



Proposal to Repeal the Wisconsin Family Planning Waiver AB 991 & SB 552

Proposed bill, LRB 1567/2, would dismantle the successful Medicaid Family Planning Waiver program. The Waiver program offers preventative family planning services to low-income women ages 15-44. Since its introduction, over 64,000 low-income women have been served by the program saving the state approximately \$ 13.2 million annually and attracting an additional \$8.2 million in federal funds each year.

Background on the Medicaid Family Planning Waiver

Prior to this program, a low-income woman had to be pregnant or have two children to be eligible for family planning services under Medicaid. In the late 1990s, Governor Tommy Thompson and a bi-partisan group of legislatures including current law-makers Senator Cowles and Representatives Gard, Kaufert and Jensen, supported changing these rules so that more unintended pregnancies, particularly teen pregnancies, would be prevented. From its inception, the program was intended to save the state millions of dollars, as 85% of teen pregnancies are paid for by Medicaid and Wisconsin taxpayers.

Under the Waiver program, low-income women have access to preventative family planning health care like cervical cancer screenings, sexually transmitted infection testing and treatment and contraceptive counseling. It is important to note that currently no state or federal funds may be used for the promotion or performance of abortion. *Wis. Stat. § 253.07(1)(b).*

This draft bill proposes to remove 15-17 year olds from the program. It is imperative to note that any changes in the eligibility for the program will nullify the entire program. Removing 15-17 year-olds will make the state noncompliant with its agreement to reduce teen pregnancy rates as promised in the Waiver agreement with the federal government. Thus, LRB 1567/2 not only puts young women at risk for unintended pregnancies, cervical cancer and sexually transmitted infections, but ALL women who are served by this program would be at risk. Publicly funded family planning clinics oftentimes are the only health care these women receive.

The Bill Eliminates Access to Birth Control for Over 64,000 Low-Income Women

Currently, over 600,000 women in Wisconsin need access to contraceptive services and supplies, and half of these women are uninsured or ineligible for Medicaid. Thus, almost 300,000 women in Wisconsin are in need of publicly funded family planning clinics for contraceptive services and supplies, breast and cervical cancer screening and treatment, pregnancy counseling, and testing and treatment of sexually transmitted infections. This bill would eliminate funding for a full third of the women who desperately need this basic health care.

The FPW Provides Needed Health Care to Women

- The FPW provides basic diagnostic and preventative health care services to low-income women, such as:
 - Cervical cancer screens and breast exams
 - Sexually transmitted infection prevention, diagnosis and treatment. Wisconsin has the second highest Chlamydia rate in the country.
 - Access to family planning services, such as birth control. Under federal and state law, no public monies can be used to provide abortion services.



- Publicly supported family planning programs reduce the number of unintended pregnancies and abortions, reduce the transmission of STIs, and promote early detection of cancer.
 - It is estimated that Wisconsin's family planning clinics avert 35,200 unintended pregnancies and **17,600 abortions each year** (Alan Guttmacher Institute).
 - Without the FPW, Wisconsin's current system of family planning providers cannot meet the need for these services. The FPW plugs some of this hole. Since January, 2003, almost 55,515 women have been enrolled in the FPW.

The Bill will Increase Unintended Pregnancies and Abortions in Wisconsin

This bill does absolutely nothing to reduce the number of abortions in Wisconsin. Our state has seen results from the waiver not only in cost savings, but it also in a reduction of unintended pregnancy and abortion rates. In fact, as estimated by the health policy think tank the Guttmacher Institute, publicly funded family planning clinics in Wisconsin avert 35,200 unintended pregnancies and 17,600 abortions every year. Legislators who are serious about reducing the need for abortion should get serious about reducing unintended pregnancies. Study after study has shown that increasing access to birth control greatly decreases the number of unintended pregnancies and abortions.

Last legislative session, several bills were introduced that would have gutted the FPW for the 55,515 women currently included in the program who are in need of diagnostic and preventative health care services. In the past, these bills have called for an exclusion of women age 15-17, which would dismantle the current FPW and require the state to expend time and resources in attempting to obtain a revised or new FPW, which can not be guaranteed by the federal government.

The FPW Helps Alleviate the Health Care Crisis in Our State & Saves Wisconsin Taxpayers Millions of Dollars

- The federal government pays 90% of the FPW, attracting more than \$41 million (\$8.2 million for 5 years) desperately needed federal dollars into Wisconsin. This comes at a time when the state is on the verge of a serious Medicaid budget deficit. Under this bill Wisconsin would lose approximately \$16.4 million in federal funds for the remaining two years of the program.
- According to the Department of Health and Family Services' (DHFS) analysis, the FPW program saves approximately \$13.2 million each year by preventing unintended pregnancies.
 - The latest Department of Health and Family Services fiscal estimate found that in final quarter of 2003, the FPW saved the state \$3.3 million by preventing unintended pregnancies. Also in that quarter, the FPW services prevented 1,278 unintended pregnancies.
- The Waiver saves taxpayers' money by preventing teen pregnancy.
 - 85% of teen births in Wisconsin are paid for by Wisconsin taxpayers. The national average cost for each teen birth and attended expenses is \$79,320.



The FPW Prevents Teen Pregnancy and STIs

- FPW is estimated to reduce teen pregnancy by 15%. In 2002, approximately 6,800 Wisconsin teens gave birth.
- Most recent studies on teen pregnancy (by the National Campaign for the Prevention of Teen Pregnancy) confirm that access to birth control is a key component to preventing teen pregnancy. These studies also confirm that access to birth control does not encourage sexual activity.
- An 2002 Wisconsin study that appeared in the Journal of the American Medical Association concluded that mandatory parental notification for prescriptive contraceptives would not curtail a teen's sexual activities, but rather thwart a minor's willingness to seek crucial information on and services for preventing pregnancy and sexual transmitted infections.
 - 59% of minors indicated that they would stop using all sexual health care services, delay testing or treatment for HIV or other sexually transmitted infections, or discontinue use of specific sexual health care services if their parents were informed that they were seeking prescribed contraceptives.
 - 47% of minors responded that they would stop using all family planning services if their parents were notified that they were seeking prescribed birth control pills or devices. 99% of this population, however, indicated that they would continue having sexual intercourse.
- Minors have a legally recognized right to confidential family planning services under all Medicaid programs. State parental consent laws for access to family planning services under Medicaid have been struck down by courts throughout the country.

The FPW has Bi-partisan Support

In 1997, the FPW was approved by the Legislature on a bi-partisan vote. Assembly Speaker John Gard and Senate Leader Mary Panzer voted for the program, as did Senators Robert Cowles, Sheila Harsdorf and Representatives Cheryl Albers, John Gard, Scott Jensen and Dean Kaufert. Then Governor Tommy Thompson signed the bill into law and approved the program as Secretary of HHS in June, 2002.