

Testimony on SB 187

May 7, 2019

Good morning members of the Senate Committee on Government Operations, Technology and Consumer Protection. SB 187 is a continuation of the work the legislature did in previous sessions to protect taxpayer dollars by ensuring that state and federal family planning funds are not given to abortion providers. The last remaining source of taxpayer money flowing to Wisconsin's largest abortion provider is the Medical Assistance program. Under this proposal, Medical Assistance funds would no longer be used to subsidize abortion providers, firmly and completely ensuring that taxpayer funds are not funding abortion providers.

The Medical Assistance program, better known as Medicaid or BadgerCare, reimburses qualified healthcare providers for care given to individuals participating in the program. BadgerCare is jointly funded by the state and federal government. Federal law generally prohibits these funds from covering abortion procedures. However, abortion providers have in the past been considered qualified healthcare providers and reimbursed for health care services as long as those services were not the actual abortion itself.

In January of 2018, the federal Centers for Medicare and Medicaid Services sent out a letter to state Medicaid directors advising them that states have flexibility in determining whether or not a specific healthcare provider is a "qualified provider" under the Medicaid program.¹ This was an important development because prior to this letter a federal appellate court determined that states could not act unilaterally in determining qualified provider standards.² The letter clarified the ambiguity surrounding the issue and affords state policymakers the justification they need to consider reforms to provider qualifications.

According to data from the Department of Health Services, between July 2011 and July 2018, Planned Parenthood of Wisconsin's status as a qualified provider for the BadgerCare program allowed them to receive over \$94 million in taxpayer money.

SB 187 would end this subsidy for abortion providers by requiring DHS to decertify any abortion provider that is currently a qualified provider under the Medical Assistance program. Further, any future entity or affiliate of an entity that provides abortions would be prohibited from receiving qualified provider status.

¹ SMD #18-003, Rescinding SMD #16-005 Clarifying "Free Choice of Provider" Requirement: https://www.medicaid.gov/federal-policy-guidance/downloads/smd18003.pdf

Because modifying qualified provider status will require the state to submit a waiver to the federal government, this bill is consistent with that process and includes legislative pre-approval for a waiver request.

Last year, Tennessee passed legislation directing that state's Medicaid administrator to apply for a Section 1115 waiver to protect taxpayer funds from going to abortion providers.³ They now join South Carolina and Missouri in seeking waivers to determine qualified provider status at the state level.⁴ Drawing from lessons learned from Missouri's experience, SB 187 includes an effective date that coincides with the start of a future state fiscal year.

In closing, let me emphasize that this legislation is an important statement about who we are as a state, what we value and what we prioritize. State taxpayers should not subsidize abortion providers, facilitating their ability to terminate unborn human life. Standing in support of the right to life for all Wisconsinites is always the correct thing to do.

Thank you for your time.

³ Tennessee enacted Public Chapter No. 682 in 2018 (https://publications.tnsosfiles.com/acts/110/pub/pc0682.pdf)

⁴ Summary of South Carolina's Section 1115 waiver application: http://www.statehousereport.com/wp-content/uploads/2018/04/2018-03-29-Family-Planning-1115-v14.pdf



BARBARA DITTRICH

STATE REPRESENTATIVE • 38th ASSEMBLY DISTRICT

May 7, 2019

Senate Committee on Government Operations, Technology, and Consumer Protection

RE: Rep. Dittrich Testimony on SB 187 - Prohibiting DHS from certifying certain abortion providers as qualified providers under the Medical Assistance program

Good Morning Senate Committee Chairman Kapenga and members of the committee. I appreciate the opportunity to speak to you today on this incredibly important topic, the importance of ensuring taxpayer money is not continuing to flow to Planned Parenthood through BadgerCare.

Today, I would like to speak to the importance of saving the lives of our unborn children.

SB 187 is essential to cutting off the flow of taxpayer funds to entities such as Planned Parenthood, a not for profit entity. While previous pro-life reforms have redirected state and federal family planning dollars away from Planned Parenthood, they still receive BadgerCare reimbursements for non-abortion services, essentially making these fungible dollars available for abortion services.

