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_pt12*

- *Miscellaneous … Misc*
- **

- *Record of Comm. Proceedings … RCP*
- **

WISCONSIN COUNTIES ASSOCIATION

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MEMORANDUM

TO: Honorable Members of the Senate Committee on Health, Children, Families, Aging and Long-Term Care

Honorable Members of the Assembly Committee on Family Law

FROM: Sarah Diedrick-Kasdorf, Senior Legislative Associate

DATE: October 14, 2003

SUBJECT: Opposition to Senate Bill 186 and Assembly Bill 383

At the 2003 Wisconsin Counties Association Annual Convention, a resolution was adopted directing the Association to support the continuation of the Family Planning Demonstration Project as a health care resource for the residents of Wisconsin. Attached please find a copy of the resolution.

As such, the Wisconsin Counties Association is opposed to Senate Bill 186 and Assembly Bill 383.

If you have any questions regarding our position, please do not hesitate to contact me at the WCA office.

Wisconsin Counties Association

2003 Convention Resolution 9

Offered for consideration this 16th Day of September, 2003 by

Manitowoc County

Relating to

Support of Family Planning Demonstration Project

WHEREAS, the Wisconsin state legislature approved the Family Planning Demonstration Project in 1997; and

WHEREAS, the Department of Health and Family Services applied for and received a waiver to implement the Family Planning Demonstration Project and promulgated emergency rules to implement the program starting January 1, 2003; and

WHEREAS, the purpose of the project is to provide low income women age 15-44 with access to primary, preventive health care; prevent unwanted pregnancies; identify and treat cervical cancers; and treat sexually transmitted infections; and

WHEREAS, the project provides an estimated $7.6 million in federal aid to the Wisconsin Medicaid Program and will save the state $17 million in general purpose revenue dollars and $8.9 million in Medicaid costs over the next 5 years by preventing unwanted pregnancy; and

WHEREAS, the Joint Committee on Administrative Rules voted to suspend the emergency rules and the project; and

WHEREAS, this decision limits access to needed health care for low income women.

NOW, THEREFORE, BE IT RESOLVED that the Wisconsin Counties Association, in convention assembled, does hereby support continuation of the Family Planning Demonstration Project as a health care resource for the residents of Wisconsin.

RESOLUTIONS COMMITTEE ACTION: Motion by MARKWARDT, second by TRAMBURG, to refer to the Board of Directors. Motion carried.

2003 Convention Resolution 9

RESOLUTIONS COMMITTEE RECOMMENDATION: Refer to the Board of Directors.

2003 CONVENTION ACTION: Motion by ST. CROIX, second by CALUMET, to refer to the Board of Directors. Motion failed (34-34). Motion by ST. CROIX, second by DUNN, to adopt. Motion carried.

Caption:

Support continuation of the Family Planning Demonstration Project as a health care resource for the residents of Wisconsin.

HEALTH AND HUMAN SERVICES

Condom Effectiveness
Summary of the 2001 NIH Report

STD	Incidence (est. no. of new cases yearly)	Prevalence (est. no. of people infected)	Condom Effectiveness
HIV/AIDS	63,900**	900,000**	85% risk reduction
Gonorrhea	650,000****	359,000****	Women: no clinical proof of effectiveness Men: risk reduction shown*
Chlamydia	3 million***	2 million***	No clinical proof of effectiveness*
Trichomoniasis	5 million***	Not available	No clinical proof of effectiveness*
Chancroid	1,000***	Not available	No clinical proof of effectiveness*
Syphilis	70,000***	6,000****	No clinical proof of effectiveness*
Genital herpes	1 million***	45 million***	No clinical proof of effectiveness*
Human papillomavirus	5.5 million***	20 million***	No clinical proof of effectivness*

* "Workshop Summary: Scientific Evidence on Condom Effectiveness for Sexually Transmitted disease (STD) Prevention," June 12-13, 2000, Hyatt Dulles Airport, Herndon, Virginia. Summary report was prepared by the National Institute of Allergy and Infectious Diseases, National Institutes of Health, Department of Health and Human Services, July 20, 2001. (http://www.niaid.nih.gov/dmid/stds/condomreport.pdf)

** "HIV/AIDS Surveillance Report, U.S. HIV and AIDS cases reported through December 2000," Department of Health and Human Services/Centers for Disease Control, Vol. 12, No. 2.

*** "Sexually Transmitted Diseases in America: How Many and at What Cost?" Prepared for the Kaiser Family Foundation by: American Social Health Association, December 1998. (http://www.kff.org/content/archive/1445/std_rep.html)

**** "Sexually Transmitted Disease Surveillance, 2000," Centers for Disease Control and Prevention, Atlanta, GA, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, September 2001 (actual numbers rounded to nearest hundredth). (http://www.cdc.gov/std/stats/TOC2000.htm)

Dear Committee Member:

We are here today to testify against SB 186, the bill to repeal the Family Planning Waiver. I have pondered what to say to committees with so much power to change so many lives. As our legislators you have to be responsible and accountable for the decisions you make.

Wisconsin has a billion dollar deficit. The economy is still down. Unemployment remains high. Nationally, the number of people without health insurance due to the loss of jobs or employer sponsored health care coverage has risen to 43.6 million. Wisconsin needs this federally funded health plan. It would be fiscally irresponsible to repeal this program. It would be socially reprehensible to rob thousands of women access to basic preventative and diagnostic women's health services. Eighty-five percent of (85%) of waiver program participants are adult women. Eliminating the other fifteen percent (15%), the 15-17 year olds would put the entire program in noncompliance with federal requirements for all the women it serves.

So the hoop-la is all about the teens…again. The fastest track to poverty is adolescent pregnancy. More than seventy (70%) of adolescent mothers live in poverty. Less than one-third of adolescent mothers complete high school. Children of adolescent mothers are more likely to be runaways or be incarcerated. They are also more likely to become adolescent parents themselves. I live and work in Rock County. More than thirteen percent (13%) of 2001 births were to teenage mothers, with 3 percent to mothers 16 or younger.

I am a nurse practitioner, and I work in a family planning clinic. We call it family planning because that's the grant money that supports a portion of what we do. Currently seventy percent (70%) of our patients are non-paying. Family planning does not begin to encompass the broad range of services and general health management we provide as the primary health provider for most of our women. We provide a safe, non-threatening and confidential environment for our patients. Adults and teens are not threatened here. They are provided accurate information to make informed decisions. Contrary to what some people believe, with good counseling, many teens decide not to have sex. We provide that counseling. We follow the ABC's here: Abstinence until marriage as the best choice. Be faithful (monogamous) if you are in a sexual relationship, and Condoms if you choose to have sex in situations other than these. Family planning programs do not encourage teens to have sex. They provide routine health care and reproductive health is a part of that. If a woman experiences an unintended pregnancy we are obligated (mandated) to make sure she is aware of all of her options. This is no different than making a woman aware of all her options for treating a yeast infection. She needs information to make the best decision for herself.

One of the services provided in our clinic is colposcopy, which is a diagnostic procedure done in follow-up when a woman has an abnormal pap smear. The Family Planning Waiver reimburses some of the cost of this procedure and the pathology expenses related to it. It was a program at risk for being eliminated because of the high costs associated

with it. Since I began doing colposcopy January 21, 2000, I have served four hundred fifty (450) women. Forty (40) of them are age 15 to 17. That is about nine percent (9%) of the total. Pre-cancers and conditions that can lead to cancer are diagnosed with this procedure. Undiagnosed and untreated, a woman could die of cervical cancer in ten years. No woman should die of cervical cancer. All of these women with early diagnoses received appropriate treatment and are cured. We potentially saved the lives of forty adolescents because they came to our clinic. You can't put a price on that.

Respectfully submitted,

Donna Hays RNC WHNP
Certified colposcopist
Director, First Choice Women's Health Center
Janesville, WI

Glenn Grothman
STATE REPRESENTATIVE
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Home:
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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 prefect 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.

[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.]

CR quest to Mark Maday:
Does this amend. address the threat of a loss of $90.0 million (FMAP)y ?

This would not be a concern – yes the amend. addresses.

Wisconsin Medical Society

Your Doctor. Your Health.

TO: Members, Sen. Health, Children, Families, Aging & Long Term Care Committee
Members, Assembly Family Law Committee

FROM: Paul Wertsch, M.D.
President, Wisconsin Medical Society

DATE: October 14, 2003

RE: Oppose SB 186/AB 383

Thank you Chairperson Roessler and Chairperson Owens for the opportunity to speak on Senate Bill 186 and its companion, Assembly Bill 383. I am Doctor Paul Wertsch, a family practice physician in Madison at the Wildwood Clinic. I am also here today as President of the Wisconsin Medical Society representing more than 10,000 physicians across the state who are committed to advancing the health of Wisconsin citizens.

The Society opposes SB 186 and AB 383 due to the proposed increase in the minimum eligible age for family planning services from 15 to 18. We see two potential problems with this change: First, Wisconsin would seriously jeopardize its ability to provide lifesaving preventive health care services to women and minors. Second, it puts in jeopardy nearly $8 million per year of precious state Medicaid dollars.

Both the American Medical Association (AMA) and the Society have policy strongly supporting the provision of confidential family planning related services to minors. When a minor requests contraceptive services, pregnancy related care or treatment for sexually transmitted disease, involving a parent is not necessarily a productive step regarding a patient's health. Parents certainly should be involved with their children, but not every minor child has a parent who is positively engaged in her life. As physicians, we always encourage our minor patients to involve their parents in critical health care decisions.

Our ultimate role as physicians is to protect our patients and do what is best for them. The proposals before you today hamper physicians' ability to fulfill this role.

If a request to amend the waiver is denied and the waiver itself is terminated, Wisconsin women will suffer a significant loss of access to preventive services health care. The waiver program pays for basic health care for low-income women, including cancer screens, detection and treatment for sexually transmitted infections and providing access to birth control. Since January 2003, approximately 47,000 women and girls receive family planning services under the waiver. The federal government pays 90 percent of all costs of the program.

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Jeopardizing access to these services through an unsuccessful waiver application could have serious ramifications to the state's teen pregnancy rate and related costs. In 2000, there were 7,081 teen births in Wisconsin. Medicaid paid for 5,995, or 85 percent, of those birthing costs. Teen pregnancy is not only costly, but results in higher incidences in child abuse and neglect. Reducing access to preventive services will only exacerbate this number for predominately poor teenage girls.

The most recent studies on teen pregnancy (by the National Campaign to Prevent Teen Pregnancy) indicate that access to birth control is a key component to *preventing* teen pregnancy. There is no scientific evidence that providing teens with information and access to birth control encourages teens to engage in sexual activities.

The Society has had long-standing policy that supports preventive sexually transmitted disease testing for maternal health and the prevention of HIV. The ultimate health of that minor may be negatively affected without the opportunity to prevent, and we stress prevent, unwanted health issues. Both the AMA and the Society oppose regulations that require parental notification when prescription contraceptives are provided to minors through federally funded programs. This would create a breach in the physician-patient relationship.

Former Governor and current U.S. Department of Health and Family Services Secretary Tommy Thompson supported this program in part because he realized that reducing teen pregnancy has an economic effect not just on the state, but also on the young mother herself. As Secretary Thompson has said, "A pregnant teenager has a one-way ticket to poverty." We agree.

At a time when it is increasingly more difficult for low income women to afford medical care and our state's budget is in crisis, it calls into question whether now is the time to jeopardize the $7.6 million in federal funds currently coming to Wisconsin though this waiver.

If the waiver is eliminated, health care access will decrease and health care costs will increase, as taxpayers will absorb the costs generated by this population.

We urge the Committee to support the privacy of the physician-patient relationship, which may in some instances require contraceptives to be provided to a minor without parental consent.

Thank you again for this opportunity to testify.

For more information contact Alice O'Connor at aliceo@wismed.org or 442-3800.

League of Women Voters of Wisconsin, Inc.

122 State Street, Madison, Wisconsin 53703-2500
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October 14, 2003

Testimony in Opposition to AB 383/SB 186 Relating to: a Medical Assistance family planning demonstration project minimum age eligibility limitation change.

