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EIGHTY-SIXTH LEGISLATURE, REGULAR SESSION

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## SUPPLEMENT

SIXTY-EIGHTH DAY — FRIDAY, MAY 17, 2019

### **SB 22 DEBATE - SECOND READING**

**(Noble, Morrison, P. King, Klick, Springer, et al. - House Sponsors)**

**SB 22**, A bill to be entitled An Act relating to prohibiting certain transactions between a governmental entity and an abortion provider or affiliate of the provider.

REPRESENTATIVE NOBLE: Members, this is a taxpayer protection bill. **SB 22** seeks to protect Texans from being forced to pay for abortions with their tax dollars. There is nothing that destroys faith in government, frustrates, and angers our citizens more than a lack of fiduciary integrity—the choices that are made when we prioritize the use of taxpayer funds and assets in the way that does not honor taxpayers' values or their priorities. While measures have passed in each of the last several legislative sessions to prevent state funds from going to the abortion industry, the existing prohibitions do not impact transactions made by political subdivisions at every level of government. This senate bill will prohibit taxpayer dollars at both the state and local level from being used to fund abortion providers and their affiliates. Taxpayers who oppose abortion should not have to see their tax dollars subsidizing the abortion industry.

Members, **SB 22** is good public policy for Texas taxpayers. At a time when our citizens and state leaders are asking us to prioritize government spending and provide tax reform, we must ensure that we are good stewards of our citizens' taxes by prioritizing the core functions of government and eliminating special interest subsidies which harm our taxpayers. Instead, our limited resources should be focused on education, on transportation, on public safety, and on true health care. As a mother and grandmother of your fellow Texans, I want to invest in life, not the ending of innocent lives. Abortion is not health care but instead is the intentional destruction of innocent human life which ought never be funded or subsidized by our tax dollars directly or indirectly. Senator Campbell and I are in agreement that this is a bill that we are ready to take to the governor. Members, we have invested this session in some outstanding medical provisions for our Texas citizens. Let's continue to provide good policy and welcome financially responsible spending by passing this bill.

REPRESENTATIVE RODRIGUEZ: Representative, my understanding is that when you first filed this bill it was targeting a particular Planned Parenthood in Austin. Is that correct?

NOBLE: I have never targeted a single entity in this bill, in my bill, ever.

RODRIGUEZ: Other than the Planned Parenthood in my district?

NOBLE: I have never singled out a single entity. I have from the very beginning said this is a taxpayer protection bill.

RODRIGUEZ: Are you aware that the City of Austin provides for the Planned Parenthood on East 7th Street—which again, is in my district—a rent of \$1 per month?

NOBLE: I am aware of that, yes.

RODRIGUEZ: Are you trying to address that issue with this bill? Not that it's an issue but is that what you're trying to do?

NOBLE: Are you wanting me to say that is the only issue of this bill? Absolutely no.

RODRIGUEZ: I'm asking you if that is any issue. Is that one of the things that you're trying to—

NOBLE: It is to protect taxpayers from having their monies used for abortion providers and their affiliates.

RODRIGUEZ: Are you attempting with this bill to address a situation like the Planned Parenthood here in East Austin?

NOBLE: I am attempting, again, to protect taxpayers from having their money used to support abortion providers and their affiliates at all levels of state government.

RODRIGUEZ: Are you aware that the Planned Parenthood in my district provides health care screenings, HIV tests, STD tests, and in that particular Planned Parenthood no abortions are provided? Are you aware of that?

NOBLE: I'm so glad you mentioned that because, you know, we have as a state invested a good bit in our Healthy Texas Women program and our Family Planning Program. In fact, as a state we have in 2018 served more than 100,000 Texans. We have 53 contracted providers with 258 clinic sites in the State of Texas that have no affiliation with abortions or abortion providers.

RODRIGUEZ: Representative, are you aware that if this bill passes—if you're thinking that this might affect only Austin, which you apparently do not think that.

NOBLE: I do not think that.

RODRIGUEZ: In El Paso, Texas, for example, education events by Planned Parenthood staff to raise awareness of the importance of STD testing and treatment to destigmatize STDs among at-risk youth at community college campuses happen, and they will not be able to do that anymore with your bill. Are you aware of that?

NOBLE: Again, my goal of this bill is to protect taxpayers, Texas taxpayers, from having their tax dollars to fund abortion providers and their affiliates.

RODRIGUEZ: Are you aware that if your bill passes, that in Dallas, Texas, HIV outreach and education provided by Planned Parenthood health educators in that county in their facilities would no longer be allowed?

NOBLE: Are you willing to give me a list of the affiliates that you think that this may affect? Because I have not found all of those and maybe there are a good many opportunities we have to save Texas taxpayers some money on these kinds of expenditures.

RODRIGUEZ: I can go on. Are you aware that in Tarrant County, education events by Planned Parenthood staff to raise awareness of the importance of STD testing and treatment to destigmatize STDs goes on through Planned Parenthood? That would not be allowed anymore if your bill passes. Are you aware of that? I can provide you that list, if you'd like.

NOBLE: I am very, very proud of the work we have done as a state legislature to provide the resources we need to Texans for all of these needs without using abortion providers and their affiliates.

RODRIGUEZ: Abortions aren't being provided at any of these facilities. So—

NOBLE: You know, when I get a dollar in my household account, I can use that functional account money.

RODRIGUEZ: Has the State of Texas provided money for STD testing, HIV testing, and all these other great things that we have provided?

NOBLE: Absolutely. Yes, we do under our Family Planning Program. Would you like me to read you all the things that we do under that?

RODRIGUEZ: Have we provided enough—yes, go ahead.

NOBLE: I would love to.

RODRIGUEZ: I live here in Austin. I'm here all day.

NOBLE: We do pregnancy testing. We do pelvic exams. We do sexually transmitted infection service.

RODRIGUEZ: How much money are we spending on that?

NOBLE: I actually don't have that number in front of me. I'm not advised.

RODRIGUEZ: How many women? How many women—

NOBLE: But you know what? What's really important about this is we do things that are outside of—things that really impact Texans, including screening for cholesterol, diabetes, and high blood pressure, those things that were included in our mortality rates for our maternal mortality rates that we're addressing.

RODRIGUEZ: How many women are actually treated with that, with whatever amount of money that the State of Texas—

NOBLE: Again, over 100,000 Texans in 2018.

RODRIGUEZ: Over 100,000 Texans?

NOBLE: Over 100,000 Texans.

RODRIGUEZ: I think the Planned Parenthood here is about that much just in a given year.

NOBLE: These are all done without expense to the Texans. It is my understanding that a good many of those things that you talk about, they charge for those. I am pleased that we supply these things to Texans.

