MEMORANDUM

TO:	Kurt West, AAC Contact	
	Department of Health and Social Services	

- FROM: Scott Meriwether Special Assistant 907.465.3509
- DATE: January 7, 2014

RE: Filed Permanent Regulations: Department of Health and Social Services

Department of Health and Social Services Regulations re: Payment for Abortion: 7 AAC 160.900(d)(30)

Attorney General File:	JU2013200550
Regulation Filed:	1/3/2014
Effective Date:	2/2/2014
Print:	209, April 2014

cc with enclosures:

Linda Miller, Department of Law Crystal Koeneman, Administrative Regulation Review Committee Judy Herndon, LexisNexis

JU2013200550

ORDER ADOPTING CHANGES TO REGULATIONS OF THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES

The attached one page of regulations, dealing with adoption by reference and abortion payments, are hereby adopted and certified to be a correct copy of the regulation changes that the Department of Health and Social Services adopts, under the authority of AS 47.05.010, AS 47.05.012, AS 47.07.030, and AS 47.07.040, and after compliance with the Administrative Procedure Act (AS 44.62), specifically including notice under AS 44.62.190 and AS 44.62.200 and opportunity for public comment under AS 44.62.210.

This action is not expected to require an increased appropriation.

In considering public comments, the Department of Health and Social Services paid special attention to the cost to private persons of the regulatory action being taken.

The regulation changes described in this order take effect on the 30^{th} day after they have been filed by the lieutenant governor, as provided in AS 44.62.180.

DATE:

William J. Streur, Commissioner Department of Health and Social Services

FILING CERTIFICATION

Mead Treadwell, Lieutenant Governor State of Alaska

Effective <u>February 2, 2014</u>. Register <u>209</u>, <u>April 2014</u>.

Register 209, April 2013 HEALTH AND SOCIAL SERVICES

7 AAC 160.900(d)(30) is amended to read:

(30) the Certificate to Request Funds for Abortion, revised as of <u>December 2013</u> [NOVEMBER 2012];)

(Eff. 2/1/2010, Register 193; am 8/25/2010, Register 195; am 12/1/2010, Register 196; am

1/1/2011, Register 196; am 1/15/2011, Register 197; am 2/9/2011, Register 197; am 3/1/2011,

Register 197; am 10/1/2011, Register 199; am 12/1/2011, Register 200; am 1/26/2012, Register

201; am 3/8/2012, Register 201; am 4/1/2012, Register 201; add'l am 4/1/2012, Register 201; am

5/11/2012, Register 202; am 10/16/2012, Register 204; am 11/3/2012, Register 204; am

12/1/2012, Register 204; am 12/2/2012, Register 204; am 1/1/2013, Register 204; am 1/16/2013,

Register 205; am 7/1/2013, Register 206; add'l am 7/1/2013, Register 206;

(am <u>2</u> / <u>2</u> /2014, Register <u>209</u>)

Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040

AS 47.05.012

NOTICE OF PROPOSED CHANGES IN THE REGULATIONS OF THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES

BRIEF DESCRIPTION

The Department of Health and Social Services proposes to adopt an update to the Certificate to Request Federal (Medicaid) or State (General) Funds for Abortion. that is adopted by reference to include specific medical conditions that would be considered as medically necessary.

The Department of Health and Social Services proposes to adopt regulation changes in Title 7, Chapter 160, of the Alaska Administrative Code, dealing with abortion payments and adoption by reference, including the following:

7 AAC 160.900, Requirements adopted by reference, is proposed to be amended to revise the form titled, Certificate to Request Federal (Medicaid) or State (General) Funds for Abortion, that is adopted by reference to include specific medical conditions that would be considered as medically necessary.

You may comment on the proposed regulation changes, including the potential costs to private persons of complying with the proposed changes, by submitting written comments to William J. Streur, Commissioner, Department of Health & Social Services, 3601 C Street, Suite 902, Anchorage, AK 99524-0249, E-mail: william.streur@alaska.gov

The comments must be received no later than 4:00 p.m. on September 27, 2013.

