



CHRIS KAPENGA

WISCONSIN STATE SENATOR

Testimony on Assembly Bill 310

Assembly Committee on Health

September 2, 2015

First, I would like to thank Chairman Sanfelippo and the members of the committee for holding a hearing on Assembly Bill 310. Additionally, I would like to thank Representative Jacque for his leadership on this issue.

The Title X Family Planning program was enacted in 1970 as Title X of the Public Health Service Act. Title X intended to provide funding to grantees that demonstrate the ability to serve low-income and uninsured individuals, men and women alike, who might not otherwise have access to healthcare services related to family planning and healthy families. Currently, Wisconsin has one Title X grantee, Planned Parenthood. Planned Parenthood is currently Wisconsin's number one provider of abortions and has received \$10.5 million in Title X funding over the last three years alone.

The intent of Title X funding is to promote public health and improve medical access for low-income individuals. When the money is being used to actively terminate human life, it is in direct conflict to its intent. This bill rectifies that abuse and ensures the funds are being used to prolong, not end, life.

Under Assembly Bill 310, the Department of Health Services (DHS) would apply, on an annual basis, for grant funds under Title X of the federal Public Health Service Act and would distribute funds received first to the Wisconsin Well-Woman Program and public entities, including state, county, and local health departments and health clinics. If there are remaining funds, DHS will then distribute funds to certain nonpublic entities. Assembly Bill 310 does not end direct access to basic health services for low-income and underinsured individuals, but simply redirects Title X funds to entities with a proven track record.

Many Wisconsinites have access to great healthcare services here in Wisconsin. If Title X funding is part of this equation, it should be administered and distributed by the Wisconsin Department of Health Services.

I ask you to consider the recommendation of Assembly Bill 310 for a vote in front of the full Assembly. Thank you again, Chairman Sanfelippo and members of the committee, for taking the time to hold this public hearing. I look forward to working with you on the passage of this legislation.



WISCONSIN CATHOLIC CONFERENCE

TO: Assembly Committee on Health

FROM: Barbara Sella, Associate Director, Respect Life and Social Concerns

DATE: September 2, 2015

RE: Assembly Bill 310, Title X Funding Reform

On behalf of the Wisconsin Catholic Conference, I thank you for the opportunity to submit the following testimony and urge you to support Assembly Bill 310, which would reform how Title X of the Public Health Service Act funds are disbursed in Wisconsin.

Assembly Bill 310 would establish a priority process that would make Title X funds flow first to the Department of Health Services (DHS) for use in the Wisconsin Well–Woman Program, and then onto other public entities that provide services to women at the local level. This bill would prohibit public entities from distributing Title X funds to a private, nonprofit entity that provides abortion services, makes referrals for abortion services, or has an affiliate that provides abortion services or makes referrals for abortion services.

At the outset, we would like to reiterate certain principles that not only guide the Catholic Church’s ministry, but are recognized by all as necessary for the advancement of the common good. One such principal is the importance of access to quality health care. Since 1919, the bishops of the United States have been vocal advocates of the idea that all Americans should enjoy access to affordable health care. As the U.S. bishops stated in 1993, “Health care is more than a commodity; it is a basic human right, an essential safeguard of human life and dignity.” We affirm that Wisconsin must continue to seek improved access to comprehensive health care services for those in need, especially women.

Having said this, we think that abortion and those entities that facilitate abortion do not reflect the respect for human dignity that should be at the core of all health care institutions. By prioritizing funding for state and public health entities, Assembly Bill 310 ensures that women’s health care is devoted to prevention, diagnosis, and care, not termination of life.

Assembly Bill 310 also allows the employee of a Title X recipient agency to refuse to offer family planning services to the extent that doing so is contrary to that employee’s personal beliefs. The Wisconsin Constitution explicitly recognizes the importance of the right of conscience. By permitting employees to forgo an activity that would violate their conscience, AB 310 further clarifies that which is already true, namely that “[t]he right of every person to worship Almighty God according to the dictates of conscience shall never be infringed...” (Wis. Const. Art. I, s. 18)

As responsible citizens, we acknowledge that the government should not establish a religion. But neither should government programs promote health care entities and practices that fail to uphold and adhere to the first principle of medicine, to do no harm. There are a myriad of providers that can meet women's health needs without invoking ethical inconsistencies. As a society, we should champion these providers by making certain they gain access to the funds necessary to serve women in need.

For these reasons, we urge you to support Assembly Bill 310. Thank you.

Pro-Life Wisconsin



Defending them all...

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**Testimony / Assembly Bill 310, Diverting Federal Title X Family Planning funds
Away from Organizations that Perform or Refer for Abortions
Assembly Committee on Health
By Matt Sande, Director of Legislation, Pro-Life Wisconsin**

September 2, 2015

Good morning Chairman Sanfelippo and Committee members. My name is Matt Sande and I serve as director of legislation for Pro-Life Wisconsin. Thank you for this opportunity to express our strong support for Assembly Bill 310, legislation that would redirect federal Title X family planning funds away from organizations that perform or refer for abortions. Currently, federal Title X family planning funds are granted directly to Planned Parenthood of Wisconsin (PPWI), as they are the sole applicant in Wisconsin. PPWI receives more than \$3 million annually from Title X, effectively subsidizing their abortion business.

Assembly Bill (AB) 310 would require the DHS to apply, on an annual basis, for family planning grant funds under Title X of the federal Public Health Service Act and to distribute funds received first to the Wisconsin Well-Woman Program and public entities, including state, county, and local health departments and health clinics. If any moneys remain after those distributions, DHS may then distribute grant funds to nonpublic entities that are hospitals or federally qualified health centers that provide comprehensive primary and preventive care. Under the bill, a public entity that receives family planning and preventive health services grant funds may provide some or all of the funds to other public or private entities provided that the recipient of the funds does not provide abortion services, make referrals for abortion services, or have an affiliate that provides abortion services or makes referrals for abortion services. The state of Kansas enacted similar Title X legislation which, when challenged by Planned Parenthood of Kansas, was upheld by the Tenth Circuit, United States Court of Appeals, in March of 2014.

Assembly Bill 310 respects the consciences of Wisconsin taxpayers who oppose the use of public funds to directly or indirectly subsidize abortion. All money is fungible. Family planning funds undeniably free up resources within receiving organizations, like PPWI, to engage in the surgical abortion business. Planned Parenthood of Wisconsin has deceived our children by fostering a false sense of security about "safe sex," and has profited greatly from selling abortions to teen girls whose birth control fails. And despite their protestations, it is an open question whether PPWI engages in the grisly trade of aborted fetal body parts. Abortion is not healthcare. Planned Parenthood of Wisconsin, a non-profit organization with a net worth of over \$10 million that profits from killing unborn babies and exploits women in distress, should not be considered a healthcare provider. Wisconsin cannot continue to throw money at organizations that perform or refer for abortions.

(over)

Planned Parenthood of Wisconsin is far from the only provider of primary and preventive women's health services. Administered by the DHS, the state and federally funded Well-Woman Program provides uninsured low-income women ages 45 through 64 with preventative health care services. Federal dollars pay for mammograms, Pap tests, cervical cancer screenings and multiple sclerosis tests while state dollars are used for educational outreach and case management services. Additionally, low-income women can get pap smears, STD screenings, and breast cancer screenings at Federally Qualified Health Centers (FQHCs) at 162 locations across Wisconsin, as compared to 22 PPWI clinics. For every Planned Parenthood clinic in Wisconsin, there are 7 FQHCs.

Pro-Life Wisconsin does not oppose public funding for basic health care services for low-income women, such as breast and cervical cancer exams, STD screenings, pap smears, mammograms, etc. We don't necessarily oppose the provision of birth control drugs for medicinal purposes. Pro-Life Wisconsin does oppose confidential family planning services that include sterilizations, contraceptives, IUDs, and the provision of chemically abortifacient drugs, such as the morning-after pill and the patch, to adults and minor children. But our bottom line is that no public funds, whatever their purpose, should ever go to Planned Parenthood and other organizations that perform or refer for abortions. Planned Parenthood can pay for these services themselves – not with the taxpayers' money.

Polls consistently demonstrate that Americans are opposed to taxpayer funding of abortions. Pro-Life Wisconsin urges the Wisconsin Legislature and Governor Walker to keep moving down the long road toward totally defunding Planned Parenthood of Wisconsin of all taxpayer dollars. The 2011-2013 state biennial budget began the journey by prohibiting state and federal Title V Maternal and Child Health funds from going to organizations or their affiliates that perform or refer for abortions, redirecting them to public entities. Assembly Bill 310 is another big step in the right direction. We urge legislators to starve the abortion giant by cutting off all state and federal public funding streams to Planned Parenthood of Wisconsin.

Thank you for your consideration, and I am happy to answer any questions committee members may have for me.



Testimony in Support of Assembly Bill 310
Assembly Committee on Health
Public Hearing, September 2, 2015
Julaine Appling, President, Wisconsin Family Action

Thank you, Chairman Sanfelippo, and members of the committee, for holding a hearing on Assembly Bill 310. I am grateful for the opportunity to speak in favor of this bill and to encourage you to support this bill in committee and on the floor of the Assembly. Wisconsin Family Action believes that this bill sufficiently corrects Wisconsin's current inability to have appropriate oversight of the flow of a very large amount of federal health care dollars in the state.

There is really no good reason the \$3.5 million in Title X funds awarded to Wisconsin in 2015¹ should go to the largest abortion provider in the state, which is a limited service provider that operates under little-to-no state or federal regulation. This bill re-routes Title X funds away from the current sole grantee—Planned Parenthood—and back to the state, whereby the grants can be distributed with priority to the Wisconsin Well-Woman Program and to state, county, and local health departments and health clinics, and then, as the third-tier, to private hospitals or federally qualified health centers that provide comprehensive primary and preventative care.

I would like to point out that according to the Planned Parenthood website there are twenty-two clinics in Wisconsin operated by Planned Parenthood, with the plurality of clinics concentrated in the Metro Milwaukee.² Of those twenty-two clinics, three clinics provide abortions services, again, according to their website.

I have included with my testimony a map with the current locations of the eighteen service sites (nine of which are Planned Parenthood clinics) that presently receive the Title X funding, as appropriated by Planned Parenthood of Wisconsin. As you can see in the map, under Planned Parenthood's authority, the spread of Title X funds is not at all statewide. We have seventy-two counties in Wisconsin, most of which are home to women who meet the low-income requirements for Title X services. For the sake of comparison, I've included a map published by the Department of Health Services (DHS) with locations of Wisconsin Well Woman Program providers across the state as of June, 2015. As you can see, almost every county is accounted for. According to the Wisconsin Well Woman Program (WWWP), they have 44 provider organizations and 458 sites in the state.³ These sites would of course offer the breast and cervical cancer screenings covered through the Wisconsin Well Woman Program.

But that is just the first tier of recipients of Title X funds permitted by this bill. In the second-tier, the funding would be granted to state, county, and local health departments and clinics, where beneficiaries of Title X funds would have access to comprehensive health care, and not just the services covered by Title X. Any additional monies would be awarded to hospitals or federally qualified health centers that, again, provide comprehensive primary and preventative care—this being the third tier of recipients.

Wisconsin Family Action believes this bill would accomplish the intent of the Title X Program, in giving low-income women across Wisconsin access to the full spectrum of family planning services covered by the program⁴ and in facilities that can provide further access to comprehensive health care for women. For these reasons we urge you to support Assembly Bill 310.

¹ *Announcement of Anticipated Availability of Funds for Family Planning Services Grants*, Office of the Assistant Secretary for Health, Office of Population Affairs, available at: <http://www.hhs.gov/opa/pdfs/opa-fy2015-1.pdf>, accessed on September 1, 2015.

² *Health Center Search Results: Wisconsin*, available at: <https://www.plannedparenthood.org/health-center/WI/>, accessed on September 1, 2015.

³ *Wisconsin Well Woman Program (WWWP) New Model*, available at <https://www.dhs.wisconsin.gov/wwwp/model.htm>, accessed on September 1, 2015.

⁴ *Title X Family Planning Program Priorities*, available at: <http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/program-priorities/>, accessed on September 1, 2015.



Deanna Alexander

18th District Milwaukee County Supervisor

September 2, 2015

RE: SUPPORT FOR 2015 AB 310

Committees, Boards, & Councils

Transportation, Public Works & Transit Committee
Parks, Energy & Environment Committee
Intergovernmental Relations Committee
Emergency Medical Services Council, Chair
Milwaukee Child Welfare Partnership Council

Dear Mr. Chairman and Members of the Assembly Health Committee:

While I am unable to attend today's hearing, I appreciate the opportunity to submit this letter as written testimony in support of Assembly Bill 310.

It is my understanding that Planned Parenthood is presently the only applicant, and thus the only potential recipient of the Title X funding that is allocated for a variety of public health activities in Wisconsin. It is also my understanding that Planned Parenthood is an organization that has been caught skirting abortion and public health laws so wildly that there is little doubt nationally that the organization has been cavalierly harvesting organs from late term fetuses and live babies that survive abortion procedures, all behind the government's and the public's backs. While the organization has made claims that abortions are only a small part of its business, I would call you to what I hope you to find a clear and compelling comparison: Even the Ku Klux Klan does community outreach, and lynchings were "only a small part" of their operations. The fact that Planned Parenthood still reveres and hails its founder, Margaret Sanger, an avid supporter of the KKK and known eugenicist surely doesn't help the case Planned Parenthood would like to have you believe.

Amongst many reasons for my support of AB 310 is that most of my constituents are African Americans, and most of my constituents also live with a Judeo-Christian world view that does not support the racist roots nor the outrageous human rights violations that Planned Parenthood clearly exhibits. I must speak against government funding going to support such an organization. *Please note that I am speaking for the 53,000+ resident district that I represent and am not lobbying nor requesting your consideration on behalf of the County, the County Board as a body, nor the office of the County Executive.*

The bill before you bill would add up to \$3.538 Million annually in very welcome federal funding for cervical and breast cancer screening through the Wisconsin Well Woman Program and for a variety of communicable disease control and public health programs overseen by county and local health departments. This funding would allow for local government to target funding to many of the greatest current and emerging needs in public health at the local level, both through services and initiatives performed by county and local health departments and by allowing local governments to grant Title X funding to providers in the community, while exempting abortion providers – most specifically the one that has been caught with blood on its hands harvesting organs for profit across the United States.

I urge your support for this legislation and appreciate your consideration.