RODRIGUEZ: My understanding is I'm hearing from different people that are on Appropriations that this is all GR. That's all general revenue from the State of Texas. Texans are paying taxpayer dollars for those things.

NOBLE: Again, the purpose of my bill is to protect taxpayers from funding abortion providers and their affiliates.

RODRIGUEZ: How are you protecting my taxpayers in Austin, Texas, with this bill? How are you protecting my taxpayers? Representative, I have tried via various other members to try to get you to accept an amendment that would really clarify a lot of this and would make this a bill that we could just go ahead and vote it out.

NOBLE: Are you going to vote for it? That would be amazing.

RODRIGUEZ: Look, I don't think that was necessary. What I want to do is I wanted to try to prevent this because I think this is completely unnecessary. And I've heard that you are not even looking at amendments that might be able to fix this so that we can at least—who cares who is going to vote for it or not vote for it; that doesn't matter—but to prevent this. This body, which has all session long worked together, passed some great bills, and now it's coming to a grinding halt because of this bill.

[Amendment No. 1 by S. Davis was laid before the house.]

REPRESENTATIVE S. DAVIS: To clear one thing up, no federal or tax dollars have ever or will ever be paid for abortion. So let's make that very clear. Additionally, Texas has the fourth highest teen pregnancy rate in the nation. We have the highest teen pregnancy rate among people of color. We have one of the highest maternal mortality rates. We have the fourth highest rate of congenital syphilis cases. We have the 18th highest rate of chlamydia. We have one of the highest rates of death as a result of cervical cancer. We have the highest rate and number of uninsured in the nation. Yet here we are debating a measure that will further reduce access to health care, a measure that will reduce access to breast cancer and cervical cancer screenings, which is something that is personally important to me as a breast cancer survivor. It is a measure that will reduce access to HIV education and HIV tests. This is a measure that would reduce access to STI treatments. It would reduce access to free contraception. It would reduce access to education that has resulted in lowering our high teen pregnancy rate. This measure would reduce access to information about county health crises. This measure would erode local decisions and local controls, something that republicans are always touting about. So why is this bill necessary at all? And the answer is, it is not necessary.

This bill is about politics. It is not about good policy, and it is not about improving public health. The reality is that the money used for these public health services has no connection to abortion. If your opposition to abortion is why you are supporting this measure, then consider this. Decreased access to reproductive

health care, to contraception, and to medically accurate sex education will lead to an increased number of unintended pregnancies. If your goal is to reduce the number of unintended pregnancies, this is not the solution. It is quite the opposite. Who will fill the gap if we pass this law and Texans lose even more access to care? The answer is very simple—no one. We don't have a system in place to provide the critical public health services being offered in communities, in schools, in universities throughout our state by Planned Parenthood and others that are targeted by this bill. When Texas reduced access to reproductive health care services offered and blocked Planned Parenthood and others, nearly 30,000 fewer low income Texas women received birth control, cancer screenings, and other preventative care. That is in part because nearly half of all Healthy Texas Women "certified providers" don't actually serve any of the women in the program.

Later today, we will consider a measure about free speech on college campuses that is aimed at ensuring that those with differing opinions have opportunity to be on campus and to share their view. Yet this bill will block access for our state's community colleges to organizations offering things as radical as medically accurate sex education, information, and free contraception. They will be banned even though our state's young people are more likely to contract an STI or have an unintended pregnancy. This bill doesn't just target Austin or Travis County. This bill impacts communities across our state. It impacts my home county of Harris County. It impacts Bexar County, Cameron County, Collin County, Dallas County, Denton County, El Paso County, Fort Bend County, Tarrant County, Lamar County, McLennan County, Smith County, and yes, Travis County. When you cast your vote for this amendment, please consider the impact. Think about the people you represent, the women who will fight breast or cervical cancer, the young men and women who will contract HIV, the neighbor whose daughter has no access to contraception and finds out that she's pregnant and has to drop out of school. When you cast your vote for this amendment or for this bill, think about these Texans. These are your constituents, these are your family members, and these are your friends. Please think about doing the right thing today, not what is most politically convenient for you. And with that, I move adoption of the amendment that strikes the enabling clause of the bill.

REPRESENTATIVE C. TURNER: So your amendment would strike the enacting clause of this bill and it would render the bill meaningless. Is that right?

S. DAVIS: That's correct.

C. TURNER: Well, I think you have a very good amendment, starting out. I want to ask you a few questions building off of what you just said in your layout of the amendment because we heard from the bill author a few moments ago that the Healthy Texas Women program is filling the gap in health care services in our state. But that's not really true is it?

S. DAVIS: To be honest with you, no, it's not true, and the system has been riddled with problems. In fact, the state awarded a \$6 million contract to the Heidi Group specifically for services within the Healthy Texas Women program. They spent \$1.3 million, and they only served 2,300 clients.

C. TURNER: That's right, and I was going to ask you about the Heidi Group. I know as an appropriator, as chair of Article II, and as former chair of Joint Investigating, you spent a lot of time looking into the contract with the Heidi Group which was, as you say, awarded more than several million dollars and in the end only served a handful of clients and didn't serve them very well. They received a total of, I believe, over \$5 million, and then the state had to go back and cut their contract by \$4 million after conceding after many months that the Heidi Group was falling short and not serving women in need of health care services they were being paid to do. Is that correct?

S. DAVIS: That's correct. The state had to claw back \$4 million of that contract because the Heidi Group was not able to live up to the promises that they made to the state. They were not able to serve women. And it was interesting because the CEO of the Heidi Group, in an interview, complained that she was unable to meet her target because, "It is not as easy as it looks because we are not Planned Parenthood."

C. TURNER: Well, I think that's very telling. And speaking of Planned Parenthood, were you aware that in the last year that Planned Parenthood was a Healthy Texas Women participant—before this legislature took that ability away—that Planned Parenthood served 40,000 women alone in this state in one year?

S. DAVIS: That is correct. In 2012, they did. Yes.

C. TURNER: Yes, and that was the last year they have been able to participate. And since 2012, have we not seen higher incidents of the various health care concerns that you just went through in detail in your layout because people, women specifically, are having a more difficult time accessing basic health care needs?

S. DAVIS: That's correct. Forty percent of all of the Healthy Texas Women "certified providers" served zero women in 2017. So nearly half of all these providers didn't serve any women. HHSC often points to its long and growing list of Healthy Texas Women "certified providers" as an indication of access. However, the number of providers on that list is flawed as a tool for gauging capacity. One, because the list itself on multiple occasions has been found to be inflated and full of errors. And two, as the agency's new report shows, 46 percent of the providers served no women at all. So it appears we still aren't serving the number of women that Texas served back in 2010 and 2011.

