

Contraceptive Coverage

This file includes:

- A list of state activity on Contraceptive Coverage to date
- A list of states with restrictions on minor's Access to abortion services
- A letter to Senator Hatch from Erskine Bowles outlining the Administration's opposition to S. 1645

The Alan Guttmacher Institute

New York and Washington



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Number of pages (including cover sheet):

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COMMENTS:

Here is a list of state activity on contraceptive coverage to date. As you can see, Georgia recently joined Maryland as the only states with laws requiring contraceptive coverage. However, Hawaii, Maine and Vermont all have bills awaiting signature from the Governor. Things are moving really fast in the states right now, so I will let you know if anything else happens between now and when EPICC is introduced on Thursday.

I am also faxing you the Georgia and Hawaii bills. Note Hawaii's conscience language. Since Maine and Vermont passed their bills through their second house today, it may take a day or so for me to get the final versions with amendments. However, the Maine bill passed through the House on Friday contained a conscience clause which exempts religious employers from the coverage requirement, if the coverage conflicts with the religious employer's bona fide religious beliefs. A "religious employer" is defined rather narrowly in the bill. I will send you these two bills as soon as I am confident that I have the final language as sent to the Governor.

1999 Contraceptive Coverage Legislation in the States (as of May 17, 1999)

Enacted (1)

- Georgia

Passed both houses (3)

- Hawaii
- Maine
- Vermont

Passed at least one house (9)

- California
- Connecticut
- Delaware
- Illinois
- Nevada
- New Hampshire
- New York
- North Carolina
- Washington

Passed at least one committee (3)

- Alaska
- New Jersey
- Oklahoma

Considered but failed to pass (7)

- Florida
- Idaho
- Indiana
- Louisiana
- Nebraska
- New Mexico
- Utah

Contraceptive coverage legislation has been introduced in nine additional states.

HI

THE STATE OF HAWAII
BILL TEXT
STATENET
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1999 HI S.B. 822

HAWAII THE 20TH STATE LEGISLATURE

SENATE BILL 822

THE SENATE S.B. NO. 822 S.D. 2
TWENTIETH LEGISLATURE, 1999 H.D. 2
STATE OF HAWAII C.D. 1

BILL TRACKING REPORT: <=1> 1999 Bill Tracking HI S.B. 822

1999 Bill Text HI S.B. 822

VERSION: Conference Draft 1

VERSION DATE: April 30, 1999

SYNOPSIS:

A BILL FOR AN ACT

RELATING TO HEALTH INSURANCE.

NOTICE:

[A> UPPERCASE TEXT WITHIN THESE SYMBOLS IS ADDED <A]

[D> Text within these symbols is deleted <D]

TEXT: BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. Chapter 431, Hawaii Revised Statutes, is amended by adding a new section to article 10A to be appropriately designated and to read as follows:

" [A> SECTION 431:10A- CONTRACEPTIVE SERVICES; RELIGIOUS EMPLOYERS EXEMPTION. (A) A "RELIGIOUS EMPLOYER" IS AN ENTITY FOR WHICH EACH OF THE FOLLOWING IS TRUE: <A]

[A> (1) THE INCULCATION OF RELIGIOUS VALUES IS THE PURPOSE OF THE ENTITY; <A]

[A> (2) THE ENTITY PRIMARILY EMPLOYS PERSONS WHO SHARE THE RELIGIOUS TENETS OF THE ENTITY; <A]

[A> (3) THE ENTITY IS NOT STAFFED BY PUBLIC EMPLOYEES; AND <A]

[A> (4) THE ENTITY IS A NONPROFIT ORGANIZATION AS DEFINED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED. FOR THE PURPOSE OF THIS DEFINITION, ANY EDUCATIONAL, HEALTH CARE, OR OTHER NON-PROFIT INSTITUTION OR ORGANIZATION OWNED OR CONTROLLED BY THE RELIGIOUS EMPLOYER IS INCLUDED IN THIS EXEMPTION. <A]

[A> (B) NOTWITHSTANDING ANY OTHER PROVISION OF THIS CHAPTER, <A] C.D. 1 [A> ANY RELIGIOUS EMPLOYER MAY REQUEST A HEALTH INSURANCE PLAN WITHOUT COVERAGE FOR CONTRACEPTIVE SERVICES AND SUPPLIES THAT ARE CONTRARY TO THE RELIGIOUS EMPLOYER'S

