

2003-04 SESSION
COMMITTEE HEARING
RECORDS

Committee Name:

Senate Committee on
Health, Children,
Families, Aging and
Long Term Care
(SC-HCFALTC)

Sample:

Record of Comm. Proceedings ... RCP

- 03hrAC-EdR_RCP_pt01a
- 03hrAC-EdR_RCP_pt01b
- 03hrAC-EdR_RCP_pt02

➤ Appointments ... Appt

➤ **

➤ Clearinghouse Rules ... CRule

➤ **

➤ Committee Hearings ... CH

➤ **

➤ Committee Reports ... CR

➤ **

➤ Executive Sessions ... ES

➤ **

➤ Hearing Records ... HR

➤ 03hr_sb0186_pt11

➤ Miscellaneous ... Misc

➤ **

➤ Record of Comm. Proceedings ... RCP

➤ **

October 14, 2003

Senate Committee on Health, Children, Families, Aging and Long-Term Care- Senator Roessler, Chair
Assembly Committee on Family Law- Representative Carol Owens, Chair

Testimony on SB 186 -- Family Planning Waiver bill

Testimony of: Julie Patefield Halvorsen, RN, MPH
President, Wisconsin Public Health Association

Senator Roessler, Representative Owens and members of the Committees,

My name is Julie Patefield Halvorsen and I am the current president of the Wisconsin Public Health Association. WPHA was founded in 1948 with the mission of being the collective voice for protecting and promoting the health of all Wisconsin residents. With nearly 400 members, we are the state's largest professional organization of public health workers of all disciplines, including but not limited to nurses, physicians, health educators, laboratorians, environmental health specialists and health officers. Our members work not only in state and local health departments, but also non-profit health care provider organizations, colleges and universities and health advocacy groups.

On behalf of the Wisconsin Public Health Association, I am asking you to vote against SB 186. The Family Planning Waiver in its current form provides accessibility to thousands of Wisconsin women ages 15 to 44 for basic, preventive health care, including cancer screens, breast exams, sexually transmitted infection treatment and access to birth control.

WPHA has supported the availability of family planning services for teenagers since 1979. In 2003, we continue to believe that while parents have an important role in educating their children about sexuality, ultimately teens make their own decisions about being sexually active and must have access to services that help them

prevent pregnancy and other health risks, such as sexually transmitted infections.

The Family Planning Waiver program is estimated to save Wisconsin taxpayers \$17 million dollars over the next five years and will bring an estimated \$38 million dollars of federal funds into Wisconsin. More importantly, the Family Planning Waiver -- which was approved by the Legislature on a bi-partisan vote and signed into law by Governor Tommy Thompson -- guarantees low-income women access to basic health care services that they otherwise would not have.

Wisconsin Public Health Association members ask you to support the Family Planning waiver in its entirety and vote against SB 186. Thank you.

Submitted by Arlene Adams, Assistant Director
Care Net Pregnancy Center of Milwaukee
2917 N. Oakland Ave.
Milwaukee, WI 53211
October 14, 2003

Our Center sees young women in the age range of 13-17 every week for pregnancy tests. Our experience with this age group is that if they report that they use contraception, more often than not, they do not use the contraception correctly or consistently. Most of the time, clients in this age group do not understand how the contraception works and what risks are associated with its use.

We have found that this age group demonstrates immaturity, impulsiveness, and lack of knowledge concerning these matters which is not surprising because they are, after all, teenagers. Most of the teenagers I know show these characteristics in many aspects of their lives! Furthermore, our experience is that whether or not a young woman in this age group uses contraception has no or little effect on whether she will become pregnant. We know these things from a subjective standpoint at our Center, but since I would be testifying today, I gathered statistics of all the real teenagers from the ages of 13-17 who came to our Center from January through September of this year. The results of this objective research did, indeed, substantiate what we already know subjectively, and are tabulated on the next page.

As you can see from the statistics on this age group, pregnancies occur at a higher rate among those using contraception! Furthermore, of those with negative tests, less than half used contraception compared to more than half of those with positive tests reporting contraception use. Clearly, the use of contraception in this age group does not prevent pregnancies, and in fact, seems to achieve the opposite result. Our experience indicates that when this age group uses contraception, even though incorrectly and inconsistently, they still believe that they are immune from unwanted pregnancies and related problems. Therefore, their sexual activity may be increased because they have a false sense of security.

Promoting the wider distribution of contraception to this age group will not decrease unwanted teenage pregnancy or encourage their overall health and well being. It will not prevent STD's and promote healthy lifestyle choices. Furthermore, it will not increase the independence and responsibility of these young people. In fact, it will encourage just the opposite: unhealthy choices, more STD's, more pregnancies, more secrecy, more irresponsibility, and more alienation between parents and the children for whom they are ultimately responsible.

I am a parent. I have a daughter who is college age and a son who is 23 years old. Even though my son is legally on his own and I cannot even legally access the medical record of my daughter, I am still very involved in their medical care. My son just called me yesterday to get my opinion on whether he should have a flu shot and my daughter is still on our medical plan and my husband and I are responsible for her medical bills. I am their mother. They trust me more than any other person in the world when it comes to their well being. I cannot imagine that if my children were under the age of 18, the state of Wisconsin would have the right to intervene secretly to provide contraception to him or her. This would be an irresponsible act that would undermine the health and well being of my child, and perhaps, negatively affect him or her for life.

In conclusion, I am in favor of SB 186 for both professional and personal reasons. My experiences both as a counselor and a parent compel me to support this bill enthusiastically. The data compel me to share with you the truth so that you may come to a reasonable and logical conclusion.

Thank you for your attention.

Do promote
ABSTINENCE

Director
Knows I
am here
today!

*NOT a medical facility
Service free for all individuals*

Care Net Pregnancy Center of Milwaukee
2917 N. Oakland Ave.
Milwaukee, WI 53211

Submitted by Arlene Adams, Assistant Director
October 14, 2003

**Statistics on Clients Age 13-17
January – September, 2003**

Jan-Sept 2003 AGE	Negative Pregnancy Test		Positive Pregnancy Test			Totals	%
	Used Contra	No Contra	Used Contra	No Contra	Not Known		
13	1	0	1	0	0	2	2.5
14	2	2	0	1	0	5	6.2
15	7	6	0	1	0	14	17.3
16	12	11	5	2	0	30	37.0
17	5	17	5	3	1	31	38.3
Totals	27	35	11	7	1	81	100
Totals	62		19			81	100
%	76.5		23.5			100	

The total number of clients of all ages receiving pregnancy tests from January-September, 2003 is 460.

% of clients in age group 13-17 is: $81/460 = 17.6\%$

The following statements refer to clients in the age group 13-17:

% of positive tests in age group 13-17 is: $19/81 = 23.5\%$

% of clients using contraception is: $38/81 = 46.9\%$

Of those using contraception, % of positive tests is:
 $11/38 = 28.9\%$

Of those NOT using contraception, % of positive tests is:
 $7/42 = 16.7\%$

Of clients with positive tests, % that used contraception is:
 $11/19 = 57.9\%$

Of clients with negative tests, % that used contraception is:
 $27/62 = 43.5\%$



INFORMATION SHEET

PO Box 2075 • Madison, WI 53701-2075
888/378-7395 • 608/256-3228 • fax: 608/256-3370 • www.fri-wi.org • e-mail: fri@fri-wi.org

**Testimony of Julaine K. Appling, Executive Director
The Family Research Institute of Wisconsin
Joint Public Hearing on Senate Bill 186 and Assembly Bill 383
Senate Committee on Health, Children, Families, Aging and Long-term Care
Assembly Committee on Family Law
Tuesday, October 14, 2003**

My name is Julaine Appling. I am the executive director of The Family Research Institute of Wisconsin. Thank you, Chairman Roessler and Chairman Owens, for this opportunity to provide testimony before the committee on Senate Bill 186 and Assembly Bill 383.

The Family Research Institute of Wisconsin is in full support of Senate Bill 186 and Assembly Bill 383. These bills are about protecting our children and allowing parents to be parents. The Medicaid Family Planning Demonstration Project, as originally proposed, is simply bad public policy. Allowing low-income minor girls between the ages of 15 and 17, to receive at tax-payer expense so-called reproductive health care services, including contraceptive drugs and devices, without parental or guardian notification, let alone consent, is dangerous and wrong. SB 186 and AB 383 seek to right at least part of the wrong.

If there is any area where minors—and their parents or guardians—need protection, it's in the area of reproductive health-care, or so-called “family planning.” Fifteen, sixteen and seventeen year-old girls do not need additional opportunities to be solicited for these services that have been shown to result in more sexual activity, increased incidences of sexually transmitted diseases, and other serious health problems. Nor does Planned Parenthood of Wisconsin, Wisconsin's primary provider of “family-planning” services, need any more public money or government sanction in its efforts to snare young women while keeping their parents in the dark.

The Family Research Institute of Wisconsin is in opposition to the Medicaid Family Planning Demonstration Project. Unfortunately, the political climate will not allow for the scrapping of the entire project. We are, however, grateful for the work and leadership of Senator Leibham and Representative Grothman as they and other legislators attempt to restore some common sense to the program by introducing these bills that raise the minimum qualifying age from 15 to 18.

Senate Bill 186 and Assembly Bill 383 are more than reasonable—they are right. I urge committee members to vote in support of these bills.

Thank you.

From: Mrs. Julie A. Grimstad
3008 Della Street
Stevens Point, WI 54481
Date: October 14, 2003
To: Assembly Law Committee
Subject: Testimony in favor of AB 383

Dear Chairperson Owens and Committee members:

Please support Assembly Bill 383. It will eliminate the access of minors to the *Medicaid Family Planning Demonstration Project*, thereby protecting the health and welfare of minor girls as well as acknowledging parental responsibilities and rights. A minor may not be given an aspirin without parental consent. However, under the *Family Planning Demonstration Project*, minor girls will be given potent artificial steroid drugs (contraceptives) without parental knowledge or consent. This is simply wrong!

There are numerous "side effects" that a person may experience when using contraceptive drugs, some are health or life threatening. Even the less serious, more common "side effects" affect a teenage girl's quality of life. Among these are depression, moodiness, headaches, dizziness, nausea and weight change. Parents have a need to know what medications their children are taking, as well as their possible adverse effects. They also must have the right to refuse to allow their child to receive contraceptive drugs and devices. After all, who is more concerned for a minor's welfare than her parents?

