

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_pt15

➤ Miscellaneous ... Misc

➤ **

➤ Record of Comm. Proceedings ... RCP

➤ **

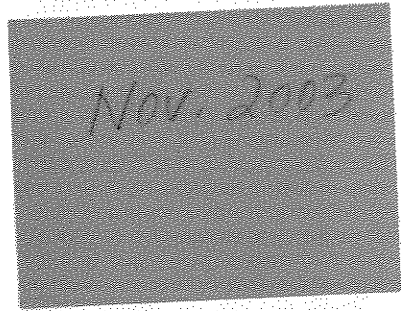
NOV 03 2003



Wisconsin Nurses Association

6117 Monona Drive
Madison, Wisconsin 53716-3995
(608) 221-0383
FAX (608) 221-2788

Senator Carol Roessler
State Capitol
P.O. Box 7882
Madison, WI 53707



Dear Senator Roessler:

The Wisconsin Nurses Association (WNA) respectfully submits their opposition of SB 186 and AB 383 – Changing the minimum age requirements on the Family Planning Waiver.

The WNA is deeply concerned about issues affecting reproductive health – not “pro choice” issues – not “pro-life” issues, but reproductive health issues.

The goal of the family planning waiver is to reduce unintended pregnancy; identification of sexually transmitted infections, and promotes early detection of cancer among low-income women who are between 15-44 years of age. The Federal government pays 90% of all costs of the program, which provides preventative and diagnostic health. It is estimated to avert 24,200 pregnancies and 12,100 pregnancies each year.

The Department of Health and Human Services estimates that Wisconsin taxpayers pay for 85% of teen pregnancies in our state. In 2000, there were 7,081 teen births in Wisconsin. When teenagers become pregnant often times they spend the rest of their lives trying to get out from under the crushing weight of poverty.

In addition, the waiver provides women with testing and treatment to women for sexually transmitted diseases. This is especially critical because chlamydia, gonorrhea, and syphilis often times are asymptomatic until they travel into the uterus and cause pelvic inflammatory disease (PID), which can lead to infertility. Infertility is a permanent and emotional trying issue for women and any way that the state can increase access to testing for sexually transmitted disease should be encouraged not prohibited by the state. In 2001, 21.4% of women ages 15-24 tested at family planning and STD clinics were positive for chlamydia.

Current law protects teenagers right to confidential medical care and these rights should be respected. While WNA, empathetic with parents who want to be involved in their children's lives, we acknowledge that many teenagers do not have open communication with their parents. This lack of communication causes teens to not seek out parental assistance and leads to unprotected sexual activity. As nurses, we have seen the effects

of unplanned pregnancies and the infertility caused by undiagnosed sexually transmitted diseases. Therefore, we believe that the family planning waiver should remain intact for women between the ages of 15-44.

The WNA urges you to support all women's access to health care and urges you to oppose this legislation. No woman, regardless of age, should have to pay the incredibly high consequences associated with lack of access to family planning or STD detection because of a difference in philosophical beliefs.

The Wisconsin Nurses Association hopes that you will support continued access of family planning services, STD screening, and cervical cancer screening for women ages 15-44. Please vote in opposition of SB 186 and AB 383.

Sincerely,

Gina Dennik-Champion

Gina Dennik-Champion, RN, MSN, MSH
Executive Director
Wisconsin Nurses Association

Halbur, Jennifer

From: Dicks, Jacque
Sent: Monday, November 03, 2003 4:29 PM
To: *Legislative Assembly Republicans; *Legislative Assembly Democrats; *Legislative Senate Republicans; *Legislative Senate Democrats
Cc: Boese, Jennifer; Christianson, Peter C.; Gary, Tim; Healy, Brett; Holland, Bryan W.; Kalies, Tim; Knudson, Steve; Kulow, Chris; Lohr, Ruth; Matzen, David; Moran, Christian; Nussbaum, Jody; O'Brien, Tim; Powell, Thomas; Raz, Jan; Rep.Berceau; Rep.Friske; Rep.Jensen; Rep.Kestell; Rep.Krusick; Rossmiller, Daniel; Salm, Don; Stigler, Ken; Tonnon Byers, Anne; Western, Jennifer
Subject: Assembly Family Law Committee Executive Session - November 5, 2003

Hard copies will be distributed to committee members only.

Assembly

EXECUTIVE SESSION

Committee on Family Law

The committee will hold an executive session on the following items at the time specified below:

Wednesday, November 5, 2003

8:30 AM

400 Northeast

Assembly Bill 634

Relating to: a Medical Assistance family planning demonstration project minimum age eligibility limitation change.

By Representatives Grothman, Seratti and Gunderson; cosponsored by Senators Leibham, Welch and Lazich.



Representative Carol Owens
Chair

Halbur, Jennifer

From: Dicks, Jacque
Sent: Tuesday, November 04, 2003 4:06 PM
To: *Legislative Assembly Republicans; *Legislative Assembly Democrats; *Legislative Senate Republicans; *Legislative Senate Democrats
Cc: Boese, Jennifer; Christianson, Peter C.; Gary, Tim; Healy, Brett; Holland, Bryan W.; Kalies, Tim; Knudson, Steve; Kulow, Chris; Lohr, Ruth; Matzen, David; Moran, Christian; Nussbaum, Jody; O'Brien, Tim; Powell, Thomas; Raz, Jan; Rep.Berceau; Rep.Friske; Rep.Jensen; Rep.Kestell; Rep.Krusick; Rossmiller, Daniel; Salm, Don; Stigler, Ken; Tonnon Byers, Anne; Western, Jennifer
Subject: Assembly Family Law Committee Executive Session - November 5, 2003 / CANCELLED
Importance: High

Assembly

EXECUTIVE SESSION

Committee on Family Law

CANCELLED

The committee will hold an executive session on the following items at the time specified below:

Wednesday, November 5, 2003
8:30 AM
400 Northeast

Assembly Bill 634

Relating to: a Medical Assistance family planning demonstration project minimum age eligibility limitation change.

By Representatives Grothman, Seratti and Gunderson; cosponsored by Senators Leibham, Welch and Lazich.

Carol Owens

Representative Carol Owens
Chair



PRO-LIFE WISCONSIN

19270 North Hills Drive
P.O. Box 221
Brookfield, WI 53008-0221
Phone: (262) 796-1111 Fax: (262) 796-1115
Mobile: (262) 352-0890
E-mail: msande@prolifewisconsin.org

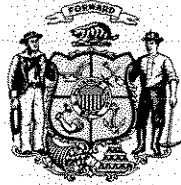
Matt Sande

Director of Legislative Affairs

www.prolifewisconsin.org

Your 100% pro-life voice.

WISCONSIN STATE SENATE



Carol Roessler
STATE SENATOR

November 3, 2003

Sister Collean Walsh
47 Bryn Mawr Circle
Fond du Lac, WI 54935

Dear Sister Collean Walsh,

Thank you for your contact on Senate Bill 186 relating to the Medical Assistance Family Planning Demonstration Project minimum age eligibility limitation change.

On September 23, 2003 the full Senate voted 29-4 to refer SB186 to the Senate Health, Children, Families, Aging and Long Term Care Committee, which I chair. A public hearing was held on October 14, 2003. I will keep you updated as the bill moves forward.

Thank you again for sharing your views. Please feel free to contact me further with questions or concerns.

Sincerely,

A handwritten signature in cursive script that reads 'Carol'.

CAROL ROESSLER
State Senator
18th Senate District

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Sen. Roessler

Dear Legislator: Carol Roessler

I urge you to support AB 383 and SB 186, legislation that would eliminate minor children's access to free, taxpayer-funded birth control and other "family planning" services under the *Medicaid Family Planning Demonstration Project*.

Federal law prohibits parents from being notified that their 15, 16 and 17 year-old sons and daughters are receiving free contraceptives under this *Project*. This undermines parental authority and increases underage pregnancy and abortion by encouraging sexual promiscuity. Oral contraceptives offer no protection against sexually transmitted diseases (STDs), which have become a full-blown epidemic among our teens.

Please support AB 383 and SB 186. This common-sense legislation respects parents and protects our kids. Thank you for your consideration.

Sincerely, Sister Colleen Walsh from Jond du Lac County.

I would like to be contacted about your position on these bills.

My address is: 47 Bryn Mawr Circle
Jond du Lac, WI 54935

WISCONSIN STATE SENATE



Carol Roessler
STATE SENATOR

November 3, 2003

Sister Cecile Marie Kees, CSA
47 Bryn Mawr Circle
Fond du Lac, WI 54935

Dear Sister Cecile Marie,

Thank you for your contact on Senate Bill 186 relating to the Medical Assistance Family Planning Demonstration Project minimum age eligibility limitation change.

On September 23, 2003 the full Senate voted 29-4 to refer SB186 to the Senate Health, Children, Families, Aging and Long Term Care Committee, which I chair. A public hearing was held on October 14, 2003. I will keep you updated as the bill moves forward.

Thank you again for sharing your views. Please feel free to contact me further with questions or concerns.

Sincerely,

A handwritten signature in cursive script that reads "Carol".