RELIGIOUS TENETS. IF SO REQUESTED, THE HEALTH INSURER, MUTUAL BENEFIT SOCIETY, OR HEALTH MAINTENANCE ORGANIZATION SHALL PROVIDE A HEALTH INSURANCE PLAN WITHOUT COVERAGE FOR CONTRACEPTIVE SERVICES AND SUPPLIES. THIS SUBSECTION SHALL NOT BE CONSTRUED TO DENY AN ENROLLEE COVERAGE OF, AND TIMELY ACCESS TO CONTRACEPTIVE SERVICES AND SUPPLIES. <A>

[A> (C) EACH RELIGIOUS EMPLOYER THAT INVOKES THE EXEMPTION PROVIDED UNDER THIS SECTION SHALL: <A>

[A> (1) PROVIDE WRITTEN NOTICE TO ENROLLEES UPON ENROLLMENT WITH THE PLAN, LISTING THE CONTRACEPTIVE HEALTH CARE SERVICES THE EMPLOYER REFUSES TO COVER FOR RELIGIOUS REASONS; <A>

[A> (2) PROVIDE WRITTEN INFORMATION DESCRIBING HOW AN ENROLLEE MAY DIRECTLY ACCESS CONTRACEPTIVE SERVICES AND SUPPLIES IN AN EXPEDITIOUS MANNER; AND <A>

[A> (3) ENSURE THAT ENROLLEES WHO ARE REFUSED CONTRACEPTIVE SERVICES AND SUPPLIES COVERAGE UNDER THIS SECTION HAVE PROMPT ACCESS TO THE INFORMATION DEVELOPED UNDER PARAGRAPH (2). SUCH NOTICE SHALL APPEAR, IN NOT LESS THAN TWELVE POINT TYPE, IN THE POLICY, APPLICATION, AND SALES BROCHURE FOR SUCH POLICY. <A> C.D. 1 [A> (D) NOTHING IN THIS SECTION SHALL BE CONSTRUED TO EXCLUDE COVERAGE FOR PRESCRIPTION CONTRACEPTIVE SUPPLIES ORDERED BY A HEALTH CARE PROVIDER WITH PRESCRIPTIVE AUTHORITY FOR REASONS OTHER THAN CONTRACEPTIVE PURPOSES, SUCH AS DECREASING THE RISK OF OVARIAN CANCER OR ELIMINATING SYMPTOMS OF MENOPAUSE, OR FOR PRESCRIPTION CONTRACEPTION THAT IS NECESSARY TO PRESERVE THE LIFE OR HEALTH OF AN ENROLLEE. <A>

[A> (E) HEALTH INSURERS, MUTUAL BENEFIT SOCIETIES, AND HEALTH MAINTENANCE ORGANIZATIONS SHALL ALLOW ENROLLEES IN A HEALTH PLAN EXEMPTED UNDER THIS SECTION TO DIRECTLY PURCHASE COVERAGE OF CONTRACEPTIVE SUPPLIES AND OUTPATIENT CONTRACEPTIVE SERVICES. THE ENROLLEE'S COST OF PURCHASING SUCH COVERAGE SHALL NOT EXCEED THE ENROLLEE'S PRO RATA SHARE OF THE PRICE THE GROUP PURCHASER WOULD HAVE PAID FOR SUCH COVERAGE HAD THE GROUP PLAN NOT INVOKED A RELIGIOUS EXEMPTION. <A>

[A> (F) THIS SECTION SHALL NOT BE CONSTRUED AS TO REQUIRE A HEALTH INSURER, MUTUAL BENEFIT SOCIETY, HEALTH MAINTENANCE ORGANIZATION, HEALTH CARE FACILITY, OR HEALTH CARE PROVIDER TO PROVIDE ANY HEALTH CARE SERVICES WITHOUT APPROPRIATE PAYMENT OF PREMIUM OR FEE. <A>

[A> (G) FOR PURPOSES OF THIS SECTION: "CONTRACEPTIVE SERVICES" MEANS PHYSICIAN-DELIVERED, PHYSICIAN-SUPERVISED, PHYSICIAN ASSISTANT-DELIVERED, NURSE <A> C.D. 1 [A> PRACTITIONER-DELIVERED, CERTIFIED NURSE MIDWIFE-DELIVERED, OR NURSE-DELIVERED MEDICAL SERVICES INTENDED TO PROMOTE THE EFFECTIVE USE OF CONTRACEPTIVE SUPPLIES OR DEVICES TO PREVENT UNWANTED PREGNANCY. <A>

[A> "CONTRACEPTIVE SUPPLIES" MEANS ALL FOOD AND DRUG ADMINISTRATION-APPROVED CONTRACEPTIVE DRUGS OR DEVICES USED TO PREVENT UNWANTED PREGNANCY. <A> "

SECTION 2. Section 431:10A-116.6, Hawaii Revised Statutes, is amended to read as follows:

"Section 431:10A-116.6 Contraceptive services [D> ; options <D] .

