



**NATIONAL HEALTH CARE REFORM AND SCHOOL BASED HEALTH CLINICS**  
*An Opportunity for Planned Parenthood?*

**September 11, 2009**

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**I. Introduction**

On August 17, 2009, Steven Ertelt for *Lifenews.com* reported that the House health care reform bill, as introduced, “contain[s] a section [Section 2511] allowing the nation’s biggest abortion business to enter public schools.”<sup>1</sup> According to the article, under the current bill, the government “would fund health clinics near or in the nation’s public schools.”<sup>2</sup> However, these clinics would not be left to the school’s administration, but to the responsibility of the clinic sponsor, which, due to the section’s broad wording, could include Planned Parenthood.<sup>3</sup> As Ertelt reports, the bill requires the School Based Health Clinic (SBHC) “sponsoring facility” to “assume[] all responsibility for the SBHC administration, operations, and oversight.”<sup>4</sup> A sponsoring facility as defined in the bill is “a hospital; a public health department; a nonprofit health care agency; [or] a local educational agency.”<sup>5</sup> “Such broad wording outlining the qualifications for government funds and access to schoolchildren could open the door for groups like Planned Parenthood to operate the clinics in schools with no oversight and full federal government support.”<sup>6</sup>

The National Assembly on School-Based Health Care’s website referred to an article on Section 2511 that mentioned a Liberty Counsel memorandum regarding the provision. The Liberty Counsel memo claimed that “[p]age 992 of the bill ‘will establish school-based “health” clinics. Your children will be indoctrinated and your grandchildren may be aborted!’”<sup>7</sup> Divya

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<sup>1</sup> Steven Ertelt, *Health Reform Care Bill Would Allow Abortion Business in Public School Clinics*, Aug. 17, 2009, <http://www.lifenews.com/nat5364.html>.

<sup>2</sup> *Id.*

<sup>3</sup> *Id.*

<sup>4</sup> *Id.*

<sup>5</sup> H.R. 3200, 111th Cong. § 2511(a) (1st Sess. 2009) (as introduced July 14, 2009).

<sup>6</sup> Steven Ertelt, *Health Reform Care Bill Would Allow Abortion Business in Public School Clinics*, Aug. 17, 2009, <http://www.lifenews.com/nat5364.html> (citing Victor Medina, *Health Care Reform Would Allow Planned Parenthood Clinics in Schools*, August 15, 2009, Dallas Republican Examiner, <http://www.examiner.com/x-11483-Dallas-Republican-Examiner~y2009m8d15-Health-Care-Reform-Would-Allow-Planned-Parenthood-Clinics-in-Schools>).

<sup>7</sup> *Health Care Proposals Don’t Allow School Abortions*, DESMOINESREGISTER.COM, Aug. 13, 2009, available at <http://www.desmoinesregister.com/article/20090813/NEWS/908130365/1003>.

Mohan Little, of the National Assembly on School-Based Health Care is noted in the article as stating, “[o]f the 2,000 clinics nationwide, none provide abortions and the bill would not change that.”<sup>8</sup> The authors of the article agreed, concluding that they saw “no language in the three main versions of the bill that would allow school-based clinics, which have a long history of providing basic health services to underprivileged students, to provide abortions.”<sup>9</sup>

## II. History of SBHCs

School based health clinics are not a new phenomenon. SBHCs have been around for 30 years, and there are currently 2,000 clinics nationwide.<sup>10</sup> According to the Guttmacher Institute:

States are the largest source of funding for school-based health centers, contributing almost \$30 million in general revenues during the 1997-1998 school year, reports Making the Grade, a national grant program of the Robert Wood Johnson Foundation that assists states in developing the long-term financing policies necessary to sustain school-based health centers. Historically, federal support for school-based health centers came primarily from the maternal and child health block grant and the Healthy Schools/Healthy Communities program (providing \$9 million and \$8 million, respectively). However, with school-based health centers increasingly seeking third-party reimbursement, Medicaid has also become an important source of support, contributing almost \$9 million in 1997-1998.<sup>11</sup>