C. TURNER: And am I still right that Texas still has the highest rate of uninsured in the nation?

S. DAVIS: That is correct.

C. TURNER: Okay. Well, Representative Davis, I think you have a very good amendment here. I'm glad to see bipartisan support for this amendment, and I hope the legislature will adopt it.

S. DAVIS: Bipartisanship. I move adoption of the amendment.

NOBLE: I move to table.

[Representative Noble moved to table Amendment No. 1.]

S. DAVIS: I'm going to ask you to vote against the motion to table.

[Amendment No. 1 was tabled by Record No. 1481.]

[Representative Neave raised a point of order against further consideration of **SB 22** under Rule 4, Section 32(c)(2), of the House Rules on the grounds that the bill analysis is materially and substantially misleading. The point of order was withdrawn.]

[Amendment No. 2 by Tinderholt was laid before the house.]

[Representative Moody raised a point of order against further consideration of **SB 22** under Rule 4, Section 32(c)(2), of the House Rules on the grounds that the bill analysis is materially and substantially misleading. The point of order was withdrawn.]

REPRESENTATIVE TINDERHOLT: This amendment ensures that the bill applies to all facilities where elective abortions are provided. It essentially strengthens the bill. Right now, **SB 22** does not prohibit the state or local governments from contracting or funding hospitals that routinely perform elective abortions. This means Texans are not fully protected from their tax dollars supporting an abortion provider. The amendment also ensures we keep a consistent definition of abortion providers across code. Many of you remember we had **HB 3771** last session to standardize the definition of abortion across state code. But this bill actually places a second definition of abortion provider in code, causing confusion about which definition should be relied upon. This amendment brings the definition of abortion provider back in line with existing current law. Two definitions of the same term can be very confusing. I also want to note that we're not talking about medical emergency abortions, which are already defined in code and protected under the bill. This only covers elective abortions at these facilities.

Over 96 percent of all 407 Texas hospitals have internal policies that they do not perform elective abortions, but 16 of those hospitals have chosen to become abortion providers themselves, and they conduct elective abortions where there's no medical emergency. This amendment would ensure that the remaining hospitals change their policies to stop providing those elective abortions. The bottom line: If this bill—which I believe—truly seeks to protect Texans from subsidizing the destruction of human life, the type of building where life is destroyed should not matter. This amendment makes sure Texans are protected from supporting elective abortions through their tax dollars no matter which brick and mortar building those abortions are done in. I truly appreciate Representative Noble for bringing this important bill, and I hope that it's acceptable to the author.

REPRESENTATIVE SCHAEFER: So Mr. Tinderholt, I understand your amendment is going to refer to page 1 of the bill. Is that correct?

TINDERHOLT: Yes, sir—lines 12 through 17, I believe.

SCHAEFER: Okay. And in that definition—there's essentially a broader definition under lines 13 and 14, but because the word "or" exists on line 14, it allows the definition to go to lines 15 through 17, which is a more narrow definition. Is that right?

TINDERHOLT: That is correct. And what that allows is it allows those 16 of the 407 hospitals to actually conduct up to 50 abortions apiece. However, there are about 139 to 160 abortions per year in these facilities right now.

SCHAEFER: So when you look at the way you're changing the definition with your amendment, are you using a definition that you've just come up with on your own?

TINDERHOLT: Absolutely not, sir. We're using existing terminology. We want to keep it from being confusing. And I'd like to read it to you: "An abortion provider means a facility where an abortion is performed, including the office of a physician and a facility licensed under Chapter 245." Essentially it's streamlining it across all code so that it's the same.

SCHAEFER: So you're under the Health and Safety Code under the general provisions relating to abortion under Chapter 171?

TINDERHOLT: Yes, sir, I am.

SCHAEFER: Okay, and that definition would include a facility like a doctor's office?

TINDERHOLT: Yes, sir, it would.

SCHAEFER: So is it the case that a doctor in his own office which is not described as an abortion facility under other parts of the code might perform abortions?

TINDERHOLT: Really, I mean, the simple answer is, we're just trying to standardize it so they can't do it anywhere, regardless. But the answer is yes.

SCHAEFER: Okay.

TINDERHOLT: No matter what kind of facility, what it looks like—it doesn't matter. It streamlines it.

SCHAEFER: But given the purpose of this bill, isn't it true that there are some physicians that perform abortions in their office?

TINDERHOLT: Absolutely true.

SCHAEFER: And the overall purpose and intent of this bill, really, is not to allow that type of funding essentially to go to those types of facilities from the local municipalities. Correct?

TINDERHOLT: You're right, sir. It doesn't allow—essentially, you know, some folks might say that this could cause an issue for the hospitals, but I disagree. If these hospitals stop doing these abortions, they can immediately after this bill's passed begin contracting with cities and counties.

SCHAEFER: And it's not just the cities and counties. In fact, the bill talks about the State of Texas—the executive, judicial, legislative branch, or any public subdivision. So it's all those lower agencies. So let me ask you, this definition also cross references to Section 245 in the Health Code, which means a place where abortions are performed. And so that's still going to be part of what you have, correct?

TINDERHOLT: Absolutely. It's exactly the way that it is elsewhere in code.

SCHAEFER: Okay, so when we go back to Chapter 171, which you're now pulling that definition from, that definition still includes the other definition from Chapter 245?

TINDERHOLT: Yes, sir. The very end of it discusses a facility licensed under Chapter 245 the same way that her current bill does.

SCHAEFER: And then, in addition to Chapter 245, it has a definition of an abortion provider that means "a facility where an abortion is performed, including the office of a physician and a facility licensed under Chapter 245." So is it your intent to pull into the definition of an abortion provider in this bill abortion facilities that include the office of the physician?

TINDERHOLT: Absolutely, 100 percent. Like I said before, essentially what we're trying to do is streamline everything and make sure that it doesn't really matter where they're performed. It's if they're performed. Remember, it's elective. This is not discussing medical emergency, ectopic pregnancy—this is strictly elective that it doesn't matter where these abortion are performed.

SCHAEFER: What about rural communities? What about where some of the hospitals may be the only source of health care available in entire counties?

TINDERHOLT: You know, of the 407 hospitals, we've talked about the 16, and they're located in places like Harris, Travis, Bexar, Dallas, and Tarrant County. These are very large communities. And I think for anyone to say that this would potentially close a hospital—all they have to do is stop doing these abortions and they can contract just like another hospital could.

SCHAEFER: Won't this effectively—would this defund hospitals?

TINDERHOLT: Absolutely not. Like I just said a moment ago, if they stop doing these abortions under this existing definition that I'm trying to use, they'll be able to contract as soon as they stop doing these. And right now, to be perfectly honest—

SCHAEFER: What about residency programs?

TINDERHOLT: In the residency programs, these folks should be—I think everyone here would agree that they learn how to save life, not to conduct abortions. And so I don't think that that's going to interfere with that.