If you are a person with a disability who needs a special accommodation in order to participate in this process, please contact William J. Streur at the address above or by phone at (907) 269-7800 no later than September 20, 2013 to ensure that any necessary accommodations can be provided.

For a copy of the proposed regulation changes, contact William J. Streur at the address, phone number, or Email address above, or go to the Alaska Online Public Notice System website at: http://aws.state.ak.us/OnlinePublicNotices/ and click on the attachment at the bottom of the page for this public notice

After the public comment period ends, the Department of Health and Social Services will either adopt these or other provisions dealing with the same subject, without further notice, or decide to take no action on them. The language of the final regulations may be different from that of the proposed regulations. YOU SHOULD COMMENT DURING THE TIME ALLOWED IF YOUR INTERESTS COULD BE AFFECTED.

Statutory Authority: AS 47.05.010, AS 47.05.012, AS 47.07.030, AS 47.07.040.

Statutes Being Implemented, Interpreted, or Made Specific: AS 47.05.010, AS 47.05.012, AS 47.07.030, AS 47.07.040.

Fiscal Information: The proposed regulation changes are not expected to require an increased appropriation.

Date: 3/16/13

William J. Streur, Commissioner

Department of Health and Social Services

ADDITIONAL REGULATIONS NOTICE INFORMATION (AS 44.62.190(d))

- 1. Adopting agency: Department of Health and Social Services
- 2. General subject of regulation: Medicaid Payment for Abortions.
- 3. Citation of regulation (may be grouped): 7 AAC 160.
- 4. Reason for the proposed action:
 - (X) compliance with federal law
 - () compliance with new or changed state statute
 - () compliance with court order
 - (X) development of program standards
 - () other: (please list)
- 5. RDU/component affected: Health Care Services
- 6. Cost of implementation to the state agency and available funding (in thousands of dollars):

	Initial Year FY 14	Subsequent Years
Operating Cost	\$0	\$0
Capital Cost	\$0	\$0
Federal receipts	\$0	\$0
General fund match	\$0	\$0
General fund	\$0	\$0
General fund/		
program receipts	\$0	\$0
General fund/		
mental health	\$0	\$0
Other funds (specify)	\$0	\$0

7. The name of the contact person for the regulations:

William J. Streur, Commissioner Department of Health & Social Services 3601 C Street, Suite 902 Anchorage, AK 99524-0249 E-mail: william.streur@alaska.gov

- 8. The origin of the proposed action:
 - ___X___ staff of state agency
 - _____ federal government
 - _____ general public
 - petition for regulation change
 - _____ other (please list)

9. Date: 8/16/13

Prepared by:

De

Kurf D. West **Project Coordinator** (907) 465-3228

Certificate to Request Funds for Abortion

The Hyde Amendment allows federal funds to be expended for an abortion only "(1) if the pregnancy is the result of an act of rape or incest; or (2) in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed." Section 508(a) of Public Law 111–8.

In accordance with a 2001 order of the Supreme Court of the State of Alaska, the Alaska Medicaid program must, under certain circumstances, provide funding for abortions for women who receive Alaska Medicaid but for whom the abortion is not covered by the federal Medicaid program. If the abortion is medically necessary and not elective, the Alaska Medicaid program may pay some or all of the costs. This form will permit the program to determine the proper source of funds for such payment.

(Recipient's Full Name PRINT OR TYPE)

(Recipient's Medicald Identification Number)

had an abortion procedure performed on ____/ (month /day/ year).

□ I certify based upon all of the information available to me that before performing the abortion procedure on the above patient her pregnancy was the result of an act of rape or incest, or the abortion procedure on the above patient was performed due to physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would place the woman in danger of death unless an abortion was performed.