Unfortunately, it is difficult to find current data on SBHCs. However, it is clear that some SBHCs do provide reproductive health services of some type. The National Assembly on School-Based Health Care conducted a national census for the 2004-05 school year on school-based health centers. Of the 1,709 identified “school-connected programs nationwide . . . 1335 or 78% of known programs responded to the survey” and the report published by the National Assembly on School-Based Health Care described “the 1235 sites providing a minimum of primary care service.”<sup>12</sup> According to the report, “[m]ore than two-thirds of SBHCs are prohibited from dispensing contraception – a policy determined most often by the school district.”<sup>13</sup> The specific school or the state may also restrict the dispensing of contraception.<sup>14</sup> But, according to the report,

[h]ealth centers serving middle and high school aged students (n=977) are more likely to offer abstinence counseling (76%) and provide on-site treatment for

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<sup>8</sup> *Id.*

<sup>9</sup> *Id.*

<sup>10</sup> *Health Care Proposals Don't Allow School Abortions*, DESMOINESREGISTER.COM, Aug. 13, 2009, available at <http://www.desmoinesregister.com/article/20090813/NEWS/908130365/1003>.

<sup>11</sup> Cynthia Dailard, *School-Based Health Centers and the Birth Control Debate*, THE GUTTMACHER REPORT ON PUBLIC POLICY, Oct. 2000, available at <http://www.guttmacher.org/pubs/tgr/03/5/gr030505.html>.

<sup>12</sup> *School-Based Health Centers: National Census School Year 2004-05*, National Assembly on School-Based Health Care, available at [http://ww2.nasbhc.org/RoadMap/Public/EQ\\_2005census.pdf](http://ww2.nasbhc.org/RoadMap/Public/EQ_2005census.pdf).

<sup>13</sup> *Id.*

<sup>14</sup> Susan K. McCarthy, et.al, *Availability of Services for Emergency Contraceptive Pills at High School-Based Health Centers*, PERSPECTIVES ON SEXUAL AND REPRODUCTIVE HEALTH, June 2005, at 70, 71.

sexually transmitted diseases (62%), HIV/AIDS counseling (64%), and diagnostic services such as pregnancy testing (78%). Family planning services most often encompass birth control counseling (65%) and follow up (48%). A *minority* of health centers neither provide on-site nor refer to an off-site provider for any reproductive health services.<sup>15</sup> (*italics added*)

According to the table printed in the report, reproductive health services offered on site by SBHCs to adolescents included prenatal care, pap smears, follow-ups for contraceptive users, sexual orientation counseling, birth control counseling, pregnancy testing, and abstinence counseling.<sup>16</sup>

A study published by the Guttmacher Institute on emergency contraception found that of the high school-based health centers surveyed, “[s]ixty percent of the centers provided education about emergency contraceptive pills, and 59% provided referrals . . . . Only 30% of all centers provided prescriptions.”<sup>17</sup> The survey also found that of the clinics providing education and referrals, “more than one-fifth of these had initiated services within the last year. . . [and] [a]lthough fewer than one-third of the centers offered prescriptions, one-fifth of these had begun doing so within the last year.”<sup>18</sup>

A study from the early 1990s of six school based health clinics noted that one clinic, which was administered by Planned Parenthood, did not hand out contraception on site but provided vouchers that students could use at a local Planned Parenthood clinic.<sup>19</sup>

### **III. The House Health Care Reform Bill**

As introduced, H.R. 3200 does contain a SBHC provision. Section 2511 of the bill would amend Part Q of Title III of the Public Health Service Act (PHSA), which pertains to “Programs to Improve the Health of Children.”<sup>20</sup> Section 2511, as introduced, directs the Secretary to establish “a school-based health clinic program consisting of awarding grants to eligible entities to support the operation of school-based health clinics.”<sup>21</sup> SBHCs are defined as,

a health clinic that—

- (A) is located in, or adjacent to, a school facility of a local educational agency;
- (B) is organized through school, community, and health provider relationships;
- (C) is administered by a sponsoring facility; and
- (D) provides, at minimum, comprehensive primary health services during school hours to children and adolescents by health professionals in accordance with

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<sup>15</sup> *School-Based Health Centers: National Census School Year 2004-05*, National Assembly on School-Based Health Care, available at [http://ww2.nasbhc.org/RoadMap/Public/EQ\\_2005census.pdf](http://ww2.nasbhc.org/RoadMap/Public/EQ_2005census.pdf) (*emphasis added*).