[Representative Ortega raised a point of order against further consideration of Amendment No. 2 under Rule 11, Section 6(e), of the House Rules on the grounds that the amendment was improperly filed. The point of order was withdrawn.]

[Amendment No. 2 was withdrawn.]

[Amendment No. 3 by Howard was laid before the house.]

REPRESENTATIVE HOWARD: This amendment changes language within the definition of the taxpayer resource transaction. Under the current language of **SB 22**, women's health providers would not be able to provide services because they would not have any access to state or local revenue regardless of whether the services provided ended up being cost neutral. Even without considering the danger that this bill will impose on women's health providers and women, the definition of taxpayer resource transaction makes this a fiscally irresponsible policy despite the author's intention that this be supposedly a taxpayer protection bill. It's sacrificing women and their health to achieve a political agenda by shutting down Planned Parenthood. We just have to go back and look historically for those of you who weren't here, and many of you were not. Some of us were. The 2011 budget cuts that were made and the elimination of Planned Parenthood as a qualified provider resulted in a two-thirds cut in the family planning budget—a loss of \$30 million in federal dollars because Planned Parenthood was no longer allowed to participate in the women's health program. And the federal dollars were lost and were replaced with state dollars. State of Texas dollars were used and are still being used because we don't get those federal dollars anymore. At that time, we ended up losing 50 clinics that were shut down and 147,000 Texas women lost services. These are real people we're talking about here. And ever since then, the state's been scraping together sources of funding for women's health in an effort to rebuild the state's network, but it has not been enough.

It's 2019 and we're still rebuilding a program that we decimated. Our state's alternative since then has been to create its own programs with important yet limited services to replace the degraded network of providers. And all credit to Chair Davis for funding women's health with caseloads and cost growth in mind, but it's important to note that we're only able to do that by budgeting dollars that we have not yet received and we're still only seeing about a quarter of those eligible women in our state. The state's not close to achieving the reconstruction of its network of women's health services in order to meet that need. The fiscal year 2018 Healthy Texas Women report from HHSC found that of the 29,363 enrolled providers, only 3,085 of those 29,363 actually billed for services in the program and only 2,161 of those were primary providers. My point being, we've got this long list of providers but most of them are not even seeing women. And in fiscal year 2017, only nine of the Healthy Texas Women contractors met their proposed clients out of 39 contractors. Most of these contractors who did not meet their client counts missed it by wide margins. You've already heard

about the Heidi Group. They proposed they were going to see 50,610 women, and they only served 2,327. This is when we have increasing need for capacity. We're not meeting the need.

So here we go again, cutting off another funding stream for women's health. It's also, I believe, an attack on our cities and counties and other local entities who are trying to serve the women in their communities and trying to meet the needs of the health care of women in our communities. If the concern of this bill is truly on the use of local taxpayer dollars by certain women's health care providers, then this should be an acceptable amendment since it ensures that women's health care services can be provided by these providers if the services are cost neutral. It's quite concerning, unfortunately, to me that this is a compromise amendment and it basically says that women can only receive essential health services if there are no costs. I guess we're all just kind of really tired of this.

The fact is these are real women's lives. To make political statements, we're sacrificing the health care of over 5,000 women that go to the clinic here in Austin. I don't know about the other clinics that are being affected. These are women who are getting services right now. We don't even have enough to provide what they need right now. And we're going to say, "I'm sorry, you can't do this. You can't get the health care that you need. We don't like Planned Parenthood"—even though this doesn't have anything to do with abortion, even though not even a penny of tax dollars goes to abortion, even though this is meeting the needs of women in this community and communities across this state to allow them to be healthy, to allow them—a lot of them already have children—to make sure that they can take care of the children they have and not have more that they can't afford to have. And we're going to say because we have Planned Parenthood who is actually providing a panoply of health services that are sought and legal by women in this state—because that happens to exist—we're going to cut off your ability to get the funding you need to offer your program. I'm totally blown away by this, colleagues—that we continue to do this.

Make your statements, but let's have the debate somehow else about abortion. Right now, though, it is legal. It is something that if a woman wants to have it, she should have access to. And just because that's the case, you're going to throw these other women under the bus to make this statement. How can we justify that as a morally higher ground? I do not get that. Sacrificing women's health care somehow justifies what you consider to be more morally superior to people like me who believe that women should have access to health care. I don't get it. So this amendment would just make sure that if a facility like we have here in East Austin can show that it's cost neutral and they're not getting any benefit—believe me, they really aren't anyway—but if they can show that, then that should be acceptable. That is the fiscally responsible thing to do, and this is supposed to be a fiscal responsibility bill. So with that, I move adoption.

NOBLE: I move to table.

[Representative Noble moved to table Amendment No. 3.]

HOWARD: This shouldn't be a statement about what you believe about abortion or not. This is a statement about a fiscally responsible way to offer health care services to women. I ask that you vote against the motion to table.

[Amendment No. 3 was tabled by Record No. 1482.]

[Amendment No. 4 by Biedermann was laid before the house.]

REPRESENTATIVE BIEDERMANN: **SB 22** currently would keep a school from hiring an abortion provider to teach sex education. However, the message could still be delivered in that classroom and abortion could still be promoted and endorsed with our tax dollars.

[Representative Collier raised a point of order against further consideration of **SB 22** under Rule 4, Section 32(c), of the House Rules on the grounds that the bill analysis is materially and substantially misleading. The point of order was overruled.]

[Amendment No. 4 was withdrawn.]

[Amendment No. 5 by Anchia was laid before the house.]

REPRESENTATIVE ANCHIA: The way **SB 22** is currently written, officers or employees of governmental entities would be restricted from appearing before a committee of the legislature to provide abortion provider or affiliate-related information unless a legislator specifically requests that that individual appears. If you think about this, as someone who represents UT Southwestern along with Representative Johnson—one of us has the north campus; one of us has the south campus—that means that the head of UT Southwestern, because their doctors practice at Parkland, could not come before a committee of the Texas Legislature to testify on a particular bill. All my amendment does is strike the language requiring that that person be invited at the request of a member or committee so they can still exercise their First Amendment rights. They could still come on their own, and they could still testify. Doctors from UT Southwestern and doctors from Parkland could still come testify without us requesting them. They could still exercise their First Amendment rights, and there is no reason to limit who can testify on legislation, especially important resource witnesses that may be able to proactively provide important information. Members, I also have for years sat on the board of the UT Southwestern foundation. That would be considered an affiliate. We wouldn't want many of the luminaries of Dallas who sit on the UT Southwestern board to be considered affiliates and therefore not be able to come and provide testimony. These are some of the most important lawyers and bankers in the Dallas community, and again, we do not want them impacted by this legislation. We want them to be able to come testify freely in the legislature. So members, I move adoption.