This bill would utilize a 2-step process. The first step is directing DHS to cease the designation of a qualified provider under the Medical Assistance program, also known as BadgerCare, any entity or affiliate of an entity that provides abortion services. The second step is obtaining a waiver from the federal government to modify the existing Medicaid (BadgerCare) program. The second step takes advantage of the current administration's decision to allow states greater flexibility in determining which healthcare providers are "qualified providers" for Medicaid.

It's important to note that hospitals that comply with current statutory provision would not be denied certification. Several waivers are already pending with the federal government.

These steps are not unprecedented as South Carolina, Tennessee, Texas, Missouri, and Iowa are also pursuing similar plans to deny Planned Parenthood Medicaid reimbursement dollars.

The funds denied to Planned Parenthood under this proposal would still be available for women's healthcare at other healthcare providers. This does not shrink the amount of money in BadgerCare! According to the Lozier Institute and the Centers for Medicare and Medicaid Services, there are 7 healthcare clinics in Wisconsin for every Planned Parenthood facility. It is a false narrative that we need tax dollars to fund Planned Parenthood in order to assure women's health throughout Wisconsin. If you reference the handout included with my written testimony you can see that Planned Parenthood facilities are concentrated in specific regions in our state,

while there are 162 federally qualified health clinics and rural health clinics all around our state serving a much larger percent of our population.

In an era where we have availed ourselves of incredible technology like 3D ultrasounds and sonograms to see the faces of our unborn children, humanity has evolved enough to understand that the elimination of these unborn children is simply inhumane. I ask for your support in this legislation and welcome your questions.

LAKE SUPERIO for every Planned Parenthood. There are 7 health care clinics MICHIGAN 22 PLANNES BANENTHINGS (2) MINNESOTA IOWA MICHIGAN HAWE 162 BETTER HEALTH CARE ALTERNATIVES* WOMEN MINNESOTA IOWA #DefundPP



Testimony in Opposition to Senate Bill 187: decertifying abortion providers in the Medical Assistance program

Senate Committee on Government Operations, Technology and Consumer Protection By Matt Sande, Director of Legislation

May 7, 2019

Good afternoon Chairman Stroebel 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 opposition to Senate Bill (SB) 187 as currently written, legislation that would remove abortion providers, including Planned Parenthood of Wisconsin, from the state Medical Assistance (MA) program.

Specifically, SB 187 prohibits the Department of Health Services (DHS) from certifying as a provider under the MA program any private entity that provides abortion services or is an affiliate of an entity that provides abortion services. The bill further directs DHS to decertify by July 1, 2020, any private entity, as a provider under the MA program, that provides abortion services or is an affiliate of an entity that provides abortion services. Regrettably, the bill exempts from both requirements any hospital that provides abortions in the exceptional cases of sexual assault, incest, life and health of the mother, as referenced in our current law abortion funding prohibition s. 20.927(2).

Over the last eight years the state of Wisconsin has consistently and substantially defunded abortion providers of taxpayer dollars, including Title V and Title X family planning monies. Title XIX (Medical Assistance) is the last and largest public funding stream propping up Planned Parenthood of Wisconsin, our state's largest abortion provider. Pro-Life Wisconsin has championed these efforts, and we thank Senator Stroebel for working to remove Medicaid funding from abortion providers.

However, Pro-Life Wisconsin strongly opposes the explicit exemption for hospitals in SB 187. We want to fully remove our MA tax dollars from *all* abortion providers, not just some. It matters little to the preborn baby where he or she is intentionally being killed, whether at an outpatient abortion facility or an inpatient hospital. It matters little to the preborn baby under what circumstances or for what reasons he or she is being intentionally killed, whether for convenience or for a sexual assault.

If the goal of this legislation is to extract our tax dollars from the grisly abortion business, then it should do so without exception. It is morally inconsistent to outlaw public funding of one type of abortion provider, but specifically allow it for another. It is a denial of equal protection to defund the killing of most preborn babies, but specifically fund it for some. Accordingly, we encourage the committee to amend out the hospital exemption in SB 187 so that we can support

Pro-Life Wisconsin Testimony Senate Bill 187 / Page 2

this otherwise excellent legislation.