Deanna Alexander

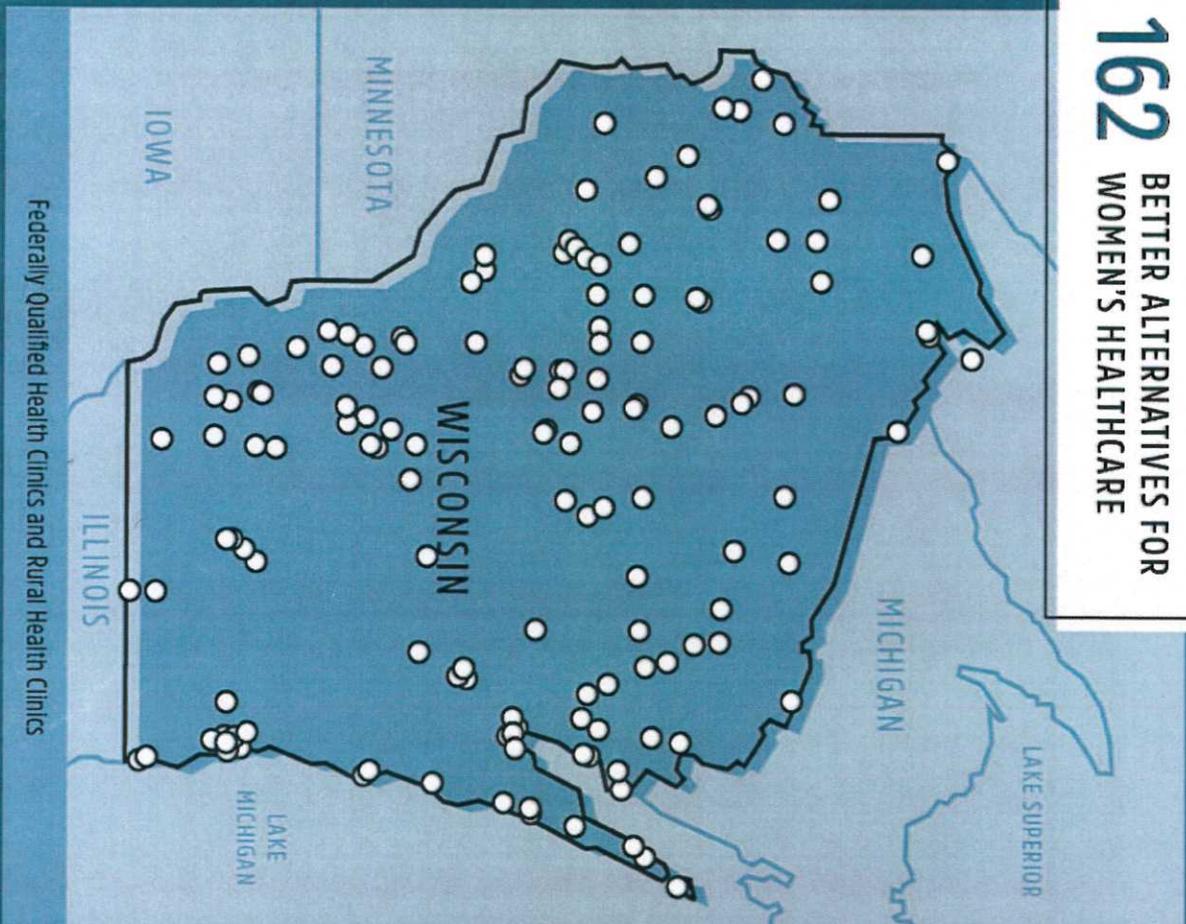
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901 North 9th Street, RM 201 • Milwaukee, WI 53233

WOMEN HAVE REAL CHOICES

There are 7 health care clinics for every Planned Parenthood.

162

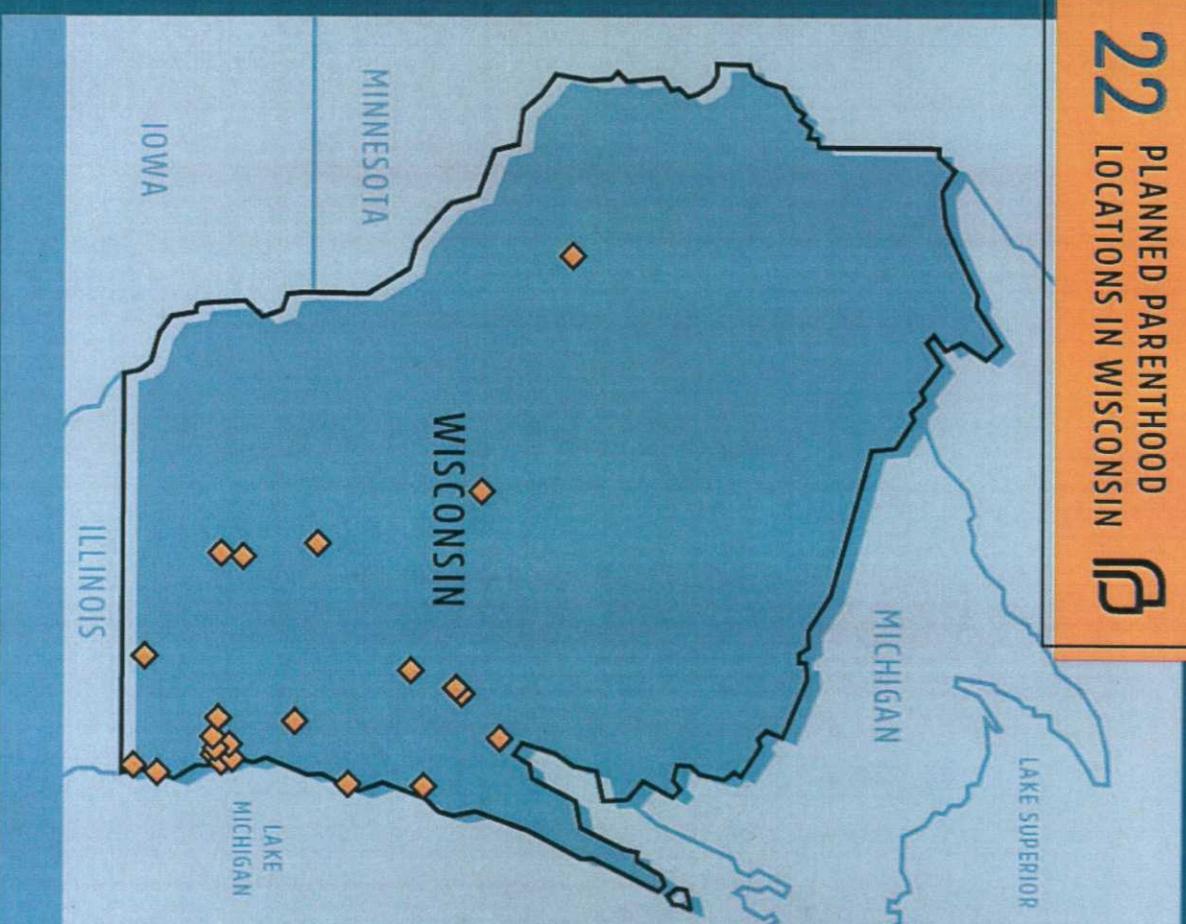
BETTER ALTERNATIVES FOR WOMEN'S HEALTHCARE



Federally Qualified Health Clinics and Rural Health Clinics

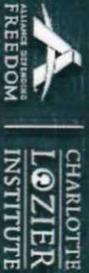
22

PLANNED PARENTHOOD LOCATIONS IN WISCONSIN



#Defundpp

Brought to you by



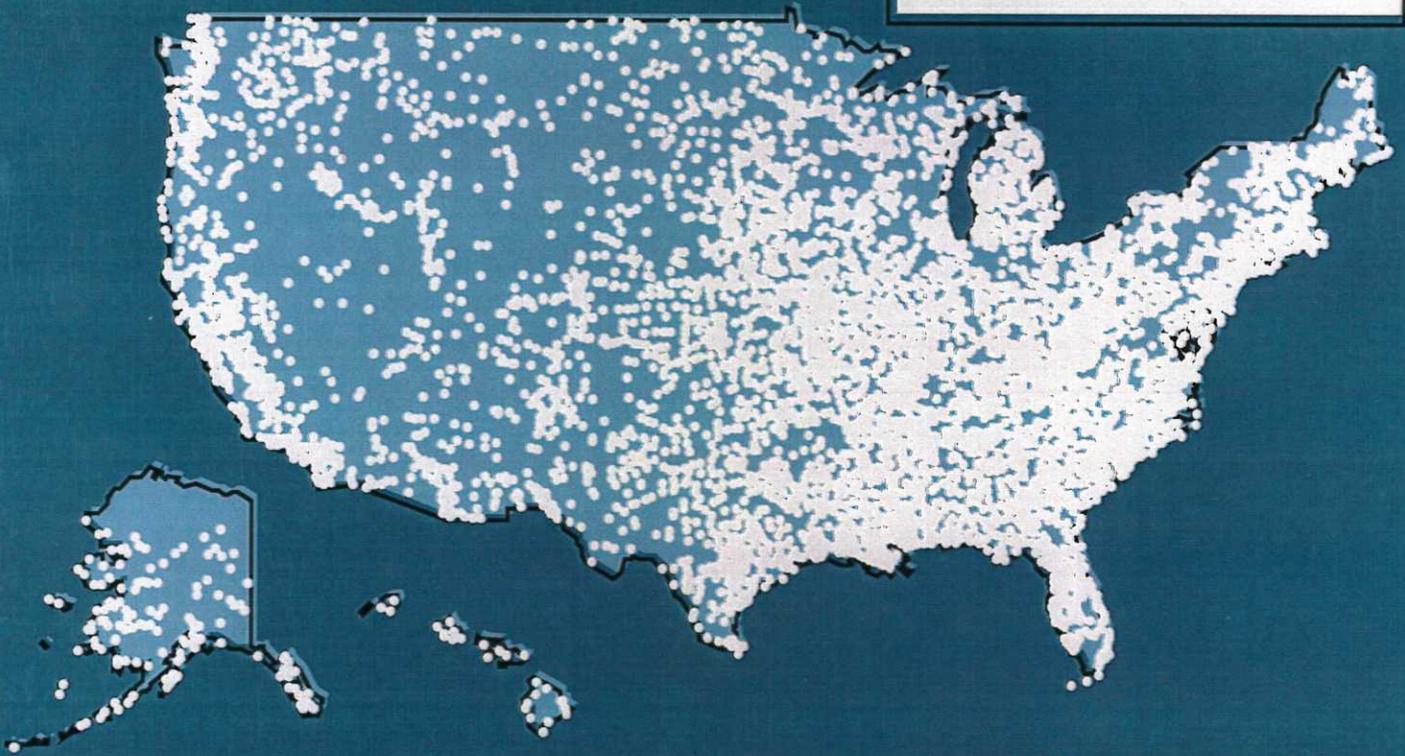
ALLIANCE FOR FREEDOM

CHARLOTTE LOZIER INSTITUTE

There are 20 comprehensive care clinics for every Planned Parenthood.

13,540

CLINICS PROVIDING
COMPREHENSIVE HEALTH
CARE FOR WOMEN



665

PLANNED PARENTHOOD
LOCATIONS (MAMMOGRAMS NOT
AVAILABLE HERE)



**PLANNED PARENTHOOD SAYS WOMEN WILL NOT BE
ABLE TO GET MAMMOGRAMS IF IT IS DEFUNDED**



Vs



**8000+ LICENSED MAMMOGRAM
FACILITIES IN AMERICA**

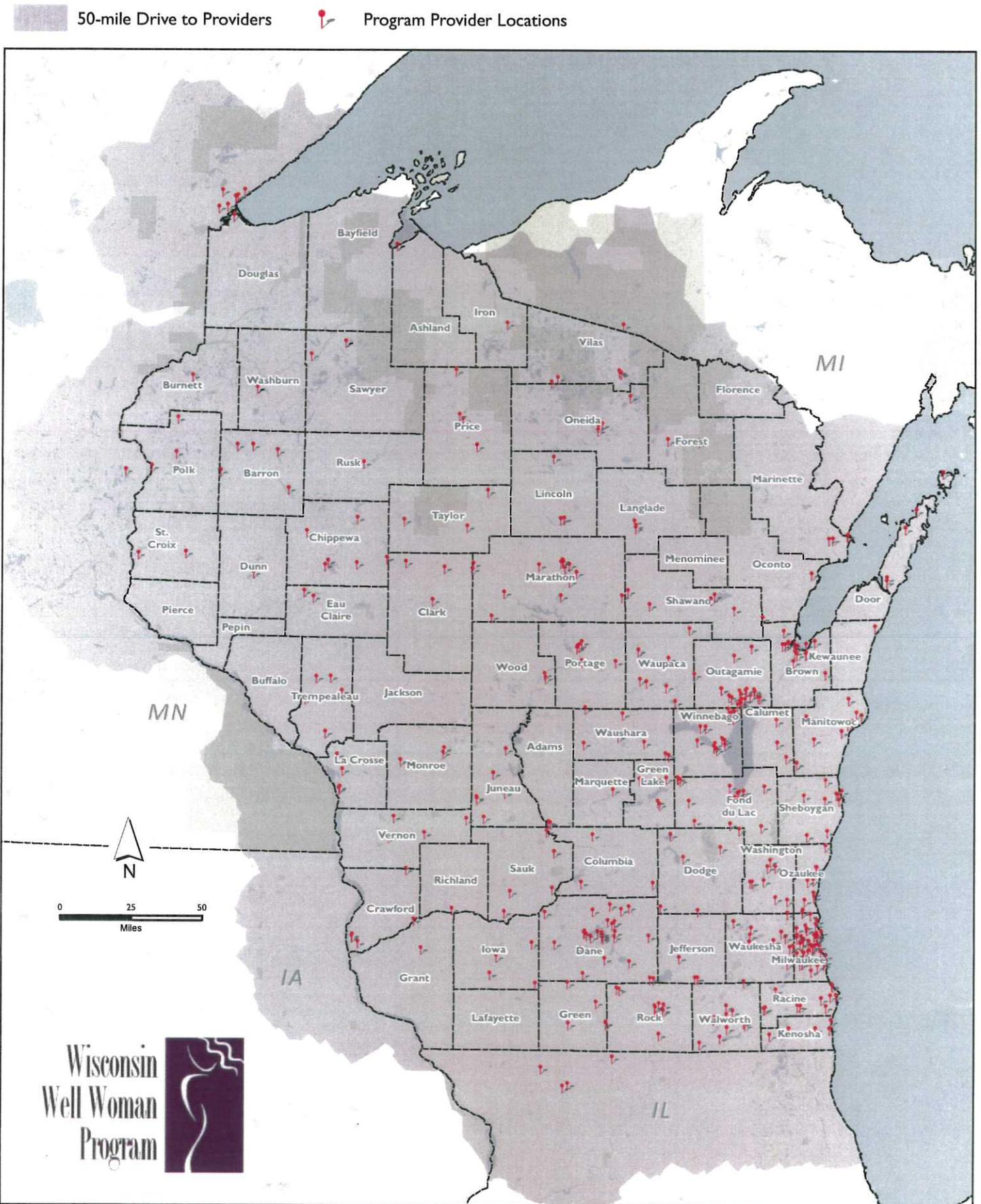
**ALL PLANNED PARENTHOOD
LICENSED MAMMOGRAM FACILITIES**

Planned Parenthood isn't Necessary

Sources: 1. FDA list of all licensed mammography facilities updated 7/27/2015

2. FDA response to ADIF Freedom of Information Act request confirming no Planned Parenthood facility has a license to perform mammograms.

Access to Wisconsin Well Woman Program Provider Locations



Source: WI DHS, Bureau of Community Health and Promotion, Wisconsin Well Woman Program, June 2015
Map created by WI DHS Bureau of Information Technology Services, June 2015.

Planned Parenthood of
Wisconsin, Inc. Delavan Health
Center



Planned Parenthood of
Wisconsin Inc. Madison South
Health Center



Essential Health Clinic - Black
River Falls



Essential Health Clinic -
Whitehall



Essential Health Clinic



Essential Health Clinic -
Richland Center



Essential Health Clinic - Sparta



Essential Health Clinic - Prairie
du Chien



First Choice Women's Health
Center Janesville Clinic



First Choice Women's Health
Center Beloit Clinic



Essential Health Clinic -
Viroqua

Wisconsin Collaborative

Who we are:

We are providers that receive:

Wisconsin Women's Health Block Grant (Title V Maternal and Child Health funds)

These are federal dollars that pass through the state to local providers by means of administration of the Title V funds.