<sup>16</sup> *Id.*

<sup>17</sup> Susan K. McCarthy, et.al, *Availability of Services for Emergency Contraceptive Pills at High School-Based Health Centers*, PERSPECTIVES ON SEXUAL AND REPRODUCTIVE HEALTH, June 2005, at 70, 73.

<sup>18</sup> *Id.* at 74.

<sup>19</sup> Douglas Kirby, et. al., *Six School-Based Clinics: Their Reproductive Health Services and Impact on Sexual Behavior*, FAMILY PLANNING PERSPECTIVES, Jan-Feb. 1991, at 6, 8.

<sup>20</sup> H.R. 3200, 111th Cong. § 2511(a) (1st Sess. 2009) (as introduced July 14, 2009).

<sup>21</sup> *Id.*

State and local laws and regulations, established standards, and community practice.<sup>22</sup>

A sponsoring facility, as stated above, is defined as including “a hospital; . . . a public health department; . . . a community health center; . . . a nonprofit health care agency; [or]. . . a local educational agency.”<sup>23</sup> “Community health center” or, perhaps even more likely, “nonprofit health care agency” could include Planned Parenthood. During the Senate Health, Education, Labor, and Pensions Committee’s consideration of the health care reform bill, Senator Mikulski (D-MD) offered an amendment that ultimately passed in Committee. The second part of the amendment added to the criteria required for certifying a health plan as a “qualified health plan.” The new section would require plans to,

include within health insurance plan networks those essential community providers, where available, that serve predominately low-income, medically-underserved individuals, such as health care providers defined in section 340B(a)(4) of the Public Health Service Act and providers described in section 1927(c)(1)(D)(i)(IV) of the Social Security Act as set forth by section 221 of Public Law 111-8.<sup>24</sup>

Senator Orrin Hatch asked whether the language “essential community providers” would include abortion providers like Planned Parenthood.<sup>25</sup> Mikulski admitted that “under the definition of a women’s health clinic [that] it would include Planned Parenthood clinics.”<sup>26</sup> The Committee rejected a subsequent amendment by Senator Hatch that “would have prohibited abortion coverage in a health care exchange for participants who receive government-subsidized coverage.”<sup>27</sup>

The term “comprehensive primary health services” in Section 2511(a) refers to the “core services” offered by SBHCs encompassing the physical and mental health of the patients as well as other optional services including oral health and social or age-appropriate education services.<sup>28</sup> Physical health services include “[c]omprehensive health assessments, diagnosis, and treatment of minor, acute, and chronic medical conditions and referrals to, and follow-up for, specialty care.”<sup>29</sup> Mental health services include “[m]ental health assessments, crisis intervention, counseling, treatment, and referral to a continuum of services including emergency psychiatric care, community support programs, inpatient care, and outpatient programs.”<sup>30</sup> The

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<sup>22</sup> *Id.*

<sup>23</sup> *Id.*

<sup>24</sup> Amend. 201 to S. \_\_\_\_ (Affordable Health Choices Act), *available at* <http://blog.heritage.org/wp-content/uploads/2009/07/mikulski-201.pdf>.

<sup>25</sup> Terence P. Jeffrey, *How Senator Mikulski Slipped an Abortion Mandate into the Health Care Bill*, HUMAN EVENTS, July 15, 2009, *available at* <http://www.humanevents.com/article.php?id=32713>.

<sup>26</sup> *Id.*

<sup>27</sup> *HELP Committee Dems Block Antiabortion Provisions In Health Reform Markup*, MEDICAL NEWS TODAY, July 15, 2009, *available at* <http://www.medicalnewstoday.com/articles/157588.php>.

<sup>28</sup> H.R. 3200, 111th Cong. § 2511(a) (1st Sess. 2009) (as introduced July 14, 2009).

<sup>29</sup> *Id.*

<sup>30</sup> *Id.*

language in these provisions implicates abortion and/or reproductive health services in several ways, as discussed below.

