IN THE SUPREME COURT OF THE STATE OF ALASKA

State of Alaska et al., Appellants, v. Planned Parenthood of the Great Northwest and the Hawaiian Islands, a Washington corporation, Appellee.	)	Supreme Court No.: S-19277 Trial Court Case No.: 3AN-19-11710 CI

APPEAL FROM THE SUPERIOR COURT,
THIRD JUDICIAL DISTRICT AT ANCHORAGE,
THE HONORABLE JOSIE GARTON, PRESIDING

BRIEF OF *AMICI CURIAE* THE NATIONAL ASSOCIATION OF NURSE PRACTITIONERS IN WOMEN'S HEALTH, AMERICAN COLLEGE OF NURSE-MIDWIVES, ASSOCIATION OF PHYSICIAN ASSOCIATES IN OBSTETRICS AND GYNECOLOGY, AND AMERICAN ACADEMY OF PHYSICIAN ASSOCIATES IN SUPPORT OF APPELLEE

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INTEREST OF *AMICI CURIAE*

Amicus curiae The National Association of Nurse Practitioners in Women's Health ("NPWH") is the national professional association representing over 13,300 board-certified women's health nurse practitioners ("WHNP-BCs") in the United States. WHNP-BCs are advanced practice registered nurses licensed as independent practitioners who plan and deliver a full range of women's and gender-related healthcare services, starting at puberty and continuing through the lifespan. NPWH sets a standard of excellence by translating and promoting the latest women's healthcare research and evidence-based clinical guidance, providing high-quality continuing education, and advocating for patients, clinicians, and the women's health nurse practitioner profession. NPWH's mission includes protecting and promoting women's and all individuals' rights to make their own choices regarding their health and well-being within the context of their lived experience and their personal, religious, cultural, and family beliefs.

Amicus curiae American College of Nurse-Midwives ("ACNM") is the professional association that represents certified nurse-midwives ("CNMs") and certified midwives ("CMs") in the United States. ACNM sets the standard for excellence in midwifery education and practice in the United States and strengthens the capacity of midwives in developing countries. Members of ACNM are primary care providers for women throughout their lifespans, with a special emphasis on pregnancy, childbirth, and gynecologic and reproductive health. ACNM's mission is to support midwives, advance the practice of midwifery, and achieve optimal, equitable health outcomes for the people

and communities midwives serve through inclusion, advocacy, education, leadership development, and research.

Amicus curiae American Academy of Physician Associates ("AAPA") is the national professional association for physician associates/physician assistants ("PAs"). AAPA advocates and educates on behalf of the profession and the patients and communities PAs serve. Its mission includes enhancing the ability of PAs to improve the quality, accessibility, and cost-effectiveness of patient-centered healthcare, as well as ensuring the professional growth, personal excellence, and recognition of PAs.

Amicus curiae Association of Physician Associates in Obstetrics and Gynecology ("APAOG") is the professional association representing Obstetrics and Gynecologic Physician Associates in the United States. APAOG supports PAs practicing obstetrics, gynecology, and all of its subspecialties by advancing the role of PAs to serve patients throughout their lifespan. APAOG's mission is to promote equitable patient care through education, research, advocacy, inclusivity, and leadership.

Amici are interested in this matter because they care deeply about the advanced practice clinicians ("APCs") they represent as well as the well-being of the patients served by APCs. *Amici* have extensive experience providing reproductive healthcare, including abortion care, which they have been doing for decades. *Amici* highlight the overwhelmingly positive outcomes for the hundreds of thousands of women treated by APCs in reproductive health each year. *Amici* have an interest in dispelling Appellants' misinformed argument that "the safety of pregnant women" is advanced by the at-issue statute preventing APCs from providing abortions. *Amici* also have an interest in making

clear that, counter to Appellants' assertions, APCs provide safe and effective abortion healthcare and play a critically important role as healthcare providers with respect to medication abortion, aspiration abortion, and reproductive healthcare more generally.

SUMMARY OF ARGUMENT

APCs, which include board-certified women's health nurse practitioners, board-certified family nurse practitioners, certified nurse-midwives, and physician associates, are critical participants in the provision of healthcare in this country. APCs offer a broad range of care to their patients, including primary care. APCs specializing in women's health are sometimes the only clinicians a woman may meet in connection with reproductive health, as they offer contraceptive counseling, prenatal care, STI screenings, annual exams, miscarriage treatment, and, when appropriate and lawful, medication abortion and aspiration abortion.

Despite the overwhelming evidence that APCs across the country have been independently, effectively, and safely providing abortion healthcare for decades and the critical role APCs play in providing healthcare in Alaska specifically, Alaska state law prohibits anyone other than a licensed physician from providing abortions. Alaska Stat. Ann. § 18.16.010(a)(1) (2022). Appellee challenged this statutory bar, and the trial court correctly concluded that section "18.16.010(a)(1) violates . . . the Alaska Constitution, as applied to APCs whose scope of practice includes medication or aspiration abortion." Findings of Fact and Conclusions of Law at 26, Planned Parenthood Great Northwest v. Alaska, 3AN-19-11710 CI (Sept. 4, 2024).

In appealing the trial court's sound decision, Appellants ignore that APCs are crucial providers of reproductive healthcare and are as qualified to provide, and as effective in providing, abortion healthcare services as physicians, if not more so. APCs also prescribe medications and perform procedures that are far more complex than medication abortion or aspiration abortion. Depriving Alaska patients of abortion healthcare by APCs would result in many women being unable to receive the healthcare they require. For these reasons, among others, mainstream medical and public health groups overwhelmingly support the provision of abortion healthcare by APCs.

The Court should affirm the trial court's judgment in favor of Appellee.

ARGUMENT

I. Advanced Practice Clinicians Must Satisfy Rigorous Education And Certification Requirements To Provide The Broad Scope Of Healthcare They Routinely Offer.