- 23 community-based providers receive funds under this grant, 7 are private providers and 16 are public health agencies.
- Collectively, this program serves 18,000 patients.
- In 2011, Governor Walker's first budget eliminated PPWI from this program. PPWI lost its funding in 9 WI counties- in 8 of those counties; PPWI was the only women's health provider. As a result, PPWI has closed 5 of those sites and no new providers have taken over in those communities, including Fond du Lac, Beaver Dam, Shawano, Johnson Creek and Chippewa Falls.

The benefits of the Wisconsin Collaborative are:

Calculated benefits and cost savings based on 18,000 patients/ year

# of unintended pregnancies prevented	4,500
# of unplanned births prevented	2,230
# of abortions prevented	1,540
# of miscarriages following unintended pregnancies prevented	730
# of unplanned births after short (<18 months) interpregnancy intervals prevented	580
# of unplanned preterm/low-birth-weight births prevented	300
Maternal and birth-related gross costs saved from contraceptive services provided	\$29,632,200
Miscarriage and ectopic pregnancy gross costs saved	-\$901,050
Averted abortions gross costs saved	-\$1,280
Total family planning costs	-\$3,740,710
Total net savings	\$26,793,820

Source: [Health Benefits and Cost Savings of Publicly Funded Family Planning](http://www.guttmacher.org/broader-benefits/index.html), <http://www.guttmacher.org/broader-benefits/index.html>

Wisconsin Collaborative

Some facts:

- All Medicaid health care providers are reimbursed below usual and customary fees and cost. No Medicaid health care provider makes money through Medicaid reimbursements.
- The consequences of AB311 will be for providers to shift to more expensive pharmacy supplies, rather than utilization of the Public Health Pricing (340B) pharmacy supplies.
- This Bill will result in significantly higher costs to the Medicaid system as providers shift from the negotiated Public Health Pricing (340B) reimbursement to the maximum usual and customary Medicaid reimbursed amount.

Summary

- The cost to the State Medicaid Program if AB311 passes will be to force providers to use NON Public Health Pricing (340B) and will result in a 221% increase. (See attachment A)
- The impact of AB311 to large organizations, such as Planned Parenthood will be minimal. These large organizations have other options for purchasing pharmacy supplies that are not available to local rural Wisconsin Family Planning Only Providers.

Attachment A

Wisconsin Collaborative

Assembly Bill 311

The cost to the State Medicaid Program will increase if clinics do not use their 340B discount prices for Medicaid.

Title V Agencies (not including Planned Parenthood of Wisconsin) serve approximately 18,000 patients.

	Number of Patients on the Method	Total Reimbursement with Public Health Pricing that is received now	Total Reimbursement with Non-Public Health Pricing if Bill Passes
Contraceptive Pill #1	11,225	\$4,380,962	\$6,800,987
Contraceptive Pill #2	3,674	\$1,433,887	\$2,225,960
Contraceptive Pill #3	3,101	\$1,210,550	\$6,506,514
TOTALS:	18,000	\$7,025,400	\$15,533,461

The result of this bill passing likely would be a **221% increase to the Wisconsin Medicaid Program**, because the bill would drive health care providers away from using 340B drugs for Medicaid enrollees.

2014

Reported Induced Abortions

In Wisconsin



*Wisconsin Department of Health Services
Division of Public Health
Office of Health Informatics*

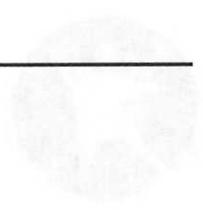
2014

Reported Induced Abortions in Wisconsin, 2014

Reported Induced
Abortions
in Wisconsin

August 2015

*Wisconsin Department of Health Services
Division of Public Health
Office of Health Informatics*



Foreword

Since January 1, 1987, medical facilities in Wisconsin have been required to report selected information on patients who obtained induced abortions. Section 69.186, Wis. Stats., also mandates the Department of Health Services to publish an annual demographic summary of the information reported. A copy of the statute can be found in the Appendix.

The Department of Health Services produced this publication, which was prepared in the Office of Health Informatics, Division of Public Health. This annual report, *Reported Induced Abortions in Wisconsin*, was formerly titled *Reported Induced Terminations of Pregnancy in Wisconsin*. The name was changed to reflect the language in the statute.

This report was compiled by Yiwu Zhang in the Health Analytics Section of the Office of Health Informatics, DPH. Pat Nametz, in the DPH Bureau of Operations, edited the report. Milda Aksamitauskas, Health Analytics Section Chief, supervised report preparation. Oskar Anderson, Director of the Office of Health Informatics, provided overall direction.

This publication is available on the Department of Health Services website, at <https://www.dhs.wisconsin.gov/stats/itop.htm>.

For further information about these tables, please contact:

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Reported Induced Abortions in Wisconsin, 2014 (P-45360-14). August 2015.

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Introduction

Reported Induced Abortions in Wisconsin, 2014 presents summary tables of information collected through the Wisconsin Induced Abortion Reporting System.

The Induced Abortion Report form collects only statutorily required information. Each facility that receives a supply of reporting forms is given a code number by which it is identified on the forms. That facility code and the patient number are used solely for data collection purposes, as stipulated in section 69.186, Wis. Stats. The original reporting forms are destroyed after the data set is complete. The facility code is used for purposes of information accuracy only and is deleted from the data set after editing (the patient number is never entered). These practices are required to ensure the anonymity of the patient who receives an induced abortion; the health care provider who performs an induced abortion; and the hospital, clinic or other facility in which an abortion is performed.

The tables in this publication summarize data for calendar year 2014, trend information for the years 2010-2014, and three-year annual average information by county. The tables categorize and cross-classify reported induced abortions by patient characteristics that include age, educational attainment, marital status, race/ethnicity, and state and county of residence; by an estimate of gestational age; and by reported complications. The data are based on reports of induced abortions performed in Wisconsin for both residents and non-residents.

Data Limitations and Caveats. The accuracy of the data presented in these tables is affected by a number of factors. State and county of residence, race, ethnicity, and marital status are self-defined and reported by patients, which can affect accuracy of the characteristics measured. The education measure is defined in the reporting form as the highest grade completed; however, some patients may overlook the definitions and give the highest grade attended.

A major limitation is the unknown number of induced abortions obtained by Wisconsin residents in other states. This report includes only those reported induced abortions that occurred in Wisconsin and cannot provide information on all Wisconsin residents who sought and obtained abortions.

Assessing the incidence of complications is somewhat problematic. Facilities are asked to complete the reporting form during the visit in which the procedure is performed. However, some complications do not occur immediately or become apparent while the patient is in post-procedure recovery. A few providers, particularly hospitals, complete the report form at a later date using medical records. These reports are more likely to reflect later complications and they also are more likely to be for second-trimester procedures, for which there are higher risks.

Key Findings

- The number of induced abortions reported for Wisconsin residents in 2014 was 5,640, down 10 percent from the 6,251 reported in 2013.
- The total number of induced abortions reported as occurring in Wisconsin in 2014 was 5,800, a 10 percent decrease from 6,462 in 2013 (see Table 1).
- The estimated 2014 Wisconsin resident induced abortion rate was 5.2 per 1,000 women ages 15-44, compared to 5.8 in 2013. According to the U.S. Centers for Disease Control and Prevention, the national rate was 13.9 per 1,000 women ages 15-44 in 2011; this is the most recent year for which national data are available.¹
- The estimated resident induced abortion ratio is the number of reported induced abortions per 100 live births. This ratio was 9.5 per 100 live births in Wisconsin in 2014, compared to 9.6 in 2013. The most recent national ratio was 22 per 100 live births in 2011.²
- Women in the age group 20-24 accounted for the largest proportion (34 percent) of reported induced abortions to Wisconsin residents in 2014. Thirteen percent of reports were for women 35 years of age or older. Those aged 18-19 obtained 8 percent of the reported induced abortions, and those aged 15-17 obtained 3 percent (see Table 3).
- In 2014, there were 196 induced abortions reported for Wisconsin residents who were minors (less than 18 years of age). Written consent (usually by a parent) was provided in 161 of these; the patient was an emancipated minor in 20; and a court granted a petition to waive the parental consent requirement in 15 (see Table 4).
- By law, the adult consent requirement for a minor's induced abortion is waived if the pregnancy was the result of sexual assault, if the procedure was a medical emergency, or if the pregnancy was the result of sexual intercourse with a caregiver. There were no such waivers reported in 2014.

¹ Centers for Disease Control and Prevention. Abortion surveillance—United States, 2011. *Surveillance Summaries*, November 28, 2014. MMWR 2014:63 (No. SS-11).

² Calculation of an estimated Wisconsin resident induced abortion ratio and rate would require knowing the number of Wisconsin residents obtaining induced abortions in other states. Estimates can be made for 2014 based on the number of reported induced abortions for Wisconsin residents obtained in Wisconsin (5,640) and in Minnesota (712 in 2014), the number of Wisconsin resident live births for 2013 (66,566), and the estimated population of females aged 15 to 44 in Wisconsin in 2013 (1,084,657). Based on these figures, the estimated Wisconsin resident abortion ratio in 2014 was 10 reported induced abortions per 100 live births. The 2014 estimated resident abortion rate calculated using these figures was 6 reported induced abortions per 1,000 women aged 15-44.

-
- Seventy-seven percent of reported induced abortions to Wisconsin residents were obtained by women who had never been married; 12 percent by currently married women; 7 percent by women who were divorced; 3 percent by women who were separated; and 1 percent by women who were widowed (see Table 5).
 - Sixty-four percent of induced abortions reported for Wisconsin residents were obtained by white women, 26 percent by black women, 2 percent by American Indian women, 5 percent by Asian/Pacific Islander women, and 5 percent by women of other or unknown race. Eleven percent of abortions were obtained by Hispanic women (of any race), while 90 percent were obtained by non-Hispanic women (see Table 6).
 - Forty-four percent of reported induced abortions among Wisconsin residents in 2014 were obtained within the first 8 weeks of gestation (see Table 8).
 - Of the 5,640 reported induced abortions among Wisconsin residents in 2014, 81 percent were surgical, 19 percent were chemically induced, and 0.4 percent were surgical procedures following a failed or incomplete chemically induced abortion. In 2013, these proportions were 81 percent, 18 percent, and 1 percent, respectively (see Table 10).

Statewide Historical Data, 1977-2012

Table 1. Number, Ratio and Rate of Reported Induced Abortions that Occurred in Wisconsin, 1977-2014

Year	Number	Ratio*	Rate**
Annual Facility Survey			
1977	16,133	24	16
1978	17,764	26	17
1979	20,035	28	18
1980	21,754	29	20
1981	20,819	28	19
1982	19,412	26	18
1983	18,866	26	17
1984	18,836	26	17
1985	17,309	24	15
1986	17,454	24	15
Case-Based Continuous Reporting System			
1987	17,318	24	16
1988	17,986	25	16
1989	17,575	25	16
1990	16,848	23	15
1991	16,237	23	14
1992	15,549	22	14
1993	14,671	21	13
1994	13,396	20	12
1995	12,782	19	11
1996	13,673	20	12
1997	13,218	20	11
1998	11,681	18	10
1999	11,013	16	9
2000	11,040	16	10
2001	10,925	16	9
2002	10,489	15	9
2003	10,557	16	9
2004	9,943	14	9
2005	9,817	14	8
2006	9,580	14	8
2007	8,267	11	7
2008	8,229	11	7
2009	8,542	12	8
2010	7,825	11	7
2011	7,249	10	6
2012	6,927	10	6
2013	6,462	10	6
2014	5,800	10	6

Source: Wisconsin Induced Abortion Reporting System, Office of Health Informatics, Division of Public Health, Department of Health Services. The source for the pre-1987 numbers reported in this table is *Maternal and Child Health Statistics, Wisconsin, 1986*.

* The ratio is the number of reported induced abortions occurring in Wisconsin per 100 Wisconsin live births. (The 2014 ratio is based on the number of live births in 2013.)

** The rate is the number of reported induced abortions occurring in Wisconsin per 1,000 Wisconsin women aged 15-44. (The 2014 rate is based on population estimates for July 1, 2013.)

Note: The reporting of induced abortions on a case basis began in Wisconsin on January 1, 1987. Before that date an annual survey was conducted of medical facilities and provided only the total number of reported induced abortions in the state.

Summary Distributions

Table 2. Reported Induced Abortions that Occurred in Wisconsin, by State of Residence, 2014

State of Residence	Number	Percent
Wisconsin	5,640	97%
Michigan	92	2
Illinois	55	1
Iowa	4	<1
Minnesota	3	<1
Other State	6	<1
Other Country	0	0
Total	5,800	100%

Source: Wisconsin Induced Abortion Reporting System, Office of Health Informatics, Division of Public Health, Department of Health Services.

Table 3. Reported Induced Abortions by Age, Wisconsin 2014

Age	Occurred in Wisconsin		Wisconsin Residents		Resident Age-Specific Rate per 1,000*	
	Number	Percent	Number	Percent		
<15	16	0.3%	15	0.3%		
15-17	187	3.2	181	3.2	(<18)	1.6
18-19	480	8.3	461	8.2		5.9
20-24	1,941	33.5	1,892	33.5		9.7
25-29	1,516	26.1	1,473	26.1		8.4
30-34	925	15.9	902	16.0		4.9
35-39	529	9.1	515	9.1		3.1
40-44	196	3.4	191	3.4	(40+)	1.1
45+	10	0.2	10	0.2		
Total (15-44)	5,800	100.0%	5,640	100.0%		5.2

Source: Wisconsin Induced Abortion Reporting System, Office of Health Informatics, Division of Public Health, Department of Health Services.

* The total rate is the number of reported induced abortions per 1,000 Wisconsin women aged 15-44 (based on July 1, 2013, population counts); age-specific rates are the number per 1,000 women in each age group. The rate among females less than 18 years of age was calculated using the female population aged 15-17; the rate among females aged 40 and older was calculated using the female population aged 40-44.

Note: The "Wisconsin Residents" columns include only induced abortions that were obtained in Wisconsin by Wisconsin residents. Information about Wisconsin residents who obtained induced abortions in other states is not available.

Summary Distributions

Table 4. Reported Induced Abortions Among Minors (Age Less Than 18 Years) by Legal Status of Patient, Wisconsin Residents, 2014

Legal Status	Number
A. If the patient is less than 18 years old, indicate the circumstances of the patient.	
1. Patient is an emancipated minor.	20
2. A court granted a petition to waive the parental consent.	15
3. Consent was provided by an adult on behalf of the patient (go to B).	161
4. None of the above apply (go to C).	0
Total <18	196
B. Specify the status of the adult providing written consent for the patient's abortion.	
1. Parent	140
2. Guardian or legal custodian	3
3. Adult family member	18
4. Foster parent or treatment foster parent	0
Total <18 for whom adult provided consent	161
C. Specify the reason that consent was not legally required in this case.	
1. A medical emergency exists that requires an immediate abortion.	0
2. The minor provided a written statement that the pregnancy was the result of a sexual assault; the assault was reported as required by law.	0
3. A psychiatrist or licensed psychologist provided a written statement that the minor is likely to commit suicide rather than file a petition or approach a person empowered to give consent.	0
4. The minor provided a written statement that the pregnancy is the result of sexual intercourse with a caregiver; this was reported as required by law.	0
5. The minor provided a written statement that she has been abused by a person empowered to give consent; this was reported as required by law.	0

Source: Wisconsin Induced Abortion Reporting System, Office of Health Informatics, Division of Public Health, Department of Health Services.

Note: This table includes only induced abortions that were obtained in Wisconsin by Wisconsin residents. Information about Wisconsin residents who obtained induced abortions in other states is not available.