When a minor receives "free" (paid for with our tax dollars) confidential contraceptive care, who will pay for the medical treatment needed when complications occur? According to Peg Algar, Medical Policy Analyst for the Wisconsin Department of Health and Family Services (at a DHFS hearing on the Demonstration Project's amendments and rules, Stevens Point, 4-25-03), the parents' insurance will pay. Neither the parents nor their insurance company approve or pay for the drugs that do the harm, yet they will be responsible for repairing the damage. This is unjust. It also invites lawsuits. Can the State of Wisconsin afford such litigation?

The expressed "hope" of the DHFS is that the Demonstration Project will "reduce the number of unwanted pregnancies in Wisconsin." This is a manifestly false hope. Since the advent of the "birth control pill" in 1960, the illegitimacy rate has increased from 4% to 35%. Planned Parenthood has spent a vast sum of our money (from Title X and Medicaid), with only an increase in the number of "unwanted" pregnancies to show for it. It's time to try something different if we really care about the teenage girls in our state.

Thank you for considering my testimony.

Sincerely,
Mrs. Julie A. Grimstad

From: Mrs. Julie A. Grimstad
3008 Della Street
Stevens Point, WI 54481
Date: October 14, 2003
To: Senate Health, Children, Families, Aging and Long-Term Care Committee
Subject: Testimony in favor of SB 186

Dear Chairperson Roessler and Committee members:

Please support Senate Bill 186. It will eliminate the access of minors to the *Medicaid Family Planning Demonstration Project*, thereby protecting the health and welfare of minor girls as well as acknowledging parental responsibilities and rights. A minor may not be given an aspirin without parental consent. However, under the *Family Planning Demonstration Project*, minor girls will be given potent artificial steroid drugs (contraceptives) without parental knowledge or consent. This is simply wrong!

There are numerous "side effects" that a person may experience when using contraceptive drugs, some are health or life threatening. Even the less serious, more common "side effects" affect a teenage girl's quality of life. Among these are depression, moodiness, headaches, dizziness, nausea and weight change. Parents have a need to know what medications their children are taking, as well as their possible adverse effects. They also must have the right to refuse to allow their child to receive contraceptive drugs and devices. After all, who is more concerned for a minor's welfare than her parents?

When a minor receives "free" (paid for with our tax dollars) confidential contraceptive care, who will pay for the medical treatment needed when complications occur? According to Peg Algar, Medical Policy Analyst for the Wisconsin Department of Health and Family Services (at a DHFS hearing on the Demonstration Project's amendments and rules, Stevens Point, 4-25-03), the parents' insurance will pay. Neither the parents nor their insurance company approve or pay for the drugs that do the harm, yet they will be responsible for repairing the damage. This is unjust. It also invites lawsuits. Can the State of Wisconsin afford such litigation?

The expressed "hope" of the DHFS is that the Demonstration Project will "reduce the number of unwanted pregnancies in Wisconsin." This is a manifestly false hope. Since the advent of the "birth control pill" in 1960, the illegitimacy rate has increased from 4% to 35%. Planned Parenthood has spent a vast sum of our money (from Title X and Medicaid), with only an increase in the number of "unwanted" pregnancies to show for it. It's time to try something different if we really care about the teenage girls in our state.

Thank you for considering my testimony.

Sincerely,
Mrs. Julie A. Grimstad

Testimony of Judith Metzger, M.S.
22 Dorfmeister Ct., Madison, WI 53714
In Favor of AB383 and SB186
October 14, 2003

I am testifying today as a former therapist and case manager for female adolescents, primarily victims of sexual abuse.

During my work as a therapist at a residential treatment center I saw first-hand the destruction that sexual activity played on young women's lives. About 75% of the young women I worked with had been sexually abused. In many of these cases the abuse triggered their pursuit of sex as a means to fulfill their needs for affection and acceptance. Many of the clients at our treatment center had had multiple sexual partners by the time they received our help.

Through proper medical treatment, the clients at our center who had been sexually active did receive birth control. But this was not the answer to their problems. In fact, in some ways it was implicit encouragement to continue having casual sex after they were released from treatment. And more casual sex was precisely what my clients did not need. Sexual encounter after sexual encounter created layer after layer of hurt, anger, and detachment from other people and from their own feelings, not to mention from their sexual partners.

One of the young women I worked with had had 25 sexual partners by the age of 16. She was bright, intelligent, and sensitive. To urge a young woman such as this to be sure to be "safe" and be sure she is "protected" when she pursues frequent sexual encounters in my view belittles her dignity and beauty as a human being. Providing money to fund birth control for minors is an easy way out, and in my view, places a band-aid on a gangrenous wound. That our government chooses to allow our children to make "choices" about sex and birth control with no parental input is patronizing to say the least. To take the perspective that young people "are going to have sex anyway" is in my opinion a flippant and amazing disregard and disrespect of the intelligence and abilities of the young women throughout our nation.

Every single young woman I worked with was acutely vulnerable and needed to develop a sense of self—a healthy view of her sexuality and herself as a person. She needed to know she had worth. She needed to know that she had dignity, and that she could still grow into a healthy adult. But the task of building upon the precarious foundation of a broken childhood—of bolstering pride and poise, of increasing knowledge of how multiple sexual partners at such a young age destroys spirits and lives and hearts—takes effort. It takes time, strength, and love on the part of parents, individuals, and institutions willing to help to restore shattered lives.

I ask that you vote in favor of AB383 and SB186.

Thank you.

Judith Metzger, M.S., 22 Dorfmeister Ct., Madison, Wisconsin 53714

Eagle Forum of Wisconsin

5229 NORTH 107th STREET
MILWAUKEE, WISCONSIN 53225-3123

Joan Tatarsky, Chairman

Telephone: (414) 466-5431

Senator Roessler and Members of the Committee: October 14, 2003

Eagle Forum of Wisconsin strongly supports **AB 383 and SB 186**, removing minor children from the Medicaid Family Planning Demonstration Project.

Minor children are under the authority of their parents and should NOT be given medication or medical treatment of any kind without the knowledge and consent of those parents. This program usurps the rights of the parents so minor children must not be included.

909,000
all
The Family Planning Program encourages early and promiscuous sex which may result in pregnancies and sexually transmitted diseases. Youngsters may not use birth control pills properly and are not sufficiently aware of the dangers of STD's.

The American public has been groomed to panic at one case of SARS, but overlooks the growing crisis of STD's, many which cannot be cured. Thank you for this hearing and we hope to see this legislation voted on and passed very soon.

Sincerely
Joan Tatarsky, President
Eagle Forum of Wisconsin

Senate Health, Children, Families, Aging and Long Term Care Committee
and
The Assembly Family Law Committee
Testimony on the Family Planning Waiver
(Senate Bill 186 and Assembly Bill 383)
October 14, 2003

Thank you for the opportunity to provide written testimony to the Senate Health, Children, Families, Aging and Long Term Care Committee and the Assembly Family Law Committee, unfortunately I am in the district and disappointed I cannot be present in person to testify. Representative Lorraine Serrati and I asked the Joint Committee For Review of Administrative Rules to hold a public hearing on the emergency rule relating to the family planning waiver demonstration project. As a result of the public hearing the committee introduced Senate Bill 186 and Assembly Bill 383.

The implementation of the family planning waiver will undermine parental rights and the relationship between a parent and a child due to the lack of any parental notification allowed under the Family Planning Demonstration Project, and contribute to the escalating levels of sexually transmitted diseases among teenagers. This is a children's health issue. When a child receives contraceptives it sanctions sexual activity and exposes them to sexually transmitted diseases. As parents we all know that children do not always follow our direction. There are children who smoke, drink, drive while intoxicated, and take drugs even though we have laws and education to prevent their behavior. But, we do not give up; we do not throw up our hands and say well, kids will be kids and have a beer and cigarette. Sexual behavior is not different; we need to stop feeling that we cannot change our children's behavior, that we cannot prevent them from engaging in sexual activity. Just because it is a difficult job does not mean it is impossible. Senate Bill 186 and Assembly Bill 383 makes clear that providing contraceptives and other reproductive services to minors without parental notification is not appropriate governmental activity, and promotes sexually transmitted diseases.

In addition, a Legislative Council Clearinghouse Report on the permanent rule, CR 03-021 indicates that the rule does not account for parental income and as a result even minors with very high parental incomes would be eligible for the services under the project. Legislative Council indicated that the Family Planning Waiver appears to conflict with the statute that controls the Family Planning Waiver. The statute requires that a woman's family income does not exceed 185% of the Federal Poverty Level.

I urge the members of the committees to act promptly and support Senate Bill 186 and Assembly Bill 383. Thank you for your attention and consideration to this children's health issue.

Sen Caylak



OFFICERS

Judy Crain, *President, Green Bay*
Jacquelyn Boggess, *Vice President, Madison*
Tonya Brito, *Secretary, Madison*
Debra Suchla, *Treasurer, La Crosse*

BOARD MEMBERS

Nancy Armbrust, *Green Bay*
Donald Becker, *Madison*
Nancy Boutelle, *Beloit*
Tonya Brito, *Madison*
Missy Campion, *Milwaukee*
Rose Dobkoski-Smits, *Green Bay*
Colleen Ellingson, *Milwaukee*
Marcia Engen, *Appleton*
David Ewald, *South Milwaukee*
Donna Freeman, *Green Bay*
Larry Haggart, *Wausau*
Robert King, *Milwaukee*
Kia Lee, *Milwaukee*
Don Maurer, *Waukesha*
Karl Nichols, *Milwaukee*
Ben Ortega, *Milwaukee*
Bishop Don Ott, *Pewaukee*
William Perloff, M.D., *Bailey's Harbor*
Lon Piper, *Eau Claire*
Gloria Johnson Powell, M.D., *Madison*
Lauren Reed, *Manitowoc*
Dennis Schultz, *Kenosha*
Joy Tapper, *Milwaukee*
Betsy Thomson, *Beloit*
Brenda Ward, *Milwaukee*
Shirley Williams, *Beloit*
Marcus White, *Milwaukee*

ADMINISTRATION

Anne Arnesen, *Executive Director*
Nan Brien, *Associate Director*
Charity Eleson, *Associate Director*
Tanya Atkinson, *Milwaukee Director*

Testimony Regarding Senate Bill 186/Assembly Bill 383
Senate Committee on Health, Children, Families, Aging and
Long Term Care
Assembly Committee on Family Law
October 14, 2003
Tanya Atkinson

Madame Chairs and members of the committees, thank you for this opportunity to share our perspective on SB 186 and AB 383.