APCs, which include board-certified women's health nurse practitioners, certified nurse-midwives, and physician associates, are vital participants in the United States healthcare system. They are licensed to provide a broad range of health services consistent with their heightened educational standards and rigorous certification and continuing education requirements. APCs have prescriptive authority in every state, including for controlled substances.[1] They are key providers of primary, gynecological,

[1] *See State Law Chart: Nurse Practitioner Prescriptive Authority*, Am. Med. Ass'n (2017), https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/specialty%20group/arc/ama-chart-np-prescriptive-authority.pdf; *PA Prescribing*, Am. Acad. PAs (Apr. 2020), https://www.aapa.org/download/61323/?tmstv=1696531381; *State Practice Environment*, Am. Ass'n Nurse Pracs. (Oct. 2024), https://www.aanp.org/advocacy/state/state-practice-

maternity, acute, and chronic care across the country, including for low-income patients and those living in rural and medically underserved areas. They regularly see patients independently, and many run their own clinics.[2] In Alaska, some APCs supervise and support Community Health Aides, who provide healthcare primarily to the Alaska Native populations.[3] APCs consistently outperform physicians on metrics of patient satisfaction, patient compliance, and health promotion.[4] They are, as one physician put it, the ones who "keep the lights on."[5]

Nurse Practitioners ("NPs") provide an extensive range of health services, including diagnosing and treating acute and chronic illnesses, prescribing and managing medications and other therapies, providing immunizations, performing procedures, ordering and interpreting lab tests and x-rays, coordinating patient care, and providing health education.[6] NPs serve as the primary care provider for millions of Americans,

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environment; *Scope of Practice Policy: State Overview: Alaska*, Nat'l Conf. of State Legislatures, https://www.ncsl.org/scope-of-practice-policy/state/alaska (last visited May 27, 2025); *see also* Alaska Amin. Code tit. 12, § 44.440 *et seq*.

[2] Elena Kraus & James M. DuBois, *Knowing Your Limits: A Qualitative Study of Physician and Nurse Practitioner Perspectives on NP Independence in Primary Care*, 32(3) J. Gen. Internal Med. 284, 287 (2016).

[3] Christine Golnick et al., *Innovative Primary Care Delivery in Rural Alaska: A Review of Patient Encounters Seen by Community Health Aides*, 71 Int'l J. Circumpolar Health 1, 3 (2012); *see also Overview of the Alaska Community Health Aide Program* (2020), https://akchap.org/wp-content/uploads/2020/12/CHAM-CHAP-Overview.pdf.

[4] Kraus & DuBois, *supra* at 284.

[5] *Id.* at 286.

[6] *Discussion Paper: Scope of Practice for Nurse Practitioners*, Am. Ass'n Nurse Pracs. (2022), https://storage.aanp.org/www/documents/advocacy/position-papers/Scope-of-Practice.pdf.

making up over 25% of rural primary care providers.[7] NPs dispense essential health services in many practice areas, including family medicine, pediatrics, geriatrics, and women's health, among others.[8]

NPs must satisfy rigorous educational and certification requirements. NPs must obtain a registered nurse license and complete graduate education at the masters, post-masters, or doctoral level.[9] They also must pass a national certification exam to receive the designation of Board-certified NP ("NP-BC"), which is required for practice in the vast majority of states, including Alaska.[10] Certification testing assesses the "applicant's

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[7] *Nurse Practitioners in Primary Care*, Am. Ass'n Nurse Pracs. (2022), https://www.aanp.org/advocacy/advocacy-resource/position-statements/nurse-practitioners-in-primary-care; *Women's Health Nurse Practitioner: Guidelines for Practice and Education*, Nat'l Ass'n Nurse Pracs. Women's 3 (8th ed. 2020), https://cdn.ymaws.com/npwh.org/resource/resmgr/practice_guidelines/_whnp_guidelines_8th_edition.pdf; *see also* Alaska Amin. Code tit. 12, § 44.380 (recognizing NPs as primary care providers).

[8] Maria Schiff, *The Role of Nurse Practitioners in Meeting Increasing Demand for Primary Care*, Nat'l Governors Ass'n 4 (Dec. 2012), https://www.nga.org/wp-content/uploads/2019/08/1212NursePractitionersPaper.pdf.

[9] *Id.* at 8.

[10] *Id.*; *How Should Nurse Practitioners List Their Credentials*, Advanced Prac. Educ. Ass'n (Oct. 20, 2023), https://www.apea.com/ blog/How-Should-Nurse-Practitioners-List-Their-Credentials-26/. In forty-seven states, including Alaska, NPs must receive certification from a nationally recognized certified body; in the remaining three states (California, Kansas, and New York), NPs must complete a board-approved master's degree with similar course requirements to those accepted by one of the national certifying bodies. *See State Practice Environment*, Am. Ass'n Nurse Pracs., https://www.aanp.org/advocacy/state/state-practice-environment; ; *see also Alaska: Information and Resources for Alaska NPs*, Am. Ass'n Nurse Pracs., https://www.aanp.org/advocacy/alaska (last visited May 29, 2025) (in Alaska, NP licensure requires "a registered nurse license, a graduate degree in an NP role and national certification").

knowledge and skill in diagnosing, determining treatments, and prescribing for their patient population of focus."[11] NPs' training and testing for licensure is highly effective. Data suggest that NPs are capable of providing approximately "90% of primary care services commonly provided by physicians, with . . . comparable outcomes."[12]

WHNP-BCs are advanced practice registered nurses and one of the eight distinct NP population foci. WHNP-BCs "obtain education at the master's, post-master's, or doctoral level, equipping them with the knowledge, skills, and abilities to provide full-scope, evidence-based women's and gender-related healthcare autonomously."[13] WHNP education, certification, and practice "are congruent with the NP role and the women's health population focus."[14] WHNP academic programs are housed in accredited institutions and follow rigorous "educational standards ensuring the attainment of core competencies for the [advanced practice registered nurse] and NP role[s]," and "[a]dditional population-focused didactic education and clinical experiences [provide] WHNP students with expanded competencies dedicated to women's and gender-related

[11] Schiff, *supra* at 8.

[12] Kraus & DuBois, *supra* at 284.

[13] *Scope of Practice for the Board-Certified Women's Health Nurse Practitioner (WHNP-BC)*, Nat'l Ass'n Nurse Pracs. Women's Health 2 (Sept. 2024), https://cdn.ymaws.com/npwh.org/resource/resmgr/positionstatement/Board-certified_WHNP_Scope_o.pdf.

[14] *Women's Health Nurse Practitioner: Guidelines for Practice and Education*, *supra* at 3.

healthcare."[15] Graduates of accredited "WHNP programs are eligible for national certification through the National Certification Corporation as board-certified WHNPs."[16]

"The WHNP-BC functions within the scope of practice rules and regulations established by . . . the nurse practice act in the state(s) in which the WHNP is licensed and works."[17] The WHNP-BC provides independent and collaborative "care in outpatient, inpatient, community, and other settings" and offers consultation services to other healthcare providers regarding women's unique healthcare needs from puberty through the adult life span.[18] "WHNP-BCs perform assessments; order, perform, and interpret diagnostic and laboratory tests; make diagnoses; and provide pharmacologic and nonpharmacologic treatments."[19] In terms of gender-related care, WHNP-BCs "offer routine and complex gynecologic, sexual, reproductive, menopause transition, and post-menopause healthcare."[20] The WHNP-BC is the only nurse practitioner population focus to hold enumerated competencies in providing high-risk pregnancy and postpartum

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[15] *Scope of Practice for the Board-Certified Women's Health Nurse Practitioner (WHNP-BC)*, *supra* at 2.