Summary Distributions

Table 5. Reported Induced Abortions by Marital Status, Wisconsin 2014

Marital Status	Occurred in Wisconsin		Wisconsin Residents		Percent Wisconsin Residents
	Number	Percent	Number	Percent	
Married	669	12%	649	12%	97%
Separated	198	3	188	3	95
Not married:					
Never married	4,473	77	4,365	77	98
Divorced	420	7	400	7	95
Widowed	29	1	27	1	93
Unknown	11	0	11	0	100
Total	5,800	100%	5,640	100%	97%

Source: Wisconsin Induced Abortion Reporting System, Office of Health Informatics, Division of Public Health, Department of Health Services.

Note: The "Wisconsin Residents" columns include only induced abortions that were obtained in Wisconsin by Wisconsin residents. Information about Wisconsin residents who obtained induced abortions in other states is not available.

Table 6. Reported Induced Abortions by Race and Hispanic Origin, Wisconsin 2014

Race/Ethnicity	Occurred in Wisconsin		Wisconsin Residents		Percent Wisconsin Residents
	Number	Percent	Number	Percent	
White	3,712	64%	3,579	64%	96%
Black	1,445	25	1,439	26	100
Amer. Indian	96	2	85	2	89
Asian/Pacific Isl.	284	5	280	5	99
Other/Unknown	263	5	257	5	98
Total	5,800	100%	5,640	100%	97%
Hispanic	604	10%	595	11%	99%
Non-Hispanic	5,196	90	5,045	90	97
Total	5,800	100%	5,640	100%	97%

Source: Wisconsin Induced Abortion Reporting System, Office of Health Informatics, Division of Public Health, Department of Health Services.

Note: The "Wisconsin Residents" columns include only induced abortions that were obtained in Wisconsin by Wisconsin residents. Information about Wisconsin residents who obtained induced abortions in other states is not available.

Summary Distributions

Table 7. Reported Induced Abortions by Education, Wisconsin 2014

Years of Education	Occurred in Wisconsin		Wisconsin Residents		Percent Wisconsin Residents
	Number	Percent	Number	Percent	
8 or less	100	2%	95	2%	95%
9-11	526	9	513	9	98
12	1,952	34	1,894	34	97
13-15	2,115	37	2,059	37	97
16 or more	1,107	19	1,079	19	98
Total	5,800	100%	5,640	100%	97%

Source: Wisconsin Induced Abortion Reporting System, Office of Health Informatics, Division of Public Health, Department of Health Services.

Note: The “Wisconsin Residents” columns include only induced abortions that were obtained in Wisconsin by Wisconsin residents. Information about Wisconsin residents who obtained induced abortions in other states is not available.

Table 8. Reported Induced Abortions by Estimated Gestation, Wisconsin 2014

Weeks of Gestation	Occurred in Wisconsin		Wisconsin Residents		Percent Wisconsin Residents
	Number	Percent	Number	Percent	
8 weeks or less	2,548	44%	2,490	44%	98%
9-10	1,381	24	1,341	24	97
11-12	809	14	776	14	96
13-15	630	11	605	11	96
16-20	349	6	345	6	99
Over 20	83	1	83	2	100
Total	5,800	100%	5,640	100%	97%

Source: Wisconsin Induced Abortion Reporting System, Office of Health Informatics, Division of Public Health, Department of Health Services.

Notes: The “Wisconsin Residents” columns include only induced abortions that were obtained in Wisconsin by Wisconsin residents. Information about Wisconsin residents who obtained induced abortions in other states is not available.

The data provided for what is termed “weeks of gestation” in the tables cannot be classified precisely or consistently. In some cases, it refers to the patient’s reported weeks since last menstrual period; in other cases, it is the physician’s estimate of weeks since conception. Reporting instructions ask for the number of weeks since patient’s last menstrual period. If this information is unavailable, reporters are asked to substitute a clinical estimate of gestation. It is not known which reports used which measure, nor the proportion of reports using each. A physician’s estimate of gestational age based on clinical observation is generally more reliable and may be several weeks less than the patient’s reported weeks since last menstrual period. Readers should be aware of the imprecision in the measure. The table groups the reported weeks into categories used by the U.S. Centers for Disease Control and Prevention and the Alan Guttmacher Institute.

Summary Distributions

Table 9. Reported Induced Abortions by Reported Complications, Wisconsin 2014

Complications	Occurred in Wisconsin	Wisconsin Residents
None	5,784	5,624
Complication:		
Hemorrhage	10	10
Infection	3	3
Uterine Perforation	0	0
Cervical Laceration	0	0
Retained Products	3	3
Other	2	2
Total Reported Induced Abortions	5,800	5,640

Source: Wisconsin Induced Abortion Reporting System, Office of Health Informatics, Division of Public Health, Department of Health Services.

Notes: The "Wisconsin Residents" column includes only induced abortions that were obtained in Wisconsin by Wisconsin residents. Information about Wisconsin residents who obtained induced abortions in other states is not available.

Assessing the incidence of complications is somewhat problematic. Facilities are asked to complete the reporting form during the visit in which the procedure is performed. However, some complications do not occur immediately or become apparent while the patient is in post-procedure recovery. A few providers, particularly hospitals, complete the report form at a later date using medical records. These reports are more likely to reflect later complications and they also are more likely to be for second-trimester procedures, for which there are higher risks.

Each induced abortion could have more than one type of complication reported. Reporting instructions ask providers to report "any and all complications that are identified which are a result of the procedure and which occurred during the visit in which the procedure was performed. For chemically induced abortions, wait until the procedure is completed to answer this question."

Table 10. Reported Induced Abortions by Type of Procedure, Wisconsin Residents, 2014

Type of Procedure	Number	Percent
Chemically Induced (any non-surgical procedure including oral, injected and vaginally inserted chemicals)	1,064	19%
Surgical	4,554	81
Surgical (following a failed or incomplete chemically induced abortion)	22	<1
Total	5,640	100%

Source: Wisconsin Induced Abortion Reporting System, Office of Health Informatics, Division of Public Health, Department of Health Services.

Note: This table includes only induced abortions that were obtained in Wisconsin by Wisconsin residents. Information about Wisconsin residents who obtained induced abortions in other states is not available.

Demographic Characteristics of Patients

Table 11. Reported Induced Abortions by Age and by Race and Hispanic Origin, Wisconsin Residents, 2014

Age	Race					Total	Ethnicity
	White	Black	American Indian	Asian/ Pacific Islander	Other/ Unknown		Hispanic (Any Race)
	Number						
Less than 15	6	6	1	0	2	15	3
15-17	111	47	6	2	15	181	31
15	25	7	0	0	2	34	9
16	35	17	2	0	4	58	11
17	51	23	4	2	9	89	11
18-19	324	99	5	12	21	461	67
18	144	37	0	5	10	196	30
19	180	62	5	7	11	265	37
20-24	1,174	535	35	62	86	1,892	187
20	205	79	4	6	18	312	46
21	225	103	8	7	23	366	40
22-24	744	353	23	49	45	1,214	101
25-29	918	392	23	78	62	1,473	147
30-34	532	247	8	64	51	902	98
35-39	374	85	6	40	10	515	44
40+	140	28	1	22	10	201	18
Total	3,579	1,439	85	280	257	5,640	595
	Percent						
Less than 15	<1%	<1%	1%	0%	1%	<1%	1%
15-17	3	3	7	1	6	3	5
18-19	9	7	6	4	8	8	11
20-24	33	37	41	22	34	34	31
25-29	26	27	27	28	24	26	25
30-34	15	17	9	23	20	16	17
35-39	10	6	7	14	4	9	7
40+	4	2	1	8	4	4	3
Total	100%	100%	100%	100%	100%	100%	100%

Source: Wisconsin Induced Abortion Reporting System, Office of Health Informatics, Division of Public Health, Department of Health Services.

Note: This table includes only induced abortions that were obtained in Wisconsin by Wisconsin residents. Information about Wisconsin residents who obtained induced abortions in other states is not available.

Demographic Characteristics of Patients

Table 12. Reported Induced Abortions by Age and Marital Status, Wisconsin Residents, 2014

Age	Marital Status						Total
	Married	Separated	Never Married	Divorced	Widowed	Unknown	
	Number						
Less than 15	0	0	15	0	0	0	15
15-17	0	0	176	1	4	0	181
18-19	2	2	453	0	1	3	461
20-24	61	23	1,778	24	3	3	1,892
25-29	161	60	1,168	77	5	2	1,473
30-34	186	54	518	137	5	2	902
35-39	161	33	196	118	6	1	515
40+	78	16	61	43	3	0	201
Total	649	188	4,365	400	27	11	5,640
	Percent						
Less than 15	0%	0%	0%	0%	0%	0%	0%
15-17	0	0	4	0	15	0	3
18-19	0	1	10	0	4	27	8
20-24	9	12	41	6	11	27	34
25-29	25	32	27	19	19	18	26
30-34	29	29	12	34	19	18	16
35-39	25	18	5	30	22	9	9
40+	12	9	1	11	11	0	4
Total	100%	100%	100%	100%	100%	100%	100%

Source: Wisconsin Induced Abortion Reporting System, Office of Health Informatics, Division of Public Health, Department of Health Services.

Note: This table includes only induced abortions that were obtained in Wisconsin by Wisconsin residents. Information about Wisconsin residents who obtained induced abortions in other states is not available.

Demographic Characteristics of Patients

Table 13. Reported Induced Abortions by Education and by Race and Hispanic Origin, Wisconsin Residents, 2014

Years of Education	Race					Total	Ethnicity
	White	Black	American Indian	Asian/Pacific Islander	Other/Unknown		Hispanic (Any Race)
	Number						
11 or less	345	179	16	22	42	604	143
12	1,159	553	32	62	88	1,894	214
13-15	1,316	552	29	71	91	2,059	174
16 or more	757	154	7	125	36	1,079	64
Unknown	2	1	1	0	0	4	0
Total	3,579	1,439	85	280	257	5,640	595
	Percent						
11 or less	10%	12%	19%	8%	16%	11%	24%
12	32	38	38	22	34	34	36
13-15	37	38	34	25	35	37	29
16 or more	21	11	8	45	14	19	11
Unknown	0	0	1	0	0	0	0
Total	100%	100%	100%	100%	100%	100%	100%

Source: Wisconsin Induced Abortion Reporting System, Office of Health Informatics, Division of Public Health, Department of Health Services.

Note: This table includes only induced abortions that were obtained in Wisconsin by Wisconsin residents. Information about Wisconsin residents who obtained induced abortions in other states is not available.

Demographic Characteristics of Patients

Table 14. Reported Induced Abortions by Marital Status and by Race and Hispanic Origin, Wisconsin Residents, 2014

Marital Status	Race					Total	Ethnicity
	White	Black	American Indian	Asian/Pacific Islander	Other/Unknown		Hispanic (Any Race)
Number							
Married	442	52	3	134	18	649	62
Separated	139	25	2	4	18	188	41
Not married:							
Never married	2,656	1,315	72	123	199	4,365	443
Divorced	323	35	7	16	19	400	43
Widowed	14	9	1	2	1	27	4
Unknown	5	3	0	1	2	11	2
Total	3,579	1,439	85	280	257	5,640	595
Percent							
Married	12%	4%	4%	48%	7%	12%	10%
Separated	4	2	2	1	7	3	7
Not married:							
Never married	74	91	85	44	77	77	75
Divorced	9	2	8	6	7	7	7
Widowed	0	1	1	1	0	1	1
Unknown	0	0	0	0	1	0	0
Total	100%	100%	100%	100%	100%	100%	100%

Source: Wisconsin Induced Abortion Reporting System, Office of Health Informatics, Division of Public Health, Department of Health Services.

Note: This table includes only induced abortions that were obtained in Wisconsin by Wisconsin residents. Information about Wisconsin residents who obtained induced abortions in other states is not available.

Estimated Gestation and Patient Age

Table 15. Reported Induced Abortions by Estimated Gestation and Age, Wisconsin Residents, 2014

Weeks of Gestation	Age								Total
	<15	15-17	18-19	20-24	25-29	30-34	35-39	40+	
Number									
8 weeks or less	2	62	174	787	660	424	269	112	2,490
9-10	7	38	117	455	345	233	110	36	1,341
11-12	1	33	74	291	186	110	59	22	776
13-15	3	26	61	215	160	73	50	17	605
16-20	2	18	31	121	89	50	21	13	345
Over 20	0	4	4	23	33	12	6	1	83
Total	15	181	461	1,892	1,473	902	515	201	5,640
Percent									
8 weeks or less	13%	34%	38%	42%	45%	47%	52%	56%	44%
9-10	47	21	25	24	23	26	21	18	24
11-12	7	18	16	15	13	12	12	11	14
13-15	20	14	13	11	11	8	10	9	11
16-20	13	10	7	6	6	6	4	7	6
Over 20	0	2	1	1	2	1	1	1	2
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: Wisconsin Induced Abortion Reporting System, Office of Health Informatics, Division of Public Health, Department of Health Services.

Notes: This table includes only induced abortions that were obtained in Wisconsin by Wisconsin residents. Information about Wisconsin residents who obtained induced abortions in other states is not available.

The data provided for what is termed “weeks of gestation” in the tables cannot be classified precisely or consistently. In some cases, it refers to the patient’s reported weeks since last menstrual period; in other cases, it is the physician’s estimate of weeks since conception. Reporting instructions ask for the number of weeks since patient’s last menstrual period. If this information is unavailable, the reporters are asked to substitute a clinical estimate of gestation. It is not known which reports used which measure, nor the proportion of reports using each. A physician’s estimate of gestational age based on clinical observation is generally more reliable and may be several weeks less than the patient’s reported weeks since last menstrual period. Readers should be aware of the imprecision in the measure. The table groups the reported weeks into categories used by the Centers for Disease Control and Prevention and the Alan Guttmacher Institute.

Table 16. Reported Induced Abortions by County of Residence and Age, Wisconsin Residents, 2013

County	Age					Total
	<18	18-19	20-24	25-34	35+	
Brown	12	15	58	96	24	205
Dane	25	61	252	318	116	772
Milwaukee	80	173	826	1,089	280	2,448
Outagamie	6	9	62	79	29	185
Rock	6	13	48	56	14	137
Waukesha	8	15	74	73	45	215
Winnebago	5	14	61	66	21	167
Other counties	54	161	511	598	187	1,511
Total	196	461	1,892	2,375	716	5,640

Source: Wisconsin Induced Abortion Reporting System, Office of Health Informatics, Division of Public Health, Department of Health Services.

Notes: This table includes only induced abortions that were obtained in Wisconsin by Wisconsin residents. Information about Wisconsin residents who obtained induced abortions in other states is not available; therefore, the counts underestimate frequencies for some counties.

Only counties that had at least five reports for each age group are shown in this table.

Table 17. Number and Rate of Reported Induced Abortions by Age, Wisconsin Residents, 2010-2014

Age	2010		2011		2012		2013		2014	
	Number	Rate*								
<18	424	3.7	321	2.8	294	2.6	215	1.9	196	1.8
18-19	746	9.1	607	7.6	526	6.6	507	6.5	461	5.9
20-24	2,598	12.6	2,409	12.7	2,272	12	2,117	11.1	1,892	9.7
25-29	1,798	9.9	1,829	10	1,671	9.2	1,656	9.2	1,473	8.4
30-34	1,118	6.9	1,020	6	1,060	6	967	5.4	902	4.9
35-39	687	3.9	583	3.4	611	3.7	580	3.6	515	3.1
40+	220	1.1	250	1.3	258	1.4	209	1.1	201	1.1
Total (15-44)	7,591	6.8	7,019	6.4	6,692	6.1	6,251	5.8	5,640	5.2

Source: Wisconsin Induced Abortion Reporting System, Office of Health Informatics, Division of Public Health, Department of Health Services.