CAROL ROESSLER
State Senator
18th Senate District

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Sen. Roessler

Dear Legislator: Senator Carol Roessler

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Please support AB 383 and SB 186. This common-sense legislation respects parents and protects our kids. Thank you for your consideration.

Sincerely, Sister Cecile Marie Keen, CSA from Fond du Lac County.

I would like to be contacted about your position on these bills.

My address is: 47 BRYN MAWR CIRCLE

Fond du Lac, WI 54935

WISCONSIN STATE SENATE



Carol Roessler
STATE SENATOR

November 3, 2003

Mr. and Mrs. E Jenschke
810 Meadowbrook Lane
Fond du Lac, WI 58935

Dear Mr. and Mrs. Jenschke,

Thank you for your contact on Senate Bill 186 relating to the Medical Assistance Family Planning Demonstration Project minimum age eligibility limitation change.

On September 23, 2003 the full Senate voted 29-4 to refer SB186 to the Senate Health, Children, Families, Aging and Long Term Care Committee, which I chair. A public hearing was held on October 14, 2003. I will keep you updated as the bill moves forward.

Thank you again for sharing your views. Please feel free to contact me further with questions or concerns.

Sincerely,

A handwritten signature in cursive script that reads "Carol".

CAROL ROESSLER
State Senator
18th Senate District

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Sen. Alesster

Dear State Senator Rocules and State Representative Townsend

I urge you to support AB 383 and SB 186, legislation that would eliminate minor children's access to free, taxpayer-funded birth control and other "family planning" services under the *Medicaid Family Planning Demonstration Project*.

Federal law prohibits parents from being notified that their 15, 16 and 17 year-old sons and daughters are receiving free contraceptives under this *Project*. This undermines parental authority and increases underage pregnancy and abortion by encouraging sexual promiscuity. Oral contraceptives offer no protection against sexually transmitted diseases (STDs), which have become a full-blown epidemic among our teens.

Please support AB 383 and SB 186. This common-sense legislation respects parents and protects our kids. Thank you for your consideration.

Sincerely, Mrs. E. Jenschke from Fond du Lac County.

I would like to be contacted about your position on these bills.

My address is:

Mrs. Barbara J. Jenschke

810 Meadowbrook Lane
Fond du Lac, WI 58935

WISCONSIN STATE SENATE



Carol Roessler
STATE SENATOR

November 3, 2003

Sister Ruth Ann Baudry
47 Bryn Mawr Circle
Fond du Lac, WI 54935

Dear Sister Ruth Ann Baudry,

Thank you for your contact on Senate Bill 186 relating to the Medical Assistance Family Planning Demonstration Project minimum age eligibility limitation change.

On September 23, 2003 the full Senate voted 29-4 to refer SB186 to the Senate Health, Children, Families, Aging and Long Term Care Committee, which I chair. A public hearing was held on October 14, 2003. I will keep you updated as the bill moves forward.

Thank you again for sharing your views. Please feel free to contact me further with questions or concerns.

Sincerely,

A handwritten signature in cursive script that reads "Carol".

CAROL ROESSLER
State Senator
18th Senate District

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Sen. Roessler

Dear Legislator: Carol Roessler,

I urge you to support AB 383 and SB 186, legislation that would eliminate minor children's access to free, taxpayer-funded birth control and other "family planning" services under the *Medicaid Family Planning Demonstration Project*.

Federal law prohibits parents from being notified that their 15, 16 and 17 year-old sons and daughters are receiving free contraceptives under this *Project*. This undermines parental authority and increases underage pregnancy and abortion by encouraging sexual promiscuity. Oral contraceptives offer no protection against sexually transmitted diseases (STDs), which have become a full-blown epidemic among our teens.

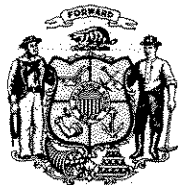
Please support AB 383 and SB 186. This common-sense legislation respects parents and protects our kids. Thank you for your consideration.

Sincerely, Sister Ruth Ann Baudry from Fond du Lac County.

I would like to be contacted about your position on these bills.

My address is: 47 Bryn Mawr Circle
Fond du Lac WI 54935

WISCONSIN STATE SENATE



Carol Roessler
STATE SENATOR

November 3, 2003

Sandra Vercauteren
W6224 West Byron Road
Byron, WI 53009

Dear Sandra,

Thank you for your contact on Senate Bill 186 relating to the Medical Assistance Family Planning Demonstration Project minimum age eligibility limitation change.

On September 23, 2003 the full Senate voted 29-4 to refer SB186 to the Senate Health, Children, Families, Aging and Long Term Care Committee, which I chair. A public hearing was held on October 14, 2003. I will keep you updated as the bill moves forward.

Thank you again for sharing your views. Please feel free to contact me further with questions or concerns.

Sincerely,

A handwritten signature in cursive script that reads "Carol".

CAROL ROESSLER
State Senator
18th Senate District

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Sen. Roessler

Dear State Senator Roessler and State Representative Orny

I urge you to support AB 383 and SB 186, legislation that would eliminate minor children's access to free, taxpayer-funded birth control and other "family planning" services under the *Medicaid Family Planning Demonstration Project*.

Federal law prohibits parents from being notified that their 15, 16 and 17 year-old sons and daughters are receiving free contraceptives under this *Project*. This undermines parental authority and increases underage pregnancy and abortion by encouraging sexual promiscuity. Oral contraceptives offer no protection against sexually transmitted diseases (STDs), which have become a full-blown epidemic among our teens.

Please support AB 383 and SB 186. This common-sense legislation respects parents and protects our kids. Thank you for your consideration.

Sincerely, Sandy Vercauteren from FDL County.

I would like to be contacted about your position on these bills.

My address is:

W6224 W Byron Rd
Byron Wis 53006

Sandy Vercauteren
W6224 W. Byron Rd.
Brownsville, WI 53006

WISCONSIN STATE SENATE



Carol Roessler
STATE SENATOR

November 3, 2003

William Guilfoile
705 Country Club Lane
Fond du Lac, WI 54935

Dear William Guilfoile,

Thank you for your contact on Senate Bill 186 relating to the Medical Assistance Family Planning Demonstration Project minimum age eligibility limitation change.

On September 23, 2003 the full Senate voted 29-4 to refer SB186 to the Senate Health, Children, Families, Aging and Long Term Care Committee, which I chair. A public hearing was held on October 14, 2003. I will keep you updated as the bill moves forward.

Thank you again for sharing your views. Please feel free to contact me further with questions or concerns.

Sincerely,

CAROL ROESSLER
State Senator
18th Senate District

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Sen. Roessler

Dear State Senator ROESSLER and State Representative TOWNSEND

I urge you to support AB 383 and SB 186, legislation that would eliminate minor children's access to free, taxpayer-funded birth control and other "family planning" services under the *Medicaid Family Planning Demonstration Project*.

Federal law prohibits parents from being notified that their 15, 16 and 17 year-old sons and daughters are receiving free contraceptives under this *Project*. This undermines parental authority and increases underage pregnancy and abortion by encouraging sexual promiscuity. Oral contraceptives offer no protection against sexually transmitted diseases (STDs), which have become a full-blown epidemic among our teens.

Please support AB 383 and SB 186. This common-sense legislation respects parents and protects our kids. Thank you for your consideration.

Sincerely, William Guilfoyle from Fond du Lac County.

I would like to be contacted about your position on these bills.

My address is: 705 COUNTRY CLUB LANE
FOND DU LAC, WI 54935

WISCONSIN STATE SENATE



Carol Roessler
STATE SENATOR

November 3, 2003

Angeline Beek
225 Bly Street
Waupun, WI 53963

Dear Angeline,

Thank you for your contact on Senate Bill 186 relating to the Medical Assistance Family Planning Demonstration Project minimum age eligibility limitation change.

On September 23, 2003 the full Senate voted 29-4 to refer SB186 to the Senate Health, Children, Families, Aging and Long Term Care Committee, which I chair. A public hearing was held on October 14, 2003. I will keep you updated as the bill moves forward.

Thank you again for sharing your views. Please feel free to contact me further with questions or concerns.

Sincerely,

CAROL ROESSLER
State Senator
18th Senate District

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Jan. Hoessler

Dear State Senator Carol Rowler and State Representative Carol Owens

I urge you to support AB 383 and SB 186, legislation that would eliminate minor children's access to free, taxpayer-funded birth control and other "family planning" services under the *Medicaid Family Planning Demonstration Project*.

Federal law prohibits parents from being notified that their 15, 16 and 17 year-old sons and daughters are receiving free contraceptives under this *Project*. This undermines parental authority and increases underage pregnancy and abortion by encouraging sexual promiscuity. Oral contraceptives offer no protection against sexually transmitted diseases (STDs), which have become a full-blown epidemic among our teens.

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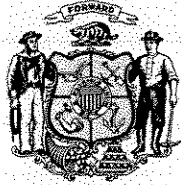
Sincerely, Angeline Beck from ~~Mad~~ Dodge County.

I would like to be contacted about your position on these bills.