(a) Notwithstanding any provision of law to the contrary, each employer group health policy, contract, plan, or agreement issued or renewed in this State on or after January 1, [D> 1994, that provides for payment of or reimbursement for pregnancy-related services, shall provide as an employer option, <D] [A> 2000, SHALL CEASE TO EXCLUDE <A> contraceptive services [A> OR SUPPLIES <A> for the subscriber or any dependent of the subscriber who is covered by the policy [D> . <D] [A> , SUBJECT TO THE EXCLUSION UNDER SECTION 431:10A-. <A>

(b) [D] Any [D] [A] EXCEPT AS PROVIDED IN SUBSECTION (C), ALL [A] policies, contracts, plans, or agreements under subsection (a) [D] above [D], that provide [A] CONTRACEPTIVE SERVICES OR SUPPLIES, OR [A] prescription drug coverage, shall not exclude any [D] Food and Drug Administration-approved prescriptive contraceptive drug or C.D. 1 device, [D] [A] PRESCRIPTION CONTRACEPTIVE SUPPLIES [A] or impose any unusual copayment, charge, or waiting requirement for such [D] drug or device. [D] [A] SUPPLIES. [A]

[A] (C) COVERAGE FOR ORAL CONTRACEPTIVES SHALL INCLUDE AT LEAST ONE BRAND FROM THE MONOPHASIC, MULTIPHASIC, AND THE PROGESTIN- ONLY CATEGORIES. A MEMBER SHALL RECEIVE COVERAGE FOR ANY OTHER ORAL CONTRACEPTIVE ONLY IF: [A]

[A] (1) USE OF BRANDS COVERED HAS RESULTED IN AN ADVERSE DRUG REACTION; OR [A]

[A] (2) THE MEMBER HAS NOT USED THE BRANDS COVERED AND, BASED ON THE MEMBER'S PAST MEDICAL HISTORY, THE PRESCRIBING HEALTH CARE PROVIDER BELIEVES THAT USE OF THE BRANDS COVERED WOULD RESULT IN AN ADVERSE REACTION. [A]

[D] (c) [D] [A] (D) [A] For [D] the purpose [D] [A] PURPOSES [A] of this section [D], "contraceptive services" [D] [A]: "CONTRACEPTIVE SERVICES" [A] means physician-delivered, physician-supervised, physician assistant-delivered, [A] NURSE PRACTITIONER-DELIVERED, [A] certified nurse midwife-delivered, or nurse-delivered medical services intended to promote the effective use of [D] prescription [D] contraceptive supplies or devices to prevent unwanted pregnancy. [A] "CONTRACEPTIVE SUPPLIES" MEANS ALL FOOD AND DRUG ADMINISTRATION-APPROVED CONTRACEPTIVE DRUGS OR DEVICES USED TO [A] C.D. 1 [A] PREVENT UNWANTED PREGNANCY. [A]

[D] (d) [D] [A] (E) [A] Nothing in this section shall be construed to extend the practice or privileges of any health care provider beyond that provided in the laws governing the provider's practice and privileges."

SECTION 3. Section 432:1-604.5, Hawaii Revised Statutes, is amended to read as follows:

"Section 432:1-604.5 Contraceptive services [D]; options [D].