NOBLE: I move to table.

[Representative Noble moved to table Amendment No. 5.]

ANCHIA: It's disappointing, members, when someone who tries to table your amendment will not answer questions. It is a matter of professional courtesy. And candidly, having been up here in the legislature for eight sessions, it's happening

more and more lately. No personalities, members, just professional courtesy is what we're trying to achieve. I represent 180,000 people just like everybody else here, and I'm concerned about how this is going to impact many of the people who are on boards of directors, who are officers, who are on foundation boards of directors in Dallas, who are some of the most well-respected people in our entire community. They are the bankers, the lawyers, the businesspeople who support our teaching hospital, UT Southwestern, and who support Parkland, who serve on the boards of Parkland. This not only impacts our community but also communities across this state. And to silence all of them and to make it contingent upon them having to be invited by one of us, a member of the legislature or by a committee chair, to participate in this process is really antidemocratic and really an insult. It's completely insulting to all those people who sit on those boards and commissions and give of their time and do public service, do philanthropy. So members, this is a simple strike. It's incredibly disappointing that I couldn't have a dialogue about it. This is something that is important to the people in my community, and if your community is anything like Dallas where your public hospital board members are important luminaries in your community who care about and want to do public service, then you will oppose this motion to table.

C. TURNER: Representative Anchia, I think I understand what you're trying to do with this amendment. You're simply trying to ensure that our local appointed or even elected leadership in cases would have the ability to lobby or advocate before the legislature on issues of importance to our communities. Is that right?

ANCHIA: And here's the reality. If I want to know about brain cancer, right, the top people to talk about that are at UT Southwestern. They are at MD Anderson.

C. TURNER: Yes, they are.

ANCHIA: And it should not be incumbent upon any member of the legislature to request for them to come down. If they want to come down and talk about the research, the R & D that they do, they want to talk about the science of the matter, they should be able to do that. You know, and I've got to tell you, in my eight sessions in the legislature I've seen a lot of stuff here that's anti-science, and we are shutting these medical professionals out. It is, in my view, insulting to do so to these people who contribute so mightily to our communities. And all I'm doing is striking this very simple language saying that it has to be at our request. I want somebody—despite the fact that they may be affiliated with an organization who provides abortions at some indirect level, at some affiliate level that they might not even be aware of—not to be barred from coming down here to the people's house to be able to talk to members of the committee but to be able to testify on their own volition without having to be invited.

C. TURNER: And I'll tell you that working a lot on higher education issues as I've been fortunate to do, I've certainly had the opportunity to work with a lot of faculty and leadership from some of the institutions you're referring to. And I would hate to think that they would be in any way barred from offering their opinion, their perspective, and their wisdom to me and to the legislature because

of this bill and a completely unnecessary provision in this bill. I understand we're on a motion to table right now. Is there a reason given why this amendment is being tabled or why there's a motion to table on it?

ANCHIA: None whatsoever, and that's what's really frustrating because I answer to 180,000 Texans just like the author of this bill, just like you. And to not receive the professional courtesy of answering my questions about why the board of directors of UT Southwestern, why the board of directors of Parkland Hospital, why the board of directors of the UT Southwestern foundation cannot come down here and testify, candidly, is an insult.

C. TURNER: Right. I wish we knew the answer to why there's opposition to your amendment because I think it makes a lot of sense. I hope the membership will support you on it.

REPRESENTATIVE GUTIERREZ: What we do every day here in committee is we often get people to come testify, and they give us metrics. They give us facts. They give us data on the things that they perform. In this instance, it would be not abortions but all of the other things that an organization like Planned Parenthood does—for instance, anemia testing, checkups for sexual health problems, pap smears, anything. That's the data that you want to hear on any issue, and under this particular bill they won't be able to testify as to any of these things. Is that right?

ANCHIA: Unless they're invited by the legislature.

GUTIERREZ: And they won't be able to testify as to other organizations that supposedly have been set up in an effort to try to give these services. They won't be able to talk about how the Heidi Group set up two fake clinics. They won't be able to testify about that, will they?

ANCHIA: Not at all.

GUTIERREZ: They won't be able to testify that the Heidi Group went off and got millions of dollars from taxpayer money and they did nothing with it. They swallowed it. And they won't be able to testify about any of those things, will they?

ANCHIA: Look, if you want to silence researchers, if you want to silence scientists, if you want to silence some of the most important people in your community who do public service in the medical field, then go ahead and table this. But if you care about learning the truth, if you care about learning and having the best available witnesses to help on public policy in this legislature, then you will reject the motion to table and vote with me.

[Amendment No. 5 was tabled by Record No. 1483.]

[Amendment No. 6 by Nevárez was laid before the house.]

REPRESENTATIVE NEVÁREZ: My amendment is simple. It restores First Amendment protections by allowing local officials to discuss women's health care providers. It will strike the provision in the bill that does not allow specifically for local elected officials or any elected official, frankly, to speak to,

about, or regarding health care in the form of an abortion provider. It doesn't give us a description of that. Our amendment would restore that First Amendment right. If you're faithful to the First Amendment, you should like this amendment.

NOBLE: I move to table.

[Representative Noble moved to table Amendment No. 6.]

NEVÁREZ: Again, I think it's a mistake to table this amendment. I'd ask you to vote with me on it because it's simple. If you enjoy freedom, if you really do mean or believe that the First Amendment is something worth saving, this amendment does that in this bill. And I encourage you to vote against the motion to table.

[Amendment No. 6 was tabled by Record No. 1484.]

[Amendment No. 7 by J. Turner was laid before the house.]

REPRESENTATIVE J. TURNER: Let me explain what this amendment does. This amendment would add one more category of organization to those that are exempt from the provisions of this bill and that is an institution of higher education. Let me explain to you one reason I think this amendment is appropriate. So right now, on our university campuses across the state, there are local student chapters of different organizations that would fit within the category of an affiliate under this bill. So for instance, there are Planned Parenthood student organizations on campuses across Texas. Now, if you believe in the First Amendment—in fact, I think we're going to consider later today a bill related to higher education and the First Amendment on higher education campuses—I would urge you to support this amendment because this bill, as I read it, would prohibit the university, a public university, from allowing an organization like this to utilize audio-visual services, accounting services, and the other sorts of things that are provided to student organizations, on the basis that they are an affiliate. And so if you, as I think all of us in this chamber do regardless of how you feel about underlying issues related to this—

[Representative Cain raised a point of order against further consideration of Amendment No. 7 under Rule 11, Section 2, of the House Rules on the grounds that the amendment is not germane to the bill. The point of order was withdrawn.]