* The total rate is the number of reported induced abortions per 1,000 women aged 15-44; age-specific rates are the number per 1,000 women in each age group. The rate among females less than 18 years of age was calculated using the female population aged 15-17; the rate among females aged 40 and older was calculated using the female population aged 40-44.

Notes: This table includes only induced abortions that were obtained in Wisconsin by Wisconsin residents. Information about Wisconsin residents who obtained induced abortions in other states is not available.

Trend Information, 2010-2014

Table 18. Number and Rate of Reported Induced Abortions by County of Residence, Wisconsin Residents, 2010-2014

County	2010		2011		2012		2013		2014	
	Number	Rate*								
Total	7,591	6.8	7,019	6.4	6,692	6.1	6,251	5.8	5,640	5.2
Adams	18		12		14		6		13	
Ashland	ns									
Barron	ns									
Bayfield	ns									
Brown	363	7.1	373	7.4	344	6.9	289	5.8	205	4.1
Buffalo	ns									
Burnett	ns									
Calumet	41	4.6	24	2.6	23	2.5	22	2.4	14	
Chippewa	ns		ns		ns		7		ns	
Clark	16		11		6		8		11	
Columbia	64	6.3	55	5.6	53	5.2	60	6.0	49	5.2
Crawford	9		7		6		8		9	
Dane	993	9.2	937	8.5	887	8.2	765	7.1	772	6.9
Dodge	81	5.1	80	5.4	90	5.9	55	3.6	44	3.1
Door	17		11		10		15		14	
Douglas	ns									
Dunn	ns									
Eau Claire	10		11		10		ns		ns	
Florence	ns									
Fond du Lac	89	4.5	84	4.4	63	3.2	58	3.0	68	3.6
Forest	12		7		9		11		5	
Grant	37	4.0	32	3.4	27	3.0	16		20	2.2
Green	24	3.6	27	4.2	26	4.0	33	5.1	22	3.5
Green Lake	10		14		16		12		11	
Iowa	19		22	5.5	15		15		5	
Iron	ns									
Jackson	16		11		8		ns		ns	
Jefferson	81	4.9	66	4.0	64	3.8	65	3.9	60	3.7
Juneau	15		11		16		14		8	
Kenosha	205	6.0	151	4.4	171	5.0	157	4.6	136	4.0
Kewaunee	18		8		13		13		7	
La Crosse	65	2.6	67	2.7	66	2.7	44	1.8	35	1.4
Lafayette	6		9		8		5		5	
Langlade	12		17		7		9		ns	
Lincoln	15		16		12		12		7	
Manitowoc	64	4.3	81	5.9	51	3.6	56	4.0	46	3.5
Marathon	112	4.3	114	4.6	91	3.6	74	3.0	86	3.6
Marinette	36	4.8	30	4.6	21	3.1	16		18	
Marquette	14		7		10		14		11	

(Continued)

Table 18. Number and Rate of Reported Induced Abortions by County of Residence, Wisconsin Residents, 2010-2014 (continued)

County	2010		2011		2012		2013		2014	
	Number	Rate*								
Menominee	14		5		9		10		9	
Milwaukee	2,999	15.0	2,763	13.2	2,667	13.5	2,591	13.0	2,448	11.6
Monroe	39	4.8	26	3.3	25	3.1	15		14	
Oconto	27	3.9	25	4.0	21	3.2	17		20	3.4
Oneida	30	4.9	28	5.3	24	4.3	21	3.8	13	
Outagamie	237	6.5	251	7.2	213	5.9	171	4.8	185	5.4
Ozaukee	74	4.8	65	4.4	66	4.4	83	5.6	43	3.0
Pepin	ns									
Pierce	ns									
Polk	ns									
Portage	87	5.8	76	5.1	80	5.6	60	4.2	47	3.2
Price	ns		5		ns		ns		ns	
Racine	297	7.8	239	6.6	291	7.9	244	6.7	197	5.5
Richland	11		11		12		6		5	
Rock	105	3.3	116	3.7	145	4.7	136	4.4	137	4.5
Rusk	ns									
St. Croix	ns									
Sauk	79	6.9	81	7.3	76	6.7	76	6.8	76	6.9
Sawyer	ns									
Shawano	43	5.8	35	5.0	34	4.8	33	4.6	28	4.1
Sheboygan	98	4.5	98	4.8	100	4.8	95	4.5	55	2.8
Taylor	5		6		ns		ns		5	
Trempealeau	11		6		9		7		ns	
Vernon	17		21	4.4	10		9		11	
Vilas	24	7.4	22	8.1	16		10		7	
Walworth	89	4.6	85	4.3	72	3.8	95	5.1	94	4.9
Washburn	ns									
Washington	139	5.6	117	5.0	105	4.3	93	3.9	72	3.2
Waukesha	365	5.2	319	4.7	300	4.3	338	4.9	215	3.2
Waupaca	37	3.9	32	3.7	30	3.3	30	3.3	36	4.4
Waushara	13		19		16		14		11	
Winnebago	202	6.0	206	6.2	173	5.2	174	5.2	167	5.1
Wood	63	4.6	54	4.2	47	3.6	52	4.0	42	3.4

Source: Wisconsin Induced Abortion Reporting System, Office of Health Informatics, Division of Public Health, Department of Health Services.

* The rate is the number of induced abortions per 1,000 women aged 15-44. Wisconsin provisional population estimates for July 1, 2013, prepared by the Office of Health Informatics, were used to calculate the 2014 rates.

Notes: This table includes only induced abortions that were obtained in Wisconsin by Wisconsin residents. Information about Wisconsin residents who obtained induced abortions in other states is not available; therefore, the counts underestimate frequencies in some counties.

An "ns" ("not shown") indicates there were fewer than five reports for county residents. Rates based on fewer than 20 reports are omitted because they are subject to large random fluctuations.

Table 19. Three-Year Annual Average Number of Reported Induced Abortions by County of Residence, Wisconsin Residents, 2012-2014

County	Annual Average Number	County	Annual Average Number	County	Annual Average Number
Adams	11	Iron	ns	Price	ns
Ashland	ns	Jackson	5	Racine	244
Barron	ns	Jefferson	63	Richland	8
Bayfield	ns	Juneau	13	Rock	139
Brown	279	Kenosha	155	Rusk	ns
Buffalo	2	Kewaunee	11	St. Croix	ns
Burnett	ns	La Crosse	48	Sauk	76
Calumet	20	Lafayette	6	Sawyer	ns
Chippewa	4	Langlade	7	Shawano	32
Clark	8	Lincoln	10	Sheboygan	83
Columbia	54	Manitowoc	51	Taylor	4
Crawford	8	Marathon	84	Trempealeau	6
Dane	808	Marinette	18	Vernon	10
Dodge	63	Marquette	12	Vilas	11
Door	13	Menomine	9	Walworth	87
Douglas	ns	Milwaukee	2,569	Washburn	ns
Dunn	ns	Monroe	18	Washington	90
Eau Claire	6	Oconto	19	Waukesha	284
Florence	ns	Oneida	19	Waupaca	32
Fond du Lac	63	Outagamie	190	Waushara	14
Forest	8	Ozaukee	64	Winnebago	171
Grant	21	Pepin	ns	Wood	47
Green	27	Pierce	ns		
Green Lake	13	Polk	ns	Three-Year Annual	
Iowa	12	Portage	62	Average	6,194

Source: Wisconsin Induced Abortion Reporting System, Office of Health Informatics, Division of Public Health, Department of Health Services.

Notes: This table includes only induced abortions that were obtained in Wisconsin by Wisconsin residents. Information about Wisconsin residents who obtained induced abortions in other states is not available; therefore, the counts underestimate frequencies in some counties.

An “ns” (“not shown”) indicates there were fewer than five reports for county residents during the three-year period.

Table 20. Three-Year Annual Average Number of Reported Induced Abortions by County of Residence by Age, Wisconsin Residents, 2012-2014

County	Age				Total
	<18	18-19	20-24	25+	
Brown	10	28	94	147	279
Columbia	3	4	18	29	54
Dane	28	58	269	454	808
Dodge	3	7	24	29	63
Fond du lac	2	5	22	34	63
Jefferson	2	9	15	37	63
Kenosha	5	15	55	79	155
La Crosse	2	4	23	20	48
Manitowoc	3	6	19	22	51
Marathon	3	7	30	45	84
Milwaukee	89	178	868	1,434	2,569
Oneida	2	3	6	9	19
Outagamie	7	15	57	111	190
Racine	11	24	81	128	244
Rock	8	14	47	71	139
Sauk	5	7	23	41	76
Shawano	3	3	10	17	32
Sheboygan	4	6	26	47	83
Walworth	4	9	32	42	87
Washington	3	7	32	48	90
Waukesha	10	25	89	160	284
Winnebago	8	14	67	83	171
Wood	2	5	17	23	47
Other counties	19	47	170	258	495
Three-Year Annual Average Total	235	498	2,094	3,368	6,194

Source: Wisconsin Induced Abortion Reporting System, Office of Health Informatics, Division of Public Health, Department of Health Services.

Notes: This table includes only induced abortions that were obtained in Wisconsin by Wisconsin residents. Information about Wisconsin residents who obtained induced abortions in other states is not available; therefore, the counts underestimate frequencies in some counties.

Counties shown had at least five reported induced abortions in each age group during the three-year period.

Women age 25 and older were grouped into a single category for which three-year averages could be shown.

Columns may not sum to the three-year annual average totals due to rounding.

Table 21. Three-Year Annual Average Number of Reported Induced Abortions by Selected County of Residence by Age and Selected Racial Categories, Wisconsin Residents, 2012-2014

County	Age				Total
	<18	18-19	20-24	25+	
Dane	28	58	269	454	808
White	16	39	184	321	560
Black	7	7	48	64	126
Milwaukee	89	178	868	1,434	2,569
White	34	73	376	646	1,128
Black	47	88	425	653	1,213
Racine	11	24	81	128	244
White	7	18	54	88	168
Black	4	4	21	29	58
Three-Year Annual Average Total	235	498	2,094	3,368	6,194
White	149	345	1,386	2,224	4,104
Black	60	108	526	796	1,490

Source: Wisconsin Induced Abortion Reporting System, Office of Health Informatics, Division of Public Health, Department of Health Services.

Notes: This table includes only induced abortions that were obtained in Wisconsin by Wisconsin residents. Information about Wisconsin residents who obtained induced abortions in other states is not available; therefore, the counts underestimate frequencies in some counties.

Counties shown had at least five reported induced abortions in each of these race and age groups during the three-year period.

Women age 25 and older were grouped into a single category for which three-year averages could be shown.

Columns may not sum to the three-year annual average totals due to rounding.

Table 22. Three-Year Annual Average Number of Reported Induced Abortions by Selected County of Residence by Age and Hispanic Origin, Wisconsin Residents, 2012-2014

County	Age				Total
	<18	18-19	20-24	25+	
Brown	10	28	94	147	279
Non-Hispanic	9	25	84	136	255
Hispanic	2	3	9	11	25
Dane	28	58	269	454	808
Non-Hispanic	24	52	244	406	725
Hispanic	4	6	25	48	83
Milwaukee	89	178	868	1,434	2,569
Non-Hispanic	78	153	775	1,266	2,272
Hispanic	11	25	93	168	297
Waukesha	10	25	89	160	284
Non-Hispanic	8	23	82	148	261
Hispanic	2	3	7	12	24
Three-Year Annual Average Total	235	498	2,094	3,368	6,194
Non-Hispanic	205	440	1,903	3,037	5,585
Hispanic	30	58	191	331	609

Source: Wisconsin Induced Abortion Reporting System, Office of Health Informatics, Division of Public Health, Department of Health Services.

Notes: This table includes only induced abortions that were obtained in Wisconsin by Wisconsin residents. Information about Wisconsin residents who obtained induced abortions in other states is not available; therefore, the counts underestimate frequencies in some counties.

Counties shown had at least five reported induced abortions in each ethnicity-by-age group during the three-year period.

Women age 25 and older were grouped into a single category for which three-year averages could be shown.

Columns may not sum to the three-year annual average totals due to rounding.

Table 23. Three-Year Annual Average Number of Reported Induced Abortions by Selected County of Residence by Race and Hispanic Origin, Wisconsin Residents, 2012-2014

County	Race				Ethnicity
	White	Black	Asian/ Pacific Islander	Total	Hispanic (Any Race)
Brown	227	14	13	279	25
Dane	560	126	72	808	83
Kenosha	127	17	2	155	25
Marathon	74	2	7	84	2
Milwaukee	1,128	1,213	103	2,569	297
Outagamie	156	6	19	190	12
Ozaukee	56	3	3	64	2
Racine	168	58	4	244	35
Rock	120	12	2	139	15
Sheboygan	69	4	7	83	8
Walworth	79	3	2	87	11
Washington	78	4	4	90	5
Waukesha	246	9	22	284	24
Winnebago	150	6	11	171	9
Three-Year Annual Average Total	4,104	1,490	295	6,194	609

Source: Wisconsin Induced Abortion Reporting System, Office of Health Informatics, Division of Public Health, Department of Health Services.

Notes: This table includes only induced abortions that were obtained in Wisconsin by Wisconsin residents. Information about Wisconsin residents who obtained induced abortions in other states is not available; therefore, the counts underestimate frequencies in some counties.

Counties shown had at least five reported induced abortions in each of these race and ethnic groups during the three-year period.

Columns may not sum to the three-year annual average totals due to rounding.

The total includes a three-year annual average of 106 reports for which patient race was reported as American Indian, and 193 for which race was reported as "Other" or "Unknown." (These numbers are too small to present them separately by county.)

Induced Abortion Reporting (§ 69.186, Wisconsin Statutes)

- (1) On or before January 15 annually, each hospital, clinic or other facility in which an induced abortion is performed shall file with the department a report for each induced abortion performed in the hospital, clinic or other facility in the previous calendar year. Each report shall contain all of the following information with respect to each patient obtaining an induced abortion in the hospital, clinic or other facility:
- (a) The state and, if this state, the county, of residence.
 - (b) Patient number.
 - (c) Race.
 - (d) Age.
 - (e) Marital status.
 - (f) Month and year in which the induced abortion was performed.
 - (g) Education.
 - (h) The number of weeks since the patient's last menstrual period.
 - (hm) Whether the abortion was a chemically induced abortion, a surgical abortion or a surgical abortion following a failed or incomplete chemical abortion.
 - (i) Complications, if any, resulting from performance of the induced abortion.
 - (j) If the patient is a minor, whether consent was provided under s. 48.375(4) (a) 1. for the abortion and, if so, the relationship of the individual providing consent to the minor; or, if consent under s. 48.375 (4) (a) 1. was not provided, on which of the bases under s. 48.375 (4) (a) 2. or (b) 1., 1m., 2. or 3. the abortion was performed.
- (2) The department shall collect the information under sub. (1) in a manner which the department shall specify and which ensures the anonymity of a patient who receives an induced abortion, a health care provider who provides an induced abortion and a hospital, clinic or other facility in which an induced abortion is performed. The department shall publish annual demographic summaries of the information obtained under this section, except that the department may not disclose any information obtained under this section that reveals the identity of any patient, health care provider or hospital, clinic or other facility and shall ensure anonymity in all of the following ways:
- (a) The department may use information concerning the patient number under sub. (1)(b) or concerning the identity of a specific reporting hospital, clinic or other facility for purposes of information collection only and may not reproduce or extrapolate this information for any purpose.
 - (b) The department shall immediately destroy all reports submitted under sub. (1) after information is extrapolated from the reports for use in publishing the annual demographic summary under this subsection.

In section 69.186, the term "induced abortion" means:

The termination of a uterine pregnancy by a physician of a woman known by the physician to be pregnant, for a purpose other than to produce a live birth or to remove a dead fetus.