[16] *Id.*

[17] *Women's Health Nurse Practitioner: Guidelines for Practice and Education*, *supra* at 3.

[18] *Id.* at 2.

[19] *Scope of Practice for the Board-Certified Women's Health Nurse Practitioner (WHNP-BC)*, *supra* at 1.

[20] *Id.*

care.[21] WHNP-BCs must recertify every three years through the National Certification Board and are required to meet continuing education requirements.[22]

Like NPs, certified nurse-midwives ("CNMs") offer a wide array of health services: they provide comprehensive assessments, diagnoses, and treatment care; prescribe medications, including controlled substances; "admit, manage, and discharge patients; order and interpret laboratory and diagnostic tests; and" provide wellness education and counseling.[23] CNMs principally focus on the provision of patient "care during pregnancy, childbirth, and the postpartum period; sexual and reproductive health; gynecologic health; and family planning services, including preconception care."[24] CNMs "provide primary care for individuals from adolescence throughout the lifespan as well as care for the healthy newborn during the first 28 days of life."[25]

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[21] *White Paper: The Essential Role of Women's Health Nurse Practitioners*, Nat'l Ass'n Nurse Pracs. Women's Health 1-2 (June 2020), https://cdn.ymaws.com/npwh.org/resource/resmgr/positionstatement/NPWH-WP-072020-TheEssential.pdf.

[22] *Maintain Your Certification*, National Certification Corporation, https://www.nccwebsite.org/maintain-your-certification#:~:text=All%20NCC%20certifications%20are%20valid,check%20when%20submitting%20the%20application. *See also Scope of Practice for the Board-Certified Women's Health Nurse Practitioner (WHNP-BC)*, *supra* at 1.

[23] *Definition of Midwifery and Scope of Practice of Certified Nurse-Midwives and Certified Midwives*, Am. Coll. Nurse-Midwives 1 (Dec.2021), https://midwife.org/wp-content/uploads/2024/10/Definition-of-Midwifery-and-Scope-of-Practice-of-Certified-Nurse-Midwives-and-Certified-Midwives.pdf.

[24] *Id.*

[25] *Id.*

Education and certification requirements for CNMs are exacting. Following completion of a bachelor's degree and a graduate midwifery program, CNMs in Alaska and elsewhere must pass a national certification exam to receive the designation of CNM (a title referring to individuals with active RN credentials when they pass the exam).[26] All CNMs must continuously "demonstrate that they meet the Core Competencies for Basic Midwifery Practice of" *Amicus* ACNM and are required "to practice in accordance with the ACNM Standards for the Practice of Midwifery."[27] The "ACNM competencies and standards are consistent with or exceed . . . the International Confederation of Midwives[']" global midwifery competencies and standards.[28] CNMs must be recertified every five years and are required to meet continuing education requirements.[29]

PAs' generalist clinical practice spans from the beginning to the completion of care.[30] PAs are board-certified "licensed clinicians who practice medicine in every specialty and setting."[31] "PAs are dedicated to expanding access to care and transforming

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[26] *Id.*; Kimmy Gustafson, *Become a Certified Nurse Midwife (CNM) - Education, Licensure & Salary*, Nursing Colls. (Apr. 21, 2025), https://www.nursingcolleges.com/careers/certified-nurse-midwife.

[27] *Definition of Midwifery and Scope of Practice of Certified Nurse-Midwives and Certified Midwives*, *supra* at 1.

[28] *Id.*

[29] *Id.*

[30] *PA Scope of Practice*, Am. Acad. PAs (Sept. 2019), https://www.aapa.org/wp-content/uploads/2017/01/Issue-brief_Scope-of-Practice_0117-1.pdf.

[31] *What Is a PA?*, Am. Acad. PAs, https://www.aapa.org/about/what-is-a-pa/ (last visited June 3, 2025).

health and wellness through patient-centered, team-based medical practice."[32] Often serving as the patient's main healthcare provider, PAs diagnose and treat illnesses, order and interpret lab tests, prescribe medications, perform medical procedures and examinations, and assist in surgery.[33] PAs provide a wide range of reproductive care from the diagnosis and treatment of acute and chronic gynecological conditions to independently performing critical clinical procedures such as vaginal deliveries, amniotomies, inseminations, endometrial and vulvar biopsies, and loop excision electrocoagulation procedures, and assisting in surgeries.[34]

To become licensed, PAs in Alaska and elsewhere first must obtain a bachelor's degree and graduate from an accredited master's degree program, which spans three academic years and employs a rigorous curriculum modeled on the medical school program.[35] "[S]tudents take more than 75 hours in pharmacology, 175 hours in behavioral sciences, [over] 400 hours in basic sciences[,] and nearly 580 hours of clinical medicine," and complete over 2,000 hours of supervised clinical practice.[36] PAs in Alaska and elsewhere then must pass the Physician Assistant National Certifying Examination,

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[32] *Id.*

[33] *Id.*; *Physician Assistant,* Mayo Clinic Coll. Med. & Sci., https://college.mayo.edu/academics/explore-health-care-careers/careers-a-z/physician-assistant/ (last visited June 3, 2025).

[34] *PAs in Obstetrics and Gynecology,* Am. Acad. PAs 2 (2021), https://www.aapa.org/download/19515/.

[35] *Id.*; *PA Scope of Practice*; *Alaska Physician Assistant Programs for Licensure*, PhysicianAssistantEDU, https://www.physicianassistantedu.org/alaska/ (last visited May 29, 2025).

[36] *PAs in Obstetrics and Gynecology*, *supra* at 1.

become state-licensed, and, in order to maintain national certification, "complete 100 hours of continuing medical education . . . every two years and take a recertification exam every [ten] years."[37]

The rigorous education and certification requirements for NPs, CNMs, and PAs make clear that these accomplished healthcare professionals are well-qualified to provide abortion healthcare, as they have been doing for years.