The Council is very concerned with the immediate and long-range effects of this legislation and respectfully asks that this bill not be passed out of committee.

As we all know, the Medicaid Family Planning Demonstration Project was a bi-partisan initiative and included teens ages 15-17 in the original motion. And for good reason.

Reducing teen pregnancy and abortion rates are beneficial because unintended pregnancies are associated with a multitude of problems, including reduced educational attainment for the mother, higher poverty rates and higher health risks for the children. Access to family planning services allows women to prevent or postpone pregnancy and increases their ability to achieve self-sufficiency. In addition to reducing Medicaid-eligible pregnancies, the program will also improve the overall health of low-income women through preventive screenings and the treatment of STIs and cervical cancer.

Teen pregnancies and birth are associated with very specific problems. Following is a non-exhaustive list of what research has taught us about the implications of teen parenting.

- The children of adolescents are more likely to be born prematurely and 50% more likely to be low birthweight.

- Data suggests that children of teen parents are at greater risk for a variety of developmental problems compared to children born to adult mothers.
- Children of adolescent mothers tend to suffer poorer health than children whose mother was age 20 or 21 or older when the child was born.
- The prevalence of child abuse is higher among children of adolescent mothers.

And our work in early childhood brain development research has also taught us lessons about the impact of teen parenting on the child. The relationship that is formed between the child and the primary caregiver is attachment. Attachment is the interpersonal relationship that helps the immature brain of the child use the mature functions of the caregiver's brain to organize its own processes.

The neuroscience of brain development tells us that the prefrontal cortex of the adolescent's brain is still being developed, through the ages of 15 – 17. When the adolescent is the primary caregiver, the possibility of healthy emotional development, attachment, is compromised. This may result in emotional, social, and cognitive impairments for the child, as well as the potential for severely impaired social competence in regards to all relationships throughout their lifetime.

Further, access to family planning services allows women to prevent or postpone pregnancy and increases their ability to achieve self-sufficiency. In addition to reducing Medicaid-eligible pregnancies, the program will also improve the overall health of low-income women through preventive screenings and the treatment of STIs and cervical cancer.

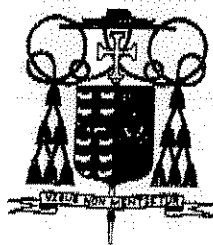
This bill also has significant fiscal implications for Medicaid in Wisconsin. In the waiver agreement, the federal government committed to pay 90 percent of the cost of the family planning services, compared to 59 percent for other Medicaid programs. Despite that generous cost-sharing arrangement, the project is expected to save the federal treasury \$9 million over the next five years by avoiding Medicaid and welfare costs associated with unplanned pregnancies. Wisconsin is expected to save even more - an estimated \$17 million. In these tight fiscal times, it is critical that we maximize all available sources of preventative health care.

It is important to maintain confidential access, for teens, to reproductive health care services. There are good reasons federal courts have repeatedly protected teens' rights to confidential reproductive health services: requiring parental consent puts the health and lives of teens at risk. The sexual behavior of teens

does not change with or without parental consent - but their utilization of health care services changes for the worse. Teens will be sexually active whether or not parental consent is mandated, and four out of ten girls still become pregnant by the age of 20. The notion that eliminating the availability of these services will lead to teens being less sexually active is misguided.

Opponents of family planning also cite a controversial study that concluded the provision of contraceptives in Britain increased the number of pregnancies. However, according to the Alan Guttmacher Institute, the study was based on birth rates and did not include all pregnancies. Most research indicates that access to family planning services and contraception decreases pregnancy and abortion rates. Furthermore, a comprehensive study by the National Campaign to Prevent Teen Pregnancy found that these services do not increase sexual activity.

The Medicaid Family Planning Demonstration Project was a well-conceived, bipartisan program designed around sound practice that has undeniable social and fiscal implications. Please respect its origins and implications. Maintain this vital program and oppose this legislation. Thank you.



Statement By Bishop Morlino

Since 1919, the bishops of the United States have been vocal advocates of the idea that all Americans should enjoy access to affordable health care. As the US Bishops stated in 1993, "Health care is more than a commodity; it is a basic human right, an essential safeguard of human life and dignity." Recognizing that this is a vision of health care that is as yet unrealized, we affirm that Wisconsin does better than most states in providing comprehensive health care for those in need, including pregnant women.

Having said this, we believe that neither abortion nor contraceptive services reflect the respect for human dignity that health care services should be designed to uphold. Wisconsin provides strict restrictions on publicly funded abortions. While Medical Assistance and BadgerCare do currently cover contraceptive services, those services are provided as a portion of a broader scope of primary health care. Therefore, while we consider contraceptive services to be generally outside the scope of "health care," we recognize that MA and BadgerCare reflect society's concern for the poor and marginalized and affirm the state's overall commitment to primary care for these populations.

In addition, our tradition asserts the fundamental role of parents as the first teachers, the first community in which children are taught responsibility, morality and citizenship. Our society depends upon parents to play this role and government should organize itself in such a way that it supports parents in their efforts.

As stated previously, we generally oppose any policy that establishes contraception as a public good. As a people committed to promoting the public good of marriage and family, it is our view that this proposed family planning demonstration project undermines the parent-child relationship and devalues abstinence until marriage.

While we see this project as problematic on moral grounds, opposition to the extension of this program to children need not rest on a denominational argument, for there are other practical reasons to support AB 373 and SB 186.

Society currently structures many programs and benefits to discourage out of wedlock births and the behaviors that foster them. While adults in our society are legally free to live as they wish and behave as they wish in private personal relationships, the government ought not give its implicit endorsement to conduct that has socially undesirable consequences.

O F F I C E O F T H E B I S H O P

Diocese of Madison • 702 S. High Point Road • P.O. Box 44983 • Madison, WI 53744-4983

Phone: 608-821-3001 • Fax: 608-821-4552

We recognize some will argue that contraception serves to reduce unwanted pregnancies and the social ills that may ensue, including abortion. But we are confronted with the hard truths that broader access to contraception has not served to reduce the abortion rate nor the incidence of children being born to unmarried women. Indeed, oftentimes the opposite has occurred. Thus even on pragmatic grounds government funded access to contraceptives is not successful social policy.

The bills specifically address the impact of this program on minors. Under current law, minors are able to access family planning services and supplies without parental notification or consent. While we recognize that eliminating minors from this particular demonstration project will not change the existing law with regard to notification, we do believe that the inclusion of minors in this program will result in an increase in the number of minors able to access free family planning services without the knowledge of their parents. In fact, the "success" of the demonstration project depends upon increased access among minors.

Religious faith promotes and requires moral conviction. Morality rooted in religious faith leads people to voluntary self-restraint in many areas – such voluntary self-restraint serves the common good and minimizes the restraints that governments must place on citizens – thus such voluntary self-restraint is conducive to lived democracy where governments should minimally restrain citizens in accord with the common good. Without forcing religious faith on anyone, and without preventing anyone from the free exercise of religion, the government would do well to favor the free exercise of religion rather than undermine it directly or indirectly. The free exercise of religion is simply conducive to lived democracy.

Thus, we accept the proposition that the government should not establish a religion. But neither should government subsidize programs that undermine the morality that people of faith, any faith, try to model and pass on to their children.

Glenn Grothman

STATE REPRESENTATIVE

58TH ASSEMBLY DISTRICT

Office:
Post Office Box 8952 • Madison, Wisconsin 53708-8952
(608) 264-8486 • Toll-Free: (888) 534-0058
Rep.Grothman@legis.state.wi.us
www.legis.state.wi.us/assembly/asm58/news/index.html

Home:
111 South 6th Avenue
West Bend, Wisconsin 53095
(262) 338-8061

To: Assembly Family Law and Senate Health Committee Members
From: Representative Glenn Grothman
Date: 10/14/2003
Re: Assembly Bill 383 and Senate Bill 186

Thank you for allowing me to testify before this Joint Hearing of the Senate Health, Children, Families, Aging and Long Term Care and the Assembly Family Law Committees. I am testifying today in favor of passage of Assembly Bill 383 and Senate Bill 186 and will give you background as to the committee's action. I have found more about the program since our committee hearing and hope you learn more today. I will also respond to arguments used by organizations, which make money off of this program.

The Joint Committee for Review of Administrative Rules held a hearing on emergency rules implementing the family planning waiver program, which began in the state of Wisconsin on January 1, 2003. The program described in Wisconsin Statute 49.45(24r), is intended to give family planning services to women age 15 to 44 under 185 percent of the federal poverty level.

It seemed the most indefensible part of the program concerned the advice given to children. This is why AB 383 and SB 186 are limited to children ages 15 to 17. While the statute implies this program is only for children from poor families, the department has decided to calculate income for minors (and we believe college students) without regard to parents' income treating young people as a family of one. Since almost all young people make less than \$26,000 a year this program could provide family planning services to virtually every young person in the state. Under federal law, organizations which receive money under this program are not allowed to ask for parental consent.

These are the arguments that I see in favor of the bill:

- I. Implementation of the family waiver program will undermine parental and religious authority regarding sexual issues. In America, parents have the right to instill their values in their own children. Inevitably, when people of authority prescribe contraceptives they encourage increased sexual activity and undermine parental and religious authority.
- II. It is not clear the amount of this money which goes to Planned Parenthood and Family Planning Health Services, Inc., but testimony at the Administrative Rules hearing indicates it may be a majority. These groups have a financial stake in putting young girls on oral contraceptives. Lon Newman of the WI Family Planning and Reproductive Health Assoc. stated at a press conference in support of the waiver program that his group stands to make \$1 million a year on the program of which \$900,000 goes to expenses including his salary. These groups should not be trusted with young minds.
- III. Groups supporting this program have a history of supporting promiscuity. At another press conference proponents of this program presented a fifteen-year old-boy to support the program. Shouldn't fifteen year-old boys be told not to have sex with their girlfriends? At the press conference he was applauded for supporting the program. How many parents would want him going out with their 13 year-old daughters? I would suggest legislators view teenwire.com, Planned Parenthood's website for teenagers to see what type of advice they will give.

I will also deal with the arguments which you will hear from the proponents of the program.