To be eligible for a grant under the newly created grant program, the entity must meet the above definition of a SBHC, and it must submit an application, per the Secretary's guidelines, that contains evidence that the entity "meets all criteria necessary to be designated as an SBHC" and "evidence of local need for the services to be provided by the SBCH."<sup>31</sup> The application must further include "an assurance" that the "SBCH services will be provided in accordance with Federal, State, and local laws governing obtaining parental or guardian consent and . . . patient privacy . . . ", as well "an assurance" that the SBHC "has established and maintains relationships" with local health providers; will provide on-site access during the school day and back-up services when the school or SBHC is closed; be "integrated into the school environment;" and that the sponsoring facility assumes "all responsibility for the SBCH administration, operations, and oversight."<sup>32</sup> Funds awarded under the grant program may be used for "providing training related to the provision of comprehensive primary health services and additional health services," for the management and operation of the SBHC, and for the "payment of salaries for health professionals and other appropriate SBHC personnel."<sup>33</sup>

#### **IV. Analysis**

Given the wording of Section 2511, there is nothing prohibiting Planned Parenthood from qualifying as a sponsoring facility to establish a SBHC, as it could possibly be considered a "community health center," a "nonprofit health care agency," or "a local educational agency." In fact, Planned Parenthood calls itself "a trusted health care provider, [and] an informed educator."<sup>34</sup>

The language of the statute is also broad enough that abortion or abortion referrals, contraceptive counseling or distribution, and other "reproductive health services" could be offered, absent state or local laws preventing such services. The terms "comprehensive primary health services;" "minor [and] acute . . . medical conditions;" "referrals to . . . specialty care;" and "referral to a continuum of services" and "inpatient care" with regards to mental health could all be potentially read to provide for abortion coverage.

First, the term "comprehensive primary health services" could include abortion coverage. Although not directly analogous, a notice from the Department of Health and Human Services in 2000 defined "comprehensive women's health services" as

[s]ervices including, but going beyond traditional reproductive health services to address the health needs of underserved women in the context of their lives, including a recognition of the importance of relationships in women's lives, and the fact that

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<sup>31</sup> *Id.*

<sup>32</sup> *Id.*

<sup>33</sup> *Id.*

<sup>34</sup> Who We Are, Planned Parenthood Website, available at <http://www.plannedparenthood.org/about-us/who-we-are-4648.htm>.

women play the role of health providers and decision-makers for the family. Services include basic primary care services; acute, chronic, and preventive services . . . .<sup>35</sup>

Though this language is not identical to the language in H.R. 3200, it is similar in several areas.

Second, the “physical health services” definition could include reproductive health services. The Department of Defense recently issued a ruling on including forensic examinations after incidents of sexual assault in military health coverage. In discussing the coverage’s goal of addressing medical needs of the person reporting the sexual assault, the ruling included the need to “assess[] female patients for pregnancy risk and discuss[] treatment options, including reproductive health services.”<sup>36</sup> Federal Courts have equated “abortion” with a “medical condition” when discussing whether an elective abortion is a “serious medical need” that the prison system is required to address under the Eight Amendment.<sup>37</sup>

Third, the provision for “referrals to, and follow-up for, specialty care” might implicate reproductive health services.

Fourth, the “mental health services” definition could include reproductive health services. Several courts have indicated that abortion *implicates* mental health concerns. In *Summit Medical Center of Alabama v. Siegelman*,<sup>38</sup> the court reviewed an Alabama statute for constitutionality, and concluded that a “medical emergency” exception to an informed consent requirement for abortion included both physical and *mental* conditions that would endanger a woman’s health in the abortion context.<sup>39</sup> The court also noted that “[i]n order to give proper effect to th[e] express legislative intent [of the Alabama Legislature], the emergency medical exception must be read to include both the physical and psychological health of the patient.”<sup>40</sup> Similarly, in *Planned Parenthood of Southeastern Pennsylvania v. Casey*,<sup>41</sup> the Court noted that the statute did “not require a physician to comply with the informed consent provisions ‘if he or she can demonstrate by a preponderance of the evidence, that he or she reasonably believed that furnishing the information would have resulted in a severely adverse effect on the physical or mental health of the patient.’”<sup>42</sup> In *Doe v. Bolton*,<sup>43</sup> the Court noted that the “medical judgment” of a physician as to whether an abortion should take place “may be exercised in the light of all

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<sup>35</sup> Office of Public Health and Science; Availability of Funds and Requests for Applications for Cooperative Agreements for the National Community Centers of Excellence (CCOE) in Women’s Health Program, 65 Fed. Reg. 31,553, 31,556 (May 18, 2000).