My address is:

225 Bly St
Wausau, WI 53963

WISCONSIN STATE SENATE



Carol Roessler
STATE SENATOR

November 3, 2003

Eleanor Wengert
15 North Marr Street Apt. 313
Fond du Lac, WI 54935

Dear Eleanor,

Thank you for your contact on Senate Bill 186 relating to the Medical Assistance Family Planning Demonstration Project minimum age eligibility limitation change.

On September 23, 2003 the full Senate voted 29-4 to refer SB186 to the Senate Health, Children, Families, Aging and Long Term Care Committee, which I chair. A public hearing was held on October 14, 2003. I will keep you updated as the bill moves forward.

Thank you again for sharing your views. Please feel free to contact me further with questions or concerns.

Sincerely,

A handwritten signature in cursive script that reads "Carol".

CAROL ROESSLER
State Senator
18th Senate District

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Sen. Roessler

Dear State Senator Reingold and State Representative Tom Petri

I urge you to support AB 383 and SB 186, legislation that would eliminate minor children's access to free, taxpayer-funded birth control and other "family planning" services under the *Medicaid Family Planning Demonstration Project*.

Federal law prohibits parents from being notified that their 15, 16 and 17 year-old sons and daughters are receiving free contraceptives under this *Project*. This undermines parental authority and increases underage pregnancy and abortion by encouraging sexual promiscuity. Oral contraceptives offer no protection against sexually transmitted diseases (STDs), which have become a full-blown epidemic among our teens.

Please support AB 383 and SB 186. This common-sense legislation respects parents and protects our kids. Thank you for your consideration.

Sincerely, Eleanor J. Wenzel from FDL County.

I would like to be contacted about your position on these bills.

My address is: Eleanor D. Wenzel

Eleanor Wenzel
15 N. Marr St.
313
FDL, NJ 08435

vi
5

WISCONSIN STATE SENATE



Carol Roessler
STATE SENATOR

November 5, 2003

Julie Treiber
149 5th St
Fond Du Lac WI, 54935-4445

Dear Julie,

Thank you for your contact on Senate Bill 186 relating to the Medical Assistance Family Planning Demonstration Project minimum age eligibility limitation change.

On September 23, 2003 the full Senate voted 29-4 to refer SB186 to the Senate Health, Children, Families, Aging and Long Term Care Committee, which I chair. A public hearing was held on October 14, 2003. I will keep you updated as the bill moves forward.

Thank you again for sharing your views. Please feel free to contact me further with questions or concerns.

Sincerely,

A handwritten signature in cursive script that reads "Carol".

CAROL ROESSLER
State Senator
18th Senate District

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11/5/2003

Contact Detail

Treiber, Julie
149 5th St
Fond Du Lac, WI 54935-4445

Home: (920) 929-8892

Contact Date: 10/27/2003

Contact Type: Phone Call

Summary: Family planning waiver - Oppose

Issue:

Position:

Description: 3:07 pm V-mail:

Julie Trieber calling to encourage her to continue with the family planning waiver through medical assistance - age 18.
920-929-8892

Status: Pending

Closed Date:

Assigned: Halbur, Jennifer

Owner: Halbur, Jennifer

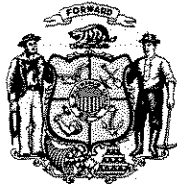
Note **Note Date:**

Summary:

Contact Type:

Description:

WISCONSIN STATE SENATE



Carol Roessler
STATE SENATOR

November 5, 2003

Monte Kidwiler
2410 Omro Rd
Oshkosh WI, 54901

Dear Monte,

Thank you for your contact on Senate Bill 186 relating to the Medical Assistance Family Planning Demonstration Project minimum age eligibility limitation change.

On September 23, 2003 the full Senate voted 29-4 to refer SB186 to the Senate Health, Children, Families, Aging and Long Term Care Committee, which I chair. A public hearing was held on October 14, 2003. I will keep you updated as the bill moves forward.

Thank you again for sharing your views. Please feel free to contact me further with questions or concerns.

Sincerely,

CAROL ROESSLER
State Senator
18th Senate District

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11/5/2003

Contact Detail

Kidwiler, Monte
2410 Omro Road
Oshkosh, WI

Home: (920) 232-9159

Contact Date: 10/23/2003

Contact Type:

Summary: SB 186

Issue:

Position:

Description: Support 186

Status: Pending

Closed Date:

Assigned: Halbur, Jennifer

Owner: Halbur, Jennifer

Note **Note Date:**

Summary:

Contact Type:

Description:

11/05/20

family planning opposed

<u>label</u>	<u>line 1</u>	<u>line 2</u>
Nil Bailie	719 Central St	Oshkosh, WI 54901-4401
Kelly Bellman	275 Westbrook Dr	Oshkosh, WI 54904-7821
Adam Bindert	315 Polk St Apt 8	North Fond Du Lac, WI 54937-1259
Mary Cary	43 Westfield Cir	Fond Du Lac, WI 54935-3859
Francis Flint	234 S National Ave	Fond Du Lac, WI 54935-5341
Mr. Don Fontecchio	N8817 Highway 151	Fond du Lac, WI 54935
Stephanie Graunt	Stephanie Graunt	579 Bowen St
Dr. Martin Gruberg	2121 Oregon St	Oshkosh, WI 54902-7058
Katherine Jensen	857 Jackson St # B	Oshkosh, WI 54901-4322
renee jungoritz	1770 Taft Ave Apt A6	Oshkosh, WI 54902-3266
Nicole Kellerman	223 N Main St Apt C	Oshkosh, WI 54901-4875
Barbara Kotsonis	124 W Arndt St	Fond Du Lac, WI 54935-2241
Ariane Levesque	1191 High Ave Apt C-105	
Veronica Maks	700 W Lincoln Ave	Oshkosh, WI 54901-4350
Margaret McLane	623 Ledgeview Blvd	Fond Du Lac, WI 54935-3726
Carol	2834 County Road Ff	Oshkosh, WI 54904-9237
Laura	917 E Murdock Ave	Oshkosh, WI 54901-2427
Mr. Patrick Patterson	1707 Burdick St	Oshkosh, WI 54901-2905
Jessica Prall	775 N Westfield St # 4	Oshkosh, WI 54902-3235
Heather Ramponi	1771 Alexandra Court	Oshkosh, WI 54902
Mr. Jeffry Reese	43 1/2 W 12th St	Fond Du Lac, WI 54935-4962
Betty Reimer	5410 Reighmoor Rd	Omro, WI 54963-9438
Amy Ribecky	851 Cherry St # A	Oshkosh, WI 54901-4347
Amy Robel	1130 Cherry St	Oshkosh, WI 54901-3658
Eric Schultz	541 Delaware Ave	North Fond Du Lac, WI 54937-1407
Pat Starch	719 West Gruenwald Avenue	Oshkosh, WI 54901
Julie Treiber	149 5th St	Fond Du Lac, WI 54935-4445
Alison Udworonski	271 Fulton Ave	Oshkosh, WI 54901-4505
Sarah Wylie	118 W Nevada Ave	Oshkosh, WI 54901-2956

11/05/20

family planning support

label

Ruth Baudry
Angeline Beek
Chris Bjorge
Sarah Burns
John Cornelison
Angela Douglas
William Guilfoile
Monica Hoffman
Eric Jenschke
Sister Cecile Kees
Monte Kidwiler
Nancy Salzsieder
Teresa Schmick
Betty Seeliger
Sandra Vercauteren
Collean Walsh
Eleanor Wengert
Eugene Zastera
Shanah Zastera

line 1

242 Marquette St
225 Bly St
617 Tyler Ave
518 E New York Ave
610 S Webster Ave
431 W 9th Ave
705 Country Club Ln
2829 Clairville Rd
810 Meadowbrook Ln
47 Bryn Mawr Cir
2410 Omro Road
890 Graceland Dr Apt 2
5669 Angle Rd
890 Graceland Dr Apt 2
W6224 W Byron Road
242 Marquette St
15 N Marr St Apt 313
448 Boyd Street
448 Boyd Street

line 2

Fond Du Lac, WI 54935-3539
Waupun, WI 53963-1902
Omro, WI
Oshkosh, WI 54901-3938
Omro, WI 54963-1322
Oshkosh, WI 54902-6466
Fond Du Lac, WI 54935-8314
Oshkosh, WI 54904-9152
Fond Du Lac, WI 54935-2912
Fond Du Lac, WI 54935-2926
Oshkosh, WI
Oshkosh, WI 54904-7973
Oshkosh, WI 54904-6855
Oshkosh, WI 54904-7973
Byron, WI 53009
Fond Du Lac, WI 54935-3539
Fond Du Lac, WI 54935-3472
Oshkosh, WI 54902-6930
Oshkosh, WI 54902-6930

WISCONSIN STATE SENATE



Carol Roessler
STATE SENATOR

November 5, 2003

Sarah Burns
518 E New York Ave
Oshkosh WI, 54901-3938

Dear Sarah,

Thank you for your contact on Senate Bill 186 relating to the Medical Assistance Family Planning Demonstration Project minimum age eligibility limitation change.