- □ I certify based upon all of the information available to me that the above does not apply, but in my professional medical judgment the abortion procedure was medically necessary to avoid a threat of serious risk to the physical health of the woman from continuation of her pregnancy due to the impairment of a major bodily function including but not limited to one of the following:
- _____ diabetes with acute metabolic derangement or severe end organ damage
- _____ renal disease that requires dialysis treatment
- _____ severe preeclampsia
- ____ eclampsia
- _____ convulsions
- _____ status epilepticus
- _____ sickle cell anemia
- _____ severe congenital or acquired heart disease class IV
- ____ pulmonary hypertension
- _____ malignancy where pregnancy would prevent or limit treatment
- _____ severe kidney infection

- congestive heart failure
- ____ epilepsv
- seizures
- ___ coma
- severe infection exacerbated by the pregnancy
- _____ rupture of amniotic membranes
- advanced cervical dialation of more than six centimeters at less than 22 weeks gestation
- ____ cervical or cesarean section scar ectopic implantation
- _____ pregnancy not implanted in the uterine cavity
- amniotic fluid embolus

_____ another physical disorder, physical injury, physical illness, including a physical condition arising from the pregnancy

a psychiatric disorder that places the woman in imminent danger of medical impairment of a major bodily function if an abortion is not performed.

This certificate must be signed and dated by the recipient's attending physician and must be submitted to the Division of Health Care Services at the address below. The original is to be kept in the provider's file for the patient with all supporting documentation. No payment will be made for an abortion without a signed certificate on file.

(Recipient's Full Name PRINT OR TYPE)

(Recipient's Medicaid Identification Number)

Printed Name of Recipient's Attending Physician

M.D. or D.O.

M.D. or D.O.

Signature

of Recipient's Attending Physician

Date of Physician's Signature

Submit a copy of the completed and signed certificate by mail or fax to:

Alaska Division of Health Care Services **Attention: Medical Review** 4501 Business Park Blvd., Bldg. L Suite 24 Anchorage, AK 99503-7167

Fax: 907.269.8868

MEMORANDUM

To: The Honorable Mead Treadwell Lieutenant Governor

State of Alaska Department of Law

Date: December 26, 2013

File No.: II J2013200550

Tel. No.: 465-3600

Debrar & Beh

From: Deborah E. Behr Chief Assistant Attorney General and Regulations Attorney Legislation and Regulations Section Re: Department of Health and Social Services Regulations re: Payment for Abortion (7 AAC 160.900(d)(30))

We have reviewed the attached Department of Health and Social Services changes to these regulations. A duplicate of this memorandum is being furnished to Commissioner Streur, along with a copy of the regulations, including the updated certificate to request funds for abortion.

The Department of Law has reviewed the attached regulations against the statutory standards of the Administrative Procedure Act. Based upon our review, we find no legal problems. This memorandum and the attached duplicate memorandum dated December 26, 2013 constitute the written statement of approval under AS 44.62.060(b) and (c) that authorizes your office to file the attached regulations.

The regulations were adopted by the Department of Health and Social Services after the close of the public comment period. The regulations concern adopting an update to the Certificate to Request Funds for Abortion, that is adopted by reference in 7AAC 160.900(d)(30).

The August 17, 2013 public notice and the December 10, 2013 adoption order both state that this action is not expected to require an increased appropriation. Therefore, a fiscal note under AS 44.62.195 is not required.

We have made some minor technical corrections to conform the regulations in accordance with AS 44.62.125. The corrections are shown on the attached copy of the regulations.

DEB:lim

cc: Honorable William J. Streur, Commissioner Department of Health and Social Services

MEMORANDUM

To: Honorable William J. Streur Commissioner Department of Health and Social Services

From: Deborah E. Behr Chief Assistant Attorney General and Regulations Attorney Legislation and Regulations Section

State of Alaska Department of Law

Date: December 26, 2013

File No.: JU2013200550

Tel. No.: 465-3600

Re: Department of Health and Social Services Regulations re Payment for Abortion (7 AAC 160.900(d)(30))

Under AS 44.62.060, we have reviewed the Department of Health and Social Services adoption and amendment of these regulations and approve the changes for filing by the lieutenant governor. A duplicate original of this memorandum is being furnished to the lieutenant governor, along with the one page of the regulations changes, including the updated certificate to request funds for an abortion, and the related documents.

You might wish to contact the lieutenant governor's office to confirm the filing date and effective date of the attached regulations changes.