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

League Opposition

The League of Women Voters of Wisconsin supports the Wisconsin Medicaid Family Planning Waiver; therefore do not support AB383/SB186, bills excluding 15-17 year-olds from the Waiver. **We ask you to keep the current law, which provides family planning services to poor women and teenage girls.** Please also consider the following:

- Confidentiality for reproductive health services is built into Medicaid rule.
- A 15-17 year-old on her family's Medicaid has access to confidential reproductive health services.
- A pregnant 15-17 year-old receiving Medicaid benefits has access to confidential reproductive health services.
- Wis. Stat. 252.11 (1m) expressly provides for confidential examination, diagnosis and treatment of minors without parental consent for sexually transmitted diseases; unauthorized release of such records can be subject to a fine up to $500 and imprisonment up to 30 days.
- Wis.Stat.253.07 (c) provides for confidentiality of family planning information (not just records). Family planning services include pregnancy testing. No distinction is made for minors.
- UW Madison research conducted by Diane M. Reddy, PhD and Raymond Fleming, PhD reported in the Journal of the American Medical Association Jan-May 1999 entitled "Is Parental Notification an Impediment to Adolescent Girl's Use of Sexual Health Care Services?" *Abstract: The assertion that parental notification for prescribed contraceptives would restrict access to sexual health care services in female minors hindering their ability to prevent pregnancies was tested by surveying a statewide sample of 950 sexually active adolescent girls. The majority of teens (60%) indicated that they would either stop using sexual health care services, delay seeking tests or treatment, or discontinue their use of some services. Because parental notification would impede the use of sexual health care services in so many adolescent girls, the prediction that severe repercussions would result is supported.* **Bottom line - no confidentiality means the majority of teens will not seek care.**

Although we do not want our teens to become sexually active, we know they are. They are bombarded with messages inviting them to be sexual. The majority of parents do not provide adequate sexuality education to prepare their children to cope with their sexuality. Teens are uncomfortable talking to their parents about their sexual behavior. We regularly read in the paper about infant deaths because the teen parent could not let anyone know she was pregnant. We want our teens safe from unintended pregnancy and sexually transmitted infections. That means confidential access to sexual health care. Please keep the Family Planning Waiver in place.

Statement of Mary-Louise Kurey, Miss Wisconsin 1999
National Speaker and Author

Testimony Before the Senate Committee on Health, Children, Families, Aging and Long-Term Care and the Assembly Committee on Family Law

Joint Hearing on SB 186 and AB 383, relating to a Medical Assistance family planning demonstration project minimum age eligibility limitation change

October 14, 2003

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Statement of Mary-Louise Kurey, Miss Wisconsin 1999

National Speaker and Author

Testimony Before the Senate Committee on Health, Children, Families, Aging and Long-Term Care and the Assembly Committee on Family Law

Joint Hearing on SB 186 and AB 383, relating to a Medical Assistance family planning demonstration project minimum age eligibility limitation change

Chairperson Roessler, Chairperson Owens, Members of the Senate Committee on Health, Children, Families, Aging and Long-Term Care, and Members of the Assembly Committee on Family Law:

Thank you for the opportunity to testify before you today on increasing the minimum age eligibility requirement for girls and women from age 15 to age 18 for the provision of free birth control without parental consent under the Medicaid Family Planning Demonstration Project. It has been my privilege to speak with more than 150,000 teens and young adults across the country about postponing sexual activity until marriage and "making a new beginning" for those who have been sexually active. From African-American students in the Milwaukee public schools to Native-American teens in Pine Ridge, South Dakota; from Hmong adolescents in Wausau to Caucasian and Hispanic teens in Little Rock, Arkansas, I've been honored to address young people from a wide variety of socioeconomic, religious, and ethnic backgrounds, from diverse family and cultural experiences.

I have also spoken about this issue on many TV and radio programs, including "Politically Incorrect with Bill Maher," "Sally Jessy Raphael" and "Life on the Rock." My recently-published book for teens is *Standing With Courage: Confronting Tough Decisions about Sex.* Through my work with many abstinence organizations across the county, I've brought this message of hope and encouragement to youth in 30 states and the District of Columbia.

Every day, I battle on the front lines of the war against teen pregnancy, sexually transmitted diseases, the emotional and psychological trauma that stem from teen sexual activity, and the feelings of hopelessness and indifference that pervade the lives of so many of America's youth.

Poor Public Policy, Poor Health Care

Through my extensive experiences working with teens across Wisconsin and the nation, I've witnessed the great harm that is caused by providing birth control to teens,

particularly without the prior knowledge of a parent or guardian. I strongly support the proposed amendment of the Family Planning Demonstration Project to change the age of eligibility from 15 to 18 years old.

In particular, providing free birth control to young people without the consent of a parent or guardian is poor policy and poor health care for a number of reasons:

1) Scientific studies show that birth control provides insufficient protection against highly prevalent sexually transmitted diseases and unintended pregnancy;
2) Scientific studies indicate that teen sexual activity is a gateway to other high-risk behaviors, including the use of alcohol and other drugs and violence;
3) Studies show that most teens who have been sexually-active regret that choice, and teen girls who have had sex are far more likely to suffer from depression and attempt suicide than teen girls who are sexually abstinent;
4) Teen sexual activity is typically a symptom of greater emotional and psychological needs which should be addressed for the health and well-being of young people;
5) Providing free contraception to teens conveys a false and unhealthy message that teen sexual activity can come without consequences and is endorsed and promoted by the state;
6) Providing birth control to girls without the knowledge of their parents could actually perpetuate the victimization of girls in cases of statutory rape; and
7) This program robs parents and guardians of the right to discuss sexuality issues with their teen daughters before the girls obtain contraception from organizations who financially benefit from providing these products.

As you know, sexual abstinence is the only 100% effective way to prevent out-of-wedlock pregnancies, sexually transmitted diseases, and the other negative individual and societal consequences that arise from premarital sex. Adolescents who are emotionally as well as physically healthy are far more able to function as they mature and to benefit from employment opportunities at every level. Undoubtedly, they are also able to benefit far more from the education process at the secondary or college level.

Promoting abstinence until marriage instead of birth control will help make a real difference in the lives of individual Wisconsin teenagers today. Abstinence education provides critical information and encouragement that empowers teens to wait until marriage. Long-term, the continued adoption of abstinence until marriage will be a core element that benefits society by supporting and encouraging the formation and maintenance of healthy two-parent families.

The New Sexual Revolution

In spite of the sex-saturated culture we live in today, studies show most teens in the United States are choosing abstinence. When I was in high school, most American teens were sexually active. Today, the reverse is true.

- The majority of high school students (54.4%) are virgins, and this percentage is increasing. Centers for Disease Control and Prevention. (2003). Youth Risk Behavior Surveillance-United States, 2001.

Among teens who have been sexually active, many have chosen to embrace a "secondary virginity" and refrain from subsequent sexual activity:

- Of teens who are sexually experienced – have had intercourse at least one time – approximately 25% are currently abstinent (which means they've had no sexual involvement within the prior three months). Centers for Disease Control and Prevention. (1998). Youth Risk Behavior Surveillance-United States, 1997. *Morbidity and Mortality Weekly Report*, 47(SS-3).

Perhaps most telling is that American teens today want to hear that they are "worth waiting for":

- 93% of teens feel that teens should be given a strong message that abstinence is the best choice. National Campaign to Prevent Teen Pregnancy. *The Cautious Generation? Teens Tell Us about Sex, Virginity and "The Talk."* April 27, 2000

During my presentations, I have seen young men spontaneously stand up in front of hundreds of their classmates and yell, "Virgin and proud!" I've seen young women say to their peers, "I've done things that I regret, but today I'm making a new beginning."

A New Sexual Revolution is sweeping the country. The abstinence movement is not being led by adults, but by young people. They have witnessed the consequences of premarital sexual activity: rampant sexually transmitted diseases, out-of-wedlock pregnancy, broken marriages and the polarization of relationships between men and women. Young people today are searching for truth and meaning in all aspects of their lives, including relationships and sexuality.

Making a New Beginning

Although the majority of American teens are virgins, many are not, and most of these non-virgins regret the decision to become sexually-active. (National Campaign to Prevent Teen Pregnancy. *Not Just Another Thing to Do: Teens Talk about Sex, Regret, and the Influence of their Parents.* June 30, 2000.) These students frequently appear to be the most resistant to the abstinence message, and many adults describe them as being teens who "are going to do it anyway." In truth, these are young people crying out for help, and they are the ones most in need of mentoring with a strong abstinence message – not birth control.

During one presentation, a young woman sitting in the front row glared at me with her arms crossed. When I told the students at the beginning that I was there to share the facts with them but I couldn't tell them what to do, she called out, "That's right!" But when I began to speak about the emotional consequences of premarital sex, she started to cry. At the end of my presentation, she hugged me and thanked me for helping her "to take back her virginity."

A young man approached me after one of my presentations for a program for troubled high school students. He said to me, "Your talk made me look at my life again. I need to stop having sex. I'm going to wait until marriage starting today."

I've seen countless teens and young adults turn their lives around and embrace a secondary virginity. Regardless of their past choices, they need to know that their sexuality is still a beautiful gift, and that they are not trapped by the past. It's never too late to leave behind risky behaviors and make a new beginning.

The Promise of One

My grandfather used to say, "Every child is born into the world with a message – a light – clutched in his hand. But if that child is lost, then that message, that light, is lost to the world forever."

I firmly believe that every teen and young adult has something special to bring to the world. But too often in our society, young people are prevented from fulfilling their potential by the serious consequences of teen sexual activity. I've witnessed first-hand in the lives of close friends the devastating and permanent consequences of premarital sex.

Their experiences reflect the "silent suffering" of my generation:

- Most teens who have been sexually-active regret that choice. National Campaign to Prevent Teen Pregnancy. *Not Just Another Thing to Do: Teens Talk about Sex, Regret, and the Influence of their Parents.* June 30, 2000.
- 1 out of 5 sexually-active teen girls in the U.S. gets pregnant. Alan Guttmacher Institute. *Teenage Pregnancy: Overall Trends and State-by-State Information*, 1999.
- 3 million teens contract a sexually transmitted disease in the U.S. each year. American Social Health Association. *Sexually Transmitted Disease in America: How Many Cases and at What Cost?* Menlo Park, Calif.: Kaiser Family Foundation; 1998.
- 1 out of 4 sexually-active American teens has – or will contract – an STD. Alan Guttmacher Institute. *Sex and America's Teenagers*, 1994.

"Safe" Sex: Pregnancy and Disease

In 7th grade, I attended a public school rampant with drinking, drug use and sexual activity. My locker was next to the locker of a student who sold cocaine. I experienced tremendous peer pressure to use drugs, drink, and become sexually active.

That year, I made the commitment to not use drugs, drink underage, smoke, or have sex outside of marriage. And today, I am grateful to be able to tell you that I have stayed true to each one of those commitments, while enjoying a healthy and fulfilling life – including an active social life. I'm 28 years old, a former Miss Wisconsin and recently married. Choosing abstinence until marriage is the best choice I've ever made in my life, and continues to play a significant role in my success personally and professionally.

The tremendous benefits I have received from abstinence go far beyond avoiding negative consequences. I've gained courage, self-respect, integrity, personal strength, character, and a happy and active dating life. This choice is the essence of who I am, and its rewards far outweigh its sacrifices.

But I wasn't always so outspoken about the benefits of abstinence until marriage. In high school, many of my friends were sexually active, but I felt that this was none of my business. "Who am I to tell them what to do?" I thought.

Then at age 15, one of my friends got pregnant while engaging in so-called "safe" sex with her boyfriend. No one had told us the medical facts that had been published in the New England Journal of Medicine that year:

- 14-17% of couples who use condoms to avoid pregnancy get pregnant within 12 months. Mishell, D.R. (1989). "Contraception." *New England Journal of Medicine,* 320(12), 777-787.