II. Advanced Practice Clinicians Provide Safe And Effective Abortion Care.

APCs are safe and effective providers of both medication and aspiration abortion care. Peer-reviewed studies have long established that APCs provide abortion care as safely and effectively as physicians, if not more so. Indeed, after a comprehensive review of scientific evidence on the safety of abortion, the National Academies of Science, Engineering, and Medicine, the non-partisan, nongovernmental institution established to advise the nation on issues related to those disciplines, concluded: "[b]oth trained physicians (OB/GYNs, family medicine physicians, and other physicians) and APCs . . . can provide medication and aspiration abortions safely and effectively."[38]

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[37] *PA Scope of Practice*; *Alaska Physician Assistant Programs for Licensure*.

[38] Nat'l Acad. Sci., Eng'g, & Med., The Safety and Quality of Abortion Care in the United States 2, 14 (2018), https://nap.nationalacademies.org/catalog/24950/the-safety-and-quality-of-abortion-care-in-the-united-states. *See also* Sharmani Barnard et al., *Doctors or Mid-Level Providers for Abortion*, Cochrane Database Systemic Revs. 2 (2015) (finding "no statistically significant difference in risk of failure for medication abortions performed by [APCs] compared with" physicians in comparative review of medication abortion outcome studies); Julie Jenkins, *Midwifery and APRN Scope of Practice in Abortion Care in the Early Post-Roe Era: Everything Old Is New Again*, 68 J. MIDWIFERY & WOMEN'S HEALTH 734, 739 (2023) (explaining that there is "no

With respect to medication abortion specifically, in 2016, the FDA approved a supplemental new drug application from the sponsor of mifepristone, one of the two key drugs used in medication abortions, that, among other things, expanded mifepristone's conditions for use to permit licensed healthcare providers (*i.e.*, APCs), who had previously held the authority to prescribe mifepristone under a physician's supervision, to independently prescribe and dispense it.[39] Since the FDA's 2016 change, APCs across the country have independently provided medication abortions to patients. And with respect to aspiration abortion care, like physicians, APCs regularly provide safe and effective aspiration abortions, including, if necessary, as follow-up care after a medication abortion.[40]

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difference in the risk of major complications for aspiration abortions even when provided by newly trained APCs compared with experienced physicians").

[39] *The U.S. Supreme Court Weighs Mifepristone for Abortion Care*, U.C.S.F. (Mar. 25, 2024), https://www.ucsf.edu/news/2024/03/427311/us-supreme-court-weighs-mifepristone-abortion-care. *See also* U.S. Food & Drug Administration, *Information About Mifepristone for Medical Termination of Pregnancy Through Ten Weeks Gestation* (Jan. 17, 2025), https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/information-about-mifepristone-medical-termination-pregnancy-through-ten-weeks-gestation; Letter from U.S. Food & Drug Administration, Dep't of Health and Human Services, to Danco Laboratories, LLC (2016), https://www.accessdata.fda.gov/drugsatfda_docs/appletter/2016/020687Orig1s020ltr.pdf; *The Availability and Use of Medication Abortion*, KFF (Mar. 20, 2024), https://www.kff.org/womens-health-policy/fact-sheet/the-availability-and-use-of-medication-abortion/.

[40] Tracy A. Weitz et al., *Safety of Aspiration Abortion Performed by Nurse Practitioners, Certified Nurse Midwives, and Physician Assistants Under a California Legal Waiver*, 103 Am. J. Pub. Health 454, 459 (2013); H. Kopp Kallner et al., *The Efficacy, Safety and Acceptability of Medical Termination of Pregnancy Provided by Standard Care by Doctors or by Nurse-Midwives*, 122 BJOG: Int'l J. Obstetrics & Gynecology 510, 510, 515 (2015).

Moreover, APCs also enable patients to access abortion care earlier in pregnancy, when such care is even safer and more effective.[41] They are ideally positioned to deliver abortion care as the first point of contact for women with contraception and pregnancy-related issues. For many patients, especially those living in rural areas—like much of Alaska—APCs are not just the provider of choice, but also the *only* possible provider.[42]

A. Advanced Practice Clinicians Achieve the Same, or Better, Health Outcomes as Physicians When Providing Medication Abortion Care.

In Alaska, over half of all abortions were provided via mifepristone in 2023.[43] Data and empirical studies reflect that medication abortion care provided by APCs has the same or better outcomes as medication abortion care provided by physicians. A retrospective review of patients who initiated medication abortion from 2009 to 2018 demonstrates the safe and effective outcomes of abortion provided by APCs.[44] The

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[41] Ortal Wasser et al., *Experiences of Delay-Causing Obstacles and Mental Health at the Time of Abortion Seeking*, 6 Contraception: X 1, 1 (2024) ("Abortions later in gestation . . . carry a relatively higher risk of complications compared to those obtained earlier.").

[42] *See, e.g.*, Hyunjung Lee et al., *Determinants of Rural-Urban Differences in Health Care Provider Visits Among Women of Reproductive Age in the United States*, 15 PLoS ONE 1, 5 (Dec. 10, 2020); Candice Chen et al., *Who is Providing Contraception Care in the United States? An Observational Study of the Contraceptive Workforce*, 226 Am. J. Obstetrics & Gynecology 232.e1 (2022) ("advanced practice nurses," *i.e.*, NPs and CNMs, are "especially" important for provision of contraceptive care in rural areas); Jill Bayless, *Advanced Practice Providers Bridge Rural Healthcare Access Gap*, Cmty. Hosp. Corp. (May 6, 2025), https://chc.com/advanced-practice-providers-bridge-rural-healthcare-access-gap/.

[43] *Alaska Induced Terminations 2023 Annual Report*, Alaska Dep't of Health 15 (2024), https://health.alaska.gov/media/o24bv3by/2023-alaska-induced-terminations-annual-report.pdf. In 2019, 24% of abortions were provided via mifepristone. *Id.*

[44] L. Porsch et al., *Advanced Practice Clinicians and Medication Abortion Safety: A 10-Year Retrospective Review*, 101 Contraception 357, 357 (May 2020).

researchers concluded that these outcomes were "well within the published benchmarks for medication abortion effectiveness . . . and safety" for medication abortion provided by physicians.[45] In fact, some research shows that APCs provide medication abortions with *greater* efficacy and patient acceptability than physicians. For example, one randomized study of 1,180 women receiving medication abortions concluded that nurse-midwives' provision of medication abortion had "superior efficacy" over that provided by physicians.[46] The study found that 99% of the 481 women treated by nurse-midwives did not require further intervention (*i.e.*, follow-up aspiration or surgery to complete the abortion), and 95.8% experienced no complications following the medication abortion (compared to 97.4% and 93.5%, respectively, for women treated by physicians).[47] Women randomized to meet with nurse-midwives were more likely to prefer their allocated provider than women randomized to meet with physicians, and were significantly more likely to express a preference for nurse-midwives if they ever required a medication abortion in the future.[48]

Similarly, another randomized study of 1,295 women who received medication abortions found that abortions provided by nurses and auxiliary nurse midwives who received government-certified training did not pose any higher risk of failure or

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[45] *Id.*

[46] Kallner, *supra* at 515.