On September 23, 2003 the full Senate voted 29-4 to refer SB186 to the Senate Health, Children, Families, Aging and Long Term Care Committee, which I chair. A public hearing was held on October 14, 2003. I will keep you updated as the bill moves forward.

Thank you again for sharing your views. Please feel free to contact me further with questions or concerns.

Sincerely,

CAROL ROESSLER
State Senator
18th Senate District

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11/5/2003

Contact Detail

Burns, Sarah
518 E New York Ave
Oshkosh, WI 54901-3938

Home: (920) 231-3637

Contact Date: 10/23/2003

Contact Type: Phone Call

Summary: Family planning bill - support

Issue:

Position:

Description: Supports SB 186 and AB 383 family planning bills

Status: Pending

Closed Date:

Assigned: Halbur, Jennifer

Owner: Halbur, Jennifer

Note **Note Date:**

Summary:

Contact Type:

Description:

WISCONSIN STATE SENATE



Carol Roessler
STATE SENATOR

November 5, 2003

Dianne Cappozzo
102 Southgate Dr
Eden WI, 53019

Dear Dianne,

Thank you for your contact on Senate Bill 186 relating to the Medical Assistance Family Planning Demonstration Project minimum age eligibility limitation change.

On September 23, 2003 the full Senate voted 29-4 to refer SB186 to the Senate Health, Children, Families, Aging and Long Term Care Committee, which I chair. A public hearing was held on October 14, 2003. I will keep you updated as the bill moves forward.

Thank you again for sharing your views. Please feel free to contact me further with questions or concerns.

Sincerely,

A handwritten signature in black ink that reads "Carol".

CAROL ROESSLER
State Senator
18th Senate District

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Contact Detail

Cappozzo, Diane
 102 Southgate Dr.
 Eden, WI 53019

Office: (920) 929-3085
 Fax #: (920) 929-3102

Email: Diane.Cappozzo@co.fond-du-lac.wi.us

Contact Date: 10/22/2003

Contact Type: Email

Summary: family planning waiver

Issue:

Position:

Description: -----Original Message-----

From: Cappozzo, Diane [mailto:diane.cappozzo@co.fond-du-lac.wi.us]

Sent: Tuesday, October 21, 2003 4:08 PM

To: Senator Carol Roessler; rep.lemahieu@legis.state.wi.us; rep.olsen@legis.state.wi.us; rep.owens@legis.state.wi.us; rep.townsend@legis.state.wi.us

Subject: Fond du Lac County Board of Health opposition to AB 383 and SB 186

The Fond du Lac County Board of Health on October 14, 2003 discussed AB 383 and SB 186 which would deny women between the ages of 15-17 access to services covered under the Family Planning Waiver. The Board of Health discussed the pros and cons of this and passed a resolution opposing this restriction. From a public health perspective 15-17 year old women need to have access to services such as STD diagnosis and treatment as well as family planning services. Without access to the family planning waiver these women would either go without care or would have to rely on local resources for assistance in provision of needed medical care.

Diane Cappozzo, Health Officer

Fond du Lac County Health Department

160 S. Macy Street

Fond du Lac, WI 54935

920 929-3085

diane.cappozzo@co.fond-du-lac.wi.us

File: S:\DOCS\Intern\Bruce\Letter draft\10-17 family planning 2.doc

Status: Done

Closed Date: 11/05/2003

Assigned: Halbur, Jennifer

Owner: Halbur, Jennifer

Note **Note Date:**

Summary:

Contact Type:

Description:

Jennifer,
I was given
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was
to talk to
Glenn
Shotman
about
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not now. so...

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list.
Sharks,
Sam

!! Talk to
Glenn
Shotman
re:

15-K

RUSH.....

TO: SEN & REP

Orthman

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FROM: LEGISLATIVE REFERENCE BUREAU-LEGAL SECTION

100 N. HAMILTON

5th Floor

266-3561



State of Wisconsin
2003 - 2004 LEGISLATURE

LRBa1170/1
DAK:kmg:jf

SENATE AMENDMENT ,
TO 2003 SENATE BILL 186

1 At the locations indicated, amend the bill as follows:

2 **1.** Page 2, line 9: after that line insert:

3 **"SECTION 2m. Effective date.**

4 (1) This act takes effect on July 1, 2004."

5 (END)

AMENDMENT JACKET

DATE _____

0170
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SENATE AMENDMENT _____

to _____ amendment _____

to _____ sub. amdt. _____

TO _____ BILL _____

DO NOT WRITE IN THE SHADED AREA

Offered by Senator (s) _____

Offered by (Joint) Committee on _____

To introduce his amendment submit this amendment jacket, signed by the amendment author, and all attached copies to the Senate Journal and Records Section, Room 402, One East Main, or to a member of the Chief Clerk's staff at the front desk in the Senate Chambers.



State of Wisconsin
2003 - 2004 LEGISLATURE

LRBa1170/1
DAK:kmg:jf

SENATE AMENDMENT ,
TO 2003 SENATE BILL 186

1 At the locations indicated, amend the bill as follows:

2 1. Page 2, line 9: after that line insert:

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5 (END)



State of Wisconsin
2003 - 2004 LEGISLATURE

LRBa1170/1
DAK:kmg:jf

SENATE AMENDMENT ,
TO 2003 SENATE BILL 186

1 At the locations indicated, amend the bill as follows:

2 1. Page 2, line 9: after that line insert:

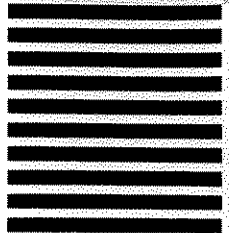
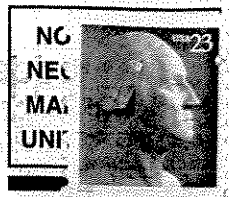
3 "SECTION 2m. Effective date.

4 (1) This act takes effect on July 1, 2004."

5 (END)

5

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SD18 ROSSLER SD18 JH

NOV 14 2008

Dear Legislator:

I am just one of the 47,000 patients who benefits from the newly implemented Wisconsin Medicaid Family Planning Waiver Program. This cost-effective health care prevention program provides confidential and affordable access to breast and cervical cancer screenings, contraception, sexually transmitted infection testing and treatment as well as pregnancy testing and counseling.

I am concerned about recent efforts to eliminate this important program that benefits the health and well-being of women like me. Please reject efforts to eliminate this program and support the continuation of the current family planning program that provides health care coverage to all low-income women of child bearing age.

Thank you for your support of women's access to basic health care.

Sincerely, CARISSA HOLDER from Winnebago County.

I would like to be contacted about your views on this issue:

My address is: 203 W. 9th St Oshkosh WI 54902

ROSSLER SD18

Dear Legislator:

I am just one of the 47,000 patients who benefits from the newly implemented Wisconsin Medicaid Family Planning Waiver Program. This cost-effective health care prevention program provides confidential and affordable access to breast and cervical cancer screenings, contraception, sexually transmitted infection testing and treatment as well as pregnancy testing and counseling.

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Dear Legislator:

ROSSLER SD18

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I am concerned about recent efforts to eliminate this important program that benefits the health and well-being of women like me. Please reject efforts to eliminate this program and support the continuation of the current family planning program that provides health care coverage to all low-income women of child bearing age.

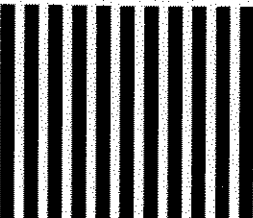
Thank you for your support of women's access to basic health care.

Sincerely, Jenni from Winnebago County.

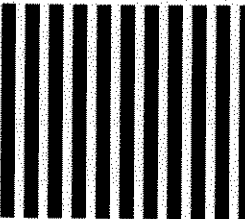
I would like to be contacted about your views on this issue:

My address is:

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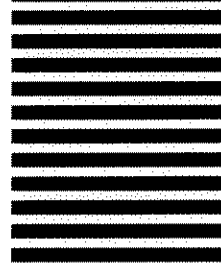
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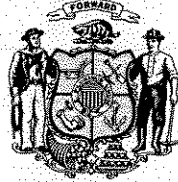
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WISCONSIN STATE SENATE



Carol Roessler
STATE SENATOR

November 17, 2003

Carissa Holder
203 West 9th Street
Oshkosh, WI 54902

Dear Carissa,

Thank you for your contact on Senate Bill 186 relating to a Medical Assistance family planning demonstration project minimum age eligibility limitation change.

On September 23, 2003 the full Senate voted 29-4 to send this bill to the Health, Family, Children, Aging and Long Term Care Committee, which I chair. A public hearing was held on October 14, 2003.

Thank you again for sharing your views on this issue. Please feel free to contact me further with questions or concerns.

Sincerely,

CAROL ROESSLER
State Senator
18th Senate District

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Saturday, Nov 22, 2003

PIONEER PRESS

Posted on Thu, Mar. 20, 2003

PIONEER PRESS

LAURA BILLINGS: Why let facts influence sex ed or gun control?