Enacted October 11, 1997.

Note on Statute Revision: The Induced Abortion Reporting Statute (section 69.186, Wisconsin Statutes) was revised in 1997 to add collection of data on minor patient legal status (j) and type of abortion (hm). (1998 was the first year in which these data were collected.)

Reported Induced Abortions in Wisconsin, 2014

P-45360-14 (August 2015)

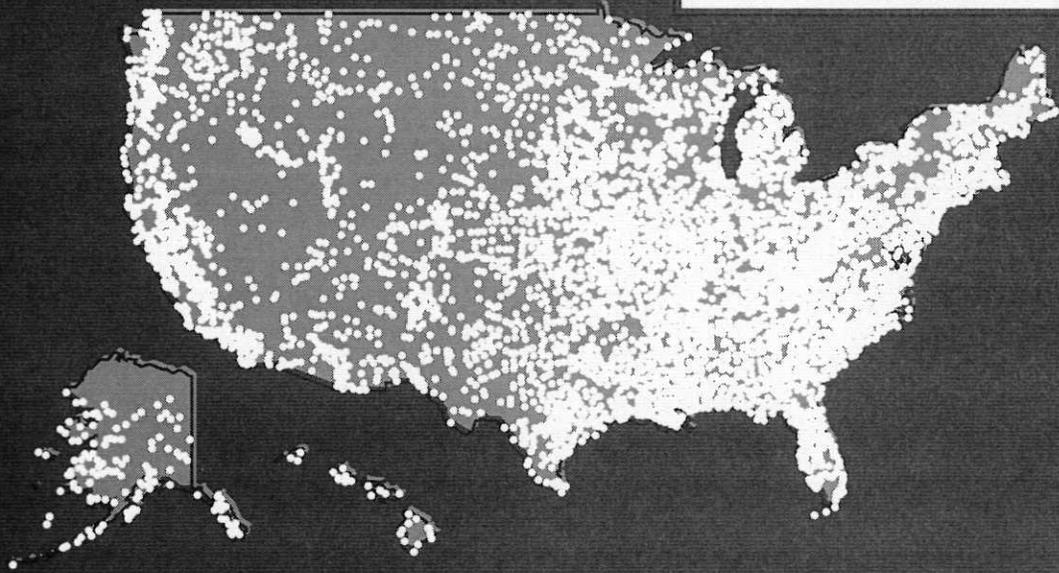
Wisconsin Department of Health Services
Division of Public Health
Office of Health Informatics

WOMEN HAVE REAL CHOICES

There are 20 comprehensive care clinics for every Planned Parenthood.

13,540

CLINICS PROVIDING
COMPREHENSIVE HEALTH
CARE FOR WOMEN



665

PLANNED PARENTHOOD
LOCATIONS (MAMMOGRAMS NOT
AVAILABLE HERE)



CHARLOTTE
LOZIER
INSTITUTE

Learn more at ADFlegal.org/DefundPP

Rep.Jacque

From: John & Diane Bulawa <bulawa@milwpc.com>
Sent: Wednesday, September 02, 2015 8:04 AM
To: Savage, Bill; Rep.Jacque; Rep.Kremer
Subject: Letter supporting Assembly Bill 310 from Washington County Supervisor

John H Bulawa

Washington County Supervisor Dist. 22

Cell 414-531-6479

September 2, 2015

Chairman Sanfellippo & members of the Assembly Health Committee:

I would like to express my support in written testimony, for Assembly Bill 310.

Title X funding is an important resource that should be applied for by the State of Wisconsin. Once the State has been awarded the funds for Family Planning & Related Preventive Health Services, those funds can be distributed to local health departments in our counties. The counties either have their own programs or can contract with service providers to utilize this federal resource.

This proposed change could be a great fit for the residents of our state. If the counties were to be the end users of the Title X funding, residents of all 72 counties could benefit from this resource. The current recipient of these funds only have locations in larger population centers, and does not serve the entire statewide population.

Thank you for considering this point of view from someone who has served for 2 years on Washington Counties Human Services Committee.

John H Bulawa



Eagle Forum
of
Southeast Wisconsin Inc.

Sandra Ruggles
Telephone: (414) 460-6750
sandruggles@hotmail.com

Chairman Sanfelliippo and members of the Assembly Health Committee:

While I am unable to attend today's hearing, I appreciate the opportunity to submit this letter as written testimony in support of Assembly Bill 310.

As you know, Planned Parenthood is presently the only applicant, and thus only recipient of the Title X funding that is allocated for a wide variety of public health activities in Wisconsin. AB 310 requires the State of Wisconsin to apply for and prioritize the Title X funds that are allocated for Wisconsin, just as many other states have done for their state Title X formula allocations. I understand that most Title X recipients nationally are public entities.

This bill would add up to \$3.538 Million annually in very welcome federal funding for cervical and breast cancer screening through the Wisconsin Well Woman Program and for a variety of communicable disease control and public health programs overseen by county and local health departments. This funding would allow for local government to target funding to many of the greatest current and emerging needs in public health at the local level, both through services and initiatives performed by county and local health departments and by allowing local governments to grant Title X funding to providers in the community.

I urge your support for this legislation, and appreciate your consideration.

Sincerely,

Sandra Ruggles

Sandra Ruggles
Eagle Forum of Southeast Wisconsin Inc.

Kimberly Jo Simac
P.O. Box 961
Eagle River, Wi. 54521
715-891-3207 bk951@frontier.com

September 1, 2015

Chairman Sanfellippo and members of the Assembly Health Committee:

I am submitting this letter in support of Assembly Bill 310, as a tax payer, concerned citizen, and an elected official at the county level.

You have the very unique opportunity to pass a bill that would alter what could arguably be considered an indefensible “*monopoly*” of tax payer funding currently being enjoyed by Planned Parenthood state wide. Assembly Bill 310, would restructure the use of critical dollars being offered to Wisconsin residents. This bill would offer the capability of valuable Title X dollars to be distributed to other well established state wellness programs. Respected programs, such as the Wisconsin Well Women Program for example, need and would utilize additional funding in a proper manner.

Wisconsin’s county health departments are completely established, and are dedicated to the health and safety of their respected residents. Wisconsin county health departments are always in need of additional dollars to offer programs that benefit their residents. Title X dollars at the county level would be wisely used for suggested women’s health screenings and be a far more fair representation of federal dollars than historically has been the example.

But perhaps most importantly, the recent exposure of barbaric and irresponsible practices of precious tax payer dollars in the hands of Planned Parenthood renders no alternative for you, as moral and responsible stewards of the citizens’ hard earned tax dollars, other than to reallocate such funds to alternative women’s health organizations that better reflect the values and of Wisconsin’s electorate than does Planned Parenthood.

I live in a far northern county. As an elected county supervisor, I have learned how hard it is to fund the citizens’ most reliable and respected services. Assembly Bill 310 is an excellent opportunity for you as an elected official, to share additional health service dollars in each and every county.

Passage of this bill and the new distribution of Title X dollars will result in a clear message;

ALL Women and their health are important in Wisconsin

Respectfully,

Kim Simac

Vilas County Supervisor – Town of Lincoln District 21

Chelsea Shields, Legislative/PAC Director, Wisconsin Right to Life

Assembly Health Committee

AB 310, Re: family planning and preventive health services grants and granting rule-making authority

Wednesday, September 2nd, 2015

Thank you to Chairman Sanfelippo, and Members of the Assembly Health Committee for your time today.

My name is Chelsea Shields, and I am the Legislative/PAC Director of Wisconsin Right to Life, testifying in favor of AB 310. The reality is, we can do far better with our tax dollars than give them to abortion-providing organizations like Planned Parenthood. We can invest our tax dollars in community-based women's health care organizations that are not mired in controversy, who truly make a difference for women.

From what we have seen in the videos released by the Center for Medical Progress, Planned Parenthood is indeed an organization mired in controversy. Regardless of the legality of what is in the Planned Parenthood videos, every day in Planned Parenthood facilities, unborn babies are being dismembered. They are torn apart, limb from limb.

This is not a rare occurrence. From the deposition of Planned Parenthood of Wisconsin's President and CEO in *Planned Parenthood v. Van Hollen*, we learn that in 2012 alone, Planned Parenthood of Wisconsin performed about 4,000 abortions. That's about 60% of all Wisconsin abortions in that year. In particular, we learn that the "vast majority" of services from Planned Parenthood's Appleton North and Milwaukee-Jackson centers are abortion.

We also learn from a hard look at Planned Parenthood Federation of America's 2013-2014 Annual Report that out of every 20 pregnant women who walk through their doors, 19 will be sold abortion. Abortions outnumber adoption referrals by more than 174 to one at Planned Parenthood. How can Planned Parenthood, then, claim that abortion is only "3 percent" of their services? By parceling out every single service they provide, from a pregnancy test to a pap smear, as an individual service, even if all of these services are done at one visit with one client. That's a manipulation of numbers, that hides the reality of their business in the dismemberment of unborn babies.

We can do better to invest in non-controversial health care for women. We need to give other federally-qualified health centers a chance to expand their growth, and improve their care. And we can do that without supporting an organization that profits off of the dismemberment of unborn children. AB 310 ensures just that.

Thank you very much for your time,

Chelsea Shields

September 2, 2015

Honorable Legislators,

My name is Dave Meissner, and I live in Brookfield Wisconsin. I am here to strongly urge you to pass Assembly Bills 310 & 311.

The Title X funds in question under AB 310 are meant for family planning, not stopping a family via abortion. Under the U.S. Dept of Health & Human Services, the Title X Statutes & Regulations specifically state "None of the funds appropriated under this title shall be used in programs where abortion is a method of family planning." Diverting the Wisconsin portion of Title X funds away from any entities that provide abortions would line us up with these requirements.

AB311 is just common sense...we have allowed excessive fees to be charged by Wisconsin family planning providers for contraceptive drugs. This bill would stop that practice.

These bills are primarily a result of the heinous practices at Planned Parenthood. You can choose to avoid the recent videos depicting their crimes, but that does not stop the truth. The videos do not show just a few isolated instances of crimes against humanity, but rather a systemic problem that would have already shut down any other institution. The only reason Planned Parenthood is still around is due to politics, not the will of the people.

I have recently been blessed with the births of two granddaughters. About the same time as my granddaughters were born, the videos exposing the dark side of Planned Parenthood came out. We have become complacent as a country regarding our most basic right, the right to LIVE, but now we come face to face with the abomination of violating even tiny, defenseless babies in the womb. Many of you dehumanize the babies in the womb by referring to them as "fetuses" and "tissue", while at the same time standing by while Planned Parenthood rips livers, beating hearts, and other organs from their tiny bodies as if they were some kind of lab rats, then sells the babies organs to make a profit! What has become of us?? The only way that this can be described as part of "women's rights" is if we live in a society where murder and mutilation are accepted as part of those rights, which makes us no better than the Nazis!

When I served my country during the Vietnam war, as part of the Oath of Enlistment I swore to support and defend the Constitution of the United States. The Due Process Clause under the Thirteenth Amendment to the Constitution holds that children have the constitutional right not to be deprived arbitrarily of life or liberty. How could my fellow veterans and I be asked to uphold the Constitution, while the country we protect turns its backs on the unborn?? Not only turns its backs, but savages them! How is abortion not depriving these tiny babies of life, in direct violation of the Constitution, not to mention "thou shalt not kill", and basic human dignity?? Over 55 million babies have been murdered since Roe v Wade...I say: "No More"!!??

The God we ultimately answer to and will stand before one day said: "Before I formed you in the womb I knew you"; David said in Psalm 139: "For I am fearfully and wonderfully made." One of Charles H. Spurgeon's comments on this verse was: "Who can gaze even upon a model of our anatomy without wonder and awe"? That anatomy formed in the womb.

Thank you for your time.



Chippewa County Board

Paul Michels, County Board Chair

pmichels@co.chippewa.wi.us



September 2, 2015

RE: Assembly Bill 310

Chairman Sanfellippo and Members of the Assembly Health Committee:

While I am unable to attend today's hearing, I appreciate the opportunity to submit this letter as written testimony in support of Assembly Bill 310.

As you know, Planned Parenthood is presently the only applicant, and thus only recipient of the Title X funding that is allocated for a wide variety of public health activities in Wisconsin. AB 310 requires the State of Wisconsin to apply for and prioritize the Title X funds that are allocated for Wisconsin, just as many other states have done for their state Title X formula allocations. I understand that most Title X recipients nationally are public entities.

This bill would add up to \$3.538 Million annually in very welcome federal funding for cervical and breast cancer screening through the Wisconsin Well Woman Program and for a variety of communicable disease control and public health programs overseen by county and local health departments. This funding would allow for local government to target funding to many of the greatest current and emerging needs in public health at the local level, both through services and initiatives performed by county and local health departments and by allowing local governments to grant Title X funding to providers in the community.

I urge your support for this legislation, and appreciate your consideration.

Sincerely,

A handwritten signature in cursive script that reads 'Paul Michels'.

Paul Michels

Chippewa County Board Chair

Paul Farrow

Waukesha County Executive



September 1, 2015

Chairman Joe Sanfelippo
306 North, State Capitol
Madison, WI 53708

Dear Chairman Sanfelippo:

I am submitting this testimony to you in support of Assembly Bill 310 (AB310). As you know I recently left the legislature and was sworn in as the County Executive in Waukesha County.

Over the past four and a half months I have met with the Waukesha County Department of Health & Human Services (HHS) and many organizations within the county that are engaged in helping our citizens receive services they desperately need. I have seen how the Department and agencies work to stretch every available dollar to perform these programs. AB 310 provides our HHS Department and the agencies another funding source to apply for assistance for our most in need.

Authorizing the Department of Health Services (DHS) to apply for Title X grant funds will allow the approximately \$3.5 million dollars of federal funding to be utilized by the Wisconsin Well Woman Program and other local agencies that play a critical role in ensuring access to a broad range of family planning and related preventive health services for many of our low-income or uninsured individuals in the county. No single agency has ability to help all of those in need. Providing the Title X grant funds to a broader network of agencies will strengthen the safety net supported by counties.

As you may know there are only three states in the country, Connecticut, Utah and Wisconsin, identify Planned Parenthood as the sole Title X grantee for the state. Thirty-two other states do not use Planned Parenthood as a grantee. (Source: *The National Family Planning & Reproductive Health Association's website Title X information page, state snapshots*).

I urge you to support this common sense adjustment that will allow more groups to apply for the needed grants.

Sincerely,

PAUL FARROW
Waukesha County Executive

CC:

Representative Jacque
Senator Kapenga
Representative Rohrkaste
Representative Edming

Representative Skowronski
Representative Kremer
Representative Tittl
Representative Peterson

Representative Kolste
Representative Zamarripa
Representative Riemer
Representative Subeck



Office of the County Executive

Bob Ziegelbauer, County Executive

Manitowoc County Courthouse • 1010 S. 8th Street • Manitowoc WI 54220

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September 2, 2015

Chairman Sanfellippo and members of the Assembly Health Committee:

While I am unable to attend today's hearing, I appreciate the opportunity to submit this letter as written testimony in support of Assembly Bill 310.

As you know, Planned Parenthood is presently the only applicant, and thus only recipient of the Title X funding that is allocated for a wide variety of public health activities in Wisconsin. AB 310 requires the State of Wisconsin to apply for and prioritize the Title X funds that are allocated for Wisconsin, just as many other states have done for their state Title X formula allocations. I understand that most Title X recipients nationally are public entities.