J. TURNER: As I was saying, it's important if we're going to protect our basic principles of free association to make sure that organizations like this, whether you agree or disagree with their viewpoint, that they can exist on campus. We've already had a debate in this chamber where we talked about First Amendment values on campus. We're going to have another bill this afternoon that does the same thing. If you support free speech and free expression on campus, you need to support this amendment because without this amendment, this bill would have the effect, as I read it, of disallowing these sorts of organizations on campus to take advantage of basic services that are provided by our public universities to student groups. So I urge you to support the amendment. And with that, I move adoption.

NOBLE: I move to table.

[Representative Noble moved to table Amendment No. 7.]

J. TURNER: Members, regardless of how you feel about the underlying issues here, I ask you to consider the First Amendment and free speech and free association implications here. I ask you to consider whether you think it's appropriate for a group that is a Planned Parenthood student group to be able to exist on a public university campus. Whether you agree with that viewpoint or disagree with it, I appeal to your sense of what is fair and protective of free expression and I urge you to support this amendment.

ANCHIA: Thank you for agreeing to have a discussion with me on the house floor, my esteemed, right, and honorable colleague. I wanted to understand the public policy implication of you including higher education here. Higher education institutions are designed for—unlike the house floor today—a free exchange of ideas. And I imagine that is what you're trying to preserve in your amendment, is it not?

J. TURNER: Yes, Representative, that is certainly one purpose. Honestly, there may be other implications here of having public universities included in this bill that I'm not even thinking about and maybe we're not even fully thinking about yet. But this is certainly one of them. I do believe that this bill could prohibit universities from providing basic services to these student groups.

ANCHIA: And that includes, sort of, medical services. It also includes discussions about these issues, does it not?

J. TURNER: I think it would. I think it would include, for instance, providing conference space, audio-visual services, and accounting services for groups that maintain balances of funds with the university.

ANCHIA: I think you've got a great amendment. If people believe in free expression, true free expression, not shutting down debate, not failing to engage, really wanting to have a debate on public policy issues, then I think we should adopt your amendment.

[Amendment No. 7 was tabled by Record No. 1485.]

[Amendment No. 8 by Hinojosa was laid before the house.]

REPRESENTATIVE HINOJOSA: This amendment would exclude women's health care services provided by community colleges from this ban. And let me tell you why this is an important amendment to me. Over the interim I heard an incredible story on our local NPR affiliate, actually it might have been on "Texas Standard," about a study that showed that women in community college, a large percentage of these women, in fact, 38 percent—I'm sorry, strike that. A large percentage of these women did not have access to their preferred method of birth control. And if you think about who these women are, these are women often who are not from high income families, women who are doing their best to get ahead, get good paying jobs, and it is essential that they have access to a birth control method that works for them. I worked over the interim with Representative Donna Howard, meeting with different entities that work on these issues, including Planned Parenthood, to come up with a solution to get women

in community colleges access to birth control. And in some instances it's just education about what their options are, whether there's an affordable insurance coverage that is available to them through their community college, whether there is some other state program that is available to them.

And so that's why this amendment is important. There is an unmet demand for more effective contraception among female community college students. This is a population that is at high risk of pregnancy. In a recent study of Texas women in community college published in the *Journal of American College Health*, it was found that 38 percent of community college students are uninsured. This compares to a national survey which found only four percent of students attending a four-year institution of higher education were uninsured. So compare that. Four percent of students in four-year colleges—only four percent are uninsured compared to 38 percent of students in community colleges. The top reasons women reported they were not able to access their preferred form of birth control include not being able to afford the method, not having insurance, or their insurance not covering the method. Women also reported barriers such as not knowing where to get the method and not having made an appointment to get the method. This is exactly why these services provided at community colleges are so important. Unlike students at four-year universities who are often full-time students, community college students are more likely to be working a full-time job while simultaneously taking classes. And it is vital for these students to be able to utilize these educational opportunities and pop-up clinics that have started to take place that are provided and staffed by Planned Parenthood doctors at community college campuses to get women this access to birth control and health screenings. Assisting community college students to obtain their preferred method of contraception would help them to achieve their educational goals. This is because unplanned pregnancy while attending community college increases the risk of dropping out. Students who have a child while in college have a dropout rate of 65 percent higher than women who do not have a child during that time. And with that, I thank you, members, and I move adoption.

NOBLE: Members, I didn't have any of these amendments ahead of today. There are 46 of them that have been proposed, and therefore, since we do not have the opportunity to vet them and see their intended consequences and their unintended consequences, I'm going to continue to move to table every amendment. Therefore, Mr. Speaker, I move to table this amendment.

[Representative Noble moved to table Amendment No. 8.]

HINOJOSA: It is important to our state, to the strategic plan of this state when it comes to getting our Texans educated, that our women in community college have access to birth control so that they can pursue their education and then lead to a good-paying job.

REPRESENTATIVE ISRAEL: Representative Hinojosa, you and I know that in Central Texas, in particular, our community colleges are growing, are they not?

HINOJOSA: That's right, they are. In fact, I just heard on the news yesterday that ACC, Austin Community College, is celebrating the largest graduation of its class ever.

ISRAEL: And we're relying upon them more and more for the education not only of our young people but older adults who are going through a career change, and they're growing in every corner of our region. As I understand, we have built a recent one in Elgin and in Leander. And I guess I'm trying to make a point that not only—this is not just an Austin issue but as we are growing as a region, our community college is trying to keep up with that growth, is it not?

HINOJOSA: That's true, and in fact, it's a statewide issue. We see that as four-year colleges are more and more unaffordable, community colleges are where many, many Texans go for their education. And oftentimes the best way to get services to people is to go where they are, and they are in the community colleges. That's why it makes sense to have these partnerships with groups like Planned Parenthood that provides this kind of education and access.

ISRAEL: Well, you were making a point earlier about how these are in many cases working young adults who are working a part-time job, trying to pick up a class or a night class here and there. It occurred to me that there is an opportunity also for community colleges when they have a health fair, for example.

HINOJOSA: That's right.

ISRAEL: That's a great opportunity for students to be exposed to an opportunity, a health care opportunity in the community, that they might not have otherwise known about. Is that correct?

HINOJOSA: Absolutely. It's a place that students can be reached with all types of education including education about health care and access.

ISRAEL: Representative, thank you for bringing up this point about an aspect about this bill. I appreciate you.

[Amendment No. 8 was tabled by Record No. 1486.]

[Amendment No. 9 by Beckley was laid before the house.]

REPRESENTATIVE BECKLEY: As the only woman state representative in Denton County, I am wanting to take out my county from this bill. Planned Parenthood serves many women in my county and district. And as a woman who has at points in my life not had health insurance and the only health insurance I could afford was Planned Parenthood, they efficiently take care of us, and I do not want the people of my district to not have the benefits of Planned Parenthood. I have never had an abortion because I had access to health care because of Planned Parenthood. I don't think that people in this state, and especially in my county, should not have this availability. So my amendment will bracket out Denton County from this bill.

