

Coburn Amendment # 82 To ensure health provider compliance with all state and federal reporting laws regarding child molestation, sexual abuse, rape, and incest, when providing prescription contraceptive drugs or devices to minor children.

This amendment would prohibit federal funds from being used to pay for services under this act unless the provider is in compliance with all state and federal laws related to child molestation, sexual abuse, rape, statutory rape, and incest reporting laws.

The purpose of SCHIP is to provide for the health needs of our most vulnerable children. Unfortunately, it has come to my attention that many health care providers receiving federal funds are routinely ignoring safeguards in place to protect children from molestation, sexual abuse, rape, statutory rape, and incest.

My amendment would prevent this program from being complicit in this gross failure to protect our young women. My amendment would refuse to reimburse providers who do not follow the law. The federal government should not pay for health care services from providers who do not take their responsibility seriously to protect children from abuse. I am appalled that some health care providers continue to receive federal funds while at the same time protecting statutory rapists and child molesters and putting the health and lives of young women and girls at risk.

Sexual activity with underage children is illegal in all 50 states. Every state mandates that providers of health care or medical services must report incidences of known or suspected underage sexual abuse. Pregnancy, diagnosis and treatment of sexually transmitted diseases, and performing an abortion on an underage girl are all evidence that a girl may be a victim of sexual abuse or statutory rape, and if a girl under 14 comes to a clinic pregnant or

with an STD, in most states that is irrefutable proof that she is the victim of a sex crime. Studies have shown that the vast majority of girls 15 and younger who become pregnant are impregnated by adult men. Likewise, the overwhelming majority of teen girls infected with an STD contracted these diseases from adult males. Research has found that teen girls who have older partners are more likely to report high risk behaviors that place them at increased risk for STDs.

There is already a precedent in another federal program, Title X of the Public Health Service Act, that states that “no provider of services under title X of the Public Health Service Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest,” though this provision stops short of refusing to pay providers who blatantly disobey the law. Thus, there is ample evidence that providers continue to put many of our nation’s young girls at serious risk.

An extensive survey of over 800 Planned Parenthood and National Abortion Federation facilities across the country provided compelling evidence that some organizations are ignoring the laws and even intentionally breaking the law and concealing sexual exploitation of underage girls. As part of this survey, a caller portrayed a 13-year-old girl who was impregnated by her 22-year-old boyfriend. Her story was that she wanted an abortion because she and her boyfriend did not want her parents to find out about the sexual relationship. In every call the ages of the girl and her boyfriend were made perfectly clear. It was also made clear that the motivation for the abortion was to conceal this illegal sexual activity.

While responses varied, in the final analysis virtually every clinic contacted as part of this survey was willing to illegally conceal the illegal, sexual abuse of a 13-year-old girl.

Other examples abound. One videotape recently posted on YouTube.com shows Lila Rose, the president of a university pro-life group, posing as a 13-year-old girl named “Brianna” and telling the Planned Parenthood nurse at the clinic in Bloomington, Indiana that she is pregnant by a 31-year-old man. Instead of reporting the case to Child Protection Services, the nurse replied, “I didn't hear the age. I don't want to know the age.” At another point, the nurse coached “Brianna” on getting around Indiana's parental-consent laws by going to an abortion clinic in Illinois.

The SCHIP expansion that we are considering today would also make it much easier for clinics and third-party contractors such as Planned Parenthood to distribute contraceptives and provide abortion referrals in schools. Section 505 of the bill would help create coverage for items and services furnished through school-based health centers. The language reads, “Nothing in this title shall be construed as limiting a state’s ability to provide child health assistance for covered items and services that are furnished through school-based health centers.”

Back in 1999, the health department in Macomb County, Michigan confirmed that they dispense “any type of birth control including Norplant” to children “of any age” without parental consent. When the caller asked directly about Norplant because of the surgical nature of implanting the devices, the health department personnel reiterated “any age.” Even 9, the caller asked. “Any age,” they replied.

Before expanding the program and making it easier for these clinics to get federal funding, we should at least make sure that providers receiving funds are acting lawfully and in the best interests of American children. This amendment is common-sense if we are serious about protecting the health and well-being of our children.