I saw my friend transform from a college-bound, carefree teenager to a single mother living from one welfare check to the next. Today, my friend can barely make ends meet, and her life is filled with regrets. "I love my little girl," she told me. "But I wonder what my life would be like today if I had waited."

In college, a close friend suffered from a nervous breakdown. In her room in the mental health unit at Sacred Heart Hospital in Eau Claire, she told me that her eating disorder and her mental collapse were the result of an abortion she was pressured into three years earlier. "Every night as I lie in bed, I hear that little baby's voice crying out to me," she said through her tears.

These are the faces behind the statistics of teen pregnancy.

As teens in contraceptive sex education programs, we also hadn't been informed about the ineffectiveness of condoms against certain prevalent diseases:

- There is no evidence that condoms provide any protection against diseases passed through skin contact, including Human Papilloma Virus, the most prevalent STD in the United States, which infects more than 5 million Americans each year and is the leading cause of cervical cancer. National Institute of Allergy and Infectious Diseases, National Institutes of Health, Department of Health and Human Services.*Scientific Evidence on Condom Effectiveness for Sexually Transmitted Disease (STD)Prevention,* 2001.

Teens today continue to suffer from this lack of information. During a presentation at a public school in Beloit, a young woman volunteered that she was protected from diseases because she was on "The Pill." As you know, oral contraceptives provide no protection against sexually transmitted diseases.

After another presentation in a small town, a freshman girl approached me, choking back tears. "I'm a virgin, but I have genital herpes," she confided. "No one told me that you can get it just by touch." Because she didn't have intercourse, she thought that she was "safe." She was unaware that some of the most common sexually

transmitted diseases like herpes and HPV are passed through skin contact, which is how she contracted genital herpes. She said to me, "I'd be doing what you're doing if I could. But I can't. So I want you to tell my story wherever you go, so that others don't make the same mistake I did."

I often think about what would have happened if these young women had been given the complete facts before they engaged in premarital sex or other supposedly "safe" behaviors. Even if some of them would have made the same choices, shouldn't they have been told the complete truth, rather than being provided with pills, shots or other birth control devices that are promoted as a "quick fix"?

Their experiences compel me to speak out so that other young people don't suffer the same pain and regret.

The Far-Reaching Causes of Teen Sexual Activity

From my extensive experience speaking to teens, I have learned that the primary causes of teen sexual activity aren't raging hormones or uncontrollable urges, as the media frequently portrays. Teens who are sexually active are usually searching for something – love, acceptance, identity, manliness, or a purpose to their lives.

One young woman told me, "Guys are my life. I know who I am based on how much they like me."

A teen mother confided to me, "I wanted to get pregnant, because then I thought I'd *be* somebody, and there would always be someone there to love me."

Abstinence education – not birth control – goes to the heart of these issues, addressing identity, self-esteem, healthy relationships, character, and creating a positive vision for the future.

Programs that promote abstinence until marriage help teens to make healthy choices by addressing issues like peer pressure, self-worth, dating, drug and alcohol use, sexually transmitted diseases, marriage, and goal-setting. Students are taught that their choices today can have significant implications for their future, particularly as to whether and to what extent they will accomplish their goals and dreams in life. ***Abstinence replaces neediness with empowerment,*** arming students with life skills, courage and character, and giving them the strength to make the right choices and make a positive difference in the world.

Premarital Sex: A Gateway to Other High-Risk Behaviors

The complex motivations for teen sexual activity are manifested in the link between sex and other high-risk behaviors:

- Teens who are sexually-active are more likely to participate in other high-risk behaviors, like drug use, alcohol abuse, tobacco use and violence. Whitaker DJ,

Senate Bill 186 and Assembly Bill 383
Testimony by Diane Welsh, Executive Assistant
Department of Health & Family Services

AB 383 & SB 186 would prohibit young women ages 15-17 from participating in the Medicaid 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. The Department of Health and Family Services opposes this legislation.

When debating this bill, I urge you to think of the larger issue of women's health care. There is a need for all women of all ages – young and old – to have access to basic primary and preventive health care. An essential part of women's health care includes regular pap and pelvic exams, private and confidential contraceptive information and supplies, and other related preventive health care.

It is my department's policy is to promote women's basic health care, and to purchase this health care for those unable to afford it. Wishing and hoping that family planning and reproductive health problems affecting young women will get resolved is no substitute for effective public policy. The Department of Health & Family Services has the responsibility to implement and manage evidence-based programs to help promote and protect the health of Wisconsin residents, and take real steps to address issues such as teenage pregnancies and sexually transmitted diseases. The Medicaid Family Planning Waiver is a reasonable approach to help solve many pressing reproductive and preventive health needs.

Access to private, confidential, and affordable contraception is an essential part of public health for women of all ages. In addition to being an essential part of basic health care, contraception prevents abortions. There is established medical consensus around this issue. In 2002, there were over 700 abortions for young women under age 18. (http://www.dhfs.state.wi.us/stats/pdf/IARS.pdf).

Access to health care services is an essential part of public health policy to identify, treat, and prevent subsequent sexually transmitted diseases. In 2002, 2,741 young women under age 18 were diagnosed and reported having Chlamydia, and 966 having Gonorrhea. These are serious communicable diseases requiring effective intervention. We cannot ignore this public health problem, and simply hope these problems will decrease, or not increase. The Medicaid Family Planning Waiver provides access to services to identify and reduce these and other serious communicable diseases. (Source: DHFS STD Program).

The goals of the Wisconsin Plan to Prevent Adolescent Pregnancy clearly state DHFS policy regarding young women and access to contraception:

> *Increase the percentage of youth that choose abstinence. ...For those youth that do not choose abstinence, increase the consistent and correct use of contraception.*

Promoting abstinence is an important policy of DHFS towards reducing adolescent pregnancy. For those young women who do not choose abstinence, access to private and confidential

contraception is an essential public health intervention to reduce unintended pregnancy. This is not an either-or issue. Both are important parts of public policy.

Some might attempt to argue that access to confidential services promotes what it is designed to prevent. There is no credible evidence to support the cause-effect claims that access to contraception increases sexual activity. Sexual activity almost always precedes use of contraception. Unintended pregnancies largely occur when contraception is not used. Lack of access to contraceptive information and supplies is a public health problem and it is women's health problem that we cannot ignore.

Unintended pregnancy unnecessarily restricts the future opportunities of many young women in Wisconsin each year. Pregnancy is the single largest reason young women fail to complete high school. Young women are capable of becoming mothers before they are prepared for this responsibility: too many are becoming unintended mothers too soon. In 2001, there were 2, 247 births to young women in Wisconsin between the ages of 15 and 17.

Every year over 2,000 babies are born to young women between the ages of 15 and 17. (Think about a town in your district with a population approximately 2,000. Now consider that the entire population in that town equals the number of teenagers who become mothers each year).

The majority of births to young women under age 18 (about 85 percent) are paid for by the Medicaid program. Pregnancy and birth will qualify these new mothers and their children for continued Medicaid coverage, putting additional financial burdens on the taxpayers. And the future of many of these new families can be bleak.

In the past 4 years, 11,500 students dropped out of Milwaukee Public School alone. Pregnancy is one of the main reasons identified for dropping out of school. This is unacceptable. We cannot walk away from one solution to this problem: access to contraceptive services by young women who are sexually active.

http://www2.milwaukee.k12.wi.us/governance/audit/Summ_2002-01%20Dropouts.pdf

Seventy percent of young mothers drop out of high school. Only 30% of teenage mothers complete high school by age 30. Research suggests that preventing teenage pregnancy would increase high school completion by 40%. The majority of teenage mothers live in poverty for the first ten years of their children's lives. Children of teenage parents are at higher risk of educational failure than the children of older parents. (Source: The Impact of Adolescent Pregnancy and Parenthood on Educational Achievement: National Association of State Boards of Educators.) The US has a higher teenage birth rate than other economically developed counties but the rates of sexual activity are not significantly different. Access to services and preventing unintended pregnancy is the main difference. (Source: Pregnancy in Adolescents, From Data to Action: CDC Public Health Surveillance for Women, Infants, and Children).

The Family Planning Waiver Program is a cost-effective way to help insure that women receive reproductive health care and to help prevent unintended pregnancies.

• This was an initiative that began under Gov. Thompson. The waiver was submitted under Gov. McCallum, and approved by Sec. Thompson's Department of Health & Human Services.

• The program became operational this January, and we already have over 40,000 women enrolled through this program.

• Through this waiver, Wisconsin has an enhanced MA match rate—which means that for every 10 cents that Wisconsin pays for health care, the federal government pays 90 cents. This makes the program extremely cost-effective for Wisconsin taxpayers. For instance, the cost of a routine examination and a year of oral contraception costs the State about $20. In other words, the program provides a cost-effective way to prevent unintended pregnancies, and the consequences that flow from them.

• Finally, if this bill passes, thus reducing the eligibility of teens from this MA program, Wisconsin stands to lose up to $90 Million in enhanced FMAP, which is currently being provided under the federal Jobs & Growth Tax Relief Reconciliation Act. Our Medicaid program is dependant on this revenue to provide basic services for the people of Wisconsin. It simply cannot afford a reduction of $90 Million.

The Medicaid Family Planning Waiver is a reasonable approach to help solve many of these pressing reproductive and preventive health needs. This legislation would eliminate a reasonable approach to solving serious public health problems in Wisconsin.

I urge you to vote against this bill.

Miller KS, Clark LF. "Reconceptualizing adolescent sexual behavior: Beyond did they or didn't they?" *Family Planning Perspectives.* 2000;32:111-117.

Conversely, teens who are abstinent are less likely to engage in these high-risk behaviors. Abstinence is a key link to combating the high-risk behaviors that plague our country's teens.

After one presentation, a high school junior told me, "I've had sex with a lot of guys. But I've always been drunk, so I didn't think it mattered." She said, "Now I realize I gave each of them a beautiful part of myself. I'm not going to drink anymore, so I'm in control. I'm going to make a new beginning."

Giving the Facts; Opening Communication

Abstinence education, as opposed to birth control programs, give young people the whole picture about the limits of "safe" sex, built upon this fundamental truth:

- Abstinence is the only 100% effective way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and emotional scars from premarital sex.

Effective abstinence programs also foster more open communication about the true issues behind sexuality and relationships. In my work, I have received questions on a wide range of issues, from how to say no to sex to why condoms are ineffective against genital herpes. Because of my openness in discussing abstinence, teens and college students respond with their personal stories and questions relating to issues such as sexual abuse, sexually transmitted diseases, unhealthy relationships, and emotional and psychological trauma from premarital sex.

Abstinence, Marriage and Poverty

Teens who choose abstinence until marriage understand that this isn't about saying no to sex. Abstinence is not a "Just say no" message. It's about teens saying "YES": "Yes" to their future, "yes" to their dreams, "yes" to making a difference in the world, "yes" to becoming the best people they can be, and "yes" to a joyful, lasting marriage.

The divorce rate in the U.S. today is approximately 50%. But studies show that the divorce rate is significantly less for marriages between two virgins as well as among marriages between secondary virgins – individuals who were initially sexually-active with others but practiced abstinence until marriage with the person who ultimately became their spouse.

Abstinence builds a firm foundation for a successful marriage. It is a critical ingredient for increasing the number of happy families in America, and reducing the number of women and children living in poverty.

Abstinence and the Beauty of Sex

Abstinence is not a rejection of sexuality as something bad. Rather, abstinence affirms that sexuality is something beautiful and precious, so beautiful that it is worth saving for the person who makes the public commitment to love you unconditionally for a lifetime in marriage.

The abstinence approach recognizes that human sexuality is not merely something physical, but involves a person emotionally, psychologically, spiritually, and socially. Abstinence treats sex for what it is – part of the entire person. It is a holistic approach to human sexuality.

A Message Desperately Needed

The empowering message of abstinence until marriage is not just for teens and young adults who are virgins; it is a message for all singles, regardless of past choices. Abstinence not only prevents teen pregnancy, sexually transmitted diseases, and the emotional trauma that comes with premarital sex. Abstinence also gives young people greater self-worth, courage, and the life skills they need to succeed.