LAURA BILLINGS
Pioneer Press Columnist

One of the constant criticisms lobbed at liberals is that they base their politics on softheaded emotions rather than hard-nosed facts. So judging from two conservative initiatives introduced at the Capitol this week — a concealed carry weapons bill and another stressing abstinence-only sex ed — one has to wonder why Republican legislators have entirely overlooked all the empirical evidence against them.

The concealed carry weapons bill introduced on Monday by Sen. Pat Pariseau should be familiar to most of us, since it comes up nearly every session. Two years ago, it gained a bit of momentum, thanks in part to former Gov. Jesse Ventura's interest in firearms, the support of groups such as Minnesota Concealed Carry Reform Now, and letters to the editor citing the research of John Lott, author of the book "More Guns, Less Crime." Lott even came to visit the members of MCCRN. You can see his picture on their Web site.

Lott's research suggesting that relaxed gun laws actually reduce crime has been a boon to the National Rifle Association and its efforts to pass "shall-issue" laws around the country, even though his methods have been called into question by criminologists from Georgetown, Emory, Carnegie Mellon and Johns Hopkins universities. For instance, critics of his have long wondered where he came across a "national survey" cited in his book claiming that "98 percent of the time people use guns defensively, they merely have to brandish a weapon to break off an attack."

When Lott was asked to produce the survey, he said he'd done it himself. When Lott was asked to produce the data, he said he'd lost it in his hard drive. When critics began to question his entire methodology, confusing correlation with causation, a woman named "Mary Rosh" rose to his defense calling him "the best professor I ever had." Lott later revealed to the Washington Post, that Rosh was, in fact, his own alternate Internet ego.

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From the Press

- » Pioneer Press Special Reports

Since Lott has been largely discredited as a reliable source of information on gun policy, what do other studies say? Well, the FBI says the violent crime rate fell 25 percent between 1992 and 1998, but it dropped even more significantly — by 30 percent — in states with strict gun control laws. According to the Center to Prevent Handgun Violence, the violent crime rate fell by only 15 percent in states that relaxed gun control laws before 1992.

Spot

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And what about those claims that law-abiding citizens need guns to protect themselves from criminals? An analysis of the Texas Department of Public Safety records by the Violence Policy Center found concealed-carry permit holders were arrested for 3,370 crimes — including murder, rape, sexual assault and weapons-related charges — between January 1996 and April 2000. These "good guys" were arrested at rates 66 percent higher than the general population. But why let facts get in the way of firepower?

Americ Assoc. Stay inf up for o newslet www.dia

The same sort of thinking (or lack thereof) is at work in the bill that passed the House Education Policy Committee on Tuesday calling for an emphasis in sex education on abstinence until marriage. Proponents of the bill fear it would confuse kids to teach them that abstinence is the preferred way to prevent pregnancy and STDs while also educating them about contraception and the like. (Or as Rep. Mark Olson, R-Big Lake, put it, the latter method may destroy "young ladies' modesty.")

AidCam Internal Volunte Work or Develop Project: www.AidC

Too bad these concerned legislators didn't consult the Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting, whose survey in 2000 found that 78 percent of Minnesota parents don't believe a comprehensive approach to sex ed — teaching both abstinence and contraception — sends a mixed message. In fact, 93 percent of them agree it gives kids the information they need to make responsible choices.

Give On Of Your AIDS. J. Mandel: Initiativ: www.466t

But why bother finding out what parents think? Abstinence-only education is hot these days, and 86 percent of school districts with policies to teach sex ed require abstinence to be promoted. It's so popular, in fact, there are now three federal programs dedicated to funding restrictive abstinence-only education, and no federal programs dedicated to supporting comprehensive sex ed, even though that's the curriculum favored by three-quarters of parents in the U.S. and in Minnesota.

Does the abstinence-only approach actually work? After years of study, a 2001 Surgeon General report and the sources from the National Campaign to Prevent Teen Pregnancy say such programs have not been shown to delay teenage sexual activity. They simply make it more likely that kids will neglect to use condoms or other contraceptives when they become sexually active, putting them at greater risk for STDs, HIV and unplanned pregnancy.

Given how emotional both of these issues have been in the Legislature in the past, it's unlikely we'll hear much logical discussion on the topics this

session.

After all, why let the cold hard facts get in the way of a really hot argument?

Laura Billings can be reached at lbillings@pioneerpress.com or (651) 228-5584.



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State Senator
Carol Roessler



Memorandum

Jennifer

TO: Carol
FROM: Jennifer
DATE: NOVEMBER 25, 2003
SUBJECT: Family Planning Waiver

Status of Senate Bill 186 (relating to changing the minimum age requirement)

- Currently in the Senate Committee on Health, Children, Families, Aging and Long Term Care.
- Public hearing was held on October 14, 2003

Fiscal Problem with Senate Bill 186

- In FY 04 the state received enhanced federal matching funds under MA (FMAP) as the result of changes in the federal law. This provision began in April 2003 and is in effect until June 2004. Under this provision, the federal government pays 61.38% of MA costs compared to 58.41%.
- The federal government has stated that states are eligible for this enhance FMAP only if eligibility under the MA state play, including eligibility for any waivers, is no more restrictive than the eligibility in effect on Sept. 2, 2003.
- The enhanced FMAP provides approximately \$10 million/month more in federal matching funds. WI. could lose this funding for every month the revised eligibility criteria were in effect. For example, if the revised criteria went into effect in January 2004, the state could lose \$60 million FED by June 2004.

Need for Senate Bill 308 (relating to changing the minimum age requirement)

- Referred to the Senate Committee on Health, Children, Families, Aging and Long Term Care on November 11, 2003. AB 634 is the Assembly companion bill.
- SB 308 changes the effective date of the bill to July 1, 2004.
- By changing the effective date of the bill to July 1, 2004, the state would no longer be at risk of losing the FMAP funds mentioned above.
- SB 308 was introduced to change the effective date of the bill rather than having an amendment adopted to SB 186 to prevent having the bill referred to JFC.

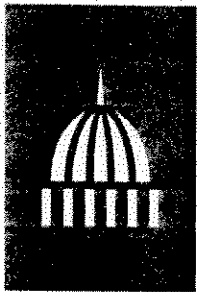
Will changing the age for eligibility affect funding for the entire Family Planning Demonstration Project?

- I have a short letter from Michael Fiore, CMS, to Representative Grothman about this issue. Mr. Fiore states, "If WI were to request to amend its current section 1115 demonstration to exclude individuals under age 18, we would review the request and, in all likelihood, the exclusion of the lower age group should not impact coverage of the higher age group under the demonstration."
- I also called Mr. Fiore and he said the following:

- To the best of his knowledge, the state would not lose funding for the entire program if WI changed the age.
- CMS never requested a certain age group be served.
- It is up to states to choose which level they want to serve, not CMS.
- If WI did change the age, the state would have to prove budget neutrality? This would entail answering the question, "why by removing 15-17 years, we would be diverting enough births to maintain budget neutrality? Also the state would have to provide information along the lines of: The fertility rate at a certain point in time for 18-44 year olds is X, and Y number of births would be averted which would save more money than it costs to provide family planning services.
- Michael feels confident that WI would be able to change the age and maintain budget neutrality.

Could WI provide all of the services provided under the Family Planning Waiver except for contraception? Could money be funneled into abstinence programs?

- Rachel Carabel from the Fiscal Bureau said mostly likely not because MA covers medical services. Contraception is considered a medical service. Abstinence is more of a social service.
- I posed the same question to Michael Fiore, CMS. He said, "No, WI could not exclude contraception from being provided to 15-17 year olds but allow the other services."
- He said an individual is either allowed to receive all services or none at all. He went on to say that there really aren't many other services provided outside of contraception. He recognized that the WI program may provide a few other services but the basic thrust of the program is to prevent births through contraception.
- He also pointed out that a 15 year old who qualifies for MA would be eligible for family planning services. It's the demonstration project that provides more flexibility.



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POLICY, RESEARCH AND PRACTICES TO INFORM THE DECISION-MAKING PROCESS

VOLUME 4, NUMBER 1

FALL 2003

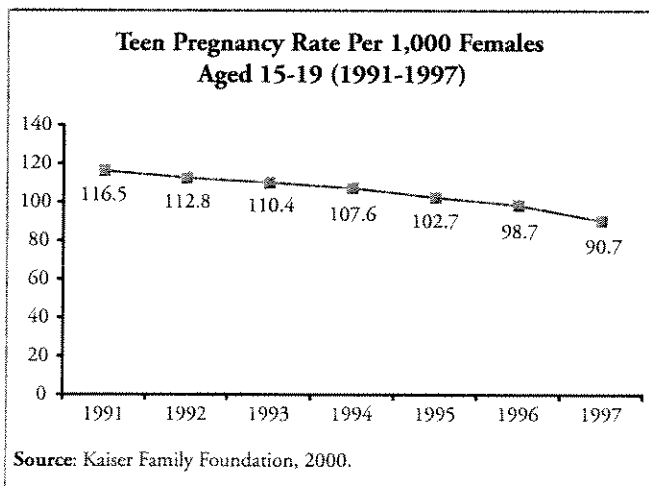
Since 1990, the rates of teen pregnancy, births and abortion have declined. In 1997, 93 pregnancies occurred per 1,000 girls aged 15 to 19, down 10 percent from 1986 and 17 percent from their peak in 1990 (107 and 117 pregnancies, respectively; see graph below). The National Campaign to Prevent Teen Pregnancy estimates that 20 percent of the decline in teen births is attributable to a general decrease in sexual activity among youth and 80 percent to a more consistent use of effective contraceptives. Despite the declines, the United States still has the highest rates of teen pregnancy and birth among industrialized nations; approximately 850,000 teen pregnancies occur each year. The social costs of adolescent childbearing are substantial. Teenage mothers are more likely to end up on welfare and less likely to graduate from high school than their peers, and the children of teen mothers are at an increased risk of poverty, welfare dependency, poor academic achievement, low birth weight, and abuse and neglect. The estimated economic cost of teen pregnancy is in the billions.