- I. I do not believe the family planning program will reduce teen pregnancies. We have not been able to locate a perfect study but it is my opinion that an aggressive family planning program will result in more sexual activity, which will not reduce the pregnancy rate. This would be consistent with a study done in England by Patton. A similar program was in existence and a court ordered a program halted. Proponents of this sort of program would have purported an increase in pregnancies. No increase took place.
- II. Sexual activity is not constant over time. While I am reluctant to cite statistics regarding sexual activity among teens because people lie about sex these surveys show a decrease of teens reportedly sexually active from 1990 to 2000.
- III. The Family Planning Waiver is not necessary. Children can get identical services through Badger Care or Medicaid if their parents are poor. Of course, most children's medical needs would be covered by their parents' regular insurance.
- IV. I do not believe the 15-0 vote in Joint Finance in 1997 was relevant to the program as it exists today. That proposal was unfunded and future legislation would have been required for implementation. The conference committee proposal was very different. Republican leadership assured our caucus that the finance measure was far from a final proposal.

Sold
as
Family
Planning
Waiver
Program

Final Note: Under section 401(a)(6) of TRRA-the Jobs and Growth Tax Relief Reconciliation Act of 2003 changes to the waiver can not be made after Sept. 2, 2003. To satisfy the this legislation, an amendment to the bills is being drafted to reflect a July 1, 2004 effective date.

Screening cervical cancer.

STD ★

Washington (G)

Vote

Against

= 27 to 3

SB 186 / AB 383

JH notes
from 10/14/03
hearing

10-14-03

Glen Grothman - written testimony

- Statute implies the program serves low-income - however the program looks at a teen's income today.
- He will have an amend. to be effective in 2004.

Jensen's quest.

- ~~not~~ How much money is @ risk if we change the age.
- Is the lang. ^{however} in conflict with the enabling leg. Remedy legislative or judicial. Grothman Ans - leg.
- Glen: the ~~pre~~ as implemented (only look @ teen's income) is not in line with the legislative intent.
- Jensen: Orada had motion asking state to apply to program.
- Chubla's motion in conf committee removed the piece of the JFC motion that would have required separate leg. (in addition to JFC motion).

- G.G. feels it is absurd to think that Sec Thompson will repeal full program if age is changed.

DHFS - Opposed to bill. (written testimony provided)

Dr. Murrey Katcher

Diane Walsh

Mark Moody

- Dr. Katcher: 1st thing they do is refer individual to parents and also encourage abstinence (if person not sexually active)

- Think of larger issue of Health Care.

- Family program could prevent \$12,000 abortions in the 15-18 age group.

Diane: Stressed that the program goes beyond family planning. Have over \$40,000 that have sought eligibility into the program.

Routine ^{PAP} exam: Costs state \$20.00 (state pays .20)

- WE stands to lose \$90 mill. in enhanced FMAP
- Look @ Diane's testimony
- of ~~2000~~ ^{16,000} teens, what percentage are 15, 16, 17

2,402 - 15-17 / 315 (15) / 777 (16) / 1,310 (17)

⇒ NIH study just does not have enough evidence that condoms prevent spread of diseases other than AIDS/HIV. This does not ~~mean~~ mean they don't - the evidence of this study ~~is~~ does not ~~not~~ prove that they do. *Key - does not prove that they don't either.

- Chuala - studies show this program reduces abortions, spread of STD's + pregnancies

- Chuala - request of Dept. more evidence of ~~family~~ family planning programs success

CR wants more info from Dr. Meeker

↳ to Dr. HFS

the types of services provided under the program

Science based evidence that [↑] these dollars have reduced abortions

↳ base that sexually transmitted diseases / spread has been reduced.

- Services have not increased sexual activity.

CR request

- Med Soc. Dr. Wetch - written testimony.

~~CD~~ opposes bill

* ~~CD~~ emancipated minors / CR wants to look @
if we are to make an age change - we
need to exempt those folks

- Robson - discus low weight babies

Dr - Yes - a result of teen preg. Getting
prenatal care can reduce.

- Mary Louise / Miss WI - Supports bill

Planned Parenthood - written testimony: oppose Bill

- Jim Stewart: President / CEO

* Christine is a nurse w/ Planned Parenthood.

- most of patients are adult / uninsured.

- many 15-17 yr. olds come in w/ parents

- most are already sexually active / most come in
+ request pregnancy tests.

- Chris Taylor: A sexually active teen has a 90%
chance of getting preg.

Q - Prior to waiver - if a 16 yr old came into the clinic w/ no ID - would services have been provided?
Chris Taylor Answer - PP can't meet the need that's out there.

Christine - yes - she would be seen regardless of dollars (her dollars).

Q: At what age does PP stay - your too young - you need your parents.

Robson - % of people in the program that PP serves: about ~~40%~~

Diane Lang - Racine City Brd Supervisor - opposed

Charmaine Herbert:

Naomi Stein: Lake Superior Community Health Center.

3,000 in '02
80%

Clinic tested 3 sisters, had ~~HPV~~ Papaloma, common denominator is father (he sexually abused).

Mary Kay - mom of 4 girls (one is 11) does not like no parental consent.

- Sally Ladice - Favors bill

daughter has ~~HIV~~ (surgery is treatment)

mom was not given info from doctor - she doesn't like this.

~~Marv Mangrum~~ (WI Family Planning Rep. Health Assn)
CR ct: WI's is the only one approved

→ Lon Neuman

Marv. Mangrum - Supports bill (WI Capitol)

Q: To him: do you think there are ~~abused~~ any unfit parents. Yes.

Sharon Hampson / Janet Kusch - Against
La Crosse Board of Supervisors

- concerned about risking federal dollars.
- has written testimony (both do)

Elise Rose - Supports bill
Feminists for Life

- Tutor Football player & UW
- on Boddy Care

- she has a PhD

- daughter give a P.P. referral card
in health class - girl not sexually active.
- CR wanted copy of referral card.
- boys & girls got tickets.

was
that subtle

Dianne Fox - Self (Parent) - opposed to Bill
written testimony provided

Rev. Richard Pritchard - Supports bill

Debara & Ike (mom + son) - oppose bill

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850



Division of Integrated Health Systems, Family and Children's Health Programs Group, CMSO

OCT 15 2003

Representative Glen Grothman
State Capitol - 15 North
P.O. Box 8952
Madison, WI 53708-8952

Dear Representative Grothman:

We recently received your inquiry regarding information on states with family planning 1115 demonstrations that cover ages 18 and older. There are currently two approved family planning 1115 demonstrations that cover ages 19 and older which include New Mexico and Illinois. Oklahoma's family planning 1115 demonstration proposal, which is currently under review, would cover men and women over 19 years old, while a North Carolina proposal, which is also under review, would cover all men and women over 18. If Wisconsin were to request to amend its current section 1115 demonstration to exclude individuals under age 18, we would review the request and, in all likelihood, the exclusion of the lower age group should not impact coverage of the higher age group under the demonstration.

If you have any further questions, please contact Julie Jones of my staff at (410) 786-3039. I wish you continued success with Wisconsin's family planning 1115 demonstration.

Sincerely,

Michael Fiore
Director



FAX TRANSMISSION

DATE: October 15, 2003

TO: Representative Glen Grothman

FAX #: 608-282-3549

FROM: Saul Goldberg
410-786-6964 (phone)

SUBJECT: Family Planning 1115 Demonstrations

Number of Pages (Including cover sheet): 2

MESSAGE:

This follows up yesterday's telephone conversation with Mike Fiore at CMS.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850



Division of Integrated Health Systems, Family and Children's Health Programs Group, CMSO

OCT 15 2003

Representative Glen Grothman
State Capitol - 15 North
P.O. Box 8952
Madison, WI 53708-8952

Dear Representative Grothman:

We recently received your inquiry regarding information on states with family planning 1115 demonstrations that cover ages 18 and older. There are currently two approved family planning 1115 demonstrations that cover ages 19 and older which include New Mexico and Illinois. Oklahoma's family planning 1115 demonstration proposal, which is currently under review, would cover men and women over 19 years old, while a North Carolina proposal, which is also under review, would cover all men and women over 18. If Wisconsin were to request to amend its current section 1115 demonstration to exclude individuals under age 18, we would review the request and, in all likelihood, the exclusion of the lower age group should not impact coverage of the higher age group under the demonstration.

If you have any further questions, please contact Julie Jones of my staff at (410) 786-3039. I wish you continued success with Wisconsin's family planning 1115 demonstration.

Sincerely,

Michael Fiore
Director



OFFICERS

Judy Crain, *President, Green Bay*
Jacquelyn Boggess, *Vice President, Madison*
Tonya Brito, *Secretary, Madison*
Debra Suchla, *Treasurer, La Crosse*

BOARD MEMBERS

Nancy Armbrust, *Green Bay*
Donald Becker, *Madison*
Nancy Boutelle, *Beloit*
Tonya Brito, *Madison*
Missy Campion, *Milwaukee*
Rose Dobkoski-Smits, *Green Bay*
Colleen Ellingson, *Milwaukee*
Marcia Engen, *Appleton*
David Ewald, *South Milwaukee*
Donna Freeman, *Green Bay*
Larry Haggart, *Wausau*
Robert King, *Milwaukee*
Kia Lee, *Milwaukee*
Don Maurer, *Waukesha*
Karl Nichols, *Milwaukee*
Ben Ortega, *Milwaukee*
Bishop Don Ott, *Pewaukee*
William Perloff, M.D., *Bailey's Harbor*
Lon Piper, *Eau Claire*
Gloria Johnson Powell, M.D., *Madison*
Lauren Reed, *Manitowoc*
Dennis Schultz, *Kenosha*
Joy Tapper, *Milwaukee*
Betsy Thomson, *Beloit*
Brenda Ward, *Milwaukee*
Shirley Williams, *Beloit*
Marcus White, *Milwaukee*

ADMINISTRATION

Anne Arnesen, *Executive Director*
Nan Brien, *Associate Director*
Charity Eleson, *Associate Director*
Tanya Atkinson, *Milwaukee Director*

Testimony Regarding Senate Bill 186/Assembly Bill 383
Senate Committee on Health, Children, Families, Aging and
Long Term Care
Assembly Committee on Family Law
October 14, 2003
Tanya Atkinson

Madame Chairs and members of the committees, thank you for this opportunity to share our perspective on SB 186 and AB 383.

The Council is very concerned with the immediate and long-range effects of this legislation and respectfully asks that this bill not be passed out of committee.

As we all know, the Medicaid Family Planning Demonstration Project was a bi-partisan initiative and included teens ages 15-17 in the original motion. And for good reason.