[47] *Id.* at 513-14. *None* of the 1,180 women participating in the study experienced any serious complications, across provider groups. *Id.* at 513.

[48] *Id.* at 514.

incomplete abortions compared to abortions provided by physicians.[49] In fact, 97.3% of the medication abortions provided by certified nurses or auxiliary nurse midwives were completed without further intervention, as compared to 96.1% of those provided by physicians.[50] A later review of data collected in that same study found that of the women receiving care from certified nurses and auxiliary nurse midwives, 38% reported being highly satisfied with their care and 62% reported being satisfied, reflecting a 100% satisfaction rate, compared to 35%, 64%, and 99% for physicians, respectively.[51]

Further, APCs working with physicians often take on leadership roles, educating the physicians about medication abortion or being asked to take the lead on patients who are under a physician's care. A study of NPs who provided medication abortion in Canada found that NPs commonly "educat[ed] physician colleagues about mifepristone."[52] One NP who participated in the study explained that she provided a number of physician-attended information sessions and held one-on-ones to answer

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[49] IK Warriner et al., *Can Midlevel Health-Care Providers Administer Early Medical Abortion as Safely and Effectively as Doctors? A Randomised Controlled Equivalence Trial in Nepal*, 377 Lancet 1155, 1155-61 (2011).

[50] *Id.*

[51] Anand Tamang et al., *Comparative Satisfaction of Receiving Medical Abortion Service from Nurses and Auxiliary Nurse-Midwives or Doctors in Nepal: Results of a Randomized Trial*, 14 Reprod. Health 1, 1 (2017). There is a conspicuous but telling absence of studies or empirical data suggesting that medication abortion in states that prohibit APCs from providing this care is any more safe or effective than in states that allow APCs to do so.

[52] Andrea Carson et al., *Nurse Practitioners on 'the Leading Edge' of Medication Abortion Care: A Feminist Qualitative Approach*, 79 J. Advanced Nursing 686, 690 (2023).

physician questions, and that she understood "that [her] role was to try to teach [the physicians]" about medication abortion.[53]

B. Advanced Practice Clinicians Regularly and Safely Provide Aspiration Abortions, Just as Physicians Do.

Just as physicians do, APCs also safely and effectively provide aspiration abortions. Aspiration abortions involve the dilation of the cervix and the use of a curette to remove uterine contents through gentle suction; the *identical* procedure is used in the event of an incomplete miscarriage.[54] Aspiration abortion may be performed to terminate a pregnancy or as follow-up care in the rare instance of an incomplete medication abortion.[55] Evidence confirms that APCs provide aspiration abortion with the same safety and efficacy as physicians.[56]

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[53] *Id*. at 690-91.

[54] Kate Coleman-Minahan et al., *Interest in Medication and Aspiration Abortion Training Among Colorado Nurse Practitioners, Nurse Midwives, and Physician Assistants*, 30(3) Women's Health Issues 167, 169 (2020); Amy J. Levi & Tara Cardinal, *Early Pregnancy Loss Management for Nurse Practitioners and Midwives*, Women's Healthcare 44-45 (2016).

[55] Comm. on Prac. Bulls.—Gynecology & Soc'y Fam. Plan., Am. Coll. Obstetricians & Gynecologists, Medication Abortion Up to 70 Days of Gestation, 136 ACOG Practice Bulletin e31, e38 (Oct. 2020).

[56] Eva Patil et al., *Aspiration Abortion with Immediate Intrauterine Device Insertion: Comparing Outcomes of Advanced Practice Clinicians and Physicians*, 61 J. Midwifery & Women's Health 325, 329 (2016) (finding no clinically significant differences between aspiration abortions followed by IUD insertions performed by physicians versus APCs); Amy Levi et al., *Training in Aspiration Abortion Care*, 88 Int'l J. Nursing Stud. 55, 57 (2018) (no significant difference in complication rates in aspiration abortions performed by APC trainees versus physician residents). Sometimes, an ER visit can lead to a dilation and curettage, a more invasive and often unnecessary procedure in the event of an incomplete abortion. This is one of many reasons patients are counseled to first contact their APC following medication abortion rather than going to the ER. *See* 9 Am. Coll. Obstetricians & Gynecologists, Medication Abortion Up to 70 Days of Gestation

In one study, researchers compared 5,812 aspiration procedures performed by physicians with 5,675 aspiration procedures performed by APCs over four years.[57] The study concluded that abortion "care provided by newly trained NPs, CNMs, and PAs was not inferior to that provided by experienced physicians."[58] The study found no significant difference in terms of risk of major complications between provider groups.[59] The results "confirm[ed] existing evidence from smaller studies that the provision of [aspiration] abortion[s] by [APCs] is safe and from larger international and national reviews that have found these clinicians to be safe and qualified health care providers."[60]

Further buttressing these studies, PAs have a long history of successfully providing aspiration abortions and have performed procedural abortions in some states as early as 1973.[61] An early study analyzing the outcomes of first-trimester surgical abortions performed in a Vermont clinic found that of 2,458 first trimester abortions, PA-

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Practice Bulletin (2020), https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/ 2020/10/medication-abortion-up-to-70-days-of-gestation; Toshiyuki Kakinuma et al., *Safety and Efficacy of Manual Vacuum Suction Compared with Conventional Dilation and Sharp Curettage and Electric Vacuum Aspiration in Surgical Treatment of Miscarriage: A Randomized Controlled Trial*, 20 BMC Pregnancy & Childbirth 1, 2 (2020) (World Health Organization and the International Federation of Gynecology and Obstetrics "do not recommend the use of dilation and sharp curettage" for "abortion [or] treatment of miscarriage during the first trimester").

[57] Weitz et al., *supra* at 457.

[58] *Id.* at 458.

[59] *Id.* at 459.

[60] *Id.*; *see also* Patil, *supra* at 329; Levi, *supra* at 57.

[61] Carole Joffe & Susan Yanow, *Advanced Practice Clinicians as Abortion Providers: Current Developments in the United States*, 12 Reprod. Health Matters Supp. 198, 199 (2004).

performed abortions presented a 2.74% complication rate, even lower than the 3.08% complication rate for physician-performed abortions.[62]

C. The Ability of Advanced Practice Clinicians to Provide Early Abortion Care Improves Already Exceedingly Safe Abortion Care.