Decertifying abortion providers in the MA program 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 Planned Parenthood, to engage in the surgical/medical abortion business. Government must not force us to participate in the killing of our preborn brothers and sisters with our federal and state tax dollars.

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

NOTE: Planned Parenthood of Wisconsin (PPWI) receives MA funding through BadgerCare Plus and the Family Planning Only Services Program. DHS reports that from July 1, 2010 through December 31, 2017, PPWI received \$94.7 million in BadgerCare MA reimbursements. DHS also reports, through numerous audits over the past 10 years, consistent overbilling of the MA program by multiple PPWI clinics. The legislature and governor moved to address this fraud and abuse in the last biennial budget by requiring a comprehensive audit of PPWI family planning clinics to uncover the actual extent of MA overpayments.



PO Box 7486 • Madison WI 53707-7486 608-268-5074 (Madison) • 866-849-2536 (toll-free) • 608-256-3370 (fax) info@wifamilyaction.org • www.wifamilyaction.org

TESTIMONY ON SENATE BILL 187

SENATE COMMITTEE ON GOVERNMENT OPERATIONS, TECHNOLOGY & CONSUMER PROTECTION TUESDAY, MAY 7, 2019

JULAINE K. APPLING, PRESIDENT

Thank you, Chairman Stroebel and committee members, for holding this hearing on Senate Bill 187. Wisconsin Family Action supports this bill with a significant caveat. I regret that I am unable to attend the hearing due to a previously scheduled business trip and appreciate the opportunity to submit this testimony digitally.

Wisconsin Family Action has a long and solid history of supporting efforts to stop public funding of abortion providers, and we are grateful for Senator Stroebel's working to continue that effort with Senate Bill 187.

As a matter of long-standing principle, we have always preferred that bills dealing with abortion not include exceptions and have encouraged authors to draft bills accordingly. However, upon occasion we have ended up supporting a bill with exceptions, while making it clear that we object to the exceptions. Such is the case with this bill.

Senate Bill 187's highly laudable intent is to ultimately prevent Medicaid funding from going to entities that provide abortions or that are an affiliate of an entity that provides abortion. Unfortunately, the bill provides a significant carve-out for hospitals that perform abortions in certain situations: the termination is directly and medically necessary to save the life of the woman; the pregnancy is the result of sexual assault or incest, which has been reported to law enforcement; or the termination is, due to a medical condition existing prior to the abortion, directly and medically necessary to prevent grave, long-lasting physical health damage to the woman.

While we realize hospitals pose some unusual challenges, we believe this bill could and should be amended to include hospitals in its decertifying requirement. While we support the bill in general concept, we cannot give a wholesale endorsement of the bill with this express exemption for hospitals. Should the authors agree to such an amendment to this bill, we would be more than happy to give full and unequivocal support.



WISCONSIN CATHOLIC CONFERENCE

TESTIMONY ON SENATE BILLS 174 & 187 Presented to the Senate Committee on Government Operations, Technology and Consumer Protection By Barbara Sella, Associate Director May 7, 2019

The Wisconsin Catholic Conference (WCC), the public policy voice of the Catholic bishops of Wisconsin, urges you to support Senate Bill 174, A Woman's Right to Know Act, and Senate Bill 187, regarding Medical Assistance certification for abortion providers and their affiliates. The Catholic Church has always held that induced abortion is both immoral and cruel, because it treats some human lives as completely disposable. These bills seek to inform women and the public about the value of all human life.

Senate Bill 174, "A Woman's Right to Know Act"

Senate Bill 174 requires that a woman seeking an abortion via medication be informed that she may be able to continue her pregnancy if she seeks immediate medical assistance to counteract the effects of the first administration of the abortion drug.

The bill updates Wisconsin's informed consent laws in light of new medical practices. In the case of a medication abortion, there is growing evidence that it may be possible for a woman to reverse the effect of the first drug, mifepristone, by getting an injection of progesterone. Critics of this procedure say that it has not been scientifically proven to work. While more study may be needed to improve outcomes and better understand long-term impacts, the fact is that there are children alive in the world today because their mothers utilized this treatment option.