Reducing teen pregnancy and abortion rates are beneficial because unintended pregnancies are associated with a multitude of problems, including reduced educational attainment for the mother, higher poverty rates and higher health risks for the children. Access to family planning services allows women to prevent or postpone pregnancy and increases their ability to achieve self-sufficiency. In addition to reducing Medicaid-eligible pregnancies, the program will also improve the overall health of low-income women through preventive screenings and the treatment of STIs and cervical cancer.

Teen pregnancies and birth are associated with very specific problems. Following is a non-exhaustive list of what research has taught us about the implications of teen parenting.

- The children of adolescents are more likely to be born prematurely and 50% more likely to be low birthweight.

- Data suggests that children of teen parents are at greater risk for a variety of developmental problems compared to children born to adult mothers.
- Children of adolescent mothers tend to suffer poorer health than children whose mother was age 20 or 21 or older when the child was born.
- The prevalence of child abuse is higher among children of adolescent mothers.

And our work in early childhood brain development research has also taught us lessons about the impact of teen parenting on the child. The relationship that is formed between the child and the primary caregiver is attachment. Attachment is the interpersonal relationship that helps the immature brain of the child use the mature functions of the caregiver's brain to organize its own processes.

The neuroscience of brain development tells us that the prefrontal cortex of the adolescent's brain is still being developed, through the ages of 15 – 17. When the adolescent is the primary caregiver, the possibility of healthy emotional development, attachment, is compromised. This may result in emotional, social, and cognitive impairments for the child, as well as the potential for severely impaired social competence in regards to all relationships throughout their lifetime.

Further, access to family planning services allows women to prevent or postpone pregnancy and increases their ability to achieve self-sufficiency. In addition to reducing Medicaid-eligible pregnancies, the program will also improve the overall health of low-income women through preventive screenings and the treatment of STIs and cervical cancer.

This bill also has significant fiscal implications for Medicaid in Wisconsin. In the waiver agreement, the federal government committed to pay 90 percent of the cost of the family planning services, compared to 59 percent for other Medicaid programs. Despite that generous cost-sharing arrangement, the project is expected to save the federal treasury \$9 million over the next five years by avoiding Medicaid and welfare costs associated with unplanned pregnancies. Wisconsin is expected to save even more - an estimated \$17 million. In these tight fiscal times, it is critical that we maximize all available sources of preventative health care.

It is important to maintain confidential access, for teens, to reproductive health care services. There are good reasons federal courts have repeatedly protected teens' rights to confidential reproductive health services: requiring parental consent puts the health and lives of teens at risk. The sexual behavior of teens

does not change with or without parental consent - but their utilization of health care services changes for the worse. Teens will be sexually active whether or not parental consent is mandated, and four out of ten girls still become pregnant by the age of 20. The notion that eliminating the availability of these services will lead to teens being less sexually active is misguided.

Opponents of family planning also cite a controversial study that concluded the provision of contraceptives in Britain increased the number of pregnancies. However, according to the Alan Guttmacher Institute, the study was based on birth rates and did not include all pregnancies. Most research indicates that access to family planning services and contraception decreases pregnancy and abortion rates. Furthermore, a comprehensive study by the National Campaign to Prevent Teen Pregnancy found that these services do not increase sexual activity.

The Medicaid Family Planning Demonstration Project was a well-conceived, bipartisan program designed around sound practice that has undeniable social and fiscal implications. Please respect its origins and implications. Maintain this vital program and oppose this legislation. Thank you.

October 14, 2003

Senate Committee on Health, Children, Families, Aging and Long-Term Care- Senator Roessler, Chair
Assembly Committee on Family Law- Representative Carol Owens, Chair

Testimony on SB 186 -- Family Planning Waiver bill

Testimony of: Julie Patefield Halvorsen, RN, MPH
President, Wisconsin Public Health Association

Senator Roessler, Representative Owens and members of the Committees,

My name is Julie Patefield Halvorsen and I am the current president of the Wisconsin Public Health Association. WPHA was founded in 1948 with the mission of being the collective voice for protecting and promoting the health of all Wisconsin residents. With nearly 400 members, we are the state's largest professional organization of public health workers of all disciplines, including but not limited to nurses, physicians, health educators, laboratorians, environmental health specialists and health officers. Our members work not only in state and local health departments, but also non-profit health care provider organizations, colleges and universities and health advocacy groups.

On behalf of the Wisconsin Public Health Association, I am asking you to vote against SB 186. The Family Planning Waiver in its current form provides accessibility to thousands of Wisconsin women ages 15 to 44 for basic, preventive health care, including cancer screens, breast exams, sexually transmitted infection treatment and access to birth control.

WPHA has supported the availability of family planning services for teenagers since 1979. In 2003, we continue to believe that while parents have an important role in educating their children about sexuality, ultimately teens make their own decisions about being sexually active and must have access to services that help them

prevent pregnancy and other health risks, such as sexually transmitted infections.

The Family Planning Waiver program is estimated to save Wisconsin taxpayers \$17 million dollars over the next five years and will bring an estimated \$38 million dollars of federal funds into Wisconsin. More importantly, the Family Planning Waiver -- which was approved by the Legislature on a bi-partisan vote and signed into law by Governor Tommy Thompson -- guarantees low-income women access to basic health care services that they otherwise would not have.

Wisconsin Public Health Association members ask you to support the Family Planning waiver in its entirety and vote against SB 186. Thank you.



John Muir Chapter

Sierra Club - John Muir Chapter
222 South Hamilton Street, Suite 1, Madison, Wisconsin 53703-3201
Telephone: (608) 256-0565, Fax: (608) 256-4562
cterrell@execpc.com; wisconsin.sierraclub.org

**Opposition to AB 383 and SB 186, Repeal of the Family Planning Waiver
Before Assembly Family Law Committee and the Senate Health Committee
By Caryl Terrell, Chapter Director
October 14, 2003**

The Sierra Club-John Muir Chapter supports the Family Planning Waiver as it is written. We request that you vote against Assembly Bill AB 383 and Senate Bill 186. Statewide, family planning agencies and the patients they serve need your help to defeat these bills.

AB 383 and SB 186 will prohibit young women ages 15-17 from participating in the Family Planning Waiver program and obtaining preventative health care services such as breast and cervical cancer testing, treatment for sexual transmitted infections and birth control. By prohibiting young women from receiving health care services under the waiver, the state will be out of compliance with its commitment to the federal government to prevent teen pregnancy and the continuation of the entire program would be jeopardized. Uninsured low-income women who are most in need of these vital health care services, would loss access to basic preventative and diagnostic health care.

In the past, low-income women who were not pregnant or did not have children were ineligible for health care services under Medicaid or BadgerCare. Effective January 1, 2003, Wisconsin received a waiver from the federal government to expand access to family planning health care services to women who are not pregnant and who do not have children. Under this Waiver, low-income Wisconsin women of child-bearing age (15 – 44 years) can receive low cost or no cost family planning services, such as breast and cervical cancer screens, contraceptive counseling and services and testing and treatment for sexually transmitted infections.

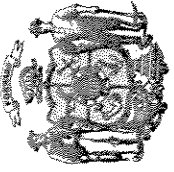
According to a study by the Alan Guttmacher Institute, each dollar spent on family planning services saves an estimated \$3.00 that would otherwise be spent in medical care and other social services to women who by law would be eligible for such services if they became pregnant.

The Department of Health and Family Services estimates that 85% of teen pregnancies in our state are paid for by Wisconsin taxpayers. By reducing the incidence of teen pregnancy, the Waiver reduces Medicaid costs that taxpayers are financing.

Because it is smart fiscal policy, the Waiver enjoys bipartisan support. In 1997, the Family Planning Waiver was approved by the Legislature on a bi-partisan vote. Assembly Speaker John Gard (R-Peshtigo) and Senate Leader Mary Panzer (R-West Bend) supported the program, which was signed into law by then Governor Tommy Thompson. Last year, U.S. Health and Human Services Secretary Tommy Thompson announced final approval of the Waiver for Wisconsin.

Thank you for rejecting AB 383 and SB 186 and for considering our point of view.

STATE OF WISCONSIN

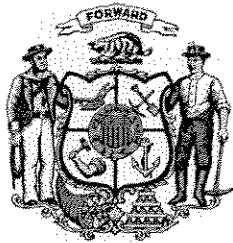


LIEUTENANT GOVERNOR
BARBARA LAWTON
19 EAST STATE CAPITOL
MADISON, WI 53702



Senator Carol Foessler





STATE OF WISCONSIN
LIEUTENANT GOVERNOR
BARBARA LAWTON

October 14, 2003

Senate Health Committee
Assembly Committee on Family Law

Dear Committee Chairs and Members:

The women of Wisconsin deserve better treatment. In order to fully contribute in the economic prosperity of our state, all women in Wisconsin require access to comprehensive, confidential reproductive health care.

The Medicaid Family Planning Waiver is a bipartisan effort begun in 1997 under then-Governor Tommy Thompson, intended to target women of reproductive age who do not qualify for Healthy Start, BadgerCare or AFDC. The goal of the project is to help low-income women gain access to primary health care and family planning, initiating them into a lifetime of preventative health care.

We have the opportunity to continue this program which provides 90 cents of federal money for every dime Wisconsin spends, at a time when our state finances are stretched to the limit. The Medicaid Family Planning Waiver provides money not only in direct federal dollars, but also saves Wisconsin tax dollars through early screening and treatment of sexually transmitted disease, pregnancy prevention and breast and cervical cancer screening.

The Medicaid Family Planning Waiver allows more women to take responsibility for their medical treatment. Confidential family planning services are often a woman's first health care visit. Assembly Bill 383 and Senate Bill 186 strip access to these services from low-income young women aged 15-18.

In so doing, these bills have the following effects:

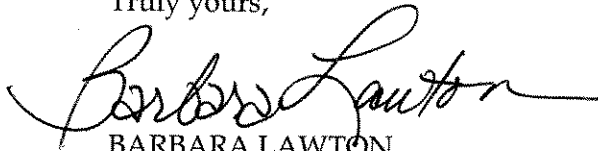
- They will raise the rate of sexually transmitted disease
- They will raise the teen pregnancy rate
- They will raise the high school drop-out rate
- They will raise the abortion rate
- They will raise the cost to taxpayers for increased health care costs, increased child abuse intervention and increased W-2 services.

- Changing the terms of the waiver may imperil the entire program, putting the tens of thousands of women currently enrolled at risk for losing health care services.

