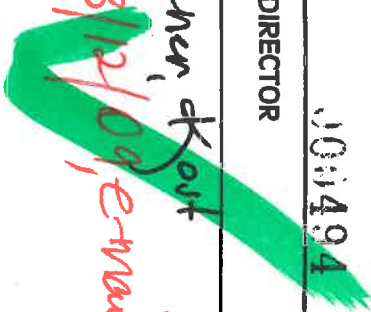


**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

<b>TO</b> <i>Myers</i>	<b>DATE</b> <i>3-9-09</i>
---------------------------	------------------------------

<b>DIRECTOR'S USE ONLY</b>		<b>ACTION REQUESTED</b>	
1. LOG NUMBER <i>000494</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Forkner, Kost</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-18-09</i> <i>Closed 3/12/09, e-mail response attached.</i>  DATE DUE _____ <input type="checkbox"/> Necessary Action		

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

**From:** Columbia Christians for Life <CCL@ChristianLifeandLiberty.net>  
**To:** <Kostbr@scdhhs.gov>  
**Date:** 3/9/2009 1:21 PM  
**Subject:** Medicaid abortion funding in FY 2009-2010 Appropriations bill

Medicaid abortion funding in FY 2009-2010 Appropriations bill

To: Brian Kost, LL, SC DHHS

Fr: Steve Lefemine, dir., CCL

Subj: - Medicaid (surgical) abortion funding for rape, incest, life  
of the mother  
in FY 2009-2010 Appropriations bill

1. Please confirm the page and line number where this funding is found:

page 0087  
PHYSICIAN SERVICES  
TOTAL FUNDS - \$366,190,454  
STATE FUNDS - \$96,743,063

2. Please identify the amount in STATE FUNDS allocated for Medicaid  
surgical abortions.

Thank you,

Steve Lefemine  
dir., Columbia Christians for Life  
Columbia, SC  
(803) 794-6273

Columbia Christians for Life <CCL@ChristianLifeandLiberty.net>

Log #494

**From:** Bryan Kost  
**To:** Brenda James  
**Date:** 3/12/2009 5:01 pm  
**Subject:** Fwd: Re: Correction: Medicaid abortion funding in FY 2009-2010 Appropriations bill

did I give you this to close that log?

Bryan Kost  
DHHS Public Information  
803.898.2865  
cell- 429.3201  
kostbr@scdhhs.gov

>>> Kathy Bass 3/11/2009 9:23 AM >>>  
Here is a breakout of abortions by year.....

This shows you the costs in both lines.....

Let me know if you need anything else.

Kathy Bass  
Finance Director  
Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina  
29202-8206  
Phone (803) 898-2827  
Fax (803) 898-8230

>>> Bryan Kost 3/10/2009 10:45 PM >>>

Hi:

do surgical abortions come out of the Physician Services line?

Bryan Kost  
DHHS Public Information  
803.898.2865  
cell- 429.3201  
kostbr@scdhhs.gov

Close Log # 494

		Total Computable	Fed Share	State Share	BUC	Description
Total Physician Services	14 BE Phys Abortion	437.17	304.43	132.74	3749	Physician Services
		437.17	304.43	132.74		
	14 CG Inpatient Hospital Abortion	0.00	0.00	0.00	3746	Hospital Services
	14 DE Outpatient Hospital Abortion	675.00	471.08	203.92	3746	Hospital Services
Total Hospital Services		675.00	471.08	203.92		
Total SFY 08	Total Abortion Services	1,112.17	775.51	336.66		
Total Physician Services	14 BE Phys Abortion	1,407.91	983.91	424.00	3749	Physician Services
		1,407.91	983.91	424.00		
	14 CG Inpatient Hospital Abortion	9,519.60	15,979.58	6,862.77	3746	Hospital Services
	14 DE Outpatient Hospital Abortion	11,914.84	0.00	0.00	3746	Hospital Services
Total Hospital Services	Total Abortion Services	21,434.44	15,979.58	6,862.77		
YTD SFY 09	Total Abortion Services	22,842.35	17,947.40	7,710.77		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

*Dr. Bryan*

TO <i>Myers</i>	DATE <i>3-9-09</i>
--------------------	-----------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000494</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Forkner, Kost</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-18-09</i>
<i>Bryan may be handling this? with him</i>	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			<i>For Comment only on 3/11/09 He is</i>
2.			
3.			
4.			

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