(a) Notwithstanding any provision of law to the contrary, each employer group health policy, contract, plan, or agreement issued or renewed in this State on or after January 1, [D] 1994, that provides for payment of or reimbursement for pregnancy-related services, shall provide as an employer option, [D] [A] 2000, SHALL CEASE TO EXCLUDE [A] contraceptive services [A] OR SUPPLIES, [A] and contraceptive prescription drug coverage for the subscriber or any dependent of the subscriber who is covered by the policy [D]. [D] [A], SUBJECT TO THE EXCLUSION UNDER SECTION 431:10A. [A]

(b) [D] Any [D] [A] EXCEPT AS PROVIDED IN SUBSECTION (C), ALL [A] policies, contracts, plans, or agreements under subsection (a), that provide [A] CONTRACEPTIVE SERVICES OR SUPPLIES, OR [A] prescription drug coverage, shall not exclude any [D] Federal Drug Administration-approved prescriptive contraceptive drug or device, [D] [A] PRESCRIPTION CONTRACEPTIVE SUPPLIES [A] or impose any C.D. 1 unusual copayment, charge, or waiting requirement for such drug or device.

[A] (C) COVERAGE FOR CONTRACEPTIVES SHALL INCLUDE AT LEAST ONE BRAND FROM THE MONOPHASIC, MULTIPHASIC, AND THE PROGESTIN-ONLY CATEGORIES. A MEMBER SHALL RECEIVE COVERAGE FOR ANY OTHER ORAL CONTRACEPTIVE ONLY IF: [A]

[A] (1) USE OF BRANDS COVERED HAS RESULTED IN AN ADVERSE DRUG REACTION; OR [A]

[A] (2) THE MEMBER HAS NOT USED THE BRANDS COVERED AND, BASED ON THE MEMBER'S PAST MEDICAL HISTORY, THE PRESCRIBING HEALTH CARE PROVIDER BELIEVES THAT USE OF THE BRANDS COVERED WOULD RESULT IN AN ADVERSE REACTION. [A]

[D] (c) [D] [A] (D) [A] For [D] the purpose [D] [A] PURPOSES [A] of this section [D] , "contraceptive services" [D] [A] : "CONTRACEPTIVE SERVICES" [A] means physician-delivered, physician-supervised, physician assistant-delivered, [A] NURSE PRACTITIONER-DELIVERED, [A] certified nurse midwife-delivered, or nurse-delivered medical services intended to promote the effective use of [D] prescription [D] contraceptive supplies or devices to prevent unwanted pregnancy. [A] "CONTRACEPTIVE SUPPLIES" MEANS ALL FOOD AND DRUG ADMINISTRATION-APPROVED CONTRACEPTIVE DRUGS OR DEVICES USED TO PREVENT UNWANTED PREGNANCY. [A] " C.D. 1 [D] (d) [D] [A] (E) [A] Nothing in this section shall be construed to extend the practice or privileges of any health care provider beyond that provided in the laws governing the provider's practice and privileges."

SECTION 4. The insurance commissioner shall review the experience of employers in providing coverage of contraceptive services and supplies as part of their health insurance coverage for employees after the effective date of this Act to determine whether the cost of health insurance has increased as a result of this Act. The review shall include an assessment of the impact of contraceptive coverage on reducing maternity costs, employee turnover, and absenteeism costs around maternity and family-related costs. The insurance providers and business organizations, including the Chamber of Commerce of Hawaii, are requested to assist the insurance commissioner in obtaining the necessary information from employers to effectuate the review. .

The insurance commissioner shall submit a report of the insurance commissioner's findings to the legislature no later than twenty days prior to the convening of the regular session of 2001.

SECTION 5. Statutory material to be repealed is bracketed. New statutory material is underscored.

SECTION 6. This Act shall take effect upon its approval.

SPONSOR:
Chun

LOAD-DATE: May 4, 1999

GA
1999

H. B. No. 374 (AM)

By: Representatives Orrock of the 56th, Williams of the 114th, Trense of the 44th, Coleman of the 142nd, Skipper of the 137th and others

A BILL TO BE ENTITLED
AN ACT

To amend Article 1 of Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating to insurance generally, so as to provide for legislative findings; to require health insurers to provide coverage for any prescription drug or device approved for use as a contraceptive; to provide for definitions; to provide for terms and conditions of such coverage; to prohibit certain constructions; to provide for regulations and notice to policyholders; to provide for applicability; to repeal conflicting laws; and for other purposes.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

SECTION 1.

Article 1 of Chapter 24 of Title 33, relating to insurance generally, is amended by inserting a new Code section to be designated Code Section 33-24-59.1 to read as follows:

"33-24-59.1.