Abstinence programs don't ask, "What's merely good enough for Wisconsin's youth?" But instead, "What is the best we can give them?"

Your support for these programs will continue a message that is desperately needed. Your vote says to our youth, "Yes, I believe that you are worth waiting for, and that you can choose the best in your life."

Let's fan the flames of the New Sexual Revolution by giving teens and young adults the facts and the relationship skills they need to be abstinent until marriage. Their futures hold tremendous promise. In doing so, we empower all of America's youth to live free of regrets and bring their special light to the world.

Conclusion

Your raising of the minimum age eligibility requirement from 15 to 18 for the provision of free contraception without parental consent will play a critical role in ensuring the continued education and safety of Wisconsin's youth to remain abstinent until marriage, attain self-sufficiency, and make a positive contribution to our society. The adoption of abstinence until marriage will serve as a critical means of helping to reduce out-of-wedlock pregnancy, sexually transmitted diseases, and the other negative individual and societal consequences of premarital sex. It will also be a critical element that benefits society in the long run by helping to encourage the formation and maintenance of healthy marriages and two-parent families. Please let me know if you would like any further information about any of the points raised in my testimony today or if you have any other questions about this important issue.

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TESTIMONY OF CHRISTIE OLSEN IN OPPOSITION TO AB 383 AND SB 186

Good morning.

My name is Christie Olsen. I am a licensed nurse practitioner with Planned Parenthood of Wisconsin. I wish to thank the Chairs and committee members for giving me an opportunity to speak against AB 383 and SB 186. For the health of Wisconsin women throughout the state, I urge you to preserve the Family Planning Waiver as it is currently being implemented.

In my work as a nurse at two different Madison family planning clinics, my experience with Waiver patients is that the vast majority are college aged women and working women who do not have health insurance as part of their employment. For example, a patient who was recently enrolled in the Waiver is a Certified Nursing Assistant working full-time. She does not have health insurance as part of her employment, even though she works for a health care facility. Most Waiver patients are not people sitting around on their couches eating bon bons. Rather, this person is an example of the growing class of people who are the working poor. These are the majority of people we serve at Planned Parenthood. We continue to struggle meeting the community needs as more and more people lose their jobs and health insurance. The Waiver program provides this nursing assistant and many other working adults with health care services they would not otherwise have. You may consider family planning and reproductive health care as minor or inconsequential. However, annual pap smears, breast exams, colposcopy screenings, access to birth control, and detection and treatment of sexually transmitted infections are health care services essential to preserving a woman's health and future fertility.

I do see some young women ages 15-17 under the Waiver program, though these patients certainly are not the primary age group we are serving under the Waiver. Many of these patients come to the center with a parent. Just last week, I sat down with a mother and her daughter to discuss contraceptive options. The Waiver serves mothers, daughters, and sisters. The pending bills would restrict contraception to young women under the Waiver who are already sexually active, and, therefore by definition, at risk for pregnancy and sexually transmitted infections; the very person the Waiver was intended to assist.

The allegation has been made by some, who, by the way, do not actually work with teen populations, that access to contraceptives encourages teen sexual activity. This is contrary to my experience in working with this age group. In my experience, almost every 15-17 year old requesting contraceptive services under the Waiver has had sex on at least one occasion without contraception. I know this because they often come into the center requesting pregnancy tests. We use this occasion to encourage and promote abstinence, while additionally providing information about ways to prevent pregnancy and sexually transmitted infections. Hence, not only do we offer information about birth control, but about ways to protect against sexually transmitted infections and HIV.

We ask every 15-17 year old who doesn't bring a parent in whether she has talked to her parents about the services she is seeking. If not, we strongly encourage every 15-17 year old we see to talk to her parents or another adult about the services she is receiving and her sexual behavior. As

mentioned before, many of these young women do come in with a parent, but not all do. Unfortunately, not every family is a model family.

I would like to share with you one patient's story, to illustrate the value of the Family Planning Waiver. Sara is a Caucasian 16 year old from a suburb of Madison. She lives with her mom, dad, and younger sister. About 10 months ago, she became sexually active. She was fortunate enough to be able to talk about this decision and the potential consequences with her mother. At the time, Sara's mom was working at a job that provided health insurance for the family. Sara's mom took her to the health care provider to get started on birth control. Sara began the Depo Provera shot to prevent pregnancy. Twelve weeks later, Sara's Depo shot was due, but unfortunately, her mother's job and the insurance coverage were gone. With nowhere to go, Sara did not get her next depo shot. She did, however, continue to be sexually active. A few months later, she found herself pregnant. Again, Sara was fortunate enough to have parents she could talk with about her situation. Sara's mom was stressed, but willing to support her daughter as her daughter needed. Sara's father, in Sara's words, "was really excited about me being pregnant and having a baby".

Three weeks after the positive pregnancy test, Sara began bleeding and had a spontaneous miscarriage. Although Sara was saddened by this loss, she and her mother seized an opportunity and made an appointment to come to the center where I work. Sara, knowing she would continue to be sexually active, yet wanting to have more control over her reproductive health wanted to restart birth control again. Sara signed up for the Family Planning Waiver.

For Sara, the Family Planning Waiver has allowed her to change the direction of her life. Her need for contraception, present before I ever saw her, was perfectly addressed by this program. This story also illustrates the variability of guidance, hopes, and expectations parents have for their adolescent children. The judgment and decision making skills of many adolescents I see would be characterized by most as more responsible than their own parents. Many adolescents want more for themselves than their parents have had, and often, reproductive healthcare is a crucial first step in that future. This story illustrates how the Family Planning Waiver can help working families in Wisconsin achieve their goals through accessible health care.

Sara told me that she was sad yet relieved when she realized she was having the miscarriage. She said she knew it would be easier to accomplish her life goals if she could postpone parenthood until she was ready, despite her father's enthusiasm for a teenage pregnancy.

I told Sara some elected officials in Wisconsin are considering restricting the Family Planning Waiver from 15 to 17 year olds and asked her what she would like to say to the leaders of our state, if given the opportunity. She told me she would tell them, "This program is helping more people than [not], please let it continue. *I* really need this program."

Based on my experience with this population, I do not believe that denying services to 15-17 year olds I see under the Waiver will result in them refraining from having sex. Restricting the services does not address the issues. 'Don't ask, don't tell' is not the solution to reproductive health.

Even though we encourage young women to talk to their parents, many are not able to. Many 15 to 17 year olds I work with cite fear of talking to their parent as the main reason they do not approach parents about sexual activity and reproductive health concerns. However, we do not need my experience to support this notion. Research, published in the Journal of the American Medical Association, reports that 59% of teens – from Wisconsin – would stop using all sexual health services if parental consent was required. Details on this study, published in August 2002, are included for you to review. (Reddy, D., Fleming, R., "Effect of Mandatory Parental Notification on

99% of teens would not to be sexually active if services not avail.

Adolescent Girls' Use of Sexual Health Care Services, JAMA; 288: 710-714) (attached). The authors concluded that the result of mandatory parental notification would be a potential increase in teen pregnancies and the spread of sexual transmitted disease. This state-wide study is consistent with other national studies that have been done on the topic of mandatory parental consent for contraceptives. (See Ford, C., Bearman P., Moody, J., "Foregone health care among adolescents," JAMA, 1999; 282: 2227-2234). My experiences in treating young women are consistent with the results of these studies.

Finally, through the Family Planning Waiver, there is no doubt in my mind that women's lives are being saved. The pending bills, which could jeopardize the entire Waiver program, could also result in women not getting the preventative health care that prevents disease and in some cases, death. Through this program, a woman who has an abnormal pap smear is able to obtain a colposcopy. This is an expensive, though absolutely necessary procedure to detect cervical cancer, which, if left untreated, can be fatal. It is crucial that a woman who has precancerous cells on her cervix get evaluation and treatment as soon as possible in order to increase her chances of warding off cancer and surviving such a life-threatening disease. Our Waiver patients, however, would not be able to afford this expensive test without this program.

When you consider these pending bills, I would ask that you consider the women who are in your districts, who you see in the grocery store, who sit next to you at church and who live next door to you. They are depending on this program and they are depending on you to do the right thing and support this program. Their health and lives, and their families' future, may depend on the preventative health care services available under the Waiver. To take any actions which could jeopardize this program could threaten the health and lives of many Wisconsin women throughout this state.

I would also ask you to think of the 15-17 year olds who all of us know, who are sexually active. This may not be the path we would choose for these patients. But we must continue to address this problem, rather than ignore it and hope it goes away. I would ask that you continue to give health care providers and the working parents of these young adults the tools and resources available through the Waiver to preserve the health and lives of these young women.

Thank you.

Respectfully submitted,

Christie Olsen

Effect of Mandatory Parental Notification on Adolescent Girls' Use of Sexual Health Care Services

Diane M. Reddy, PhD
Raymond Fleming, PhD
Carolyne Swain, MS

Context Mandatory parental notification for adolescents to obtain prescribed contraceptives is a controversial issue. Recently, legislation that would prohibit prescribed contraceptives for adolescents without parental involvement was introduced in 10 states and the US Congress.

Objective To determine the effect of mandatory parental notification for prescribed contraceptives on use of sexual health care services by adolescent girls.

Design, Setting, and Participants Girls younger than 18 years and seeking services at all 33 Planned Parenthood family planning clinics in Wisconsin (n=1118) were surveyed during the spring of 1999. A response rate of 85% was achieved, yielding a sample of 950 girls.

Main Outcome Measures Percentages of girls who reported that they would stop using all sexual health care services, delay testing or treatment for human immunodeficiency virus (HIV) or other sexually transmitted diseases (STDs), or discontinue using specific (but not all) services because of parental notification.

Results Fifty-nine percent (n=556) indicated they would stop using all sexual health care services, delay testing or treatment for HIV or other STDs, or discontinue use of specific (but not all) sexual health care services if their parents were informed that they were seeking prescribed contraceptives. Eleven percent indicated they would discontinue or delay STD tests or treatment, even though the survey made it clear that mandatory parental notification would occur only for prescribed contraceptives. Analyses comparing girls of different ages and races and from urban vs rural clinics showed that, although the 17-year-olds and African American girls were significantly less likely to stop using sexual health care services with mandatory parental notification, roughly half of the 17-year-olds (56%) and African American girls (49%) indicated that they would stop using all sexual health care services, delay testing or treatment for HIV or other STDs, or discontinue use of specific (but not all) services with mandatory parental notification.

Conclusion Mandatory parental notification for prescribed contraceptives would impede girls' use of sexual health care services, potentially increasing teen pregnancies and the spread of STDs.

JAMA. 2002;288:710-714 www.jama.com

MANDATORY PARENTAL NOtification for adolescents obtaining prescribed contraceptives is a controversial issue. Proponents argue that requiring parental notification would strengthen parents' ability to educate their children and safeguard them from the medical risks associated with prescribed contraceptives. Some proponents also believe that mandating parental notification would encourage adolescents to use condoms rather than prescribed contraceptives, reducing rates of sexually transmitted diseases (STDs).

In 1998, Congress considered the Title X Parental Notification Act requiring written parental consent, a court order, or parental notification 5 business days in advance of providing minors with prescribed contraceptives at all US family planning clinics funded under Title X of the Public Health Services Act. More recently, efforts have been made to bar the use of state matching funds to purchase prescription drugs for minors without parental consent and to deny federal public health and education funds to all school districts offering emergency contraception in school-based health centers without parental consent. In addition, within the last 5 years, at least 10 states have introduced bills to mandate parental involvement in girls' access to prescribed contraceptives. When state law permits or requires parental notification, the new federal medical privacy regulations issued in December 2000 regarding use and dis-

For editorial comment see p 752.

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closure of health information defers to state law.[1] Given these parental involvement proposals and recent legislation concerning other reproductive health care issues, other proposals prohibiting prescribed contraceptives for sexually active adolescent girls without parental notification are likely.