One goal of welfare reform in 1996 was to reduce out-of-wedlock births. Since then, states have been re-examining strategies to prevent teen pregnancy, with most states looking to schools to promulgate pregnancy prevention messages. Although most states require school districts to teach sex education, awareness of sexually transmitted diseases (STDs) or both, the decentralized nature of education policy means that local lawmakers have wide latitude in implementing state recommendations. The majority of states support a comprehensive approach to sexuality education; however, an August 1999 survey released by the Alan Guttmacher Institute found that 86 percent of school districts with a sexuality education policy encouraged abstinence. According to the survey, 51 percent of school districts require that abstinence be taught as the preferred option but permit the discussion of contraception as protection against STDs and unintended pregnancy, 30 states mandate that abstinence be stressed or covered in sex education, and only 14 states require that contraception be included in sex education classes. (See "In the Abstract" graphic inside.)

Abstinence-only education has received considerable attention since 1996, due in part to the increase in federal funding earmarked for these programs. Federal programs designed specifically to promote abstinence-only education include Section 510 of the Social Security Act, the Adolescent Family Life Act, and the Special Projects of Regional and National Significance Program, totaling \$102 million in FY 2002. To date, no independent, peer-reviewed research has been conducted to document the effectiveness of abstinence-only programs in preventing teen pregnancy. However, a five-year randomized trial is currently under way.

The National Campaign reports that messages about abstinence and consistent contraceptive use, also called comprehensive sexuality education or abstinence plus, have been documented to be effective in reaching teens. Youth development programs, for example the CAS-Carrera Model highlighted in the *What Works* section, approach the problem in a holistic fashion, stressing ways to build self-esteem, education, employment, and promote risk-avoidance behaviors and contraception usage.

In addition, states have taken a variety of other approaches to combat teen pregnancy. Approaches vary within states as well. According to a 2000 Urban Institute survey, 44 states provided family planning services to teens statewide, and 42 states have used their own funds for teen pregnancy prevention programs. States also have formed coalitions with non-governmental organizations, conducted media campaigns, and developed multi-agency plans to coordinate programs and policies related to teen pregnancy. Although disagreement exists about the best ways to prevent teen pregnancy, states continue to treat it as a serious economic and social issue that warrants strong, concerted programmatic and policy responses.



This issue of the *Digest* includes:

- Who Knows*—An interview with Andrea Kane, Director of Public Policy at the National Campaign to Prevent Teen Pregnancy.
- What Works*—A look at the Children's Aid Society-Carrera Model and "Not Me, Not Now" abstinence-based curriculum.
- On The Horizon*—Involving Adolescent Boys in Pregnancy Prevention.
- Digging Deeper*—Organizations to contact for more information.

TEEN PREGNANCY PREVENTION

In The Abstract

ABSTINENCE-BASED PROGRAMS

An Evaluation of an Abstinence Education Curriculum Series: *Sex Can Wait*

STUDY AND RESULTS: This study was designed to examine the effects of an abstinence education curriculum on student attitudes and knowledge about sex. Students in grades 5 through 12 were randomly divided into treatment and control groups; 1,421 students from 15 school districts were recruited to participate. Researchers administered a questionnaire before and after implementation of the *Sex Can Wait* curriculum. The five-week program focused on self-esteem, communication, decision making and behavioral intent. Results show that elementary school students who received the curriculum showed gains in knowledge and self-esteem and demonstrated a more hopeful outlook toward the future. At the middle school level (grades seven and eight), the curriculum produced no significant gains over the control group in any area. At the high school level, significant differences were evident between the treatment and control groups relative to desirable attitudes, intent to remain abstinent, and virgin vs. non-virgin status, but no gains in knowledge were noted.

WHAT'S IMPORTANT: The *Sex Can Wait* curriculum seems to have a positive effect on upper elementary students, and on the attitudes and sexual behavior changes of high school students. Researchers caution that this study's validity may have been compromised because the treatment and control groups were in the same schools. Students may have talked with one another about what they were learning across grade levels and across treatment and control groups. The authors also note that the findings of no increased knowledge at the middle school or high school level is troubling. They surmise that the students in these two age groups were not receptive to the curriculum messages. Results among upper elementary students are encouraging, however. Educators who are interested in abstinence education may wish to consider this curriculum.

FIND THIS STUDY: Young, Denny et al. "An evaluation of an abstinence education curriculum series: *Sex Can Wait*." *American Journal of Health Behavior* 26, no. 5 (September/October 2002): 366-377.

The Impact of the *Postponing Sexual Involvement* Curriculum Among Youths In California

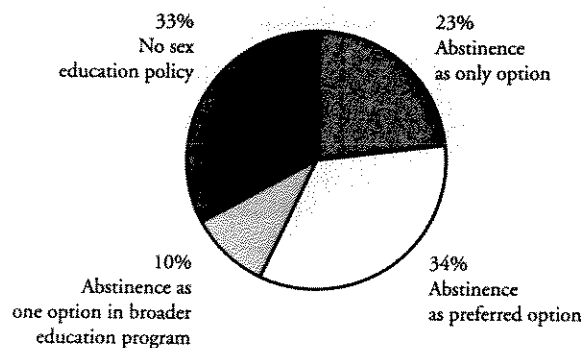
STUDY AND RESULTS: *Postponing Sexual Involvement* (PSI) is a widely implemented middle school curriculum designed to delay the onset of sexual intercourse. PSI aims to support adolescents in delaying sexual activity by helping them understand the various social pressures that encourage adolescent sexual activity and by teaching skills that will enable teens to set limits and resist pressure. In California, 10,600 seventh and eighth graders were randomly assigned to an intervention or control group. Survey data were collected before the program was implemented, and again at three- and 17-months afterward.

At three months, small but statistically significant changes were found in fewer than half of the measured attitudes, behaviors and intentions related to sexual activity; at 17 months, none of these significant positive effects had been sustained. Youths in treatment and control groups were equally likely to have become sexually active, and youths in treatment groups were not less likely than youths in control groups to report a pregnancy or a sexually transmitted infection. The evaluation suggests that PSI may be too modest in length and scope to affect youths' sexual behavior.

WHAT'S IMPORTANT: The results of this evaluation contradict findings from another PSI evaluation that showed delayed initiation of first intercourse. Despite the negative findings, the authors believe that the development of the PSI curriculum has broad appeal and is an important contribution to the field of pregnancy prevention programs. The authors point out that, to date, no middle school curriculum has been shown to be effective in delaying sexual involvement; thus, a real need exists to develop and demonstrate the effectiveness of such a program.

FIND THIS STUDY: Kirby, Douglas, et al., "The Impact of the postponing sexual involvement curriculum among youths in California." *Family Planning Perspectives* (May/June 1997), 29, no. 3: 100.

Sex Education Policies



Source: Landry DJ, Kaeser L and Richards CL, "Abstinence promotion and the provision of information about contraception in public school district sexuality education policies," *Family Planning Perspectives*, 1999, 31(6):280-286.

YOUTH DEVELOPMENT

Effects of the Seattle Social Development Project on Sexual Behavior, Pregnancy, Birth, and Sexually Transmitted Disease Outcomes by Age 21 years

STUDY AND RESULTS: The purpose of the study was to examine the long term effects of the Seattle Social Development Project (SSDP) intervention on sexual behavior and associated outcomes assessed at age 21. The program contains three components: teacher training, social and emotional skill development for children, and parent training. The participants included students who enrolled in the program in fifth grade and who were followed to age 21. The full intervention group reported significantly fewer sexual partners and experienced a reduced risk for initiating intercourse by age 21 years compared with the control group. Females in the treatment group were less likely to become pregnant or experience a birth by age 21. After controlling for socioeconomic status, single African Americans in the full intervention group had a high probability of condom use during intercourse and a reduced probability of contracting a STD by follow-up.

WHAT'S IMPORTANT: The program promotes academic success, social competence, and bonding to school during the elementary grades which prevent risky sexual practices and adverse health consequences in adulthood. The SSDP intervention is quite different from most other pregnancy prevention programs because it includes no discussion of sex at all.