(a) The General Assembly finds and declares that:

(1) Maternal and infant health are greatly improved when women have access to contraceptive supplies to prevent unintended pregnancies;

(2) Because many Americans hope to complete their families with two or three children, many women spend the majority of their reproductive lives trying to prevent pregnancy;

(3) Research has shown that 49 percent of all large group insurance plans do not routinely provide coverage for contraceptive drugs and devices. While virtually all health care plans cover prescription drugs generally, the absence of prescription contraceptive coverage is largely responsible for the fact that women spend 68 percent more in out-of-pocket expenses for health care than men; and

(4) Requiring insurance coverage for prescription drugs and devices for contraception is in the public interest in improving the health of mothers, children, and families and in providing for health insurance coverage which is fairer and more equitable.

(b) As used in this Code section, the term:

(1) 'Health benefit policy' means any individual or group plan, policy, or contract for health care services issued, delivered, issued for delivery, or renewed in this state, including those contracts executed by the State of Georgia on behalf of state employees under Article 1 of Chapter 18 of Title 45 of the Official Code of Georgia Annotated, by a health care corporation, health maintenance organization, preferred provider organization, accident and sickness insurer, fraternal benefit society, hospital service corporation, medical service corporation, provider sponsored health care corporation, or other insurer or similar entity.

(2) 'Insurer' means an accident and sickness insurer, fraternal benefit society, hospital service corporation, medical service corporation, health care corporation, health maintenance organization, or any similar entity authorized to issue contracts under this title.

(c) Every health benefit policy that is delivered, issued, executed, or renewed in this state or approved for issuance or renewal in this state by the Commissioner on or after July 1, 1999, which provides coverage for prescription drugs on an outpatient basis shall provide coverage for any prescribed drug or device approved by the United States Food and Drug Administration for use as a contraceptive. This Code section shall not apply to limited benefit policies described in paragraph (4) of subsection (e) of Code Section 33-30-12. Likewise, nothing contained in this Act shall be construed to require any insurance company to provide coverage for abortion.

(d) No insurer shall impose upon any person receiving prescription contraceptive benefits pursuant to this Code section any:

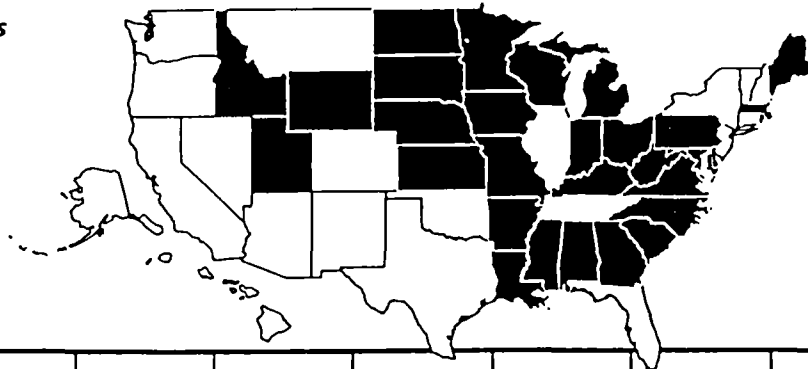
(1) Copayment, coinsurance payment, or fee that is not equally imposed upon all individuals in the same benefit category, class, coinsurance level or copayment level, receiving benefits for prescription drugs; or

1	(2) Reduction in allowable reimbursement for	99
2	prescription drug benefits.	100
3	(e) This Code section shall not be construed to:	102
4	(1) Require coverage for prescription coverage benefits	104
5	in any contract, policy, or plan that does not otherwise	105
6	provide coverage for prescription drugs;	106
7	(2) Preclude the use of closed formularies, provided,	108
8	however, that such formularies shall include oral,	109
9	implant, and injectable contraceptive drugs,	110
10	intrauterine devices, and prescription barrier methods."	111
11	<u>SECTION 2.</u>	114
12	All laws and parts of laws in conflict with this Act are	116
13	repealed.	



RESTRICTIONS ON MINORS' ACCESS TO ABORTION

The thirty blackened states enforce laws requiring the involvement of an adult, typically a parent, before a minor may obtain an abortion.