Although professional medical organizations strongly encourage and support parental involvement in adolescents' sexual health care decisions, they also recognize the importance of confidential contraceptive services and STD testing and treatment in curbing the high incidence and prevalence of pregnancies and STDs. As far back as 1967, the American Medical Association (AMA) took the position that minors should be able to be tested and treated for STDs without parental notification.[2] In the 1970s, 1980s, and 1990s, the AMA opposed legislation requiring parental involvement for adolescents to obtain prescribed contraceptives, and in 1988 the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, the American Academy of Family Physicians, and the National Medical Association concluded that "ultimately, the health risks to adolescents are so impelling that legal barriers in deference to parental involvement should not stand in the way of needed care."[3] Furthermore, the AMA National Coalition on Adolescent Health reaffirmed the need for confidential sexual health care services for adolescents,[4] and the AMA Council on Scientific Affairs urged members to actively oppose legislation requiring parental consent or notification that would impede health care.[5] In sum, professional medical organizations have taken a firm stand against mandatory parental involvement regulations for prescribed contraceptives and STD tests and treatment.

Although research[6] examining the general issue of adolescent attitudes about parental involvement in their seeking of health care found that less than 20% of adolescents were willing to seek health care for birth control, pregnancy, or an STD with parental involvement, the only studies to directly assess whether mandatory parental notification would change the behavior of adolescent girls using contraceptive services were conducted more than 20 years ago.[7,8] One study was a regional survey (n=1442), and the other was a national survey (n=1211). Thirty-six percent of adolescent girls in the regional survey[7] and 23% of those in the national survey[8] reported that if parental notification were required, they would stop using sexual health care services. These figures may be underestimates. In both surveys, girls were asked whether their parents knew they were seeking prescribed contraceptives before they were asked whether parental notification would cause them to stop using services. Asking the question, "Do your parents know?" may have prompted some girls to say yes out of a desire to make sure they would get prescribed contraceptives, even though their parents might not know. In addition, in the national survey, 5% of girls said they were unsure whether their parents knew they were seeking prescribed contraceptives. What these girls would do if parental notification were required is unaccounted for. Further, in both surveys, whether parental notification would cause girls to stop using family planning services was the only outcome assessed. Other plausible outcomes, such as discontinuing use of specific (but not all) sexual health services or delaying testing or treatment for human immunodeficiency virus (HIV) or other STDs, were not investigated. Therefore, the impact of mandatory parental notification may have been even greater than the estimates provided by these 2 surveys.

Sexually active adolescent girls using family planning services may have become more or less concerned about mandatory parental notification for obtaining prescribed contraceptives throughout the past 2 decades. Consequently, this statewide survey was conducted to investigate whether mandatory parental notification for prescribed contraceptives would cause girls to stop using sexual health care services, delay testing or treatment for HIV or other STDs, or discontinue their use of specific (but not all) sexual health services.

METHODS

Participants in the Statewide Sample

The data were collected from all Planned Parenthood family planning clinics in Wisconsin (n=33) in the spring of 1999. All single, sexually active girls who were younger than 18 years and presented to the clinics (n=1118) were asked to complete a confidential institutional review board–approved survey. Fifteen percent declined, primarily because of time constraints. A total of 950 sexually active adolescent girls voluntarily completed the survey. The participants were a mean 16.8 years of age (SD, 1.06; range, 12-17 years). The sample was 79.9% white, 13.5% African American, 2.6% Hispanic, 2.4% Asian, and 0.9% Native American. The remaining (0.7%) indicated multiple ethnic heritage.

Several steps were taken to ensure that the survey questions were valid. Established principles of survey development[9] were used to construct the survey. The survey was extensively evaluated and pilot tested to ensure that the questions were clear, the wording was at a fifth-grade reading level, and the format facilitated completion. To enhance the validity of responses, girls were assured that the survey would not include specific information that could identify them.

Adolescents were asked by clinic staff to complete the confidential survey individually as they waited for their appointments. Clinic staff instructed girls to answer each item honestly and answered any questions the adolescents posed. The completed surveys were returned to a drop box or clinic staff and securely stored away from patient records.

The survey asked girls, "Would you be willing to use Planned Parenthood's confidential services for: pregnancy testing and/or counseling, birth control drugs or devices, health exams, HIV testing and/or treatment, testing and/or treatment for other sexually transmitted diseases (STDs)?" Girls indicated whether (yes or no) they would use each confidential service. After stating that "some lawmakers would

like to inform parents in writing that their teens are seeking prescribed birth control pills or devices at family planning clinics that receive federal funds," the survey asked: "Would informing your parents cause you to stop using Planned Parenthood services?" The response format was yes or no. If girls responded that they would not stop using all Planned Parenthood services, they were asked to indicate whether they would continue to use specific services: pregnancy testing or counseling, birth control drugs or devices, health examinations, HIV testing or treatment, and testing or treatment for other STDs. For each service, girls responded yes or no. Those who would not stop using all Planned Parenthood services if their parents were informed also indicated whether (yes or no) they would delay testing or treatment for HIV or other STDs.

Participants in the Additional Sample

Additional data were collected in 2001 from 3 Planned Parenthood family planning clinics in Milwaukee, the most densely populated county in Wisconsin. All single, sexually active girls younger than 18 years (n=256) were asked to complete a confidential, institutional review board–approved survey. Ten percent declined, primarily because of time constraints. A total of 230 sexually active adolescent girls voluntarily completed the survey. The demographic characteristics of girls in the additional sample were virtually identical to those in the statewide sample. The mean age was 16.5 years (SD, 1.24; range, 12-17 years), and 76.1% were white, 15.2% were African American, 5.2% were Hispanic, and 3.5% were Asian.

The same procedure used for the statewide sample was used to survey the additional sample. The survey stated: "Some lawmakers would like to inform parents in writing that their teens are seeking prescribed birth control pills or devices at family planning clinics that receive federal funds." Girls were then asked: "Would informing your parents cause you to stop using Planned Parenthood services?" The response format was yes or no. If girls responded that they would stop using services with parental notification, they then indicated (yes or no) whether they would "stop having sexual intercourse," "use condoms," "use spermicidal foam or gel," "use the rhythm method," have their partner withdraw or "pull out" before ejaculation, or "have unprotected sexual intercourse." Girls were also given the opportunity to indicate *other* and specify what they would do if they stopped using family planning services because of mandatory parental notification.

Statistical Analysis

Descriptive statistics computed for the statewide sample included the percentage of girls who would be willing to use all confidential sexual health care services and the percentage who would stop using sexual health care services if parental notification for prescribed contraceptives were mandated. In addition, calculated in the statewide sample among the girls who would not stop using sexual health care services with parental notification were the percentage who would delay testing or treatment for HIV or other STDs and the percentage who would discontinue using specific (but not all) sexual health services if their parents were informed that they were seeking prescribed contraceptives. The effect of mandatory parental notification on girls' use of sexual health care services by clinic site, race, and age was also analyzed with simultaneous logistic regression analysis to control for possible intercorrelations. χ^2 Analyses were then performed for clinic site, race, and age to follow up the multivariate analysis.

Statistics computed for the additional sample included the percentage who would stop using services with parental notification. Also, the percentage who would stop having sexual intercourse, use condoms, use spermicidal foam or gel, use the rhythm method, have their partner withdraw, or have unprotected sexual intercourse was calculated among those who would stop using sexual health care services with parental notification. For all analyses, SPSS (SPSS Inc, Chicago, Ill) for Windows (version 10.1) was used.

RESULTS

Eighty-six percent (n=814) of girls in the statewide sample indicated that they would be willing to use all confidential sexual health care services. The remaining 14% (n=136) of girls indicated that they would be willing to use one confidential sexual health care service or various combinations of confidential sexual health care services but were unwilling to use all services.

Forty-seven percent (n=444) of the sample reported that they would stop using all Planned Parenthood services if their parents were notified that they were seeking prescribed birth control pills or devices. An additional 12% (n=112) reported that they would change their use of Planned Parenthood services if parental notification became mandatory. Sixty-five girls would delay testing or treatment for HIV or other STDs, and 47 would discontinue using specific sexual health care services. Thirty-six girls would discontinue pregnancy testing, 27 would discontinue STD testing and treatment, 9 would discontinue HIV testing, 9 would discontinue health examinations, and 2 would discontinue using services for birth control. Since some girls indicated that they would discontinue using more than one sexual health care service, the total is 83 rather than 47.

The effect of mandatory parental notification on girls' use of sexual health care services was investigated by clinic site, race, and age. An omnibus test of the full model with site, race, and age as predictors indicated that only race and age significantly predicted whether girls would stop using services with parental notification (χ^2_4, 20.8; $P<.001$). For the 2 other main outcome measures, delay in testing or treatment for HIV and other STDs and for discontinuing use of specific (but not all) services, no site, race, or age differences were found (delay: χ^2_4, 4.5; $P=.34$; discontinue: χ^2_4, 3.0; $P=.56$).

Racial differences were investigated by comparing the white girls, the African American girls, and all other girls

in the sample combined. There were not enough Hispanic, Native American, and Asian girls in the sample to permit individual comparisons for these groups. FIGURE 1 shows that there were racial differences in whether girls indicated that they would stop using services (χ^2_2, 9.6; $P=.008$). Compared with white girls (χ^2_1, 7.7; $P=.008$) and other girls of color (χ^2_1, 7.1; $P=.008$), African American girls were significantly less likely to indicate that they would stop using services if their parents were notified. However, the African American girls did not differ from the other racial subgroups in whether they would delay testing or treatment for HIV or other STDs (χ^2_2, 1.8; $P=.39$) or discontinue using specific (but not all) services (χ^2_2, 0.02; $P=.99$).

Age differences were examined with girls 15 years or younger, 16 years of age, and 17 years of age. Individual comparisons for each age younger than 15 years were impossible because of small sample sizes. As shown in FIGURE 2, the analysis revealed a significant age difference (χ^2_2, 12.4; $P=.002$). Girls 17 years of age were less likely than those 15 years or younger (χ^2_1, 10.0; $P=.002$) and 16 years of age (χ^2_1, 7.0; $P=.008$) to indicate that they would stop using sexual health care services if their parents were informed that they were seeking prescribed birth control pills or devices. No differences were found between the age groups in whether they would delay testing or treatment for HIV or other STDs (χ^2_2, 2.3; $P=.31$) or discontinue their use of specific (but not all) services (χ^2_2, 3.6; $P=.16$).

With regard to site, there were no differences between girls seeking sexual health care services at urban clinics vs rural clinics in whether they would stop using services (48.3% urban and 46.9% rural; χ^2_1, 0.2; $P=.64$), delay testing or treatment for HIV or other STDs (6.5% urban and 6.9% rural; χ^2_1, 0.4; $P=.51$), or discontinue their use of specific (but not all) services (6.5% urban and 4.9% rural; χ^2_1, 0.4; $P=.51$) if their parents were informed that they were seeking prescribed birth control pills or devices.

Forty-eight percent (n=110) of girls in the additional sample indicated that they would stop using services if their parents were notified that they were seeking prescribed birth control pills or devices. Fifty-seven percent indicated that, instead of using services, they would use condoms, 29% indicated that they would have their partner withdraw before ejaculation, 29% indicated that they would have unprotected sexual intercourse, 0% indicated that they would use spermicidal foam or gel, 0% indicated that they would use the rhythm method, and 1% indicated that they would stop having sexual intercourse but would engage in oral sex. (The percentages sum to more than 100% because some girls indicated that they would use more than one method.) Fourteen percent of the girls in this additional sample who said they would use condoms also indicated that they would, at times, have unprotected sexual intercourse or have their partner withdraw before fully ejaculating.

COMMENT

Even though the US courts found that the constitutional right of privacy provides some protection for minors' access to contraceptives (eg, *Carey v Population Services International*, 431 US 678, [1977]), during the past few years numerous federal and state proposals have been introduced that would mandate some form of parental involvement when minors obtain contraceptives. It is important to know what the impact of such proposals would be if they were enacted. The findings of the statewide study show that 59% of the sexually active girls surveyed would stop, delay, or discontinue using specific (but not all) sexual health care services if parental notification were legislated. Previous regional[7] and national[8] surveys found that 36% and 23% of adolescent girls, respectively, would stop using sexual health care services with parental notification. More than 2 decades later, we found that 47% of girls surveyed in Wisconsin would stop using sexual health care services with mandatory parental notification. Consistent with previous reports that 96% to 98% of girls would remain sexually active, 99% of adolescent girls in our additional sample who would stop using sexual health care services with parental notification indicated that they would continue having sexual intercourse. Thus, the evidence suggests that requiring parental notification would impede girls' use of prescribed contraceptive services, with the majority of girls continuing to have sexual intercourse despite restricted access to prescribed contraceptives. Given this information, requiring parental notification for obtaining prescribed contraceptives would likely increase unintended pregnancies, abortions, and out-of-wedlock births.