SB 174 also requires that abortion providers report additional information to the Wisconsin Department of Health Services (DHS). Much of the discussion surrounding these two bills, as well as several other measures being heard today before Senate committees, would have been better served by greater access to data and information. By knowing how and why women seek abortions, we can learn more about the emotional, economic, social, psychological, and physical challenges women, parents, families, and children face in our society. Without data to track trends, how can we accurately assess whether women and families are truly being provided with all options? Abortion supporters herald the benefits of abortion. Surely then, they cannot object to the further gathering of evidence and information on how it is practiced. Women and the public have a right to know.

Senate Bill 187, Medical Assistance Certification

Senate Bill 187 prohibits the DHS from certifying a private abortion services provider or affiliate under the Medical Assistance program. SB 187 provides an exemption for facilities that perform

abortions in order to save the life of the mother, to prevent grave, long-lasting damage to her health due to a prior medical condition, or when the pregnancy is the result of rape or incest.

This bill has a clear and straightforward objective - to affirm that funds held by public authorities are prohibited from being used to subsidize the performance of abortions. 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, especially those who are vulnerable or of limited means. 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.

However, 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 those state and public health entities that do not perform abortions or are affiliated with such entities, SB 187 ensures that women's health care is devoted to prevention, diagnosis, and care, not termination of life.

Conclusion

These bills defend children, educate women and the public, and make certain the State of Wisconsin does not support elective abortion. We urge you to consider further improvements to these bills as outlined in this testimony and we urge you to support their passage.

Thank you for the opportunity to testify today.



RON TUSLER

STATE REPRESENTATIVE • 3rd ASSEMBLY DISTRICT

Testimony on Assembly Bill 183/Senate Bill 187 May 7, 2019

Mr. Chairman and members of the Committee, thank you for the opportunity to testify on Assembly Bill 183/Senate Bill 187, relating to: certification of abortion providers under the Medical Assistance program.

This bill takes a major step to ensure that taxpayer dollars do not go towards funding abortion. While current state and federal laws and regulations prevent taxpayer dollars from funding abortions, money is fungible and freeing dollars up in one part of a budget will have a direct effect on the other areas vying for funding.

If enacted, the Department of Health Services is required to decertify, under the Medical Assistance (MA) program, a private entity that provides abortion services or is an affiliate of a person that provides abortion services. If a federal waiver is required, then this bill authorizes DHS to seek a waiver or other federal approval. This abortion-service approach prevents an abortion provider, who previously received grants under the MA program from reincorporating as a new entity and receiving fungible funding that can be directed toward abortion, effective evading the intent to defund abortions.

The prohibition <u>does not</u> apply to any hospital that terminates pregnancies under any of the following circumstances: the termination is directly and medically necessary to save the life of the woman; the pregnancy is the result of sexual assault or incest, which has been reported to law enforcement; or the termination is, due to a medical condition existing prior to the abortion, directly and medically necessary to prevent grave, long-lasting physical health damage to the woman. This exception is included to ensure this decertification does not conflict with service requirements placed on these institutions.

Yes, this is an exception. I am pro-life, proud to be, and have no reservations about my beliefs. But I am also pragmatic, seek progress, respect differing opinions on this heated topic, and do not want perfect to be the enemy of the good.

Whether you are a strict pro-life advocate that sees no circumstance as an exception for abortion, or an outspoken abortion activist, in the midst of this heated debate, I hope one thing we can all agree on is taxpayer dollars ought not be used to fund such a controversial and personal procedure.

This bill <u>does not</u> ban abortion and this bill <u>does not</u> decrease access to women's health providers. In fact, according to official Centers for Medicare & Medicaid Services (CMS) data, there are 162 federally qualified health clinics and rural health clinics across Wisconsin (not including other private health providers that accept Medicaid for women's health needs). Passing this bill will not result in the decline of quality, accessible healthcare for women across the state.