State	One Parent	Two Parent	Consent	Notice	Mandatory Counseling	Judicial Bypass	Enjoined/ Not Enforced	Enforced
Alabama	X		X			X		X
Alaska	X		X			X	X'	
Arizona	X		X			X	X'	
Arkansas		X		X		X		X
California	X		X			X	X'	
Colorado		X		X			X	
Delaware	X ²			X ³		X		X
Georgia	X			X		X		X
Idaho		X ⁴		X				X
Illinois	X ⁵			X		X	X'	
Indiana	X		X			X		X
Iowa	X ²			X		X		X
Kansas	X			X	X	X		X
Kentucky	X		X			X		X
Louisiana	X		X			X		X
Maine	X ⁶		X ⁷		X	X		X
Maryland	X			X ¹				X
Massachusetts	X ⁸		X			X		X
Michigan	X		X			X		X
Minnesota		X		X		X		X
Mississippi		X	X			X		X
Missouri	X		X			X		X
Montana	X			X		X	X'	

RESTRICTIONS ON MINORS' ACCESS TO ABORTION

State	One Parent	Two Parent	Consent	Notice	Mandatory Counseling	Judicial Bypass	Enjoined/ Not Enforced	Enforced
Nebraska	X			X		X		X
Nevada	X			X		X	X ¹	
New Mexico	X		X				X ¹	
North Carolina	X ²		X			X		X
North Dakota		X	X			X		X
Ohio	X ³			X		X		X
Pennsylvania	X		X			X		X
Rhode Island	X		X			X		X
South Carolina	X ²		X			X		X
South Dakota	X			X		X		X
Tennessee	X		X			X	X ¹	
Utah		X ⁴		X				X
Virginia	X			X		X		X
West Virginia	X			X ⁵		X		X
Wisconsin	X ¹⁰		X			X		X
Wyoming	X		X			X		X
TOTAL	32	7	21	18	2	34	9	30

1. This statute has been declared unenforceable by a court or attorney general.
2. This statute also allows consent of or notice to a grandparent under certain circumstances.
3. This requirement may be waived by a specified health professional under certain circumstances.
4. This statute requires notice to a minor's parents, if possible.
5. This statute also allows consent of or notice to a grandparent or step-parent.
6. This statute also allows consent of an adult family member.
7. This statute offers mandatory counseling as an alternative to one-parent or adult family member consent with a judicial bypass.
8. This statute, as written, requires two-parent consent, but a court has issued an order that the law be enforced as requiring the consent of one parent.
9. This statute also allows notice to a grandparent, step-parent, or adult sibling over the age of 21 under certain circumstances.
10. This statute allows consent of or notice to a grandparent or certain other adult family members over the age of 25.

THE WHITE HOUSE
WASHINGTON

July 8, 1998

The Honorable Orrin Hatch
United States Senate
Washington, DC 20510

Dear Senator Hatch:

The Administration has made clear that changes must be made in S. 1645 in order to ensure that the legislation is appropriately tailored to achieve its stated goals. Unfortunately, although S. 1645 has been revised to exclude parents from potential liability, the bill has not been amended to meet the other critical concerns raised by the Administration. Accordingly, the Administration strongly opposes S. 1645 as drafted.

Specifically, S. 1645 must first be amended to exclude close family members from criminal and civil liability. Under the legislation, grandmothers, aunts, and minor and adult siblings could face criminal prosecution for coming to the aid of a relative in distress. Imposing criminal and civil sanctions on family members for helping their relatives, however, would not promote healthy family communications. Subjecting family members to criminal or civil sanction, moreover, would further isolate the minor by discouraging her from seeking advice and counsel from those closest to her. Finally, creating a civil action that permits family members to sue each other when a minor within that family has an abortion would not foster strong families.

Second, S. 1645 must be amended to ensure that persons who only provide information, counseling, referral, or medical services to the minor cannot be subject to liability. Exposing such persons to the threat of criminal or civil sanctions would not further the interests of promoting family communication, would not deter those who would inappropriately transport minors across state lines to obtain abortions, and would provide an unintended basis for vexatious litigation against individuals and organizations.

Finally, S. 1645 must be amended to address constitutional infirmities that the Department of Justice has identified in particular provisions of the legislation. The Department will forward these and practical law enforcement concerns in a separate letter.

The Administration is concerned that S. 1645, as written, raises novel and important federalism issues, including the rights of states to regulate matters within their own boundaries. The Administration believes, however, that legislation that addresses the concerns noted above, and that is carefully targeted at punishing non-relatives who transport minors across state lines for the purposes of avoiding parental involvement requirements, would mitigate the federalism concerns.

With best wishes, I am

Sincerely,

A handwritten signature in black ink, appearing to read 'Erskine B. Bowles', written over the printed name.

Erskine B. Bowles
Chief of Staff