FIND THIS STUDY: Lonczak, Heather, et.al. "Effects of the Seattle Social Development Project on Sexual Behavior, Pregnancy, Birth, and Sexually Transmitted Disease Outcomes by Age 21 Years". *Archives of Pediatrics & Adolescent Medicine*, May 2002, Vol. 156: 438 - 447.

SUMMARIES

Effective Approaches to Reducing Adolescent Unprotected Sex, Pregnancy, and Childbearing.

STUDY AND RESULTS: This article summarizes 73 studies that evaluated the effectiveness of teen pregnancy prevention programs in delaying the onset of sexual activity, increasing condom use or contraceptive use, and reducing teen pregnancy and child bearing. The author divides the pregnancy prevention programs into four categories: 1) HIV/STD and sexuality education; 2) health clinic interventions; 3) the Children's Aid Society-Carrera programs; and 4) service learning programs.

Individual study results show that HIV/STD and sex education curricula do not increase sexual intercourse, the frequency of intercourse, or the number of sexual partners. Health clinic interventions that give clear messages about appropriate contraceptive and sexual behavior and include one-on-one con-

sultation about the client's own behavior positively affect sexual behavior by increasing the use of condoms and contraceptive use. The author suggests that these approaches should be further developed and rigorously evaluated. The Children's Aid Society-Carrera programs were found to have a positive impact on sexual and contraceptive behavior, pregnancy, and birth rates among girls for three years following participation. Service and learning programs are voluntary or unpaid service in the community and provide structured time before or after the service for preparation and /or reflection. These programs demonstrate the strongest evidence that they actually reduce teen pregnancy rates while youths are in the programs than any other type of intervention. It is not known why service and learning programs have this effect, but many suggest community service engenders feelings of greater autonomy and increased motivation to avoid adverse behaviors.

WHAT'S IMPORTANT: Programs that address both sexual and non-sexual risk-factors are more likely to be more effective than programs that address only one group of antecedents. It is encouraging that there now are four different and somewhat complementary types of programs for adolescents that strongly indicate that they effectively reduce either unprotected sex or actual teen pregnancy.

FIND THIS STUDY: Kirby, Douglas. "Effective Approaches to Reducing Adolescent Unprotected Sex, Pregnancy and Childbearing." *Journal of Sex Research*, Feb 2002, 39: no.1: 51-8.

Teen Pregnancy Prevention: Do Any Programs Work?

STUDY AND RESULTS: This paper examines new developments in addressing teen pregnancy in the United States. These developments include:

1) abstinence-only programs, 2) positive view of teen sexuality, 3) community based youth development programs that focus on HIV/AIDS/STD prevention, and 4) the National Campaign to Prevent Teen Pregnancy. In evaluating what works in teen pregnancy prevention, three methods of program analysis can be used: 1) the type of program that appears to be most promising, 2) the common components of an effective program, and 3) the prevention programs that appear to be most promising and that could be reimplemented and reevaluated. The author lists 11 promising primary pregnancy prevention programs, four promising secondary pregnancy prevention programs, and 15 promising STD/HIV/AIDS prevention programs. Primary programs are those programs that work with adolescents who are not yet teen mothers or with teens who are not yet sexually active; secondary programs work to prevent an additional pregnancy for current teen mothers and/or help them with parental responsibility and life skills; and STD/HIV/AIDS programs work to prevent initial sexual intercourse and encourage the use of contraceptives by those who already are active. Some STD/HIV/AIDS programs also are designed for more high-risk populations such as gay teens, incarcerated youths, runaways and drug-abusing teens.

WHAT'S IMPORTANT: The author lists three lessons that can be learned from this evaluation: 1) an inclusive eclectic approach is best; 2) continue to build programs on what works best; and 3) continue strengthening evaluations. Although the effects of these programs individually may have been modest (because most have been demonstrated only on a single site or on a single group of teens) they have the potential to combat teen pregnancy.

FIND THIS STUDY: Card, Josefina. "Teen Pregnancy Prevention: Do Any Programs Work?" *Annual Review of Public Health*, 1999, 20: 257-285.

State Health Lawmakers' Digest is a product of the Forum for State Health Policy Leadership at the National Conference of State Legislatures.

State Health Lawmakers' Digest was produced with the generous support of the Robert Wood Johnson Foundation.

For more information, please call Greg Martin at (202) 624-5400.

Who Knows

A brief Interview with **Andrea Kane**, Director of Public Policy National Campaign to Prevent Teen Pregnancy

Since the early 1990s, there has been a significant decline in the teen pregnancy rate in the U.S. What factors contributed to this decline? Will rates continue to drop?

First, it's really important to celebrate the gains that we've seen over the last decade. There has been a 27 percent decline in teen pregnancy rates and a 31 percent decline in teen birth rates, which is amazing progress on what was once seen as an intractable social problem. In terms of what's contributed to the decline, in a nutshell, it's pretty simple: less sex along with more and better contraception. As far as teenagers go, waiting to have sex is clearly the preferable option for many reasons, including that teens won't always use contraception never mind using it perfectly.

One of the most encouraging statistics is that the rate of sexual activity among teens has gone down 16 percent over the last decade. In 1991, 46 percent of ninth through twelfth graders were virgins and 54 percent were not. A decade later, that proportion had exactly switched. There are also some encouraging statistics in terms of teens making more responsible decisions if they are sexually active. For example, the percentage using condoms has gone up, and the percentage of teens having four or more partners has gone down. It's hard to tease out what percentage any one of these factors has contributed the most but less sex and more and better contraception are both playing a role.

On whether we will continue to see the rates decline: we simply don't know. There is still a lot more room for improvement and we'd be naive to think that we're going to erase teen pregnancy entirely.

Given the decrease over the last decade of both teen pregnancy and teen birth rates, do lawmakers still need to be concerned with this issue? What are the implications for even modest teen pregnancy rates?

Lawmakers absolutely need to continue to be concerned. Consider these figures: 35 percent of girls in the U.S. still get pregnant at least once before they turn twenty, which is a really stunning number, and the U.S. still has the highest rates of teen pregnancy and teen birth, by far, among comparable nations. Teen childbearing costs tax payers at least \$7 billion a year in terms of welfare costs, health care costs and lost tax revenue, and that doesn't include the social costs for teen parents — mothers and fathers both — and their children.

There are very strong links between teen childbearing and a whole host of other issues policymakers care about, including poverty, out-of-wedlock childbearing, father absence and a skilled workforce. What states should keep in mind, particularly in the current fiscal climate, is that we need to continue investing in prevention. If states start pulling back on some of the investments they have made, they're going to pay the price for generations to come. Teen pregnancy and childbearing costs money in the long run. So, while it's a hard message to hear, it's crucial that states don't waiver on their investments in pregnancy prevention.

What are the key components of a successful pregnancy prevention program? Is there a one-size-fits-all model? What is the best way to reach teens?

Like so many other complex social issues, there is no silver bullet. That said, we now have a wide variety of models that have been proven effective in reducing teen pregnancy. Communities can pick the strategy that best fits their needs. These [programs] include very comprehensive, youth development approaches which focus on reducing risky behaviors to curricula that promote both abstinence and use of contraception for those who are sexually active. Among the most promising programs are the ones that focus on engaging teens in community development and service learning. There is less emphasis on sex education and more on simply engaging teens in meaningful and constructive, well-supervised activities in their out-of-school time. The community service approach has offered great hope to communities because it's less controversial and it's not very expensive to implement.

In terms of the best way to reach teens, it's important to look beyond programs because there will never be enough money to reach them all [through programs]. Teens get information from the entertainment media, TV, movies, internet sites and magazines, their peers, faith leaders and most importantly their parents. It's important to tap all these resources.

Despite the absence of peer-reviewed research demonstrating the effectiveness of abstinence-only programs, they continue to get a considerable amount of attention and funding. What are the pros and cons of abstinence-only programs?

It's important to step back and ask what the American people think about this issue. Adults and teens overwhelmingly support abstinence for school-age teens, and the growth in abstinence-only education is in part a reflection of this preference. Still, Americans are a very practical people. Our polling data suggests that while the public wants a strong abstinence message for teens, about two-thirds of them also want teens to be armed with information about how to protect themselves when they do become sexually active.

We think this is a common sense approach. While it's important to send a clear message and expectation about abstinence, at the same time it's important to be realistic about the fact that some teens are not going to remain abstinent and they need to have information about protecting themselves against pregnancy and disease.