The Medicaid Family Planning Waiver is an excellent example of public policy designed for the best possible result: healthy, productive citizens. An estimated 50,000 women are anticipated to take a step toward a healthier future by enrolling in the Medicaid Family Planning Waiver program.

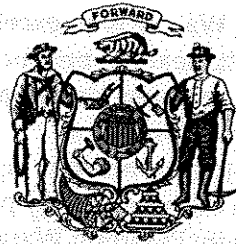
I strongly urge this committee to continue our bipartisan effort to maximize the use of taxpayer funds that provide essential family planning services to Wisconsin women through the Medicaid Family Planning Waiver.

Truly yours,

A handwritten signature in cursive script, appearing to read "Barbara Lawton", with a long horizontal flourish extending to the right.

BARBARA LAWTON
Lieutenant Governor

BL:jan



STATE OF WISCONSIN
LIEUTENANT GOVERNOR
BARBARA LAWTON

October 14, 2003

Senate Health Committee
Assembly Committee on Family Law

Dear Committee Chairs and Members:

The women of Wisconsin deserve better treatment. In order to fully contribute in the economic prosperity of our state, all women in Wisconsin require access to comprehensive, confidential reproductive health care.

The Medicaid Family Planning Waiver is a bipartisan effort begun in 1997 under then-Governor Tommy Thompson, intended to target women of reproductive age who do not qualify for Healthy Start, BadgerCare or AFDC. The goal of the project is to help low-income women gain access to primary health care and family planning, initiating them into a lifetime of preventative health care.

We have the opportunity to continue this program which provides 90 cents of federal money for every dime Wisconsin spends, at a time when our state finances are stretched to the limit. The Medicaid Family Planning Waiver provides money not only in direct federal dollars, but also saves Wisconsin tax dollars through early screening and treatment of sexually transmitted disease, pregnancy prevention and breast and cervical cancer screening.

The Medicaid Family Planning Waiver allows more women to take responsibility for their medical treatment. Confidential family planning services are often a woman's first health care visit. Assembly Bill 383 and Senate Bill 186 strip access to these services from low-income young women aged 15-18.

In so doing, these bills have the following effects:

- They will raise the rate of sexually transmitted disease
- They will raise the teen pregnancy rate
- They will raise the high school drop-out rate
- They will raise the abortion rate
- They will raise the cost to taxpayers for increased health care costs, increased child abuse intervention and increased W-2 services.

Testimony Regarding AB383 and SB186

My name is Jeffrey Jones, I am a physician infectious diseases specialist with a Ph.D. in Microbiology, a Professor of Medicine at UW Medical School and Chief of Staff at Madison, WI. For the past 8 years, I have volunteered to talk to teens about STD's, giving a strong abstinence message, and having reached at least 25,000 teens. I come to you today as vice president of the Wisconsin Physicians Resource Council and a member of the Physicians Consortium, two groups interested in providing medical information important to the family.

I am testifying in favor of parental consent for minors to receive contraceptive services.

Many say the problem confronting us with 15-19 year old teens today are the twin epidemics of out of wedlock pregnancy and STD's. In fact these are outcomes of the real problem, which is enhanced sexual activity among teens. Americans are in love with technology. Unfortunately, until after about 1990, we have attempted to fix a behavioral problem with technical bandaides, and it did not work.

This problem is overwhelmingly due to what teens see the adults in their lives telling them with respect to sexual activity. This has to do with the messages advertising and news media, parents, public officials, and public policy give them about what the limits of sexual activity should be.

With the licensing of the oral contraceptive in 1960, opinion makers began to say that sex could be recreational. In the late 1960's and early 1970's, the youth protest against the Vietnam War and Roe vs. Wade fostered a focus upon individual autonomy rather than social responsibility among baby boomers, which soon found its way into public policy and was an overpowering stimulus to heightened sexual activity in teens that produced the twin outcomes of unwanted pregnancies and STD's.

For example, Klick and Stratmann of George Mason University showed a steady increase in rates of gonorrhea and other STD's associated with legalization of abortion; moreover, the rate of rise of gonorrhea was significantly higher in states that were early legalizers. Public policy does influence choices people made with respect to sexual activity.

Title X funding increased dramatically between 1972 and 1980. In spite of this teen birth rate increased 16% while abortion rates soared. Through the early 1980's the main impact of Title X was on birth prevention as opposed to pregnancy prevention.

In the early 1980's, AIDS became a reality. This vitalized the abstinence movement in the Untied States Among those interested in teen contraception, there was a shift away from oral contraceptives towards condoms. Yet we know that condoms have a high failure rate in pregnancy prevention for teens. The overall effect of condom reliance was a decrease in contraceptive efficacy as oral contraceptives were used less. By 2001, a

NIH consensus panel concluded that for 8 STD's examined, the consistent condom use was highly effective in preventing spread of 1 and a half—HIV and gonorrhea in males. For other STD's the published data was muddy, and for HPV, the cause of cervical cancer, it was difficult to argue the condom provided any meaningful protection. We have become much less sanguine about the benefits of condoms for teens.

In 1991, teen pregnancy rates peaked and then had begun a decline by 1995. In 1999, Physicians Consortium published an analysis showing that the decline was due to decreased sexual activity among teens. Alan Guttmacher Institute published a rejoinder to this, saying that it was increased use of implantable/injectable contraception and condom use which was related to the decreased pregnancy rate and that this plus increased condom use accounted for 75% of the decrease in pregnancy rates. Neither of these papers was externally peer reviewed. The Guttmacher rejoinder ignored the decrease in oral contraceptive use and the decreased contraceptive efficacy of the condom, the predominant form of contraception being used by teens. Available data show that at most, about 7% of sexually active teens were using injectables or implantables by 1995, which would not impact enough to explain the fall in pregnancy when one looks at the decline in oral contraceptive use and the increase condom use.

This month, Mohn , Tingle, and Finger published an externally peer reviewed article in Adolescent and Family Health [2003, 3(1): 39-47], concluding that between 1991 and 1995 the increase in the proportion of teen girls who did not have sex the previous year accounted for 51.3% of the decline in overall birth rate to 15-19 yr old girls while the decrease in birthrate to those teens who were married contributed 43 percent of the decline in the overall birthrate to 15-19 yr old girls. A decrease in the proportion of teen girls who were married contributed 57.4% of the decline in overall birthrate. Birthrate to sexually active single girls actually increased, contributing a negative 47.3 percent to the change in birthrate to all teen girls between 1991 and 1995. Two thirds of the decrease in teen pregnancy rates of single girls was attributable to abstinence

In other words, given proper encouragement, teens can refrain from having sex. Between 1991 and 2001, the number of high school students in Wisconsin who had sexual intercourse fell from 47 to 39%. With 41,000 teens, this 8% decline meant 3,280 teens removed from the risk pool for pregnancy or STD's.

ARGUMENTS FOR PARENTAL CONSENT

I think that parental consent for contraceptive services is needed for the following reasons:

- Parental notification and consent will stimulate parents to engage teens about the advisability of not being sexually active. It would provide an opportunity for health care workers to work with parents in encouraging teens not to be sexually active. It would assure that more complete information about the limitations of all contraceptive approaches would be provided to teens and their families.

- Parental advice regarding teen sexual activity remains a potent means of shaping their behavior. The HARMS study of 1997 (Resnick et al., JAMA 1997;278:823) studied factors predicting presence or absence of sexual activity in 12,118 adolescents. Factors were corrected for race and socioeconomic status. It found that parent-family connectedness, parental disapproval of adolescent sex, and parental disapproval of adolescent contraception were highly correlated with postponement of sexual activity. This fits with what we know about prevention of alcohol, drug, and tobacco abuse by teens. Ellen et al. (Sexually Transmitted Diseases 2001; 28: 533-534) found delay in onset of intercourse for girls from families with reported "moral-religious emphasis" and with more "direct parental monitoring."
- Other evidence points towards parental involvement in influencing sexual behavior among teens. Abortion rates in states with parental consent laws are a surrogate for this. Abortion rates in states with consent laws declined an average of 55% between 1990 and 1999, rates for notice law states declined 31%, and 18% in no law states.
- Nearly 40 years into the twin outcome epidemics of pregnancy and STD's in teens one can still assert that the biggest impact on diminishing pregnancy rates in unwed teens has been through abstinence.
- There is no good evidence that school based clinics produce meaningful changes in percentages of teens engaging in sex or in truly consistent condom use. One can cite studies by Kirby of St Paul, MN schools from 1971-1986 (Fam Plan Perspect 1992; 25:12-16), and of Philadelphia schools in late 1980's (Furstenberg et al. Fam Plan Perspect 1997; 29:123).
- Paton recently reported a British study in Journal of Health Economics (2002;21:27-45) indicating that when a cohort of teens with universal access to family planning was compared with a cohort where access was restricted, there was no evidence that provision of family planning reduces either underage conception or abortion rates.
- Averett et al. (American Journal of Public Health 2002; 92:1773-1778) reported that girls in areas with greater family planning services were more likely to use contraception to some extent, but neighborhood environment was a stronger influence over sexual behavior than any government policy they studied.
- Resnick recently reported (March 2003) that 71% of parents surveyed over 1,000 parents in Minnesota and Wisconsin believed a mandatory parental notification policy, including a 5-day delay for access to contraception was reasonable. 2/3rds were unaware teens can give consent for STD treatment or contraception without parental involvement. Parents commented they thought changing laws would have positive consequences—namely teens would decide not to have sex.

ARGUMENTS AGAINST PARENTAL CONSENT

I would like to reply to some of the most commonly made arguments against parental consent for contraception:

- Surveys of teens are cited where teens state they would be less likely to seek this care if parental notification occurred. A basic assumption here is that teens would be sexually active anyway and they are being denied contraception. This argument is a hard sell, given the availability of condoms for sale in pharmacies and grocery stores. Those citing such surveys ignore other survey results regarding teen intentions. For example Schuster et al. (*Fam Planning Perspectives* 1998; 30:67-72) found teens agreeing at a level of nearly 4 (on a 5 point scale) that "having condoms with you makes it more likely that you will decide to have vaginal intercourse." The teens also agreed substantially with the statement, "people my age should not be having vaginal intercourse."
- It is argued that access to family planning will allow girls to get access to injectables or implantables, thus assuring effective contraception. But this argument ignores important facts. First, use of these drugs will virtually guarantee very low condom use, so that any protection offered here against STD's, and HIV in particular will be lost. Second, there may be long term consequences from use of these hormonal agents. For example, depo-medroxyprogesterone produced bone density loss in adolescents, which required nearly 30 months to return to normal. A recent review of 28 studies involving 12,500 women in *Lancet* (2003;361:1159-1167) showed that use of oral contraceptives increased risk for cervical cancer developing after HPV infection and the risk increased with the total duration of use.
- It is argued that esteemed professional organizations are against consent. For example, the Society of Adolescent Medicine says that "contraceptive education, counseling, and services should be made available to all male and female adolescents desiring such care on the adolescents' own consent without legal or financial barriers. Parental involvement should be encouraged, but this should not be required through either consent or notification." The American Academy of Family Physicians has made a similar statement, but says "every reasonable effort to encourage the adolescent to involve parents" should be made. It is worth pointing out that members of these organizations are to be paid by some vendor for providing services. Also, a requirement to discuss parental notification with a teen, even obtaining a denial of consent to release information to parents takes time from the practitioner's schedule. Finally, one has to ask just how "parental involvement" is to be encouraged if there is no real mandate to move towards parental involvement.