Figure 1. Effect of Mandatory Parental Notification on Girls' Use of Sexual Health Care Services by Race

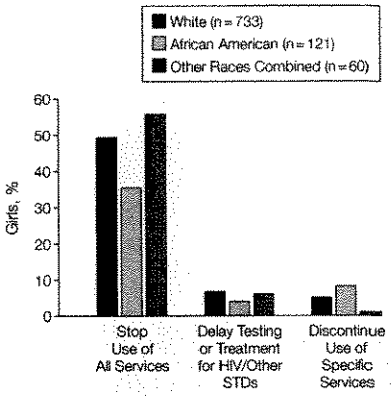
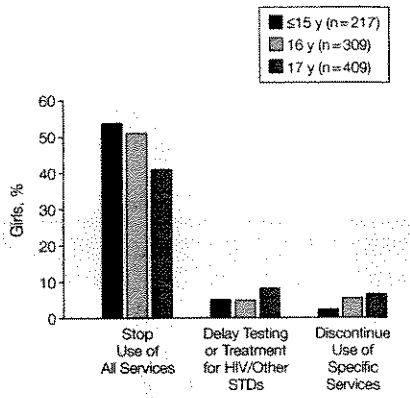


Figure 2. Effect of Mandatory Parental Notification on Girls' Use of Sexual Health Care Services by Age



Findings from this statewide investigation also suggest that the effects of parental notification may extend beyond increasing adolescent pregnancies, abortions, and births in that 11% of adolescent girls indicated that if parental notification were required, they would discontinue or delay STD testing and treatment. Every survey question clearly stated that, if legislated, parental notification would occur only for prescribed birth control pills or devices. However, the prospect of parental notification for prescribed contraceptives may have led these girls to question whether HIV and other STD services would be provided in confidence. Consequently, the data suggest that if parental notification were legislated, rates of STDs may increase, not only among adolescent girls who would discontinue using STD tests and treatment, but also among girls for whom STD detection would have occurred during routine gynecological examinations or those related to prescribed contraceptives.

Furthermore, the findings from our additional sample suggest that requiring parental notification for obtaining prescribed contraceptives will not substantially increase consistent condom use. The majority of those who would stop using services with parental notification (56%) indicated that they would at times practice less effective forms of contraception, such as having their partner withdraw or using condoms sporadically. The barriers perceived by adolescent girls (and their sexual partners) to consistently using condoms would have to be addressed before condoms could serve as a feasible substitute for prescribed contraceptives.

Finally, mandatory parental notification was found to be a significant obstacle to girls' use of sexual health care services across all races and ages studied. Almost half (48.8%) of the African American girls and more than half of the white girls (60.3%) and girls classified as other minority (64.2%) would be negatively affected by requiring parental notification. African American girls were less likely to report that they would stop using services with parental notification than were white girls and other minority girls. Greater parental awareness and support of use of contraceptives in African American daughters and greater openness in regard to sexual matters between African American parents and daughters may account for these findings.[10] Likewise, greater awareness and support of use of contraceptives and greater independence from parents may explain the finding that girls 17 years of age were less likely than the younger girls to report that they would stop using sexual health care services if their parents were informed that they were seeking prescribed contraceptives.[11]

Several limitations of this statewide investigation should be kept in mind. The findings of this investigation are by necessity based on reports of what girls would do if parental notification were required. Girls' actual behavior may differ from their projected behavior. Some girls may have responded in ways they presumed the service providers would want or used their responses to voice their opposition to mandatory parental notification. Although biased responses are always possible in any survey, other research examining the general issue of adolescents' attitudes about parental involvement in their seeking of health care[6] found results similar to ours when the data were collected in schools rather than family planning clinics. Because 45% indicated that they were willing to seek health care for birth control only if their parents did not know and 47% of girls in our statewide survey indicated that they would stop using sexual health services with parental notification, our findings probably are not the result of the family planning clinic context. Although the data were collected from all 33 Planned Parenthood family planning clinics throughout Wisconsin, and all girls who visited clinics during the study period were invited to participate, yielding a high response rate, the percentage of girls who would stop, delay, or discontinue using specific (but not all) sexual health care services with mandatory parental notification might vary from state to state. However, we speculate that the basic conclusion—requiring parental notification for obtaining prescribed contraceptives would impede adolescent girls' use of sexual health care services—would not differ. Finally, we do not have socioeconomic or clinical information on the adolescents to determine which girls might be more affected by mandatory parental notification.

The findings of this statewide investigation support the hypothesis that requiring parental notification for obtaining prescribed contraceptives would impede adolescent girls' use of contraceptive services and their willingness to seek screening and treatment for STDs.

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Acquisition of data: Reddy, Fleming, Swain.
Analysis and interpretation of data: Reddy, Fleming.
Drafting of the manuscript: Reddy, Fleming.
Critical revision of the manuscript for important intellectual content: Swain.
Statistical expertise: Reddy, Fleming.
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Disclaimer: The opinions expressed in this article do not necessarily reflect those of Planned Parenthood Federation of America.

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Limiting Confidentiality of Adolescent Health Services

What Are the Risks?

Carol A. Ford, MD

Abigail English, JD

IN THIS ISSUE OF THE JOURNAL, REDDY AND COLLEAGUES[1] describe the potential consequences of limiting confidential health care on adolescent girls' willingness to use family planning services for prescription contraception and sexually transmitted infections (STIs). Although the study results do not challenge the value of effective communication between parents and children about sensitive issues, including sexuality, they highlight the risks associated with mandating parental involvement in adolescent health care. Moreover, the research findings will help to inform the debate about privacy and minors' access to health care.

A substantial proportion of sexually active adolescent girls who seek health care for prescription contraceptives or services related to STIs are likely to request that their parents not be informed. Defining the physician's role in this situation can be complex. In deciding whether to offer confidential care, physicians must take into account factors such as the patient's chronological age, cognitive and psychosocial development, exposure to abuse or exploitation, other health-related behaviors, and prior family communication. Physicians are also guided by the policies of professional organizations that often support the provision of confidential health care to minors who request privacy for a broad range of health services, including STI treatment, contraceptive care, outpatient mental health services, and outpatient substance abuse services.[2] Confidentiality in adolescent care has been justified from a developmental perspective based on adolescents' need for increasing autonomy as they approach adulthood and their increasing capacity to give informed consent. Confidential care also is justified by a desire to safeguard public health and the health of adolescents who might not seek care for important concerns if their privacy were not protected.

A legal framework developed in the United States throughout the past 3 decades supports the provision of confidential health care to minors in many circumstances.[3] Even the laws that seek to balance confidentiality for adolescents with parental access to information have generally granted discretion to physicians to determine when disclosure to parents is warranted, rather than mandating parental notification outright.[4,5] Recently, however, there have been numerous attempts to limit minors' access to confidential services for sensitive health care issues through proposals to mandate either parental consent or parental notification.[3] Although many of these attempts have focused on minors' access to contraceptive services, they have also included broad attempts to repeal minor consent laws or to expand parents' access to medical information about confidential services.[3] As these initiatives are considered by legislatures, courts, and administrative agencies, defining the risks of limiting adolescents' access to confidential health services is important.

Research has demonstrated that even though confidential health services are theoretically now available to most minors, adolescents report that concerns about privacy limit their health care use. In 2 large nationally representative surveys, approximately one quarter of middle school and high school students reported that they did not seek health care they needed.[6,7] Klein et al[6] found that 35% of students who did not seek care reported one reason was "not wanting to tell their parents." In regional studies, the proportion of adolescents who report that they would forgo care for contraception, STIs, substance use, or mental health concerns because of fears about parental notification is higher.[8] When adolescents with privacy concerns do seek health care, many may delay obtaining care,[9] preferentially choose sites that offer confidential care (such as family planning clinics),[10,11] and limit their communication with physicians about sensitive health topics.[12] If adolescents' access to confidential care for sensitive health issues were significantly limited or eliminated, privacy concerns would likely have an even greater impact on adolescents' use of health care.

Reddy and colleagues[1] confirm the negative impact that mandated parental notification is likely to have on health care use among adolescents with concerns related to sexual behaviors. More important, their findings provide an indication of the potential magnitude of negative outcomes. Essentially one half of single, sexually active girls younger than 18 years who were surveyed in family planning clinics in Wisconsin reported that they would stop using the clinics

See also p 710.

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under conditions of mandatory parental notification for prescription contraceptives. Subsample analyses showed that these girls would use less effective contraceptive methods or no contraception at all. An additional 12% reported that they would delay or discontinue use of specific services such as health care for STIs. Only 1% indicated that they would stop having sexual intercourse. Although age and race influenced results, the proportions of adolescent girls who reported that they would stop or alter their use of sexual health care services under conditions of mandatory parental notification were remarkably high across all groups.

If the majority of adolescents receiving confidential health services in family planning clinics were to modify their use of or stop seeking services, the impact on rates of teen pregnancy and STIs would undoubtedly be substantial. Prescription methods of contraception are associated with lower rates of pregnancy compared with nonprescription methods.[13] Sexually active adolescent girls are usually screened for chlamydial infection during family planning evaluations for prescription contraceptives, which is an important strategy to reduce rates of this common and often asymptomatic curable STI and prevent pelvic inflammatory disease. Adolescents who have symptoms or are worried that they may have an STI need to be evaluated and treated if infected. These services should be widely available and provided confidentially, if needed, in family planning and traditional health care settings.

Support for confidential services is often perceived as precluding efforts to strengthen parent-teen communication, but that perception is erroneous. There is no reason that efforts to strengthen communication between adolescents and their parents cannot take place even though confidential health care is available to adolescents who need or want it. Although linking parent-adolescent communication with reduced adolescent sexual risk taking is complex,[14] there is widespread consensus that communication between adolescents and their parents about sexual decision making is important. Professional organizations suggest that physicians encourage parental involvement,[2,15,16] which may include reinforcing parents' responsibility to talk with their children about sexuality, exploring with adolescent patients the potential advantages and disadvantages of discussing sexual decision making with their parents, and encouraging or offering to facilitate parent-teen communication.

Acknowledging that not all parents and teens will be able to communicate effectively and that some adolescents will not seek some services without assurance of privacy protection, professional organizations also support the availability of confidential adolescent health services within existing legal frameworks.[2,15,16] Recently, professional health care organizations have supported provisions of the new federal medical privacy regulations that protect minors' privacy when they are legally authorized to consent to their own health care.[17,18] One of the primary rationales for doing so is that such protections are necessary to encourage adolescents to seek care that is essential to protect their health. The risks of limiting adolescents' access to confidential health care through mandatory parental notification, or any other mechanism, are high. The greatest risk is that adolescents who need health care will not receive it and will experience preventable negative outcomes, endangering their own health and often the public health as well. This outcome is not in the best interest of adolescents, their parents, or professionals dedicated to preserving the health and well-being of this age group.

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TO: Members of the Senate Health, Children, Families, Aging and Long-Term Care Committee

FROM: Susan Armacost, Legislative Director
Wisconsin Right to Life

RE: Planned Parenthood Will Use Family Planning Waiver Funds to Promote Abortion

Wisconsin Right to Life supports legislation authored by Rep. Glenn Grothman and Sen. Joe Leibham that would raise the age limit of women who would be served with the $38 million federal dollars that will come to Wisconsin over the next 5 years.

I want to make it clear that Wisconsin Right to Life takes no position on birth control that is intended to prevent the creation of a new human life. Nor do we take a position on whether family planning programs should or should not exist.