We really try not to pit these two strategies against each other because there is room for a variety of approaches. When you ask teens what their advice to policymakers would be, 68 percent say they want greater emphasis on birth control and abstinence. This is a very common sense, middle ground approach. It's not all that productive to fight this "which is better" battle. While it's important to consider the content of sex-ed programs it's not the most important thing in a adolescent's life. [Teens] care about what their parents think, what they are seeing on TV, what their friends think and what they are hearing from their faith leaders. †

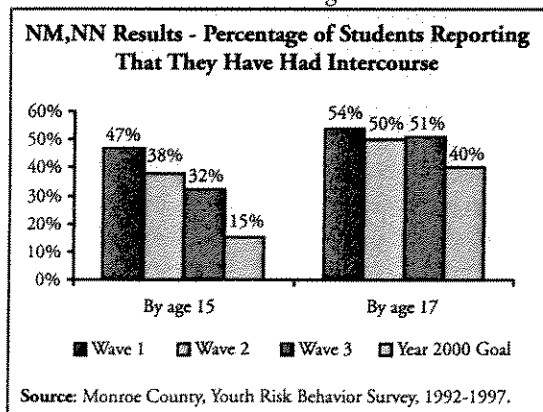
What Works

"NOT ME, NOT NOW"

Even before the 1996 welfare reform legislation funded abstinence-based teen pregnancy prevention programs, there was a broader discussion about promoting abstinence before marriage as a value. How to do that has perplexed many states and communities given the lack of scientific evidence to prove that abstinence-based programs effectively reduce teen pregnancies. Many approaches can promote abstinence, including media campaigns, helping to increase communication between teens and their parents, faith-based programs and classroom curricula. One program with some evaluation data is Not Me, Not Now (NM,NN) begun in 1994 by the Monroe County Health Department in Rochester, New York.

NM,NN is a social marketing campaign targeted at teens ages 9 to 14. The campaign uses public service television and radio ads, posters and community events to raise awareness about the consequences and burdens of teen pregnancy, helps kids resist peer pressure, encourages parental involvement and promotes abstinence as a social norm. The federally funded classroom component, called *Postponing Sexual Involvement*, was presented to 3 percent of the county's middle schoolers. "We are not trying to replace what's done in schools and communities in terms of comprehensive family planning," explained John Riley, president of Metrix Marketing, which administers the program. Instead, this program is intended to "support parents in teaching abstinence to their kids."

To evaluate the program, teens were surveyed in 1994 (before the program started), 1995 and 1997. It showed that a large majority of the target population had seen an ad from the campaign. Slightly higher percentages of teens in Monroe County, compared to comparable groups in three other New York counties, understood the difficulties of being a teen parent and had better intentions to resist peer pressure and wait for parenting. Given the nature of the study, it was not possible to establish that NM,NN was responsible for a decline in teen pregnancy rates, although rates declined nationally and in each county during the study period (See graphic below). For more information, see www.notmenotnow.org or call 1-877-603-7306.



THE CARRERA MODEL

The Children's Aid Society Adolescent Sexuality and Pregnancy Prevention Program is among a handful of programs with proven effectiveness in reducing teen pregnancy rates. The program, developed by Dr. Michael Carrera, director of the Children's Aid Society (CAS), operates on the premise that successful prevention programs must address the underlying causes of risk-taking behaviors and provide adolescents with support and positive alternatives to avoid these behaviors. Sexuality education is integrated within a comprehensive set of support tools that emphasize education, employment, sports and the arts, and health care.

The model, which was originally implemented in 1984 in Harlem, New York, is a stand-alone program aimed at young teens who meet five or six days a week throughout middle school and high school. The model consists of seven critical parts—five activity and two service components. The activity components include 1) Job Club, an intervention that provides participants with job experience, small stipends for employment or work-related exposure, and help with bank accounts; 2) an academic component that features homework help, tutoring, PSAT and SAT preparation, and assistance with college applications; 3) comprehensive family planning and sex education, including abstinence and safe-sex topics; 4) self-expression through the arts, which is designed to help young people discover and develop talent in music, dance, writing or drama through workshops and weekly classes; and 5) individual sports such as squash or golf that emphasize impulse control. The service components include mental health counseling and medical care (which includes reproductive health care).

Results of the randomized controlled trial that evaluated the effectiveness of the Carrera Model, published in the September/October 2002 issue of *Perspectives on Sexual and Reproductive Health*, show that female participants were 50 percent less likely than control participants to experience a pregnancy. Female participants delayed sex longer than their counterparts in the control group, reported fewer sexual partners, and were three times more likely to have used an effective method of contraception at the last episode of intercourse. No significant effects on sexual behaviors were found for boys. Researchers believe that poorer results among boys may be attributed to preexisting patterns of sexual behavior as many males reported having had multiple sexual partners prior to participating in the program.

Results for both males and female participants in the CAS program included greater work force participation, greater knowledge of sexual and reproductive health issues, more frequent use of health care programs, improved facility with computers, and more exploratory visits to colleges and universities.

For more, visit www.stopteenpregnancy.com.

On The Horizon

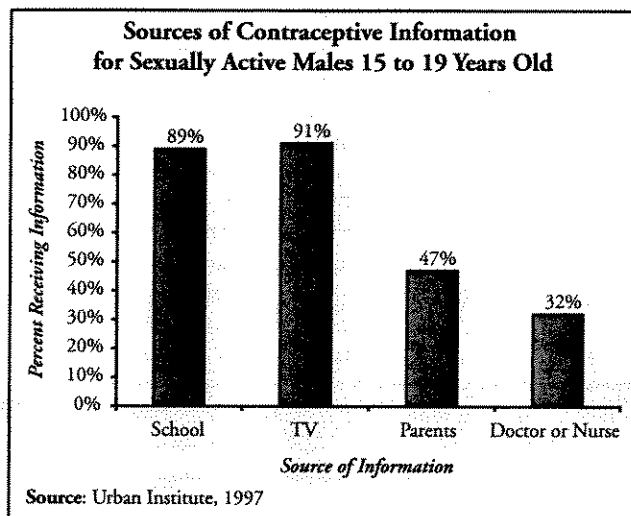
Male Involvement in Pregnancy Prevention

In 2000, 14 percent of sexually experienced males aged 15 to 19 made a partner pregnant and 6 percent fathered a child. Despite these figures, the focus on teen pregnancy prevention programs has fallen almost exclusively to girls. The vast majority of state and federal family planning funds have gone to initiatives that serve only women; as recently as 1997, males comprised only 2 percent of the client base of federally funded Title X family planning programs. The AIDS crisis and welfare reform have caused a shift in attitudes, and researchers and policymakers alike have recognized the need to encourage responsible sexual behavior in males. "We're now beyond the mindset that we need to work only with women," says Dr. Freya Sonenstein, director of the Center for Adolescent Health Promotion and Disease Prevention at Johns Hopkins University. Researchers recognize the pivotal role young men can play in averting teen pregnancy and "we're trying to figure out what to do, how to do it, and what works best," she states.

Given the lack of attention paid to boys, there is a dire need to catch up. Until 1988, when the National Survey of Adolescent Males (NSAM) began collecting data on young men, there were no statistics on the behaviors and attitudes of young boys. "There wasn't an orientation to thinking about young men," says Sonenstein. "They were sort of written off," she added. Today, however, several national surveys are directed at young men, as well as an appreciation for the need to include them in research and prevention efforts.

States are beginning to incorporate male involvement programs into their pregnancy prevention efforts. In 1997, the National Center for Children in Poverty reported that 40 states had developed strategies for involving young men in pregnancy prevention, a jump of 20 percent

since 1990. That same year, the federal Office of Family Planning began funding demonstration projects across the states. In 1999, the office awarded \$4.7 million to fund 10 five-year male involvement programs; in October 2003, the office awarded 15 new grantees up to \$250,000 for demonstration projects focused on boys. "We're serious about male involvement programs and providing boys with services they are willing to use," said Kathleen Woodall, director of regional operations. Although there has been insufficient enough time to evaluate the effectiveness of these programs, since 1997 California used Title X funds to provide \$2.7 million annually to a statewide Male Involvement Initiative and has seen larger drops in teen birth rates than the national average. The emergence of these projects should provide valuable insight into how to deliver family planning services to males. States may want to consider looking for these opportunities to begin or enhance their own male involvement programs. †



Digging Deeper

The **Alan Guttmacher Institute**, a nonprofit organization focusing on sexual and reproductive health research, policy analysis and public education, has a wealth of information including facts on teen pregnancy, sexual behavior and sexually transmitted infections, research on pregnancy prevention programs, including abstinence-only and abstinence plus programs, as well as state policy summaries. See www.agi-usa.org for more.

The **Heritage Foundation**, a conservative think tank, offers information and opinion regarding abstinence-based education. For more see www.heritage.org/research/family/familybriefingroom.cfm

The **Institute for Youth Development** is dedicated to promoting positive changes and behaviors for America's youth through a risk-avoidance message. Information about abstinence based sex education can be found at www.youthdevelopment.org/articles/pr050702.htm

The **National Campaign to Prevent Teen Pregnancy** is a nonprofit, non-partisan initiative working to reduce the teen pregnancy rate by one-third between 1996 and 2005. Site includes information for teens, parents and policy makers. For more, see www.teenpregnancy.org

NCSL maintains a list of resources on teen pregnancy prevention, which can be found at www.ncsl.org/programs/health/health.htm

The **Sexuality Information and Education Council of the U.S. (SIECUS)** is a national organization which develops, collects, and disseminates information about sexual health and sexuality education. The website offers information to parents, teens, policy makers and the media on sexuality based education curricula, STD prevention programs, educational materials, as well as evaluation and research. Visit the council at www.seicus.org



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