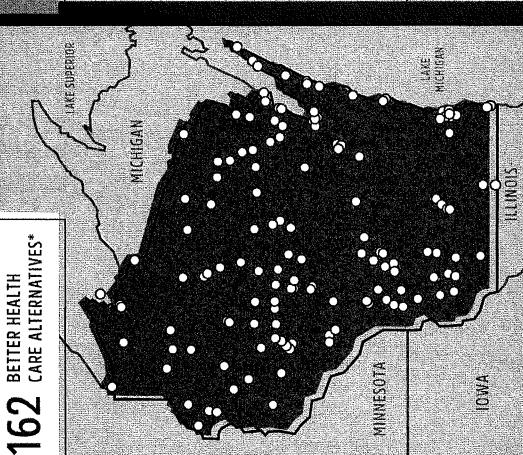
The simple fact is abortion is a highly controversial topic in today's society and will continue be for quite some time. Because of the bitterly divided public opinion and the indirect funding government provides by freeing up fungible dollars for abortions, this bill simply ensures hard-earned taxpayer dollars cannot be used for this controversial procedure.

Thank you for your consideration.

See attached map.

WOMEN HAVE REAL

for every Planned Parenthood. There are 7 health care clinics





Data based on information provided by

wisited Sept. 3, 2015) and http://datawarehouse.hrsa.gov/Data/datadownload/hccDownload.aspx (last visited Sept. 3, 2015). Note: this map does not include the many additional private health providers in Wisconsin who accept Medicaid for women's health needs. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/minProducts/Downloads/rhclistbyprov



CHARLOTTE LOZIER INSTITUTE

Wisconsin Religious Coalition for Reproductive Choice

May 7, 2019

Senate Hearing: Government Operations, Technology and Consumer Protection on SB 174 and SB 187

Rabbi Bonnie Margulis

Chair, Wisconsin Religious Coalition for Reproductive Choice

rabbibonnie@charter.net

608-827-9482

WISCONSIN RELIGIOUS COALITION FOR REPRODUCTIVE CHOICE OPPOSES DANGEROUS ANTI-CHOICE LEGISLATION

The Wisconsin Religious Coalition for Reproductive Choice is proud to engage in the sacred work of protecting reproductive health care for the women and families of Wisconsin. We firmly oppose any efforts to interfere with a woman's right to exercise her right to this care. Senate Bills 174 and 187 are designed to do exactly that. They are dangerous to women's health, and only serve as a distraction from the important question of expanding access to health care in Governor Evers' budget.

Wisconsin RCRC includes Jews, Unitarians, Presbyterians, Methodists, United Church of Christ, Episcopalians, among others. All of our faith traditions teach that women are made in the image of God, endowed with the basic human rights to control their own bodies and to determine whether and when to become a parent. In order to exercise these rights, women must have access to abortion services, without interference from legislators who have no health care background or expertise.

At the same time these bills, which would curtail access to needed health care, are being introduced, the Joint Finance Committee has announced it will not include expansion of BadgerCare in its budget deliberations. Expansion of BadgerCare would result in greater access to health care for all low-income Wisconsin residents.

Evers' 2019-21 budget proposal includes \$1.6 billion in federal funding to expand Badger Care to cover childless adults, parents, and caretakers with incomes up to 138% of the federal poverty level. This expansion will enable an estimated 82,000 additional individuals to access affordable healthcare.

Expanding Badger Care will bring in new federal funds and save Wisconsin taxpayers \$324.5 million. The budget proposes to reinvest these savings into new initiatives to improve healthcare access and quality for all residents, not just those enrolled in Medicaid.

However, the Republican leadership has just announced they will take BadgerCare expansion out of the budget. This move will take away funding for vital health care services, including mental health care, dental care, services for the disabled and the elderly.

As people of faith, we believe access to health care is a human right. We oppose these antichoice bills and urge the legislature to vote no on each one. We further urge the legislature to preserve expansion of BadgerCare in the budget, and to stop distracting the legislature and the electorate with dangerous, anti-choice legislation. Let's not let politics play games with health care for the most vulnerable among us! To Whom It may concern,

Why any legislator who professes that his/her primary political agenda is to champion the public's best interests would support the currently proposed abortion restrictions in assembly bills 179, 180,182 & 183 should strain the credulity of even the most gullible voter. In my professional opinion as a provider of reproductive health care for almost 50 years, these blatantly politically motivated attempts to impede securing and providing desired health care services are neither good public policy nor good medicine. Trust the patients and their doctors to make their own medical decisions free of the legal coercion proposed in these bills.

Very sincerely,

Dennis Christensen, MD, FACOG