Although abortion is safe at any stage of pregnancy, safety increases the earlier care is provided. It is no surprise that participation in abortion care by trained APCs improves patient safety *and* overall outcomes, as it allows early diagnosis and management of unintended pregnancies and integrated abortion care, thereby reducing delays and unnecessary referrals.[63]

APCs are, and will continue to be, easier to access than physicians for healthcare. Demand for healthcare is projected to continue to outpace supply. The number of physicians is expected to increase annually by only 1.1% from 2016 to 2030, while the number of APCs is expected to increase more rapidly, with a predicted 6.8% increase in NPs annually during that same period and a predicted 35% increase of clinically active

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[62] Mary Anne Freedman et al., *Comparison of Complication Rates in First Trimester Abortions Performed by Physician Assistants and Physicians*, 76 Am. J. Pub. Health 550, 550 (1986).

[63] D. Taylor et al., *Advanced Practice Clinicians as Abortion Providers: Preliminary Findings from the California Primary Care Initiative*, 80 Contraception 199, 199 (2009). *See also* Versie Johnson-Mallard et al., *Unintended Pregnancy: A Framework for Prevention and Options for Midlife Women in the US*, Women's Midlife Health 10 (2017); Maung Htaya & Dean Whitehead, *The Effectiveness of the Role of Advanced Nurse Practitioners Compared to Physician-Led or Usual Care: A Systematic Review*, 3 Int'l J. Nursing Stud. Advances 1, 19 (June 2021); Donna Barry & Julia Rugg, *Improving Abortion Access by Expanding Those Who Provide Care*, Ctr. Am. Progress (Mar. 26, 2015), https://www.americanprogress.org/article/improving-abortion-access-by-expanding-those-who-provide-care/.

PAs from 2020 to 2035.[64] The Bureau of Labor and Statistics published a report in 2019 identifying PAs as one of the fastest-growing occupations in the country, with a projected growth of 31% between 2018 and 2028.[65] Between just 2020-2021, over 36,000 new NPs completed their academic training, out of a total of approximately 355,000 NPs licensed in the United States.[66] As of the end of 2024, there are nearly 190,000 PAs, with the PA profession growing 27.8% between 2020 and 2024.[67]

In the field of reproductive healthcare, from 2000 to 2009 alone, the percentage of women who reported receiving maternity care from a midwife, NP, or PA increased 4% annually, indicating a cumulative increase of 48% over the decade.[68] APCs also are "important contraception providers" in the reproductive healthcare landscape.[69] The increased role of APCs in reproductive healthcare is especially pronounced in rural areas,

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[64] David I. Auerbach et al., *Growing Ranks of Advanced Practice Clinicians – Implications for the Physician Workforce*, 378 New Eng. J. Med. 2358, 2359 (June 21, 2018); Roderick S. Hooker et al., *Forecasting the Physician Assistant/Associate Workforce: 2020-2035*, 9 Future Healthcare J. 57, 62 (2022).

[65] *PAs Tied for 7th on List of Fastest-Growing Professions*, Am. Acad. PAs (Nov. 15, 2019), https://www.aapa.org/news-central/2019/11/pas-tied-for-7th-on-list-of-fastest-growing-professions/.

[66] Tim Dall et al., *The Complexities of Physician Supply and Demand: Projections from 2021 to 2036*, Ass'n Am. Med. Colls. 35 (Mar. 2024), https://www.aamc.org/media/75236/download.

[67] Nat'l Comm'n Certified PAs, Statistical Profile of Board Certified Physician Assistants 4 (2024), https://www.nccpa.net/wp-content/uploads/2025/05/2024-Statistical-Profile-of-Board-Certified-PAs.pdf.

[68] Katy Backes Kozhimannil et al., *Recent Trends in Clinicians Providing Care to Pregnant Women in the United States*, 57 J. Midwifery & Women's Health 433, 436 (2012).

[69] Chen et al., *supra* at 232.e5.

where lower physician availability means that patients rely on NPs and PAs at higher rates for their reproductive healthcare needs.[70] Based on national trends regarding the concentration of healthcare employment, NPs and PAs are overrepresented in Alaska, while general internal medicine physicians are underrepresented.[71] In practice, this disparity means that many Alaskans rely on APCs more than physicians for their healthcare needs.

Approximately 25% of women will terminate a pregnancy in their lifetime.[72] For many women, especially those living in remote locations hours away from any physician providing abortion care, APCs are the only providers reasonably available.[73] These women depend on healthcare clinics and develop trusting relationships with APCs, who are often their reproductive healthcare providers well before they seek abortion care.

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[70] *Id.*; Lee et al., *supra* at 5.

[71] Alaska Health Care Workforce Analysis, Alaska State Hosp. & Nursing Home Ass'n 9 (2021), https://www.alaska.edu/research/wd/plans/health/ASHNHA%20Health%20Care%20Workforce%20Report.pdf.

[72] Asvini K. Subasinghe et al., *Primary Care Providers' Knowledge, Attitudes and Practices of Medical Abortion: A Systematic Review*, 47 BMJ Sex & Reprod. Health 9, 9 (2021), https://srh.bmj.com/content/familyplanning/47/1/9.full.pdf.

[73] *See* Westat, Impact of State Scope of Practice Laws and Other Factors on the Practice and Supply of Primary Care Nurse Practitioners 36 (Nov. 16, 2015), https://aspe.hhs.gov/system/files/pdf/167396/NP_SOP.pdf (84% "of NPs in isolated rural towns [are] predicted to have their own patient panel, compared with 57[%] in urban areas.); *Midwifery: Evidence-Based Practice*, Am. Coll. Nurse-Midwives (Apr. 2012), https://midwife.org/wp-content/uploads/2024/10/Midwifery-Evidence-Based-Practice.pdf ("CNMs provided care to more women on Medicaid living in rural areas of California and Washington than obstetricians.").

In 2020, clinics, including abortion clinics, made up only 50% of abortion providers in the United States but administered 96% of all abortions; hospitals, in contrast, administered only 3% of abortions.[74] One study showed that of 9,087 women who sought a first-trimester aspiration abortion, the majority received an abortion provided by an APC.[75]

Access to abortion clinics is already an acute issue in Alaska. As of 2014, 20% of women in Alaska would need to travel over 150 miles to reach an abortion clinic.[76] In 2017, prior to the trial court's preliminary injunction of the statutory bar, 86% of boroughs in Alaska, in which a combined 32% of Alaska's women lived, had no clinics that provided abortions.[77] When abortion is provided in few places, the number of providers and number of appointments thus matters.