Wisconsin Right to Life's interest in this issue revolves around the fact the Planned Parenthood, the state's largest abortion provider, is the administrator of all federal family planning funds coming to Wisconsin, including the new pot of $38 million dollars obtained through the family planning waiver. Planned Parenthood will keep some of those federal dollars and will distribute the rest to other like-minded organzations.

Planned Parenthood is notorious for using their family planning clinics as sites to refer pregnant women of all ages right over to their own profit-oriented Planned Parenthood abortion clinics to have abortions. **This is a blatant conflict of interest and a gross misuse of federal tax dollars!**

But to make matters even worse, when Planned Parenthood refers pregnant minor girls to their own abortion clinics, they are only too happy to assist those minor girls in finding ways to circumvent Wisconsin's law that requires parental consent prior to a minor's abortion. This should be of grave concern to all lawmakers.

I want to make it clear that Wisconsin Right to Life doesn't want one penny of these federal dollars going to Planned Parenthood because they will refer pregnant women of all ages to their own profit-oriented abortion clinics to have abortions. But at least we can prevent additional vulnerable minor girls from being subjected to the coercion of Planned Parenthood and other like-minded organizations.

It is for these reasons that we urge you to support the Grothman/Leibham measure. Please contact me if you have any questions about our position on this legislation.

Thank you.

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 Lazich

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Supports Bill

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 secretively 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.

* Center does not receive funding

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	**Negative** Pregnancy Test		**Positive** Pregnancy Test			Totals	%
AGE	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%**

Companions In Healing

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October 14, 2003

I am writing to strongly oppose efforts by the Wisconsin legislature to oppose any restriction of teen-agers to access health information, contraceptive products and other important and safe treatment for their health and well-being.

Certain elements in the legislature would like to deny the access of teens, particularly teens who are contemplating sexual activity or having sexual activity, to reproductive health information, services and medications. They argue that the parents should have knowledge of these activities and that the child should not have the ability to access these services.

In the very best of worlds, parents would act in mature, loving and nurturing ways to their children. They would provide a healthy home and positive guidance to their children at every age. They would be able to fairly, openly and intelligently discuss problems with their children, with these discussions coming to positive conclusions in which the child's concerns and needs would be heard and understood and the parents' direction would be wise and respected.

Unfortunately, this is not the best of worlds. For many more children than we would like to admit, have parents are physically absent, emotionally neglectful, addicted to chemicals, mentally ill and/or are unable to parent effectively due to their own deficits, disabilities, emotional neediness, mental troubles or lack of resources.

Teenagers MUST have access to services that keep them healthy and avoid pregnancy in safe ways. If they are pregnant, they should have access to quality prenatal care for themselves and their fetuses. If they are parenting teens, they should be access services that promote health. good parenting practices and delay additional early pregnancies.

To do otherwise would severely damage the health of teenagers, their children and generations to come.

As a clinical social worker, psychotherapist, psychotherapy supervisor and educator, I have worked with many adolescents and their parents through the years, as well as many adults who were reared in dysfunctional homes. Many of these teenagers wished that they could have been provided with healthy guidance and understanding by their parents.

I have stood at the hallway of Safe Haven, a local shelter for teenagers, and watched a mother pull her daughter from the shelter, yelling and swearing at her for no apparent reason. I have watched emotionally wounded teenagers flourish in treatment centers who are then returned to parents who order them around like servants and call them names if their grades fall below a "B." I have heard many painful stories of neglect and abuse by children who have parents who do not know how to parent.

Here are just three life stories out of the many persons that I have worked with. The names have been changed but the people are very real.

Kira is 15 and lives with her mother and her mother's boyfriend. The mother drinks heavily and takes many prescription pills for many illnesses, and the boyfriend also is a heavy drinker. When her mother is at work, the boyfriend verbally teases, fondles and sexually assaults Kira over a number of months. He tells Kira not to tell anyone about their "secret" because it would "kill' her mother. Kira feels overwhelming shame and fear about these incidents and indeed does not tell anyone, even her friends, about this verbal and sexual abuse. Finally, she decides that she must tell her mother about these experiences because she is afraid she will become pregnant. She hopes to receive help, nurturing and protection. Her mother does not believe Kira and says she is "making up" these stories because she does not like the boyfriend. She calls Kira a "liar" and a "slut" and many other names. At this time, Kira begins using drinking and using drugs to take away her feelings of hurt, fear and anger.

Linda is the older of two children from an upper middle class family. She is 16 and feels misunderstood by her parents. She is also is jealous that they seem to favor her younger brother with affection while offering her very little attention. She spends a lot of time with her boyfriend because he has given her compliments and told her she is "beautiful." The parents notice her withdrawal and dropping grades and send her to a psychotherapist because they are concerned about her grades and how it will affect her college applications. During a period of several months, the therapist works diligently in private sessions with Linda to learn what Linda is thinking and feeling. Linda slowly brightens and reveals to the therapist her feelings of inferiority and her thoughts that her brother is the favorite of the family. She also reveals the fact that she is sexually active with her boyfriend and says that he is the only person in her life who "understands" her. The therapist convinces Linda that she should tell her parents this information, suggesting that her parents would respond more lovingly if they really knew of her need for affection. Linda hesitantly agrees to tell her parents about the favoritism in the therapy room with the help of the therapist sitting next to her. She speaks haltingly and with difficulty in the therapy room. During the session, the parents respond with sensitivity and care and tell their daughter that she should talk openly with them whenever she wants. When the family returns home, however, Linda is slapped, criticized, blamed and yelled at for talking about these family matters with someone outside of the home. She does not return to counseling and never tells her parents about her sexual activity.

Loreen is 14 and lives in a rural area her parents; she is an only child. Her father works 60 hour a week in two jobs and does not come home until very late at night. Her mother stays at home and believes the "communists" are tapping the family's phone lines and keeps the shades drawn because she says that their neighbors are trying to hurt her. Loreen stays at home every evening and does her homework; she is much too shy to talk with boys. One day, the mother begins yelling at Loreen, saying that Loreen is "having sex" with black men. Loreen is confused about why her mother is talking this way and reminds her mother that she is at home every night; the mother continues to insist that she is sexually active. The teen-ager is frustrated and ends most nights going to her room and crying herself to sleep. As the girl grows older, she reads in psychology books that her mother has a mental illness known as paranoid schizophrenia. She begins counseling at 19 to learn how to understand her mother's illness and to begin to talk about how lonely she was during her childhood and teen years.

All of these stories are real. They may be stories that are not heard or not known by people in decision-making positions. They also may not be known by those well-meaning individuals — who

press for certain laws that "seem" good on paper but in reality are greatly naïve to realities in the real world.

Part of the job of a leader is to learn about the people he or she represents; another important part of the job is to work with those naïve and/or well-meaning people to educate them about certain realities of life.

I ask you to vote and take a leadership role that supports health care for young people and their children, especially the poorest.

Sincerely,

Karen Carnabucci, MSS, LCSW, TEP

WFPRHA

If you are going to tell people the truth, you had better make them laugh or they will kill you.

--Oscar Wilde--

It has taken me far too long to understand this. It's clear to me now that the safest way to arrive at the truth about SB 186 is to tell you lies . . . here are some whoppers . . . perhaps you've heard them before:

Lie #1: Teenagers have sex because they have access to confidential health care. If we pass SB 186 and deprive teens of health care, they'll stop having sex.

The truth is that there won't be fewer kids having sex, but there will be more kids having babies.

Lie #2: Wisconsin's Family Planning Waiver is expensive.

The truth is that Wisconsin's Family Planning Waiver saves federal federal tax dollars and state tax dollars. This program will save Wisconsin $17,000,000 over five years . . . and it improves maternal and child health.

Lie #3: *SB* 186, denying teens family planning services will reduce abortions.

The truth is that Governor Tommy Thompson's Department of Health and Family Services estimated that this waiver will prevent more than 12,000 abortions.

Lie #4: The reason Milwaukee has the second highest teen pregnancy rate in the country has absolutely nothing to do with the fact that we are unwilling and unable to talk about responsible sexual behavior, let alone give young people health care.

Our message is: "Just Say No!" Like our drug education programs, this makes good sense because the goal of our drug programs is to prevent children from ever using illegal drugs . . . and the goal of our sex education programs is to prevent ourselves from ever being grandparents.

The truth is that our hopes for our children are that they will become responsible, happy, successful, healthy adults. . . perhaps even parents . . . (That's how we become grandparents, generally.) . . . . and successful healthy adolescents becoming healthy adults is the goal of former Secretary of Health and Family Services Secretary Joe Leean's Adolescent Pregnancy Prevention Plan. It's a plan that emphasizes abstinence, but specifically supports the family planning waiver as a means to prevent pregnancy and disease for teens who are not abstinent.

Lie #5: The last whopper of the day is SB 186, itself.

Wisconsin Family Planning and Reproductive Health Association
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WFPRHA

The truth is that SB 186 isn't about encouraging minors to talk with their parents . . . The bill would deny all teens, including the many who do have parental consent, the right to participate in the program.

The truth is that SB 186 won't deny minors access to confidential health care. . . . that's a constitutionally protected right and a federal requirement of Medicaid. SB 186 isn't going to change that. It does, however, risk the entire Waiver, by forcing us to negotiate a new contract after it took us six years to get the first one. If the waiver is lost, it will force thousands of women to pay for the services they need and that, with this waiver, they can now afford. It will surely force minors to pay for the services they need.

. . . and, whether we are talking about minors or adults, here is the ultimate truth about SB 186:

Once again, the costs and consequences of denying these services will be borne by the women and the children.

. . . it is women who will turn down the thermostat next winter to pay for their birth control pills.
. . . it is women who will bear children they cannot care for.
. . . it is women and their children who will suffer the consequences of untreated sexual infections.
. . . it is women and their families who will suffer from undiagnosed and late-treated cancers.
. . . it is women who will make a decision on abortion that they would not have had to make.

The truth is that WI's Family Planning Waiver is already reducing teen pregnancies, reducing abortions, providing needed health care to thousands of women who need it and improving maternal and child health. And, Wisconsin's Family Planning Waiver does all this while it saves desperately needed state and federal tax dollars. . . . and that's the truth. . . even if it kills me.

Lon Newman
Vice President

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TESTIMONY at PUBLIC HEARING on AB 383 and SB 186 -
OCTOBER 14, 2003
RE: "MEDICAL ASSISTANCE FAMILY PLANNING" ETC.

Thank you for taking the time to hear all sides of the question underlying AB 383 and SB 186 basically asking "Who is the parent of the child – the government or the father and mother?" Society has been confused ever since Alfred Kinsey popularized the big lie that "everybody's doing it". It's no wonder that teens – with no constructive support from the entertainment world or the government – felt "if everybody's doing it, why should I hold back?" But Kinsey's research was seriously flawed; he used methods that included under-age children and men in prison; we are told that he had an obsessive antipathy to the Christian religion and did everything he could to make the means justify the ends that he wanted.

Rather than assuming teen-agers will have sexual encounters, the government – if it is to intervene at all – should throw its weight on the side of challenging them to higher standards. Birth control methods are risky and uncertain; teen-agers are not really mature enough to parent babies, either emotionally or economically; socially transmitted sexual diseases – including the AIDS virus – are mushrooming among teens.

Instead of yielding to the self-serving pressures of a sex-centered entertainment world, the government should do all it can to support parents in setting more responsible moral standards. Where parents are not measuring up, I wonder if some sort of a point system could be set up comparable to what is used for motorists who speed too often (I lost my driver's license once and had to go through a re-training program; it was a good lesson for me) or who have accidents. Parents whose children have repeated problems could be required to take parenting classes.

The government could also encourage faith-based programs – and I say this advisedly – because this is where you will find the highest ratio of success in developing mature, responsible, and happy teens.

