EXHIBIT O

DECLARATION OF TANYA ELLIS FRANKLIN, M.D., M.S.P.H.

I, Tanya Ellis Franklin, do hereby declare that to the best of my knowledge, the following is true and correct:

1. I am licensed by the State of Kentucky to practice medicine. I received my Medical Degree from the University of Louisville School of Medicine where I completed a residency in obstetrics and gynecology. I also have a Master of Science in Public Health from the University of Louisville School of Public Health and Information Sciences. I am currently employed as an attending physician and Instructor in the Department of Obstetrics, Gynecology, and Women's Health at the University of Louisville Affiliated Hospitals. My responsibilities as an attending at the University Hospital and Instructor at the University of Louisville include supervising and training residents, and providing medical care to low-income patients served by the University Gynecological and Obstetrical Foundations Clinic (Clinic) for gynecological, reproductive, and obstetrical services. I also provide the same range of services to patients who see me in my private practice at University Women's Health Care.

2. I regularly provide, and supervise the provision of, a full range of women's health services to patients at the Clinic, in the hospital, and in my private practice. This includes general gynecological care and annual exams, prenatal care, family planning counseling and contraceptive services, provision of postpartum contraception, and a range of surgical treatments, including tubal ligations. I am submitting this declaration to explain why providing family planning services in a hospital setting is an important health option for women and how it advances public health by helping women, their families, and the community, reduce the medical, social, and economic costs of unplanned pregnancy.

3. "Tubal ligation" is a permanent birth control method that prevents pregnancy by sealing or removing part of each fallopian tube. This procedure permanently prevents a woman's eggs from moving down the fallopian tubes and into the uterus, and likewise prevents sperm from traveling up the fallopian tubes to reach the egg. It is one of the most effective forms of birth control. While tubal ligation procedures are quite safe generally, the complexity of a tubal

ligation, and the attendant medical risks, accessibility, and costs vary depending on the type of procedure used and when it is performed. For a woman who wants a tubal ligation, there are significant benefits in terms of reduced medical risks, improved access, and reduced costs when the procedure is performed immediately after childbirth, while she is still admitted to the hospital (a "postpartum tubal").

4. If a woman delivers her baby by cesarean section, the tubal ligation is performed at the same time as the cesarean procedure. After the baby is delivered, she will not need additional administration of anesthesia or a second surgical procedure to perform the tubal. Instead, because the uterus and fallopian tubes are already exposed and readily accessible, a physician can easily locate the fallopian tubes to perform a "partial salpingectomy" on each tube. A partial salpingectomy is performed with handheld instruments – clamps and scissors – to lift, suture tie, and cut off part of the tube. This can all be done prior to suturing close the abdominal incision made for cesarean delivery. The addition of the tubal ligation procedure to the cesarean section surgery will not make the woman's postpartum recovery period any longer or more difficult.

5. If a woman has delivered her baby vaginally, she can have a tubal ligation during her postpartum recovery, but it will involve the addition of a surgical procedure. In this situation, a spinal block will be administered to numb her lower body. (However, if she had an epidural spinal block during her delivery, and the tubal ligation will be performed within 24 hours, the "epidural catheter" can remain in place and another dose of spinal block can easily be administered through the already present catheter). Next, a very small incision is made under the belly button and through the abdomen. Because the uterus is still expanded from the recent pregnancy it facilitates easy location of the fallopian tubes through the incision. First one tube is identified, lifted through the incision and suture tied, then cut off by a partial salpingectomy. The same process is performed on the second tube. The procedure will not extend the woman's postpartum hospital stay.

6. "Interval tubal ligation," is the term used to describe a tubal ligation for a woman who has not recently delivered. It is available at our Clinic and in my practice, as an outpatient laparoscopic surgical procedure. In this situation, because more advanced instruments are

involved, general anesthesia, which carries greater risks than a spinal block, is required. The same type of small incision is made, as described for postpartum tubal after a vaginal delivery. However, because the uterus is not expanded from recent pregnancy, different and longer, instruments are needed to locate the fallopian tubes which are not as readily accessible. At our hospital, a very long operative laparoscope with two channels is passed through the incision. A tiny light-heated camera telescope is fed through one channel to locate the fallopian tubes. A special electrical instrument, which is a straight rigid device that can grasp and seal the tube with bipolar electrocoagulation, is fed through the second channel. Together, these instruments are used to locate, grasp, and cauterize (burn) shut each tube. If a hospital or clinic does not have an operative laparoscope, then two to three incisions will need to be made in order to access and seal the tubes.

7. Laparoscopic surgery while very safe, does carry additional risks, not present in a postpartum tubal. For example, the heated light-source in the laparoscope could potentially burn the surgical draping and thus burn the patient's skin. The bipolar electroagulation instrument could potentially burn the bowels, ovaries, or large blood vessels in the abdomen and pelvis. Also, the act of the initial insertion of the laparoscope through the abdomen presents the risk that the laparoscope could puncture and damage internal organs such as the intestine, uterus, ovaries or the large blood vessels in the abdomen and pelvis.

8. Thus, the health benefits to women who can receive a postpartum tubal or tubal at time of cesarean delivery, rather than waiting for an interval tubal, include: 1) avoiding the need to receive general anesthesia which carriers greater risks than a spinal block; 2) the potential to avoid a second abdominal incision and procedure; 3) the potential to avoid the additional risks of a more complicated surgery for an interval tubal ligation.

9. In addition to the increased medical risks that come with an interval tubal ligation, it is my experience in caring for women at the Clinic that it is extremely difficult, and in some cases impossible, for poor and uninsured women to return later for interval tubal ligations. Some women may return for postpartum care to discuss birth control and find that they already have an unintended pregnancy. Care around a pregnancy is often the only regular medical care that poor

women access. This is, in part, because many low-income women become eligible for Medicaid only while pregnant and for up to six weeks post-delivery. Without this coverage, many cannot afford the costs of tubal ligations, which can range at our hospital from $175 (at time of cesarean) to $1100 (postpartum and interval). These procedure costs do not include the costs incurred for anesthesia.

10. Paying for the procedure is one of many difficulties indigent patients face. Given work schedules, family care obligations, including care for a newborn, and travel time and costs, many Clinic patients cannot easily return for a later interval tubal ligation. Indeed, these practical barriers similarly limit the ability of women to return, after their pregnancy care is complete, in order to obtain non-permanent forms of contraception. For this reason, it is extremely important that women who express a desire to avoid another pregnancy, or control the timing of their next pregnancy, have the option of obtaining a range of contraceptive services and procedures at the hospital -- immediately postpartum and prior to discharge -- whether they seek a tubal ligation or non-permanent birth control.

11. Family planning services significantly impact women's lives. Access to permanent and non permanent forms of birth control allow women to safely time and space their pregnancies. This responsible planning will provide women the options to pursue workplace opportunities, the ability to care and provide for their families, and a chance to pursue educational goals. Based on my experience and practice, the provision of hospital-based postpartum family planning services has been essential to effectively serving the low-income and uninsured women in our community who want to avoid future unintended pregnancies. It is my opinion that the loss of local hospital-based tubal ligations and other postpartum contraception would significantly decrease access to those services among low-income and uninsured women within a community.

I, Tanya Ellis Franklin, make the following declaration under penalties of perjury:

I verify that I have read the above Declaration and that the facts alleged in it are true, to the best of my knowledge, information and belief.

Tanya Ellis Franklin

9/9/09.

Date