

There continue to be proposals to gut the Family Planning Waiver, a Medicaid program providing critical health services to underserved populations ages 15-44. These attacks have tried to remove young women ages 15-17 from the program, which potentially jeopardizes the continuation of the entire program. Many myths about this program and about birth control accessibility to young women are being perpetuated by the proponents of these attacks.

Myth: Access to contraceptives encourages teens to have sex.

Argument: Access to contraceptives gives teens a false sense of security and encourages risky sexual behaviors.

Reality: Studies have shown that access to information and contraceptive services do not encourage teens to have sex nor does it increase the frequency of intercourse.

- See Kirby D., *No Easy Answers: Research Findings on Programs to Reduce Teen Pregnancy*, Washington DC: The National Campaign to Prevent Teen Pregnancy, 1997.
- Teenagers at high schools where condoms are available are no more likely to have sex than other teens. *American Journal of Public Health*, June, 2003 issue.

Reality: The majority of teens seen at family planning health centers have already engaged in sex.

- 76-83% of young women who initiated sexual activity did not see a family planning provider before or in the same month as when they first had sex. In 1995, 79% of women waited a month or more after first intercourse to see a family planning provider. See *Family Planning Perspectives*, Vol. 30, pp. 30-33 & 42, 1998.
- According to the National Campaign to Prevent Teen Pregnancy, approximately 1 in 5 adolescents have had sexual intercourse before his or her 15th birthday.
- The only study the opposition can cite to support this allegation is a U.K. study by David Paton published in the *Journal of Health Economics*, which is not a medical journal. Most of Paton's research is in the area of industrial economics and issues like gambling. He hasn't written any other studies regarding teen pregnancy, nor has his article been cited in any academic or policy journals. Paton is a member/advisor for the Society for the Protection of Unborn Children.

Myth: The Family Planning Waiver usurps parental rights.

Argument: Allowing teens to get access to birth control services without parental consent interferes with the parent-child relationship.

Reality: The legislature can't mandate good parent/child communication about sex.

- There is nothing in the Waiver program that prevents parents from communicating with their children about these crucial issues. In fact, teens who are seen at family planning clinics, including those in the Waiver program, are strongly encouraged to involve a parent in their health care and sexuality decisions.

Reality: These bills will knock out teens from the Waiver program who do have parental consent to seek family planning services.

- A Wisconsin study published in the August, 2002 *Journal of the American Medical Association* concluded that requiring parental notification for minors to get access to prescription contraceptives would not stop the sexual behavior, but result in teens engaging in unsafe and risky sexual behaviors, increase unintended pregnancies and lead to the spreading and non treatment of sexually transmitted infections.
- The U.S. Supreme court has struck down state statutes which require parental consent for teens to get access to contraceptives under Medicaid. See *T.H. v. Jones*, 425 F. Supp. 873 (D. Utah 1975), *affirmed on statutory grounds by the U.S. Supreme Court*, 425 U.W. 986.

Reality: Teens have a constitutionally recognized privacy right when making decisions about when to have children.

- See the U.S. Supreme Court decision in *Carey v. Population Services International*, 431 U.S. 678 (1977). This is why no state requires parental consent for a teen to have a baby. Even the parental consent law for a minor's abortion must have a judicial bypass option so a teen's constitutional right to make this decision without informing her parents is protected.



Myth: Access to birth control leads to teen pregnancy, sexually transmitted diseases and cervical cancer

Argument: Access to birth control encourages teen sexual activities and gives a false sense of security, resulting in the spread of sexually transmitted disease and cervical cancer.

Reality: Study after study has shown that access to family planning services reduces teen pregnancy and sexually transmitted diseases

- Family Planning Perspectives. Vol. 31, No. 1, pp. 29-34, Jan/Feb 1999.
- "Why is Teenage Pregnancy Declining? The Roles of Abstinence, Sexual Activity and Contraceptive Use," Alan Guttmacher Institute, 1999. http://www.aqi-usa.org/pubs/or_teen_preg_decline.html
- "Preventing Sexual Risk Behaviors and Pregnancy Among Teenagers", Family Planning Perspectives, Vol., 35, #2, March/April 2003.

Reality: A sexually active teen who does not use contraception has a 90% chance of pregnancy within one year.

<http://www.teenpregnancy.org/america/states/wi2.asp>.

Reality: Contraceptive use elevates the odds of barrier method use for disease prevention Family Planning Perspectives, Vol. 29, pp. 261-267, 1997

Reality: Teens enrolled in the Waiver receive:

- information about how to prevent unintended pregnancies and avoid contracting a sexually transmitted disease, including information on the benefits of abstinence;
- treatment for sexually transmitted diseases, which, if left untreated, could result in life-long health problems, including infertility; and
- cancer screens, to help identify and treat precancerous cells and prevent cervical cancer.

Myth: Removing 15-17 year olds will not jeopardize the entire Waiver program

Reality: As publicly articulated, the goal is to shut down the entire Waiver program.

Proponents know these bills will put the entire program in jeopardy.

- If these bills are passed, the Wisconsin DHFS will be out of compliance with the terms of the original Waiver, one of the purposes of which was to reduce teen pregnancy. DHFS will have to apply for a new Waiver. Not only will young women ages 15-17 be excluded, but the entire program may be disrupted and jeopardized.
- It took the federal DHHS three years to approve Wisconsin's application for the Waiver. Who knows how long it will take to get a new application approved.

Myth: The Waiver isn't necessary, as these women will get services under another publicly supported program.

Reality: The current network of 127 Wisconsin family planning providers can not meet the need for publicly supported contraceptive services for women ages 15-44.

- In 2004, 294,440 low-income women between the ages of 15 and 44 were in need of publicly supported contraceptives services and supplies who did not receive these services. The Waiver was designed to fill this gap.

Myth: The Waiver allows Planned Parenthood to refer 15-17 year olds seen in their family planning clinics to their abortion providers, to "promote" abortion and to circumvent "loopholes" in the parental consent law.

Reality: The Waiver program helps prevent teen pregnancy and the need for abortion. DHFS estimates that the Waiver will reduce teen pregnancy by 15%.

Reality: No abortion services can be provided with any state or federal monies, including Medicaid monies received under the Waiver.

- Under federal and state law, no family planning provider can directly refer any patient to an abortion provider, nor "promote" any pregnancy option. Since the parental consent for abortion law was enacted in 1991, there has never been a substantiated allegation that any abortion provider has violated the law, including Planned Parenthood.