NOBLE: I move to table.

[Representative Noble moved to table Amendment No. 9.]

BECKLEY: I am going to please ask for you to consider that you let the students of UNT and TWU have access to the health care that they are currently having. Most of these students are commuter students and they use Planned Parenthood. I don't have the dollar figure because I thought my amendment was going to come later, but it is very crucial that Denton County has access with the amount of uninsured people that we have in our county.

[Amendment No. 9 was tabled by Record No. 1487.]

[Amendment No. 10 by Ramos was laid before the house.]

REPRESENTATIVE RAMOS: This amendment that I filed, it exempts municipalities in which the Office of the Attorney General provides child support enforcement services, including locating delinquent parents, establishing paternity and court-ordered child support obligations, and enforcing the collection of established child support obligations. As a lot of individuals like Representative Beckley, I myself have used Planned Parenthood. I did not have a repeat teenage pregnancy because I had access to Planned Parenthood health care services. But as a family law attorney, I do visit the Dallas County child support offices many times, and there are a lot of parents in the State of Texas who owe millions and millions. The state actually spends billions of dollars trying to collect child support enforcement arrearages from parents who are delinquent on their child support. So if in fact we want to save taxpayer money, then what we would do is, in essence, prevent unwanted pregnancies or allow more access to contraception. And in many of these cases where individuals did not have access to contraception, you find many mothers and fathers in child support enforcement courts throughout this state looking to collect. And as many of us know who are parents, it is very difficult to raise a child on one income. And your taxpayer dollars are being used to collect delinquent child support from parents who are not paying, who are not doing their due diligence in paying for their children, and paying for their child support. So what my amendment intends to do is exempt this bill from applying to counties where the attorney general is enforcing child support—delinquent child support and arrearages actions and enforcement. If we're really about protecting taxpayer dollars, then we are going to go after those parents who owe child support and allow the parents who need access to these contraception and health care services to be able to access those. And so for that, I move passage of my amendment.

NOBLE: I move to table.

[Representative Noble moved to table Amendment No. 10.]

RAMOS: Representatives, as Representative Noble said, this is about saving taxpayer dollars. Well, really put your money where your mouth is and let's really do that. Let's go after these parents like we're doing now, those who owe back child support. Let's provide these resources to families to prevent those unintended pregnancies, those unwanted pregnancies. I can tell you, you would've had to pay for my unwanted or unintended repeat teenage pregnancy but for Planned Parenthood. You were saved taxpayer dollars for that, and so I encourage you all to support my amendment and vote no to table.

[Amendment No. 10 was tabled by Record No. 1488.]

[Amendment No. 11 by Ramos was laid before the house.]

RAMOS: I think I'm going to stay up here. This amendment would exclude counties. If you'll look at the amendment, there's specific layout of the population of counties. It appears that my counterparts and the representative who filed this bill are concerned about saving taxpayer dollars. So what my amendment would do would exclude counties. It has been expressed in my county by individuals in my community and many other communities that they have benefitted, as I expressed earlier, from the services of Planned Parenthood. So my amendment would exclude counties such as Travis, Dallas, Harris, Bexar County, and other counties. Taxpayers in these counties have overwhelmingly voted into office representatives that support providing quality women's health care, which includes respecting that decision about a woman's body and that should only be made by the woman in question. In 2017, the mayors of Austin, Dallas, Houston, and San Antonio, each housed in separate targeted areas, wrote a letter to then Speaker Joe Straus asking him to stop legislation exactly like **SB 22**. What the letter said is: "Local governments and health officials," they wrote, "should have the ability and authority to partner with Planned Parenthood or any other qualified nonprofit organization to address the health needs of our communities. By restricting local resources, the state would jeopardize the health and well-being of our citizens."

Representatives of these counties, including Travis, Dallas County, Bexar, and Harris County, do not support this bill, and these counties that represent the most populous cities in the State of Texas would like to preserve their relationship with Planned Parenthood. It is in these areas that quality, affordable health care for women is most in need. In these areas, taxpayers have elected local, state, and federal officials that are overall sympathetic and supportive toward organizations such as Planned Parenthood. Therefore, this regressive legislation should not apply in these areas that arguably need these services the most. In 2017, Harris, Dallas, and Bexar Counties were the top three counties for the highest number of STDs in the state and also would benefit from the services of Planned Parenthood. So I am asking for you all to support my amendment exempting these counties from this legislation.

NOBLE: I move to table.

[Representative Noble moved to table Amendment No. 11.]

GUTIERREZ: Representative Ramos, I think you have a very good amendment. I believe mine is very similar, and you've given me the opportunity to be able to withdraw it and save a little time here today. I know that's important to a lot of people.

RAMOS: Yes, sir.

GUTIERREZ: I know that Representative Stickland has a very similar amendment as well talking about local control. We'll save us some time, and that's a good thing.

RAMOS: Yes, sir.

GUTIERREZ: Would it surprise you to know that since 2009 we've been hearing from folks on the other side of the aisle how local control is so important in these decisions?

RAMOS: You know, it is shocking. I understand the other side talks a lot about states' rights but totally strips it away from local communities. It's interesting. It's curious.

GUTIERREZ: And it seems to me that the people at that local level, which we have heard—and in fact, my friends have ingrained this in me so much now that I have now become an advocate for local control; I believe what they've been teaching me over the years—that the people at the local level are best in touch to make these decisions. But something happened along the way, and what happened in 2015 and 2014 and 2016 was some elections didn't go so well for them in our big cities. And so my point here today is that it seems astonishing to me that the purveyors of the argument of local control—the folks that told me year after year that the county judge knows better, the mayor knows better, the city councilman knows better because that's where the rubber meets the road—it's astounding to me that what has happened this session, last session, and indeed into 2015, is that notion of local control has eroded. They might as well just eliminate it from their party platform. I think you have a very good amendment.

RAMOS: Thank you, Representative Gutierrez. And I agree with that in that what's so interesting is that Texas is a state with 254 counties and there is no way one size would fit all in 254 counties, which is why local control is so important. My amendment would allow for that local democracy to choose and to elect what they want just as they've elected every single one of us here. I think by electing individuals to represent them and their desired interest in maintaining relationships with Planned Parenthood—it should be preserved. And individual citizens, Texans, should also take note of the individuals who have co-sponsored this legislation and are moving this legislation forward, because they are clear in speaking for you, the citizens in those counties, saying you do not want access to Planned Parenthood. And for that, we should grant them that—not give them access to Planned Parenthood—but not punish the rest of the citizens in our larger municipalities who have expressed clearly that they support the relationship with Planned Parenthood and support local democracies. I ask that you support my amendment.