<sup>36</sup> TRICARE: Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) Changes Included in the John Warner National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2007; Authorization of Forensic Examinations, 74 Fed. Reg. 34,695, 34,696 (July 17, 2009) (to be codified at 32 C.F.R. pt. 199).

<sup>37</sup> See, e.g., *Monmouth County Correctional Institutional Inmates v. Lanzaro*, 834 F.2d 326, 349 (3d Cir. 1987) (“An elective, nontherapeutic abortion may nonetheless constitute a ‘serious medical need’ where denial or undue delay in provision of the procedure will render the inmate’s condition ‘irreparable.’”)

<sup>38</sup> 227 F. Supp. 2d 1194 (M.D. Ala. 2002).

<sup>39</sup> *Id.* at 1200-01, 1206 (emphasis added).

<sup>40</sup> *Id.* at 1201 (citation omitted).

<sup>41</sup> 505 U.S. 833 (1992).

<sup>42</sup> *Id.* at 883-84 (quotation omitted).

<sup>43</sup> 410 U.S. 179 (1973).

factors -- physical, *emotional, psychological*, familial, and the woman's age -- relevant to the well-being of the patient," as "[a]ll these factors may relate to health."<sup>44</sup>

However, according to Section 2511, the provision of "comprehensive primary health services" must be done "in accordance with State and local laws, regulations, established standards, and community practice."<sup>45</sup> Therefore, existing state and local bars to the coverage or referral of such services would appear to remain in affect. As noted above, state law and school or school district policy currently governs whether certain reproductive health services are offered. Arkansas law prohibits funds from being "utilized for abortion referral" and requires specific, written parental consent for contraceptive services.<sup>46</sup> It further states that "[n]o state funds shall be used for the purchase or dispensing of contraceptives or abortifacients in public schools."<sup>47</sup> Colorado law states that "[n]one of the [state] grants [for SBHCs] shall be awarded to provide abortion services in violation"<sup>48</sup> of the state constitutional prohibition on the use of public funds "to pay or otherwise reimburse, either directly or indirectly, any person, agency or facility for the performance of any induced abortion."<sup>49</sup> Texas law states that "[r]eproductive services, counseling, or referrals may not be provided through a school-based health center using grant funds awarded under this subchapter [the subchapter concerns school-based health clinics]."<sup>50</sup>

While Section 2511 does require the SBHC to give "an assurance" that it will follow the applicable federal, state, and local laws regarding privacy and parental consent, it is unclear how useful such assurances would be. Planned Parenthood has received criticism for not obtaining such consent and for not reporting statutory rape. For example, the organization Live Action has taken undercover video of Planned Parenthood staff members discussing how the organization can get around state laws on consent and statutory rape. The most recent press release pertaining to an undercover video taken in Alabama in 2008 states,

The video shows a Planned Parenthood staffer, identified as "Tanisha," telling a purportedly 14-year-old girl with a 31-year-old "boyfriend" that Planned Parenthood "does sometimes bend the rules a little bit" when it comes to reporting statutory rape to state authorities. Despite strong parental consent laws in Alabama, "Tanisha" also explains that a person with the "same last name" as the 14-year-old would suffice as a guardian or parent to sign off for the minor's abortion. In an interview last week, [Troy] King [Alabama Attorney General] said, "If that tape is an accurate depiction of what's happening, that's very troubling," and "if that video is true and accurate and correct, it's extremely troubling from a legal and moral point of view."<sup>51</sup>

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<sup>44</sup> *Id.* at 192 (emphasis added).

<sup>45</sup> H.R. 3200, 111th Cong. § 2511(a) (1st Sess. 2009) (as introduced July 14, 2009).

<sup>46</sup> ARK. CODE ANN. § 6-18-703 (2009).

<sup>47</sup> *Id.*

<sup>48</sup> COLO. REV. STAT. § 25-20.5-503 (2008).

<sup>49</sup> COLO. CONST. ART. V, § 50 (2008).

<sup>50</sup> TEX. EDUC. CODE § 38.055 (2009).

<sup>51</sup> Press Release, Live Action, Alabama Attorney General Calls Undercover Video of Planned Parenthood Ignoring Statutory Rape 'Extremely Troubling', Seeks Investigation (July 7, 2009) (on file with the author).