This bill would add up to \$3.538 Million annually in very welcome federal funding for cervical and breast cancer screening through the Wisconsin Well Woman Program and for a variety of communicable disease control and public health programs overseen by county and local health departments. This funding would allow for local government to target funding to many of the greatest current and emerging needs in public health at the local level, both through services and initiatives performed by county and local health departments and by allowing local governments to grant Title X funding to providers in the community.

At their March 17, 2015 meeting, the Manitowoc County Board passed a "Resolution Requesting State Funding to Support Communicable Disease Control" by a 23-1 vote. A copy of that resolution is attached to my testimony, and was sent to several individuals, including Manitowoc County's legislative delegation in the state legislature. I believe that AB 310 responds to the resolution's request, and will assist county governments across the state. I urge your support for this legislation, and appreciate your consideration.

Sincerely,

A handwritten signature in black ink that reads "Bob Ziegelbauer". The signature is written in a cursive, flowing style.

Bob Ziegelbauer
Manitowoc County Executive



**Heather Weinger, Executive Director, Wisconsin Right to Life
Assembly Health Committee**

***AB 310, Re: family planning and preventive health services grants and granting rule-making authority
Wednesday, September 2nd, 2015***

Thank you to Chairman Sanfelippo, and Members of the Assembly Health Committee for your time today.

My name is Heather Weinger, and I am the Executive Director of Wisconsin Right to Life, testifying in favor of AB 310, which ensures Wisconsin wisely prioritizes Title X funds to non-controversial and community-based health centers.

We are extremely fortunate in Wisconsin to have options. According to data from the Charles Lozier Institute and Alliance Defending Freedom, Wisconsin has 16 federally-qualified health centers operating in over 96 service sites to provide women health care services. These non-controversial centers serve 284,072 individuals in both rural and urban areas of Wisconsin. They provide essential health care to low-income women, without getting entangled in scandal.

The sad reality is, Planned Parenthood is in the business of abortion. No matter how they package it, they profit from the dismemberment of unborn babies. Taxpayer dollars cannot pay for abortions. Nor should they prop up organizations like Planned Parenthood that benefit from tearing unborn children apart, limb from limb.

We need to look past Planned Parenthood's puffed up claims, such as the belief that without Planned Parenthood, women will not have access to mammograms. Just as a clarification, not a single Planned Parenthood facility provides mammograms within their doors, but rather, they give referrals to health clinics that do provide them. In fact, this claim by Planned Parenthood has routinely earned the "Three Pinocchio's" rating from the Washington Post for its significant factual errors.

Wisconsin can do better in distributing Title X taxpayer dollars. We should be investing in non-controversial and community-based health centers to help expand their growth as they provide health care to women, as AB 310 allows. And, given the recent news about Planned Parenthood and the videos by the Center for Medical Progress, it's best to keep taxpayer dollars away from an organization that profits off of the dismemberment of unborn babies.

Thank you very much for your time.



Testimony in support of: Assembly Bill 310 – Relating to: family planning and preventive health services grants and granting rule-making authority and Assembly Bill 311 – Relating to: billing the Medical Assistance program for prescription by certain entities. Assembly Committee on Health/State of Wisconsin

By Gwen Finnegan, Director of Vigil for Life, Madison

September 2, 2015

Good Morning, my name is Gwen Finnegan. I am the Director of Vigil for Life, Madison and am here to speak in favor of AB 310 and AB 311. I will be speaking for the entire Vigil for Life, Madison community.

I will start out by telling you a little about Vigil for Life, Madison. Our mission is "To pray, fast and peacefully witness for an end to the intentional destruction of all innocent human beings, especially those most in need." We engage in this loving outreach primarily on the public sidewalk outside of Planned Parenthood on Orin Road. We bring a peaceful and prayerful witness, and some of us invite the people we encounter to engage in conversation where we encourage choosing life. We direct women to go across the street to the Women's Care Center where they offer free pregnancy tests and free ultrasounds. The Women's Care Center gives the love and support that any woman facing a crisis pregnancy deserves and needs. We also are on the sidewalk outside of Planned Parenthood on Orin Road to offer hope and healing to mothers who have just lost their babies to abortion.

We are in favor of AB 310 and AB 311 because the passage of these bills will further defund Planned Parenthood in Wisconsin. We would like to see Planned Parenthood defunded because we do not want

our taxpayer dollars supporting an organization that does not work for the common good of our society.

Planned Parenthood does not work for the common good of our society because Planned Parenthood is the largest provider of abortions in the United States.¹ They are also the largest provider of abortions in Madison and in its surrounding communities. The Planned Parenthood business model is centered on abortion.² Abortion always has, at least, two victims: the mother and the baby. The mother is a victim because abortion can cause physical, emotional, psychological and spiritual damage to her. Every time an ambulance pulls up to Planned Parenthood, we know that there has been physical damage done to a woman during an abortion procedure. We have witnessed ambulances arrive at Planned Parenthood on Orin Road. Most recently on July 8, 2015 a woman was transported from Planned Parenthood via ambulance for a perforated uterus. Last year, on March 5, 2014 a woman was transported for hemorrhaging. This woman had lost, at least, 2 liters of blood at the time of the 911 call.³ Uterine perforations and hemorrhaging are serious physical complications of abortion that require a woman to be transported to a nearby hospital by an ambulance.⁴ The emotional, psychological and spiritual damage done to women by abortion is often long-lasting. Some of this damage includes: regret, anger, guilt, shame, a sense of loneliness or isolation, a loss of self-confidence, insomnia or nightmares, relationship issues and suicidal thoughts and feelings.⁵ The baby is a victim of abortion because the baby dies a cruel death.⁶ Planned Parenthood likes to hide behind the façade of being a champion of women's healthcare yet they cannot even take care of a woman who is seriously harmed by an abortion procedure done at their own facility. They also do not provide for or promote organizations that provide treatment to heal the emotional, psychological and spiritual damage done to women by the abortions that they provide.⁷

Abortion is not healthcare. Our women and our babies deserve better than abortion. Our women and our babies deserve better than Planned Parenthood.

Planned Parenthood does not work for the common good of our society because they promote and provide for the early sexualization of our children. They do this through their sexual education programs that are often offered in public schools. ^{8,10}

The early sexualization of our children is not healthcare. Our children deserve to retain their innocence throughout their childhood. Our children deserve better than Planned Parenthood.

Planned Parenthood does not work for the common good of our society because they promote and provide for teenage promiscuity especially among teenage girls.⁸ They do this through their sexual education programs, literature, social media and websites made for teens.¹⁰ Much like a child predator, Planned Parenthood works to keep teenagers isolated from their parents on the topics of sex and abortion. For example, Planned Parenthood has historically opposed legislation that requires parental consent for minors to procure an abortion.¹¹

The promotion of teenage promiscuity is not healthcare. Our teens deserve to be encouraged to develop healthy relationships. Our teens deserve better than Planned Parenthood.

Planned Parenthood does not work for the common good of our society because they promote the use of and provide hormonal birth control and other abortifacient drugs. Hormonal birth control has been classified as a Type 1 Carcinogen.¹² Hormonal birth control may cause an early abortion. Abortifacient drugs are made to induce abortion.¹³

Hormonal birth control and abortifacient drugs are not healthcare. Our women deserve better than hormonal birth control and abortifacient drugs. Our women deserve better than Planned Parenthood.

Planned Parenthood has been found to cover up cases of statutory rape,¹⁴ incest,¹⁵ sex trafficking¹⁶ and selling human organs and tissue from babies they have aborted for profit.¹⁷ This is not healthcare.

In summary, **Planned Parenthood does not work for the common good of our society. They are not the champion of women's healthcare that they claim to be. Our society deserves better than Planned Parenthood.** That is why I speak in favor of AB 310 and AB 311 to further defund Planned Parenthood in Wisconsin.

Thank you so much for your time and kind consideration.

¹<http://dailysignal.com/2013/01/09/planned-parenthood-sets-record-for-abortions-and-government-funding/>

²<http://thehill.com/blogs/congress-blog/politics/153699-exposing-the-planned-parenthood-business-model>

³ Open records requests of 911 calls for these ambulance visits

⁴<http://emedicine.medscape.com/article/795001-clinical>

⁵<http://americanpregnancy.org/unplanned-pregnancy/abortion-emotional-effects/>

⁶<http://americanpregnancy.org/unplanned-pregnancy/surgical-abortions/>

⁷<http://www.rachelsvineyard.org/>

⁸<http://www.infowars.com/former-abortion-clinic-operator-we-sexualized-kids-to-keep-abortion-cash-flowing/>

⁹<http://www.mrc.org/articles/planned-parenthood-teens-nothing-bad-or-unhealthy-about-promiscuity>

¹⁰<http://www.prnewswire.com/news-releases/planned-parenthood-launches-new-website-for-teens-teenwirecom-75011077.html>

¹⁰<http://www.plannedparenthood.org/teens/>

¹⁰<https://www.pop.org/content/planned-parenhoods-assault-on-teens-1939>

¹⁰<http://www.abortionfacts.com/literature/planned-parenthood-its-not-what-you-think>

¹⁰<https://www.lifesitenews.com/pulse/top-10-reasons-to-fight-planned-parenthood-sex-education>

¹¹<http://www.lifenews.com/2012/10/16/planned-parenthood-keep-parents-in-the-dark-about-teens-abortion/>

¹²<http://www.cancer.org/cancer/cancercauses/othercarcinogens/generalinformationaboutcarcinogens/known-and-probable-human-carcinogens>

¹³<http://www.lifeissues.org/2014/09/abortifacients-overview/>

¹⁴<http://liveaction.org/monalisa/>

¹⁵<https://www.lifesitenews.com/news/woman-sues-planned-parenthood-for-covering-up-incest-suffered-years-of-abus>

¹⁶<http://liveaction.org/traffick/>

¹⁶<http://liveactionnews.org/8-undercover-videos-exposing-planned-parenthood-you-need-to-see/>

¹⁷<http://www.centerformedicalprogress.org/cmp/investigative-footage/>



Wisconsin Medical Society

Your Doctor. Your Health.

TO: Assembly Committee on Health
Representative Joe Sanfelippo, Chair

FROM: Mark Grapentine, JD
Senior Vice President - Government and Legal Affairs

DATE: September 2, 2015

RE: Assembly Bill 310 – Family Planning and Preventive Health Services Grants

On behalf of more than 12,500 members statewide, the Wisconsin Medical Society thanks the Assembly Committee on Health for this opportunity to share some questions that have arisen as we and other health care entities have reviewed Assembly Bill 310. The proposed legislation affects the state's use of federal Title X funds, designated for family planning and preventive health services.

The bill grants first draw of Title X funding to the Wisconsin Well-Woman Program (WWWP), which gives women with little or no insurance coverage access to vital health screening services such as mammograms and Pap tests. Almost three dozen health care entities across the state participate in WWWP (see attached list); the state's Department of Health Services administers the program.

At this time it is unclear how AB 310 might affect the eligibility for the health care community to provide these needed services to WWWP participants. We believe the following questions need answers in order to provide committee members and other policymakers with a full understanding of AB 310's potential effects:

- Would it be accurate to say that this bill requires the state to prioritize distribution of any Title X funding received by the state to the Wisconsin Well-Woman Program (WWWP) and entities carrying out this program, and that entities providing services under the WWWP will be required to meet the funding eligibility requirements set forth in the language presented in 253.075(5)(b)?
- What would constitute a "referral" if this law were passed? See references to referrals on page 4, lines 18-20 of AB 310. Physicians have legal and ethical obligations to their patients. Specifically physicians cannot withdraw care from a patient without at least 30 days' notice [Med. 10.03(2)(o)] and they are obligated to facilitate continuity of care (i.e., provide new treating physician with copies of records) for the patient. We are concerned that a physician may make a "referral" simply by doing what is necessary to meet his or her legal and ethical obligations to the patient. Can you clarify whether this would be the case? If this is the case it is unlikely that most health care entities would be eligible for the funding, which in turn would mean Wisconsin residents that are eligible for Title X services would no longer have access to such (if state is sole recipient of Title X funding) or far more limited access (state and other entities receive Title X funding).

- Would a referral by a physician that ultimately leads to another practitioner referring the original patient for abortion services (i.e., indirect referral) constitute a referral by the original physician (and/or their employer/affiliated health care entity) under this bill?
- What would be considered an “affiliate” (Page 4-Line 19) under this bill? Health care entities are constantly merging and affiliating with other health care entities/systems. As a result, they may have many “affiliates” in multiple states operating under different names and providing a vast array of health care services.
- The term "abortion services" is not defined. However, family planning is a defined term (see Wis. Stat. 253.07(1)(a)) and it explicitly exempts the "promotion, encouragement or counseling in favor of [an abortion]" from that definition. Therefore, if a physician even suggests that an abortion may be an option, that itself could be seen as "abortion services" even though it's not a performance of the actual procedure. Is this the bill's intent?
- Will there be adequate entities eligible and willing to serve those eligible for Title X services in Wisconsin (WI) if this bill is passed and the state is the sole recipient of Title X funding in Wisconsin? Many Wisconsin health care entities may not provide abortion services but their staff or affiliated entities may make referrals for abortion services, which would exclude them from eligibility.
- If this bill passes, will Title X funding be the anticipated funding source for all WWWP services or would other funding sources exist? If the latter, would those funding sources have funding eligibility requirements similar (e.g., prohibition on funding recipient providing or making referrals to abortion services)?

Thank you again for this opportunity to share our questions regarding Assembly Bill 310. We look forward to any further discussions about this proposal. As always, please feel free to contact the Society on this and other proposed health care policy.

WWWP Providers

As of: July 1, 2015

- Access Community Health Center
- Agnesian Health Care
- Aspirus Clinics, Inc.
- Aspirus Langlade Hospital
- Aspirus Medford Hospital and Clinics Inc.
- Aspirus Wausau Hospital – Aspirus Clinics, Inc.
- Aurora Health Care
- Baldwin Area Medical Center, Inc.
- Columbia St. Mary's
- Crossing Rivers Health Medical Center and Clinic
- Cumberland Memorial Hospital – Extended Care Unit, Inc.
- Dean Clinic
- Essentia Health
- Group Health Cooperative (GHC)
- Gunderson Health System
- Hudson Hospital and Clinic
- Marshfield Clinic
- Mayo Clinic Health System – Franciscan Healthcare, La Crosse
- Mercy Health System Physicians
- Meriter
- Mile Bluff Medical Center
- Ministry Health Care, Inc.
- Monroe Clinic and Hospital
- N.E.W. Community Clinic
- Oneida Health Center
- Prevea Health
- Sauk Prairie Hospital
- SSM Health St. Clare – Baraboo
- St. Croix Regional Medical Center
- ThedaCare, Inc.
- UW Health
- Vernon Memorial Healthcare, Inc.
- Wheaton Franciscan Healthcare – Southeast Wisconsin, Inc.



ANDRÉ JACQUE

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P.O. Box 8952
Madison, WI 53708-8952

Chairman Sanfelippo and Assembly Health Committee members:

Thank you for the opportunity to testify before you today in support of Assembly Bill 310.

I have authored this legislation in order to redirect and prioritize the federal Title X funding allocated to the state of Wisconsin toward purposes that better serve the needs of Wisconsin citizens, rather than those of a narrow special interest which has been receiving those dollars uncontested.

Presently, Planned Parenthood—our state and the nation's largest abortion provider, which thrives off of siphoning taxpayer dollars— is the *only* direct recipient of Wisconsin's Title X funding, which amounts to more than 3.5 million dollars annually. This funding is supposed to be used for a broad array of public health activities in Wisconsin, including breast and cervical cancer screening, screening for high blood pressure, anemia and diabetes, screening for sexually transmitted diseases, HIV and AIDS, infertility services, health education, pregnancy testing, contraceptive services, pelvic exams, and referrals for other health and social services. There are no matching funding requirements, other than that Title X dollars cannot provide 100% of a recipient's funding, and funding is not distributed base on the number of services provided or clients served.