The relative availability of APCs compared to physicians, coupled with APCs' authority to provide abortion care, would mean that patients seeking an abortion can access healthcare earlier, facilitating the provision of safe critical care. Reverting to a

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[74] Jeff Diamant et al., *What the Data Says About Abortion in the U.S.*, Pew Rsch. Ctr. (Mar. 25, 2024), https://www.pewresearch.org/short-reads/2024/03/25/what-the-data-says-about-abortion-in-the-us/.

[75] *See* Diana Taylor et al., *Multiple Determinants of the Abortion Care Experience: From the Patient's Perspective,* 28(6) Am. J. Med. Quality 510, 514, 517 (2013).

[76] Jonathan M. Bearak et al., *Disparities and Change Over Time in Distance Women Would Need to Travel to Have an Abortion in the USA: A Spatial Analysis*, 2 Lancet Pub. Health e493, e497 (2017).

[77] State Facts About Abortion: Alaska, Guttmacher Inst. (2022). These statistics have remained constant. In 2020, 87% of Alaska boroughs where 33% of Alaska women lived did not have clinics. Rachel K. Jones, *Abortion Incidence and Service Availability in the United States, 2020,* 54 Perspectives on Sexual & Reprod. Health 128, 135 (2022).

physician-only requirement would delay, and in some cases prevent, patients from receiving such care.[78]

III. Advanced Practice Clinicians Regularly Provide Healthcare, Including Childbirth Care, That Is Equally Or More Complex Than Medication Or Aspiration Abortion.

As part of their everyday practice, APCs provide healthcare services that are essentially the same as, comparable to, or more complex than medication or aspiration abortion. These services include reproductive health-related care and non-reproductive health-related procedures. APCs also regularly prescribe controlled substances and assist in complicated surgeries and medical procedures. Finally, studies have demonstrated that APC-provided obstetrical care results in better outcomes than that provided by physicians despite the inherent, serious risks associated with such care, underscoring APCs' excellent provision of complex care to patients.

A. Abortion Care Is More Straightforward Than Much of the Healthcare Provided by APCs.

As a part of their everyday practice, APCs provide reproductive and non-reproductive healthcare that is far more complex than medication and aspiration abortion. APCs insert and remove intrauterine contraceptive devices ("IUDs") and other

[78] *See, e.g., Weems v. State*, 412 Mont. 132, 154 (2023) ("The State's ability to restrict the pool of health care providers and, concomitantly, a woman's choice of who provides her health care, must be tethered to a medically acknowledged, bona fide health risk associated with those providers. Based on a straightforward, uncomplicated review of the evidentiary record, there is no medically recognized bona fide health risk for APRNs to perform abortion care, much less one that is clearly and convincingly demonstrated.").

contraceptive implants and perform endometrial biopsies.[79] Inserting and removing an IUD involves placing an instrument through the cervix, and complicated insertions may necessitate cervical dilation.[80] APCs also provide miscarriage care, for example, which frequently calls for the use of the same course of medication used in medication abortion, or the use of the same course of treatment used in aspiration abortions.[81]

Other non-reproductive healthcare provided by APCs that is more complex than medication abortion includes neuraxial anesthesia, central line insertions, arterial line insertions, intubations, chest tube insertions, surgical first assistance, colonoscopies, and endoscopies. All NPs and CNMs with Drug Enforcement Administration registrations, and all PAs, can prescribe controlled substances, which are potentially dangerous and addictive and carry far greater risk than the medications used in medical abortions.[82]

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[79] Courtney B. Jackson, *Expanding the Pool of Abortion Providers: Nurse-Midwives, Nurse Practitioners, and Physician Assistants*, Women's Health Issues S42 (2011); *Provision of Abortion Care by Advanced Practice Nurses and Physician Assistants*, Am. Pub. Health Ass'n (2011), https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/28/16/00/provision-of-abortion-care-by-advanced-practice-nurses-and-physician-assistants; Aimee C. Holland et al., *Preparing for Intrauterine Device Consults and Procedures*, Women's Healthcare 37, 37 (Dec. 2020).

[80] Holland et al., *supra* at 39-40.

[81] *See* Comm. on Prac. Bulls.—Gynecology, *Early Pregnancy Loss*, Am. Coll. Obstetricians & Gynecologists (2018), https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2018/11/early-pregnancy-loss; Amy J. Levi & Tara Cardinal, *Early pregnancy Loss Management for Nurse Practitioners and Midwives*, Women's Healthcare 45 (May 2016), https://www.npwomenshealthcare.com/wp-content/uploads/2016/05/WH0516-Assess-Mgmt-Early-Pregnancy-Loss-1.pdf).

[82] *Mid-Level Practitioner Authorization by State*, U.S. Dep't of Just. Drug Enf't Admin., https://www.deadiversion.usdoj.gov/drugreg/practioners/practioners.html (last visited

APCs also provide vital assistance in complex specialist procedures, including cardiology and orthopedic and plastic surgery.[83]

There is no principled basis for disallowing APCs from continuing to independently prescribe mifepristone where permitted by state law, as they have successfully done since 2016.

B. Advanced Practice Clinicians Provide Prenatal and Labor Care That Is as Safe and Effective, if Not More So, as the Care Provided by Physicians.

Childbirth is far more dangerous to women than abortion, and APCs routinely manage deliveries.[84] Significantly, studies comparing the outcomes of prenatal and labor care provided by APCs and physicians demonstrate that APC care is often more effective than physician care.[85]

One study comparing the outcomes of midwife- and obstetrician-provided care in low-risk pregnancies found that midwife care resulted in "less intervention in labor, higher rates of physiologic birth, and similar hospital length of stay" as compared to

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May 29, 2025); Am. Acad. PAs, *PA Prescribing* (2020), https://www.aapa.org/download/61323/?tmstv=1696531381.

[83] Grant R. Martsolf et al., *Employment of Advanced Practice Clinicians in Physician Practice*, 178 JAMA Internal Med. 988, 988-89 (Mar. 3, 2018).

[84] Elizabeth G. Raymond & David A. Grimes, *The Comparative Safety of Legal Induced Abortion and Childbirth in the United States*, 119 Obstetrics & Gynecology 215, 217 (Feb. 2012); Y. Tony Yang et al., *State Scope of Practice Laws, Nurse-Midwifery Workforce, and Childbirth Procedures and Outcomes*, 26 Women's Health Issues 262, 262-63 (2016).