According to another recent press release from Live Action about another undercover video taken in 2008, a Planned Parenthood clinic in Tucson, Arizona has acted in a similar manner when Lila Rose, the president of Live Action, went in posing as a 15-year-old girl who claimed that her 23-year-old boyfriend had impregnated her.<sup>52</sup> She was told not to bring him to the judicial hearing for a bypass of Arizona's consent laws. Live Action stated,

The footage raises concerns that despite earlier rulings against it, Planned Parenthood of Arizona may still ignore its legal responsibility to report suspected cases of child abuse. In 2002, a Maricopa County Superior Court found Planned Parenthood criminally negligent for failing to report a 23-year-old statutory rapist, instead performing a secret abortion on his 15-year-old victim.

Both *Fox News* and *The Washington Times* have written articles about a video of Live Action exposing Planned Parenthood's failure to comply with consent and statutory rape reporting laws.<sup>53</sup> The video revealed a Planned Parenthood nurse instructing Lila Rose, who was posing as a 13-year-old teen impregnated by her 31-year-old boyfriend, to cross state lines to obtain a secret abortion and on how to cover for her boyfriend by saying that he was only 14.<sup>54</sup> These undercover videos show that Planned Parenthood has, on multiple occasions and in multiple states, failed to abide by existing laws, thus raising questions regarding the value of "an assurance" by a Planned Parenthood sponsored SBHC to abide by state notification laws.

Planned Parenthood has not made public statements directly supporting Section 2511.<sup>55</sup> However, Planned Parenthood has stated that it would support any health care reform that ensured that community health care providers, such as themselves, are included in any health care reform.<sup>56</sup> Planned Parenthood supports educating women, men, and teenagers about women's health issues and states on their website that,

Women must be able to access health care without fear of violence, harassment, or intimidation. Young people must be able to get accurate information about their health and how to protect it. And women, men, and teens must [be] able to make their own decisions about their health and their futures without government intrusion.<sup>57</sup>

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<sup>52</sup> Press Release, Live Action, Arizona County Attorneys Get Go-Ahead To Investigate Planned Parenthood; Live Action Urges County to Protect Young Girls, (May 21, 2009) (on file with the author).

<sup>53</sup> Foxnews.com, *Planned Parenthood Tells 'Teen': Lie to Get an Abortion*, Dec. 5, 2008, <http://www.foxnews.com/story/0,2933,462829,00.html>; Victor Morton, *Video Captures Abortion Coaching: Worker Ducks Indiana Laws*, WASH. TIMES, available at <http://www.washingtontimes.com/news/2008/dec/05/video-captures-abortion-coaching/>.

<sup>54</sup> Press Release, Live Action, New undercover video shows Indiana Planned Parenthood hiding rape of 13-year-old, Dec. 3, 2008, (on file with the author).

<sup>55</sup> See generally Planned Parenthood.org, <http://www.plannedparenthood.org/about-us/newsroom.htm> (last visited September 3, 2009).

<sup>56</sup> Plannedparenthoodaction.org, *Advancing Health Care Reform*, <http://plannedparenthoodaction.org/positions/health-care-reform-76.htm> (last visited September 3, 2009).

<sup>57</sup> Plannedparenthood.org, *Opposing Attacks on Women's Health*, <http://www.plannedparenthood.org/key-issues/opposing-attacks-womens-health-25940.htm> (last visited September 3, 2009).

Planned Parenthood also fights for what they call “Real Sex Ed” in our nation’s schools,<sup>58</sup> stating “[t]he best way to help teens prevent sexually transmitted infections and unintended pregnancies is to provide them with comprehensive, medically accurate, age-appropriate information.”<sup>59</sup> This would include “information about abstinence as well as contraception, and how to avoid sexually transmitted infections, such as HIV/AIDS.”<sup>60</sup> In light of the information on their website, Planned Parenthood would likely support any health care reform that would promote these ideals.

If this provision is included in the final health care bill, Congress must include a provision stating that no grant funds may be allocated to SBHCs that provide abortion services or referrals. Similarly, states and localities could pass laws or rules restricting SBHCs from providing abortion services or referrals.

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<sup>58</sup> Plannedparenthood.org, Fighting for Real Sex Ed, <http://www.plannedparenthood.org/key-issues/fighting-real-sex-ed-25939.htm> (last visited September 3, 2009).

<sup>59</sup> *Id.*

<sup>60</sup> *Id.*