Joe Leibham

STATE SENATOR

October 14, 2003

Testimony on Senate Bill 186/Assembly Bill 383

Joint Hearing - Senate Committee on Health, Children, Families, Aging and Long Term Care
Assembly Committee on Family Law

Chairman Roessler, Chairman Owens and Committee Members,

I appreciate the opportunity to provide testimony on Senate Bill 186 (SB 186) and Assembly Bill 383 (AB 383), thoughtful legislation aimed at making common sense changes to the Wisconsin Medical Assistance Family Planning Demonstration Project (Family Planning Waiver Program). Your attention to this important issue is appreciated and respected.

The Family Planning Waiver Program is a taxpayer-supported program intended to provide family planning services to low-income, unmarried women. The Program was authorized in 1997 Wisconsin Act 100, the biennial state budget, and required the state to seek a waiver to the Medicaid program to expand family planning services to low-income, unmarried women ages 15 to 44, whose income does not exceed 185% of the federal poverty level. Participants who qualify receive family planning services including the provision of contraceptives. The Wisconsin Department of Health and Family Services (DHFS) has been running the Program through the development of an emergency rule package that has been in effect since January 31, 2003.

The Joint Committee for Review of Administrative Rules (JCRAR) conducted a hearing on the rule package in April of 2003 due to concerns with the Program. Members of JCRAR are concerned with the fact that underage participants in the Program would not need parental consent before receiving services. The majority of the committee believes that all health services for children and teenagers should involve the guidance and involvement of parents, especially when they involve issues of sexual activity, birth control and pregnancy.

Another area of concern was the income eligibility requirements for the Program. Underage females who participate in the Program are presumed eligible to receive services regardless of their parent's income, even if her parent's income greatly exceeds the minimum 185% of the federal poverty level. Under federal Medicaid rules, privacy rules prohibit the disclosure of parental income between the underage participant and the service provider thus allowing the dispensing of services without knowing the family income status of the individual participant.

Members of JCRAR were further compelled by testimony presented at the hearing which produced information from various studies showing that ready access to birth control increases the instance of sexual activity among teenagers, and the increase of sexually transmitted disease, unintended pregnancy and abortion.

Following several hours of testimony from organizations and citizens on both sides of the issue, JCRAR voted to suspend the rule and the program with the goal of addressing the issues of concern. DHFS has since indicated that they will continue to implement the policy as described in Wisconsin State Statutes.

SB 186 and AB 383 seek to amend and clarify state statutes that regulate the Program. Specifically the legislation changes the minimum age requirement, from 15 to 18 years, for eligibility for the

State Capitol: P.O. Box 7882 • Madison, WI 53707-7882

(608) 266-2056 • Toll-Free: (888) 295-8750 • Fax: (608) 267-6796 • E-Mail: Sen.Leibham@legis.state.wi.us

9th District: 3618 River Ridge Drive • Sheboygan, WI 53083 • Phone: (920) 457-7367

Medical Assistance Program demonstration project to provide family planning services to women whose family incomes do not exceed 185% of the federal poverty line for families the size of the women's families.

The legislation would address the concerns raised by members of JCRAR. First, by raising the required age to 18 years old, a program participant would be legally defined as an adult, thus removing the concern with the lack of parental notification. Second, a participant who is 18 years old or over would be required under Medicaid rules to reveal their income level so that the information could be used as a determinant for eligibility.

It is worthy to note that four other states who currently administer similar programs, have set their eligibility level at 19 years of age and continue to receive federal funding for their programs.

SB 186/AB 383 would not affect services provided to any eligible female over the age of 18. The goal of the legislation is not to hamper a woman's ability to receive needed family planning services, but to encourage parental involvement and notification and direct these valuable program dollars to those they are intended to support.

Thank you again for providing a public hearing for discussion on SB 186 and AB 383 as well as the Family Planning Waiver Program. Your interest in the issues of health, parental involvement and the appropriate use of taxpayer dollars is greatly appreciated!

Eagle Forum of Wisconsin
5229 NORTH 107th STREET
MILWAUKEE, WISCONSIN 53225-3123
Joan Tatarsky, Chairman
Telephone: (414) 466-5431

Senator Roessler and Members of the Committee: October 14, 2003

Eagle Forum of Wisconsin strongly supports **AB 383 and SB 186**, removing minor children from the Medicaid Family Planning Demonstration Project.

Minor children are under the authority of their parents and should NOT be given medication or medical treatment of any kind without the knowledge and consent of those parents. This program usurps the rights of the parents so minor children must not be included.

The Family Planning Program encourages early and promiscuous sex which may result in pregnancies and sexually transmitted diseases. Youngsters may not use birth control pills properly and are not sufficiently aware of the dangers of STD's.

The American public has been groomed to panic at one case of SARS, but overlooks the growing crisis of STD's, many which cannot be cured. Thank you for this hearing and we hope to see this legislation voted on and passed very soon.

Sincerely
Joan Tatarsky, President
Eagle Forum of Wisconsin

To Whom It May Concern:

Please accept this letter of opposition for AB383/SB186. As a nurse practitioner who works with at-risk youth, I believe this proposed legislation threatens the future well being of my patients.

Though I counsel my patients to delay or avoid sexual activity, the reality is that approximately seventy percent of the youth I engage with are sexually active by the time they are 17 years old. The consequences of teen sex are significant. They range from sexually transmitted diseases, sexual/emotional abuse and pregnancy. In fact Milwaukee has the second highest teen pregnancy rate in the country and furthermore one of the highest rates of chlamydia among youth, which is the leading cause of infertility among young adult women. Reproductive health care services includes, but is not limited to hormonal contraception. However access to contraception is essential for all sexually active adolescent females in preventing unintended pregnancies. Such pregnancies significantly threatens the future physical, emotional and financial well being of these young women as the untoward outcomes of teen pregnancy is well documented. For instance, teen mothers are less likely to graduate high school, more likely to be involved in unhealthy relationships and experiences consecutive unintended pregnancies. Furthermore, children of adolescent parents are more likely to live in poverty and to suffer abuse. Not only is hormonal contraception proven to be safe, but is also effective in reducing unintended pregnancies that often result in abortion. In fact, the risks of thromboembolytic events (stroke, blood clots etc) is significantly more likely to occur during pregnancy than by users of the oral contraceptive pill.

Additionally, in my professional opinion teens who have access to regular, comprehensive reproductive health care make better choices and suffer less consequences than those who do not have access to such services. The Family Planning Waiver for 15-17 year olds allows teens to receive preventative and acute reproductive health services by the same provider. As with regular health care, we know that this continuity of care translates into improves outcomes for our patients. From a developmental standpoint, teens require time to establish a trusting relationship where they can engage in learning and feel free to ask questions. It is only when teens experience a sense of trust that they will have the readiness to learn the preventative messages being taught to them, thus the Family Planning Waiver provides an important avenue for the access to continuity of reproductive health care.

Thank you for your time and consideration.

Sincerely,

Melissa Vukovich, RN, MSN
Family Nurse Practitioner

2215 S 106 Street
West Allis, WI 53227

Dear Sir

I would appreciate anything you can do to help Oppose Assembly Bill AB383 and Senate Bill SB 186 . As the father of two daughters, I am concerned that their reproductive rights could be jeopardized by these Bills. Young women, adolescents in particular need to have access to confidential and comprehensive reproductive health care. I believe our focus in this area should be averting unwanted pregnancies that result in unnecessary abortions or children being raised by adolescents who are developmentally unprepared to be parents.

Fred Radmer Sr.
707 South 121st St.
West Allis, WI

From: Mrs. Julie A. Grimstad
3008 Della Street
Stevens Point, WI 54481
Date: October 14, 2003
To: Senate Health, Children, Families, Aging and Long-Term Care Committee
Subject: Testimony in favor of SB 186

Dear Chairperson Roessler and Committee members:

Please support Senate Bill 186. It will eliminate the access of minors to the *Medicaid Family Planning Demonstration Project*, thereby protecting the health and welfare of minor girls as well as acknowledging parental responsibilities and rights. A minor may not be given an aspirin without parental consent. However, under the *Family Planning Demonstration Project*, minor girls will be given potent artificial steroid drugs (contraceptives) without parental knowledge or consent. This is simply wrong!

There are numerous "side effects" that a person may experience when using contraceptive drugs, some are health or life threatening. Even the less serious, more common "side effects" affect a teenage girl's quality of life. Among these are depression, moodiness, headaches, dizziness, nausea and weight change. Parents have a need to know what medications their children are taking, as well as their possible adverse effects. They also must have the right to refuse to allow their child to receive contraceptive drugs and devices. After all, who is more concerned for a minor's welfare than her parents?

When a minor receives "free" (paid for with our tax dollars) confidential contraceptive care, who will pay for the medical treatment needed when complications occur? According to Peg Algar, Medical Policy Analyst for the Wisconsin Department of Health and Family Services (at a DHFS hearing on the Demonstration Project's amendments and rules, Stevens Point, 4-25-03), the parents' insurance will pay. Neither the parents nor their insurance company approve or pay for the drugs that do the harm, yet they will be responsible for repairing the damage. This is unjust. It also invites lawsuits. Can the State of Wisconsin afford such litigation?

The expressed "hope" of the DHFS is that the Demonstration Project will "reduce the number of unwanted pregnancies in Wisconsin." This is a manifestly false hope. Since the advent of the "birth control pill" in 1960, the illegitimacy rate has increased from 4% to 35%. Planned Parenthood has spent a vast sum of our money (from Title X and Medicaid), with only an increase in the number of "unwanted" pregnancies to show for it. It's time to try something different if we really care about the teenage girls in our state.