[85] Yang et al., *supra* at 262 ("[W]omen in states with autonomous practice" laws for nurse-midwives have lower rates of cesarean delivery, preterm births, and low birth weight "compared [to] women in states without such" laws).

physician-provided care.[86] Another study found that women receiving care from a midwife were at lower risk of cesarean and preterm birth and did not have increased risk of neonatal intensive care admissions, neonatal deaths, or severe maternal morbidity.[87] Tellingly, in 2023, CNMs were the birth attendant for approximately 28% of deliveries in Alaska.[88]

With respect to NPs, one study of women at high risk of delivering low-birth-weight infants found notably better outcomes and satisfaction rates for those receiving prenatal care from NPs at home than from physicians at hospital clinics.[89] As with abortion care, physicians themselves recognize the significant benefits of APCs providing women's healthcare. Physicians in the study "approached the [advanced practice nurses ("APNs")] with a patient they believed needed the [APN-led care] program and the APN expertise; the APNs had to remind them that this was a randomized controlled trial."[90]

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[86] Vivienne Souter et al., *Comparison of Midwifery and Obstetric Care in Low-Risk Hospital Births*, 134 Obstetrics & Gynecology 1056, 1062 (Nov. 2019).

[87] Yiska Lowenberg Weisband et al., *Birth Outcomes of Women Using a Midwife Versus Women Using a Physician for Prenatal Care*, 63 J. Midwifery & Women's Health 399, 399 (2018).

[88] Alaska Dep't of Health, Alaska Vital Statistics 2023 Annual Report 21 (2024), https://health.alaska.gov/media/wrbjik3l/2023_alaskavitalstats_ar.pdf.

[89] Dorothy Brooten et al., *A Randomized Trial of Nurse Specialist Home Care for Women with High-Risk Pregnancies: Outcomes and Costs*, 7 Am. J. Managed Care 793, 798-99 (2008).

[90] *Id.* at 802.

Given the far greater complexity of the other procedures and medical care that APCs routinely provide patients, including prenatal and labor care, there is no principled basis to uphold Alaska Stat. Ann. § 18.16.010(a)(1).

IV. Mainstream Medical And Public Health Groups Overwhelmingly Support The Provision Of Abortion Care By APCs.

Leading medical and public health groups support the provision of abortion care by APCs as a means of providing patients greater access to qualified healthcare providers.

The American Public Health Association ("APHA") is the largest organization of professionals dedicated to addressing public health issues and policies backed by science. APHA has advocated for the provision of abortion care by APCs since 1999.[91] APHA also cites evidence to conclude that APCs "are well positioned within the health care system to address women's needs . . . includ[ing] abortion care."[92]

The American College of Obstetricians and Gynecologists ("ACOG") is the leading professional organization of physicians specializing in obstetrics and gynecology. ACOG recommends "support[ing] . . . clinical training for residents and advanced practice clinicians in abortion care in order to increase the availability of trained abortion

[91] *Provision of Abortion Care by Advanced Practice Nurses and Physician Assistants.*

[92] *Id.*

providers."[93] ACOG also has called for the cease and repeal of "restrictions that limit abortion provision to physicians only or obstetrician-gynecologists only."[94]

The American Medical Women's Association ("AMWA") is dedicated to the advancement of women in medicine and the improvement of women's health. AMWA has pledged to "work to increase the number of abortion providers by supporting initiatives to improve and increase training for medical students, residents and physicians in the full range of abortion procedures, and to add adequately trained [APCs] to the pool of potential abortion providers."[95]

The positions of these medical and public health organizations reflect and support the recommendations that organizations representing APCs have long asserted regarding APCs' ability to provide abortion care. Since 1991, *Amicus* NPWH has maintained that abortion care is within WHNPs' scope of practice.[96] This policy has been reaffirmed, with NPWH stating in its guidelines that "a WHNP program curriculum . . . prepares the WHNP with distinct competencies to provide advanced assessment, diagnosis, and

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[93] Comm. on Health Care for Underserved Women, *Committee Opinion No. 612: Abortion Training and Education*, Am. Coll. Obstetricians & Gynecologists (2014) (reaffirmed 2025), https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2014/11/abortion-training-and-education.

[94] *Id.*

[95] *Position Paper on Principals of Abortion & Access to Comprehensive Reproductive Health Services*, Am. Med. Women's Ass'n, https://www.amwa-doc.org/wp-content/uploads/2018/05/Abortion-and-Access-to-Comprehensive-Reproductive-Health-Services.pdf (last visited June 3, 2025).

[96] Symposium, *Strategies for Expanding Abortion Access: The Role of Physician Assistants, Nurse Practitioners, and Nurse-Midwives in Providing Abortions*, Nat'l Abortion Fed'n 22 (1997).

management," including the ability to "[p]rovide medication abortion."[97] In 2019, *Amicus* ACNM affirmed that "[m]anual vacuum aspiration abortion and medication abortion may be safely provided by trained [APCs], including midwives."[98] *Amicus* AAPA has also affirmed PAs' ability to provide abortion care, stating that "the PA profession is a natural fit for team-oriented obstetrics and gynecology (OBGYN) practice."[99] It further affirmed that "PAs increase patient access and contribute to improved quality by providing medical care and care coordination."[100]

The views of these professional organizations are shared more globally. Since 2012, the World Health Organization ("WHO") has emphasized the importance of APC-provided abortion care. In a policy guidance paper, the WHO noted: "[s]ince the advent of vacuum aspiration and medical abortion, . . . abortion can be safely provided by a wide range of health workers in diverse settings" and recommended that APCs be permitted to deliver medication abortion using mifepristone plus misoprostol, or misoprostol alone, at up to 12 weeks gestational age.[101]

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[97] *Women's Health Nurse Practitioner: Guidelines for Practice and Education*, *supra* at 13-14.

[98] *Position Statement: Midwives as Abortion Providers*, Am. Coll. Nurse-Midwives (Aug. 2019), https://midwife.org/wp-content/uploads/2024/10/PS-Midwives-as-Abortion-Providers-FINAL-August-2019.pdf.

[99] *PAs in Obstetrics and Gynecology*, *supra* at 1.

[100] *Id.*

[101] *Abortion Care Guideline*, World Health Organization [WHO] 56, 59 (2022), https://iris.who.int/bitstream/handle/10665/349316/9789240039483-eng.pdf?sequence=1.

The message of these organizations is clear: the provision of abortion care falls well within APCs' scope of practice. Promoting women's health, which *Amici* aim to do, is best achieved by allowing APCs to broadly and independently provide abortion healthcare in Alaska as they have been doing elsewhere for many years. The trial court correctly reached this same conclusion. There is no reason to disturb that conclusion now.

CONCLUSION

The Court should affirm the trial court's judgment.