The majority of recipients of Title X dollars nationally are public entities, and several states have taken action to ensure that none of the Title X dollars they receive go to Planned Parenthood or other abortion providers. AB 310 requires that the State of Wisconsin apply for the Title X funds that are allocated for Wisconsin, and would place in state law the requirement that any Title X dollars the state would receive could not be distributed directly or indirectly to Planned Parenthood, any other abortion provider, or their affiliates. This bill would add up to \$3.538 Million annually in federal funding for cervical and breast cancer screening and for a variety of communicable disease services and public health programs overseen by county and local health departments. While giving our state Department of Health Services flexibility in preparing a comprehensive and competitive application, this legislation will direct funding first to the Wisconsin Well Woman program and to state, county and local health departments and health clinics, and any remaining funds to hospitals or federally qualified healthcare centers (FQHCs) that provide comprehensive primary and preventative care. Local health departments are also given the ability to subgrant the funds to providers that do not perform abortions.

In addition, the CDC requires states to allocate a percentage of the federal funds received under the separate federal CDC STD Prevention and Infertility Prevention Program to the state's Title X grantee, so this legislation will allow the Wisconsin DHS to recapture those federal funds as well (approximately \$40,000).



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AB 310 does not, and cannot guarantee that the federal government will award Wisconsin with all, or even any of the funding which should be available to it, particularly under the Obama administration. It cannot and does not prohibit Planned Parenthood from continuing to apply for or directly receiving funding from the federal government. It does, however, require that Wisconsin apply and compete for that funding on an ongoing basis, and that any funds received will be dedicated to a broader healthcare network and Wisconsin's –not Planned Parenthood's– priorities.

Several other states have also diverted Title X dollars from Planned Parenthood and abortion providers, and their actions have been upheld, including the State of Kansas' victory last year in the 10th Federal Court of Appeals.

I have attached written testimony in support of Assembly Bill 310 received from the County Executives of Manitowoc County (a former Democrat State Representative) and Waukesha County, as well as the Chippewa County Board Chairman. As noted by Manitowoc County Executive Ziegelbauer, I received a resolution earlier this year from the Manitowoc County Board with nearly unanimous support requesting additional funding to support communicable disease control, which AB 310 would assist the state in providing. Some of you may no doubt have received similar resolutions from your own counties. It is also pointed out in Waukesha County Executive Paul Farrow's letter that Wisconsin is one of only three states in the entire country which identify Planned Parenthood as the sole Title X grantee for the state, and that thirty-two states do not use Planned Parenthood as a grantee.

Thank you for your consideration, and I will be happy to answer any questions at this time.

From the desk of
Anne Cirilli
4274 Nighthawk Lane
Rhinelanders WI 54501

September 1st, 2015

Dear Members of the Wisconsin State Assembly Health Committee,

It has come to my attention that you are conducting a Public Hearing on AB311 tomorrow. After reading this bill, I want to point out to you, the negative consequences it will have on Northern Wisconsin residents who depend on this "safety net" system of health care that has developed over the last 30 years. I began my career as a Community Health Educator with a Bachelor of Science degree from University of Wisconsin -La Crosse in 1979. My first "real" job was as the Health Educator and Account Front Desk Clerk at *Family Planning Health Services* in Wausau, Wisconsin. There I learned how women, who did not have access to affordable reproductive health care, had difficult choices to make when it came to their unintended pregnancies. Most women continued their unwanted pregnancies and some of those women were not good mothers and neglected their children, others chose abortion and even fewer gave their children up for adoption.

When I moved to Rhinelanders one year later, I found out that the state legislators saw that there were difficulties for Northern Wisconsin women, who did not have health insurance or money to pay for preventative health care, to find effective and safe contraception in their communities. Women would have to travel to the Southern part of the State to get low cost services at the Title X Planned Parenthood Clinics. These state legislators created the Title V state grant money that allowed women in Northern Wisconsin to get pap & pelvic exams, contraceptives and STD screening in their own community clinics and health departments. I was hired to lead the Family Planning program for the Oneida County Health Department for the last 32 years. This prevention program works because all parts of government have worked together to create this essential "safety net" by: 1.) The local County government has provided a location for us to run the Reproductive Health Clinic/Family Planning program; 2.) the State Maternal and Child Health/Women's Health Grant funds allows us to provide education and outreach in our communities and provided a coordinated statewide "standards of care" for all Family Planning programs; 3.) the Federal Government allowed us the "PT71" Family Planning providers status for Medicaid reimbursement for "fee-for-service", and finally; 4.) even the local "private-for-profit" medical clinics referred their patients to us for additional counseling and education on STD prevention, Contraceptive Care and Pregnancy Planning, as well as, low cost STD treatment services. This integrated system works in rural Wisconsin communities.

I received my certificate as a *Natural Family Planning Educator* in 1982. This has let me help many women who could not use hormone contraception, or were religiously opposed to all mechanical birth control methods, to learn and understand how to control their fertility and control their lives. It allowed them to finish their schooling and start careers with higher wages. It allowed them the ability to plan their families in welcoming environments (vs. toxic environments).

Some of our patients are not eligible for the Wisconsin Medicaid program so they are charged on a *sliding fee scale*, based on their ability to pay. The *Wisconsin Medicaid Family Planning Only Service* program (a state waiver in 2003) is now in the ACA State Plan Amendment (SPA) and allows us the ability to charge a fee for each of our services **and supplies** to the Federal Medicaid Program. Our PT71 provider reimbursement from Medicaid is lower than what they would pay to a private medical clinic or pharmacy for the same services and supplies. AB311 would take away the small "margin" that is in the current agreed rate through the PUBLIC HEALTH PRICING for "covered entities" and this would devastate, (and most likely eliminate) the Public Health programs and the "not-for-profit" community clinics that struggle to make their family planning programs "break even" every year. Over 90 % of our patients are currently on Medicaid because they live at or below the Federal Poverty Levels. Today hopefully, there are fewer working women who need this health care system because the Affordable Care Act requires (most) employers to pay for contraceptives for their employees, *BUT* there will always be some people who will not be able to navigate the health care insurance system and will still need our preventative services, supplies and screening programs throughout the State of Wisconsin.

Since 1982, we have served over 6,000 women and men in Oneida County. They have received the reproductive sexual health education they needed, as well as the health care they couldn't afford. There is now a formula at the Guttmacher Institute* that calculates the cost savings to the taxpayers by avoiding these unintended pregnancies and abortions. This, for Oneida County, in 2014 was: **\$1,084,870.00** this translates to avoiding 160 unintended pregnancies, 80 unplanned births, 60 abortions and 30 miscarriages for 659 clients *in just one year*.

I am proud of my career as a Health Educator. I would like to retire leaving my community in a better place than I found it in 1982. Women and men need to have government officials that understand the value of prevention and are willing to support the people who depend on them to make these good choices. This system is complicated but you need to understand that AB311 will not save money; it will eliminate the "not for profit" community clinics which, in turn, will cost taxpayers money through higher Medicaid reimbursement rates that will go to private "for-profit" clinics and pharmacies. The Federal Medicaid program will also pay more for those low income women, (and their unplanned pregnancies), who are no longer able to access their local reproductive health care system, (*see attachment for cost comparison if the proposed AB311 legislation removes PT 71 clinics in Wisconsin*).

Thank you to Representative Rob Swearingen for forwarding my comments to this committee prior to the Public Hearing scheduled for September 2nd, 2015.



Anne M. Cirilli, CHES
Cell phone: 715-493-2683

* <http://www.guttmacher.org/broader-benefits/index.html>

Assembly Bill 311

Cost to the State Medicaid Program if public health pricing is not used.

Title V Agencies, not including Planned Parenthood of Wisconsin, serve approximately 18,000 patients.

	Number of Patients on the Method	Total Reimbursement with Public Health Pricing that is received now	Total Reimbursement with Non-Public Health Pricing if Bill Passes
Contraceptive Pill #1	11,225	\$4,380,962	\$6,800,987
Contraceptive Pill #2	3,674	\$1,433,887	\$2,225,960
Contraceptive Pill #3	3,101	\$1,210,550	\$6,506,514
TOTALS:	18,000	\$7,025,400	\$15,533,461

221% increase to the State Medicaid Program If this bill passes and forces providers to use non-public health pricing.

Like previous political attacks on family planning services, AB 310 is devoid of any language to ensure that there is sufficient network adequacy in the areas of the state that might see reduced access to care should the bill become law. The consequences of such politicized approaches to women's health care cannot be overstated. For instance, when the Governor's 2011 state budget eliminated Planned Parenthood clinics from eligibility for Title V Maternal and Child Health Block Grants, Planned Parenthood was forced to close 5 sites, all in counties where they were the only women's health provider. To this day, no other providers have filled this gap created in Fond du Lac, Beaver Dam, Shawano, Johnson Creek and Chippewa Falls.

To further illustrate other consequences not addressed by this bill, consider the cost of the average Medicaid-reimbursed birth, which in 2012 was \$12,613³. In 2013, publicly funded family planning services prevented 10,500 unplanned births in Wisconsin⁴. If half of these births were paid for by Medicaid, that would amount to an additional \$66.2 million in Medicaid spending on unplanned births alone, much of which would have to be covered by the state. As mentioned earlier, there is no contingency plan in either piece of legislation to deal with the potential cost increases to the state Medicaid program for reducing access to these services in Wisconsin, which both AB 310 and AB 311 would almost certainly do.

As an organization devoted to promoting comprehensive women's health in Wisconsin, WAWH respectfully asks the members of this committee to oppose both AB 310 and AB 311. It is clear that both of these bills are motivated by politics, not genuine concerns about improving public health. The thousands of Wisconsin women and men who rely on these vital family planning and preventive health services would be best served if the Legislature took the time to actually focus on evidence-based policies aimed **increasing** access to such services instead of only engaging in politicized attacks on those organizations that are providing tremendously valuable health services to our communities.

³ <http://www.nationalfamilyplanning.org/document.doc?id=602>

⁴ <http://www.guttmacher.org/statecenter/family-planning/pdf/WI.pdf>



TO: Assembly Committee on Health
FROM: Sara Finger, Executive Director, Wisconsin Alliance for Women's Health
RE: Testimony In Opposition to AB 311 – Changing the Prescription Drug Reimbursement Rate for Family Planning Clinics and in Opposition to AB 310 – Altering the Title X Funding Grant Process in Wisconsin
Date: September 2, 2015

Chairman Sanfellipo and members of the Assembly Committee on Health, thank you for the opportunity to share my testimony in opposition to AB 311 and AB 310 – two bills which would both undermine access to family planning and other important preventive health services across the state of Wisconsin.

AB 311 is problematic because it singles out family planning and sexually transmitted infection (STI) clinics for inadequate prescription drug reimbursement rates. The Wisconsin Alliance for Women's Health (WAWH) believes that AB 311 would have significant, adverse effects on the thousands of low-income women who rely on nonprofit and public health clinics for access to critical family planning services and treatment of STI's. Singling out such clinics for a lower reimbursement rates while exempting other entities—such as private pharmacies and hospitals—from this proposed reimbursement method makes absolutely no public policy sense at all. Many of these clinics are providing invaluable, cost-effective care to underserved and vulnerable populations.

AB 311 does not provide any state funding mechanism for these clinics to make up for the revenue that would be lost if the bill is passed into law. Given the already tight budgets under which most local governments are currently operating, it is highly unlikely that many local governments will be in a position to backfill any of the budget shortfalls that will result from this bill. This approach is particularly troubling because the need for publicly-funded family planning services in Wisconsin is currently being unmet, despite the tremendous efforts of safety net health centers in Wisconsin. The numbers are striking: 336,050 women in Wisconsin needed publicly-funded family planning services and only 26 percent of such women accessed care at safety-net health centers¹.

It is also worth remembering what these safety-net providers actually do for our communities: prevent unintended pregnancies (thus reducing the number of abortions in Wisconsin), prevent and treat STI's, and provide preventive cancer screenings. Undermining these clinics and their mission will harm the lower-income women and men who rely on their services and our communities at large, as these vital preventive services both promote public health and prevent far more expensive medical treatments.

AB 310 is also problematic. This legislation is nothing more than a politicized attempt to take federal Title X family planning funds away for Planned Parenthood of Wisconsin by requiring the Department of Health Services to apply for Title X funds using criteria that would eliminate Planned Parenthood from eligibility for the program. No evidence has been presented that would indicate shifting Title X money away from Planned Parenthood toward DHS would better achieve the goals of the Title X program, which is to assist people with family planning, improve birth outcomes and improve overall health for women and infants.

By almost all measurements, Title X funds as currently administered in Wisconsin are helping to achieve these goals. According to the Guttmacher Institute, contraceptive services provided at Title X-supported health centers in Wisconsin helped prevent 9,900 unintended pregnancies, which would likely have resulted in about 4,900 unplanned births and 3,400 abortions. In addition, the family planning services provided at safety-net centers in Wisconsin saved the federal and state governments \$171,542,000 in 2010².

¹ <https://www.guttmacher.org/statecenter/family-planning/WI.html#6>

² <http://www.guttmacher.org/datacenter/profiles/WI.jsp>

September 2, 2015

To: Members of Assembly Committee on Health
From: The Wisconsin Breast Cancer Coalition
RE: AB 310

Dear Committee Members:

The Wisconsin Breast Cancer Coalition has actively supported the Wisconsin Well Woman Program (WWWP) since its inception. One of our overarching priorities is to ensure that all women have access to quality breast screening and treatment. We have spent many years educating members of the legislature about the importance of this program and have been pleased that legislators' recognition of that importance has been reflected in the state's share towards the program in past budgets.

Our concern with AB 310 is with the intent to re-allocate family planning funds to the Well Woman Program. To improve screening in low income women, Congress in 1990 passed the [Breast and Cervical Cancer Mortality Prevention Act](#), directing the CDC to create the National Breast and Cervical Cancer Early Detection Program. The NBCCEDP funds all 50 states to carry out the intent of the 1990 law. This is a 3:1 match. In Wisconsin, the NBCCEDP is known as the Wisconsin Well Woman Program. Here are the services the law provides for according to the CDC:

- Clinical breast examinations.
- Mammograms.
- Pap tests.
- Pelvic examinations.
- Human papillomavirus (HPV) tests.
- Diagnostic testing if results are abnormal.
- Referrals to treatment.

You may notice that family planning services are not included. Even if there is a way around that, please be aware that changes made to the WWWP in the last year have left the program in disarray. The number of coordinators for services has been reduced from 72 to a mere 14. Healthcare providers in the system have been reduced from over 1000 to around 450. A current survey we've been conducting of coordinators shows that many of them don't even have information from the state yet regarding which providers will provide which services. And with about half our information in, only 67 sites even provide mammograms.

The WWWP does not appear to have the capacity to handle current needs, much less adding family planning and the very likely necessary separate accounting procedures for time spent by CDC funded coordinators on family planning vs. CDC funded cancer screenings. Furthermore, the WWWP has strict age limitations (45-64) that would preclude most women who need family planning services from even qualifying.

This is not the appropriate program towards which Title X funds for family planning should be directed. Adding funding to a program that has been structurally downsized to the degree that WWWP has makes no fiscal sense and will not benefit Wisconsin women. Family planning clinics serve a vital access point for low income women in both urban and rural settings, who otherwise would not see a healthcare provider for preventive screenings. We ask that you reject this bill, and AB311, as they certainly will not improve the health of Wisconsin women, but may actually harm them by removing further access points to a health care provider.