The August 17, 2013 public notice and the December 10, 2013 adoption order both state that this action is not expected to require an increased appropriation. Therefore, a fiscal note under AS 44.62.195 is not required.

We have made some minor technical corrections to the regulations in accordance with AS 44.62.125, as shown on the attached copy.

DEB:lim

cc w/enc:

Kurt West, Regulations Contact Department of Health and Social Services

Stacie Kraly, Chief Assistant Attorney General Human Services Section

STATE OF ALASKA) FIRST JUDICIAL DISTRICT) ss.

AFFIDAVIT OF NOTICE OF PROPOSED ADOPTION OF REGULATIONS AND FURNISHING OF ADDITIONAL INFORMATION

I, Kurt West, Project Coordinator, of the Department of Health and Social Services, being sworn, state the following:

As required by AS 44.62.190, notice of the proposed adoption of changes to 7 AAC 160 dealing with abortion payments and adoption by reference related to the department, has been given by being:

- 1. published in a newspaper or trade publication;
- 2. furnished to interested persons;
- 3. furnished to appropriate state officials;
- 4. furnished to the Department of Law, along with a copy of the proposed regulations;
- 5. electronically transmitted to incumbent State of Alaska legislators;
- 6. furnished to the Legislative Affairs Agency, Legislative Legal and Research Services;
- 7. posted on the Alaska Online Public Notice System as required by AS 44.62.175(a)(1) and (b) and 44.62.190(a)(1);
- 8. furnished electronically, along with a copy of the proposed regulations, to the Legislative Affairs Agency, the chairs of the Health and Social Services Committee of the Alaska Senate and House of Representatives, the Administrative Regulation Review Committee, and the legislative council.

As required by AS 44.62.190(d), additional regulations notice information regarding the proposed adoption of the regulation changes described above has been furnished to interested persons and to those in (5) and (6) of the list above. The additional regulations notice information also has been posted on the Alaska Online Public Notice System.

DATE:

Kurt West Project Coordinator

SUBSCRIBED AND SWORN TO before me this



day of

Notary Public in and for the State of Alaska My commission expires: <u>u</u>

Lecember

STATE OF ALASKA) ss. FIRST JUDICIAL DISTRICT

AFFIDAVIT OF AGENCY RECORD OF PUBLIC COMMENT

I, Kurt West, Project Coordinator for the Department of Health and Social Services, being duly sworn, state the following:

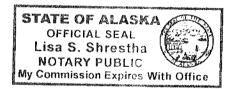
In compliance with AS 44.62.215, the Department of Health and Social Services has kept a record of its use or rejection of factual or other substantive information that was submitted in writing as public comment and that was relevant to the accuracy, coverage, or other aspect of the Department of Health and Social Services regulations on abortion payments and adoption by reference.

Date: <u>/2////3</u> Juneau, Alaska

Kurt West, Project Coordinator

SUBSCRIBED AND SWORN TO before me this

[NOTARY SEAL]



It day of <u>Recember</u>, 2013. <u>Usa S. Strestla</u> Notary Public in and for the State of Alaska My commission expires: <u>W</u> DEFice

AFFIDAVIT OF PUBLICATION

STATE OF ALASKA THIRD JUDICIAL DISTRICT

Joleesa Stepetin

being first duly sworn on oath deposes and says that he is a representative of the Anchorage Daily News, a daily newspaper. That said newspaper has been approved by the Third Judicial Court, Anchorage, Alaska, and it now and has been published in the English language continually as a daily newspaper in Anchorage, Alaska, and it is now and during all said time was printed in an office maintained at the aforesaid place of publication of said newspaper. That the annexed is a copy of an advertisement as it was published in regular issues (and not in supplemental form) of said newspaper on

August 17, 2013

and that such newspaper was regularly distributed to its subscribers during all of said period. That the full amount of the fee charged for the foregoing publication is not in excess of the rate charged private individuals.

Signed 4

Subscribed and sworn to before me this <u>19th</u> day of <u>August</u>, <u>2013</u>

Notary Public in and for The State of Alaska. Third Division Anchorage, Alaska MY COMMISSION EXPIRES