I was sorry to read that, at an October 7th Hearing on the use of contraceptive drugs and devices, Lt. Gov. Barbara Lawson decried that Bill as an attempt on the part of religious people to impose their views on others. Her closing comment was reported as: ***"We have to keep religion at bay."*** This mindset is completely out of step with the Founding Fathers and Mothers of our country. It is out of step with what ***"the huddled masses yearning to breathe free"*** looked for when they flooded our shores from just about every country on earth and found the social, economic, and religious freedoms under our Judeao-Christian Constitution that were so often lacking in the country they had left.

One of the definitions for "religion" given in my Webster's dictionary is: ***a cause, principle, or system of beliefs held to with ardor and faith."*** By that definition, Planned Parenthood is a religion. Like any national Christian denomination, it has its local chapters (or "Churches"!) all over the country. In the forefront of this battle against our Judaeo-Christian heritage is atheistic-leaning secular humanism. But Webster, again, defines ***"secular humanism"*** as itself a ***"humanistic philosophy viewed as a non-theistic religion antagonistic to traditional religion."***

Is it fair or honest for the Lt. Governor, Planned Parenthood, the ACLU, or the FFRF to be against the Judaeo-Christian religion because they want their own religion to dominate our state and schools? The track record of countries like Nazi Germany, Russia, and China – where secular humanism was the controlling factor – is not too good. As Legislators, you defend the Constitution, which is based, not on Islam, Hinduism, Buddhism, New Age, or Secular Humanism, but on the Judaeo-Christian religion.

Religion of any stripe and our government at every level ought not to be enemies but, rather, mutually supportive – with neither exercising authoritarian control over the other. That is why I pray that you will support SB 186 and AB 383 in their attempt to support the traditional religious values on which our country was founded, to support the traditional family in its right to raise their own children until at least the age of 18, and to support our teen-agers by lifting their standards to a more responsible level rather than by sinking to the lowest common denominator sought by a greedy world of entertainment – as those who oppose these Bills wish to do.

Thank you for the opportunity to speak to this.

Sincerely,

Rev. R. E. Pritchard

To the Esteemed Members of the Legislature:

I'm here as a parent and I'm concerned about the negative impact this legislation will have. I live in a small town of just under 10,000. The high school principle said at least, 2 or 3 students are on maternity leave every year. Teen pregnancy is a problem even in rural Wisconsin.

As parents, we don't want to think about our kids becoming sexually active when they're adults, let alone while they're still kids. But, some kids are having sex and some of those kids are getting pregnant or contracting sexually transmitted diseases. Cutting 15 to 17 year olds from this program won't stop kids from having sex.

The Nurse Practitioner for family planning in my area said she hasn't had a rush of teens coming in for free birth control. What she sees are young people, who are already sexually active, coming in for reliable birth control. Before the waiver, these young people skipped using birth control when they didn't have enough money to pay for it. They still had sex, but they risked getting pregnant. Since the waiver program started, she's seen young women, under 22, using birth control more consistently.

Teens who want to have sex will do it with or without their parents' consent; with or without birth control. I'd rather see these young people take responsibility for behavior before they become parents than to see our state assume financial responsibility for these teens having kids.

Restricting information about abortion jeopardizes the future of this program and the futures of the low income women who need this help. Preventing providers from discussing abortions won't prevent abortions. Preventing unwanted pregnancy prevents abortion. The only thing this legislation can do is keep low income women from getting birth control and health care. These women decided not to bring a child into a life of poverty, BEFORE conception. Don't legislate that away from them.

I want to thank the legislators who will vote against both of these changes. Let your constituents know you would not put Wisconsin further into debt and you were not willing to sacrifice a program that's working without a guarantee that something better would take it's place. It would be totally irresponsible to pass any law that places such an enormous burden on the people who can least afford it: the middle class taxpayer and the low income women who need this program.

Thank you.

Diane Fox

Sharon Hampson

La Crosse County Board Supervisor
Health and Human Services Board

1. This is a public health issue. If the program is destroyed and the federal $ is lost, low-income women will lose access to health screenings for cancer and STDs as well as birth control.

   Local government will have to fill the gap left or drop services. Either way, the level of public health goes down.

2. Loss of the funding from the federal government would mean the loss of millions of dollars to Wisconsin families. The rate of unintended pregnancies would rise again, as all of our previous work is destroyed.

   When teens have babies, 85% of them are paid for by the Wisconsin taxpayer. Not only is there the obvious cost of maternal and child care, but there are hidden costs:

   -many teens quit school when they become pregnant, thus assuring them a life of poverty. Society pays in social programs to support more low-income families. Unplanned children often end up in child protective services and the juvenile justice system, also paid for by taxpayers.

   In these difficult financial times, it is fiscally irresponsible to endanger millions of dollars of federal funding and to create a greater need for services.

3. A disturbing pattern is emerging when these bills are considered along with the other bills in front of the legislature and the laws that are already on the books that limit access to health care for women in Wisconsin.

4. What is the real aim of all this legislation to limit access to health care? It seems to be to get rid of all birth control, equating birth control with abortion. I can only assume that the real aim of this legislation is to return us to the barefoot and pregnant gold standard of the 1940s and 50s. The real aim must be to take away the voice of women in our culture. What is next: burkas?

Date: October 14, 2003

To: Assembly Family Law Committee and Senate Health Committee

From: Janet Kusch, Executive Director Options in Reproductive Care, 1201 Caledonia Street, La Crosse WI 54601

Re: Opposition to AB 383/ SB 186

Options in Reproductive Care serves five counties LaCrosse Vernon, Monroe, Crawford and Richland. In 2002 we provided care to 5,661 patients in 16,332 visits. Sixty percent were at or below 100% of poverty and 88% were below 250% of poverty. Within reproductive health care and contraceptive provision we offer primary preventative health services. We screen for cancer, anemia, hypertension, diabetes, sexually transmitted infections, eating disorders, weight concerns, substance abuse, smoking habits, domestic and sexual abuse. Education and referral on any and all of these issues, depending on patient needs, is part of their health visit. In 2002 we made 288 presentations to 6,299 individuals.

The Need

"Birthrates among women 15-91 are higher in the United States than in other developed countries. Teenage birthrates are higher in the United States are four times those in the Countries of the European Union. The reason for higher pregnancy rates in the US is that American teenagers are less likely to use contraceptives or use them effectively (p705)." Three factors inhibiting the use of contraceptives in the US are (1) A political culture at odds with the reality of the adolescent world (2) large pockets of deep poverty and (3) myths and misunderstandings about the risks and benefits of the pill (p 709) *Contraceptive Technology, 1998*

A Search Institute Survey in a school district in our service area reported that 55% of high school seniors indicated they had sexual intercourse. In 2002, 17% or 962 of our patients were under 18. In 1998 through a research project we found that 84% of teens visiting us had been sexually active prior to seeking our services. Thus, extrapolating that research to 2002 approximately 808 of the 962 had had intercourse before receiving services at our agency. Anecdotally, we find a number of our teens have parents that are aware they are seeking services from our agency. We also have teens coming with a parent or guardian.

Barrier Free Service Makes a Difference

In a 2001 research project, after receiving services from Options for one year 98%of our patients reported that they did not have an unintended pregnancy in the last year. A chi square analysis indicated a .05 significance. For La Crosse County the <18 birthrate is 13.4 per 1,000 females compared to 21.2 for the State, The <18 pregnancy rate is 15.9 as compared to the State of 27.6.

Experience with Pregnant and Parenting Teens and At-Risk for Pregnancy Teens

In 13 years of experience with teens: pregnant, parenting or at risk I have found the following to be true. Once teens start having sex, they rarely stop. Many teens have been sexually assaulted; they need birth control to protect them from pregnancy and STDs. Teens want information about sexuality but parents are not providing it. The media promotes sex but not responsible sex.

Today while we spend precious resources debating access to reproductive health care for the 15-17 year olds, they are having sex, getting sexually transmitted diseases and getting pregnant. We need to do what will make a difference in teen lives. We need to help teens be safe and that means providing contraception and STD testing, diagnosis and treatment.

UNIVERSITY OF WISCONSIN-EAU CLAIRE
STUDENT SENATE – 47th SESSION

NOTIFICATION OF ACTION TAKEN

FOR TRANSMITTAL TO: Dr. Donald Mash, Chancellor
Dr. Susan Harrison, Chair, University Senate
Dr. Kimberly Barrett, Assoc Vice Chancellor, Student Development & Div
Robert Shaw, Associate Dean, Student Development & Diversity
Senator Ron Brown
Senator Dave Zien
Assemblyman Robin Kreibich
Assemblyman Larry Balow
Representative Carol Owens, Chair, Assembly Com on Family Law
Representative Steve Kestell, Vice Chairperson, Assembly Com on Family
Members of the Assembly Committee on Family Law
Sen. Carol Roessler, Chair, Health, Children, Families, Aging & Long-Term Car
Members of the WI Senate Com on Health, Children, Families, Aging & Long Term Care

ACTION BY: UW-Eau Claire Student Senate

CONCERNING: Resolution 47-R-27, In Opposition to Proposed Changes to the Wisconsin Medicaid Family Planning Waiver .

DATE: October 15, 2003

Resolution 47-R-27, In Opposition to Proposed Changes to the Wisconsin Medicaid Family Planning Waiver, passed by Student Senate on October 14, 2003.

Action by: _____

_____

Date _____

Notice transmitted by: _____
Adrian C. Klenz, Student Body President

Date 10/14/03

cb

Passed
10/13/2003

47-R-27

UNIVERSITY OF WISCONSIN-EAU CLAIRE
STUDENT SENATE RESOLUTION

IN OPPOSITION TO PROPOSED CHANGES TO THE WISCONSIN MEDICAID FAMILY PLANNING WAIVER

WHEREAS, Wisconsin received a waiver, effective January 1, 2003, from the federal government to expand access to family planning health care to women who are between the ages of 15-44, have a Social Security number, are a Wisconsin resident and have an income less than $1384; and

WHEREAS, some services provided under this waiver are breast and cervical cancer screens, contraceptive counseling and services, pregnancy testing and treatment of sexually transmitted infections (see Attachment "A"); and

WHEREAS, hospitals and health centers that provide services using the waiver can not perform or counsel in favor of abortions; and

WHEREAS, this waiver allows an additional 47,000 women to have free reproductive health care; and

WHEREAS, this waiver can help college women because their eligibility is based upon their income without the addition of their parents' income when determining if they qualify the income requirements; and

WHEREAS, legislation is currently before the Wisconsin Senate Committee for Health, Children, Families, Aging and Long-Term Care (SB 186) and the Assembly Committee on Family Law (AB 383) to remove women between the ages of 15-17 from the waiver (see Attachment "B"); and

WHEREAS, making teenage women ineligible would place the entire waiver program in danger because in obtaining the waiver Wisconsin committed to reducing teen pregnancy; and

WHEREAS, this would make the program not in compliance with the application and therefore could result in the loss of federal funds for this program; and

WHEREAS, the loss of this program would hurt college students; and

BE IT THEREFORE RESOLVED that the University of Wisconsin-Eau Claire Student Senate supports the Wisconsin Medicaid Family Planning Waiver; and

BE IT FURTHER RESOLVED that we oppose the proposed changes to the Wisconsin Medicaid Waiver; and

BE IT FINALLY RESOLVED that upon passage President Klenz transmit copies of this resolution to Dr. Donald Mash, Chancellor; Dr. Susan Harrison, Chair, University Senate; Dr.

Kimberly Barrett; Associate Vice Chancellor, Student Development and Diversity; Robert Shaw, Associate Dean, Student Development and Diversity; Senator Ron Brown; Senator Dave Zien; Assemblyman Robin Kreibich; Assemblyman Larry Balow; Representative Carol Owens, Chair, Assembly Committee on Family Law; Representative Steve Kestell, Vice Chairperson, Assembly Committee on Family Law; Members of the Assembly Committee on Family Law; Senator Carol Roessler, Chair, Wisconsin Senate Committee on Health, Children, Families, Aging and Long-Term Care; and Members of the Wisconsin Senate Committee on Health, Children, Families, Aging and Long-Term Care.

Submitted by:
Sandra Boone, Student Services Commission Director
and On-Campus Senator
Lisa Huftel, Student Life & Diversity Commission Director
and Off-Campus Senator
October 13, 2003