Thank you for considering my testimony.

Sincerely,
Mrs. Julie A. Grimstad

From: Mrs. Julie A. Grimstad
3008 Della Street
Stevens Point, WI 54481
Date: October 14, 2003
To: Assembly Law Committee
Subject: Testimony in favor of AB 383

Dear Chairperson Owens and Committee members:

Please support Assembly Bill 383. It will eliminate the access of minors to the *Medicaid Family Planning Demonstration Project*, thereby protecting the health and welfare of minor girls as well as acknowledging parental responsibilities and rights. A minor may not be given an aspirin without parental consent. However, under the *Family Planning Demonstration Project*, minor girls will be given potent artificial steroid drugs (contraceptives) without parental knowledge or consent. This is simply wrong!

There are numerous "side effects" that a person may experience when using contraceptive drugs, some are health or life threatening. Even the less serious, more common "side effects" affect a teenage girl's quality of life. Among these are depression, moodiness, headaches, dizziness, nausea and weight change. Parents have a need to know what medications their children are taking, as well as their possible adverse effects. They also must have the right to refuse to allow their child to receive contraceptive drugs and devices. After all, who is more concerned for a minor's welfare than her parents?

When a minor receives "free" (paid for with our tax dollars) confidential contraceptive care, who will pay for the medical treatment needed when complications occur? According to Peg Algar, Medical Policy Analyst for the Wisconsin Department of Health and Family Services (at a DHFS hearing on the Demonstration Project's amendments and rules, Stevens Point, 4-25-03), the parents' insurance will pay. Neither the parents nor their insurance company approve or pay for the drugs that do the harm, yet they will be responsible for repairing the damage. This is unjust. It also invites lawsuits. Can the State of Wisconsin afford such litigation?

The expressed "hope" of the DHFS is that the Demonstration Project will "reduce the number of unwanted pregnancies in Wisconsin." This is a manifestly false hope. Since the advent of the "birth control pill" in 1960, the illegitimacy rate has increased from 4% to 35%. Planned Parenthood has spent a vast sum of our money (from Title X and Medicaid), with only an increase in the number of "unwanted" pregnancies to show for it. It's time to try something different if we really care about the teenage girls in our state.

Thank you for considering my testimony.

Sincerely,
Mrs. Julie A. Grimstad



INFORMATION SHEET

PO Box 2075 • Madison, WI 53701-2075
888/378-7395 • 608/256-3228 • fax: 608/256-3370 • www.fri-wi.org • e-mail: fri@fri-wi.org

**Testimony of Julaine K. Appling, Executive Director
The Family Research Institute of Wisconsin
Joint Public Hearing on Senate Bill 186 and Assembly Bill 383
Senate Committee on Health, Children, Families, Aging and Long-term Care
Assembly Committee on Family Law
Tuesday, October 14, 2003**

My name is Julaine Appling. I am the executive director of The Family Research Institute of Wisconsin. Thank you, Chairman Roessler and Chairman Owens, for this opportunity to provide testimony before the committee on Senate Bill 186 and Assembly Bill 383.

The Family Research Institute of Wisconsin is in full support of Senate Bill 186 and Assembly Bill 383. These bills are about protecting our children and allowing parents to be parents. The Medicaid Family Planning Demonstration Project, as originally proposed, is simply bad public policy. Allowing low-income minor girls between the ages of 15 and 17, to receive at tax-payer expense so-called reproductive health care services, including contraceptive drugs and devices, without parental or guardian notification, let alone consent, is dangerous and wrong. SB 186 and AB 383 seek to right at least part of the wrong.

If there is any area where minors—and their parents or guardians—need protection, it's in the area of reproductive health-care, or so-called “family planning.” Fifteen, sixteen and seventeen year-old girls do not need additional opportunities to be solicited for these services that have been shown to result in more sexual activity, increased incidences of sexually transmitted diseases, and other serious health problems. Nor does Planned Parenthood of Wisconsin, Wisconsin's primary provider of “family-planning” services, need any more public money or government sanction in its efforts to snare young women while keeping their parents in the dark.

The Family Research Institute of Wisconsin is in opposition to the Medicaid Family Planning Demonstration Project. Unfortunately, the political climate will not allow for the scrapping of the entire project. We are, however, grateful for the work and leadership of Senator Leibham and Representative Grothman as they and other legislators attempt to restore some common sense to the program by introducing these bills that raise the minimum qualifying age from 15 to 18.

Senate Bill 186 and Assembly Bill 383 are more than reasonable—they are right. I urge committee members to vote in support of these bills.

Thank you.

Testimony of Judith Metzger, M.S.
22 Dorfmeister Ct., Madison, WI 53714
In Favor of AB383 and SB186
October 14, 2003

I am testifying today as a former therapist and case manager for female adolescents, primarily victims of sexual abuse.

During my work as a therapist at a residential treatment center I saw first-hand the destruction that sexual activity played on young women's lives. About 75% of the young women I worked with had been sexually abused. In many of these cases the abuse triggered their pursuit of sex as a means to fulfill their needs for affection and acceptance. Many of the clients at our treatment center had had multiple sexual partners by the time they received our help.

Through proper medical treatment, the clients at our center who had been sexually active did receive birth control. But this was not the answer to their problems. In fact, in some ways it was implicit encouragement to continue having casual sex after they were released from treatment. And more casual sex was precisely what my clients did not need. Sexual encounter after sexual encounter created layer after layer of hurt, anger, and detachment from other people and from their own feelings, not to mention from their sexual partners.

One of the young women I worked with had had 25 sexual partners by the age of 16. She was bright, intelligent, and sensitive. To urge a young woman such as this to be sure to be "safe" and be sure she is "protected" when she pursues frequent sexual encounters in my view belittles her dignity and beauty as a human being. Providing money to fund birth control for minors is an easy way out, and in my view, places a band-aid on a gangrenous wound. That our government chooses to allow our children to make "choices" about sex and birth control with no parental input is patronizing to say the least. To take the perspective that young people "are going to have sex anyway" is in my opinion a flippant and amazing disregard and disrespect of the intelligence and abilities of the young women throughout our nation.

Every single young woman I worked with was acutely vulnerable and needed to develop a sense of self—a healthy view of her sexuality and herself as a person. She needed to know she had worth. She needed to know that she had dignity, and that she could still grow into a healthy adult. But the task of building upon the precarious foundation of a broken childhood—of bolstering pride and poise, of increasing knowledge of how multiple sexual partners at such a young age destroys spirits and lives and hearts—takes effort. It takes time, strength, and love on the part of parents, individuals, and institutions willing to help to restore shattered lives.

I ask that you vote in favor of AB383 and SB186.

Thank you.

Judith Metzger, M.S., 22 Dorfmeister Ct., Madison, Wisconsin 53714

Testimony presented to the Senate Committee on Health and the Assembly Committee on Family Law by Wendy Cooper

Joint Hearing on AB 383/SB 186
October 14, 2003

Members of the Committees, thank you for the opportunity to address you regarding AB 383/SB 186. I am speaking in opposition to the bills and in support of preserving the Wisconsin Family Planning Waiver program for all women including those ages 15-17.

I believe that the Wisconsin Legislature and Governor Tommy Thompson were acting in Wisconsin's best interest when they passed and signed into law the legislation that ultimately resulted in our receiving the Family Planning Waiver from the federal government. The fact that the Waiver would assist Wisconsin in reducing its teen pregnancy rate was important – certainly to Governor Thompson who recognized the benefit to our State that keeping young women from getting pregnant and having children at a very young age represents.

There is no credible evidence that removing teens age 15-17 from this program will lower the teen pregnancy rate. We may lose the opportunity to avoid a teen pregnancy by taking away access to family planning services for this age group. Regardless of our collective desire to see teens make the decision to postpone their sexual activity, public policy must be made within the current reality. And the reality is that teens are sexually active and they are getting pregnant in this state. In 2,000 there were 7,081 births to teens in Wisconsin. And Wisconsin taxpayers paid for 85% of those births.

We should be engaging every possible tool available to us to prevent teen pregnancy. Does this include encouraging abstinence? Absolutely. Should we depend on abstinence counseling to prevent teen pregnancy? No – because it is not enough.

I am very concerned about the lost opportunity to provide other important health services to young women in this age group if they are removed from the program. The danger of undetected Sexually Transmitted Infections to young woman's health both immediately and long term cannot be ignored by the Legislature. But if 15 to 17 year olds are removed we will lose the support of federal funds to detect and treat STI's. There are other important opportunities to do early detection and health education with young woman during these visits that should be considered as well. Young women need to know about the importance of cervical cancer screening during their teens and twenties. For some young woman a visit under the Family Planning Waiver might prove life saving because of the early detection of a cancer. There is also the opportunity to address smoking, obesity, and other health matters that will have a long term impact on the young woman.

Simply because a young woman is between 15 and 17 years of age does not mean that she will access the services available to her under the Waiver **without** parental consent.



WELS Lutherans for Life

Parents First! Coalition Member

WELS Lutherans for Life is a para-Synodical agency of the Wisconsin Ev. Lutheran Synod (WELS). The WELS has roughly 225,000 members in the state of Wisconsin alone and over 400,000 nationwide. WELS Lutherans for Life deals specifically with life and family issues and emphasizes the value of human life from its earliest beginnings to natural death.

As with all issues, we evaluate our decisions in the light of God's Word. The bills before you for consideration reinstate the rights of parents. We do not support the teachings of Planned Parenthood and the other family planning organizations. If anything, their work increases sexual promiscuity and teen pregnancies. We are given a great responsibility to care for those citizens in our care. At the same time, we hold great responsibility in providing that care.

These bills (AB 383 and SB 186) deserve your strong support because they truly protect the family. The millions of taxpayer dollars currently provided by the Family Planning Demonstration Project keep teens and parents apart. The promotion of family planning and contraception for children is contrary to the Bible's teachings and our role as leaders.

Therefore, I encourage you, on behalf of our organization, to vote in favor of these bills and encourage passage in both houses of the Legislature.

Thank you for your consideration.

Paul Snamiska
WELS Lutherans for Life Administrator

Paul W. Snamiska
WELS Lutherans for Life Administrator
2949 N. Mayfair Rd., Suite 309
Milwaukee, WI 53222-4304
www.ChristianLifeResources.com
pauls@clr.wels.net