[Amendment No. 11 was tabled by Record No. 1489.]

[Amendment No. 12 by Talarico was laid before the house.]

REPRESENTATIVE TALARICO: The last thing I thought I'd be doing on my 30th birthday is talking about abortion all day long. As many of you know, my specialty is not health care policy but education policy. That's why I'm bringing forward this amendment to exempt sex education programs from this bill. Today is a contentious day, but I know all of us share the goal of decreasing the number of unwanted or unplanned pregnancies and therefore decreasing the number of

abortions. The single best way to do that is through high quality, scientifically valid sex education programs. That's why this amendment exempts those programs from the bill. Hopefully, if we approach this issue as a public health problem rather than a political problem, we can ensure that we end this debate once and for all and I won't be here on my 40th birthday having the same conversation.

NOBLE: I move to table.

[Representative Noble moved to table Amendment No. 12.]

TALARICO: Again, members, I think if we're approaching this from an evidence-based standpoint, we know this is the single best way to accomplish our shared goal which is ensuring that we decrease the number of abortions in this state. So I hope we can all join together on a bipartisan basis to help solve this problem and stop trying to score points on the backs of Texas women.

[Amendment No. 12 was tabled by Record No. 1490.]

[Amendment No. 13 by Bucy was laid before the house.]

REPRESENTATIVE BUCY: This amendment—I'd like y'all to listen up because this goes to the heart of what we were told this bill is about. This amendment would add that in this bill the legislation would not apply to transactions if the local municipalities can certify that they held an election and the voters have approved the provision of a transaction by a simple majority. As with many topics, our local jurisdictions know what is best for our constituents and what resources there are to address them. While we elect local leaders to make these decisions on our behalf and they do so quite ably across our state, if we are not okay with allowing them to do their jobs, then we should send this decision to the local taxpayers. So what this does is it would allow the local taxpayers to decide what their local communities do in regard to this issue. If this bill is truly about protecting our taxpayers and if we believe in personal liberty, then we should allow our constituents to decide on where their tax dollars are spent. In the layout today, the bill's sponsor said that this is about protecting the local taxpayer. My amendment gives the local taxpayer the decision to decide.

RAMOS: Representative Bucy, is it correct that city councils and other governing boards of local jurisdictions engage in various contracts and transactions on behalf of their constituents?

BUCY: Yes, Representative, that is correct. We elect our local leaders to make all manner of decisions on our behalf just as we did in this body as we are all elected to make decisions on behalf of our constituents. Our cities and our counties engage in transactions and contracts all the time.

RAMOS: And this bill as written removes the power for a very specific type of transaction or contract, correct?

BUCY: That's correct. Today, what we are doing with this bill is we are singling out a very small type of contract or transaction in a very political way. At a time when health care in this state is abysmal with high rates of maternal mortality and

real barriers to getting needed care, we should not be making it harder, especially for underserved communities, to access health care simply to score political points. And that's what this bill would do.

RAMOS: And typically, if city council members or other elected officials do things their constituents don't like, are there any consequences to that?

BUCY: I mean, of course. We call it elections. If constituents are unhappy with their elected officials, then they can vote them out and ask them to find another job. We need to leave this to the local control, which is what we've all been talking about and what this body has preached for many, many years.

RAMOS: And your amendment would instead allow voters to say in the affirmative that they approve of the contracts or transactions that their local elected officials entered into on their behalf, correct?

BUCY: That's correct. This bill was stated to be about the local taxpayer. What this amendment would do—and I hope it will be favorable to the author because it's at the heart of being about the local taxpayer—it says they get to decide what their community wants to do in regard to this issue.

RAMOS: Now, do you believe that if the state is going to undermine local control in a very specific way for political reasons and not for reasons of improving the abysmal state of health care in Texas, that voters should have the right to correct that at the ballot box?

BUCY: I absolutely do. I think that is the role that we should let our voters have. We've seen many times this legislative session where we've passed bills that we're going to "take to the voters." This should be the same type of issue. Leave it at the local city, local county, to decide what's best. Those voters can decide for themselves.

NOBLE: I move to table.

[Representative Noble moved to table Amendment No. 13.]

BUCY: Members, in the layout of this bill the sponsor said that this is about protecting the local taxpayer. My amendment goes to the heart of protecting the local taxpayer. It says they get to decide. It doesn't put any middle man in there. The local voter can decide what they want in their community. This is about freedom. This is about representation of what we want in our own communities. And so I ask you to vote no to table. Let's make sure the people have a say. That's what this amendment does, so please vote no to table.

[Amendment No. 13 was tabled by Record No. 1491.]

[Amendment No. 14 by Zwiener was laid before the house.]

REPRESENTATIVE ZWIENER: Affiliates of abortion providers do not perform abortions. They provide health care services including contraception, cancer screenings, and anemia testing to members of the community. I know this because I have personally received those services. What my amendment does is it protects the original intent of the bill, which is not allowing local governments to contract with abortion providers. But my amendment strikes the language that

also prohibits them working with affiliates. And my amendment does this because your friends, your family, also have relied on these critical services. When I was 20, I had an abnormal pap smear. The organization that gave me that pap smear, that helped me monitor my health for the next several years until I was fully healthy again, was Planned Parenthood. Many of you have interacted with my daughter on the floor. My health care outcomes could have been different without access to that organization. My amendment will preserve access to health care for young women, low-income women, and women of color who often struggle to access those basic services. The bill in its current form cripples the ability of women's health care centers to provide these essential services and keeps our local communities from being able to partner with those who are most qualified to provide those services. My amendment, again, will only allow taxpayer transactions with affiliates. It's not enough to say that we support women's health and safety. Let's demonstrate it by voting for this amendment which will allow the effective and essential services already provided by women's health centers to continue.

NOBLE: I move to table.

[Representative Noble moved to table Amendment No. 14.]

HOWARD: I realize y'all are getting tired of this and want us to be quiet, but I'm just trying to figure out why we can't understand this here. So Representative Zwiener, you're talking about limiting this to just the health care services that have nothing to do with abortion. Just making sure that women get health care services, right?

ZWIENER: That is correct. If my amendment went onto this bill, this would still be a bill that would allow members to demonstrate that they don't support abortion.

HOWARD: No money—no money to abortion.

ZWIENER: No money to abortion but it would protect access to essential health care services that can be the difference between life or death for some women or the difference between continued fertility and her ability to be a mother in the future.

HOWARD: Well, I wanted to know if you knew this. The clinic that we're talking about—we know that we're talking about a lot of programs but the focus seems to be on the clinic here in Austin—did you know that they saw a total of 5,432 unduplicated patients this last year?

ZWIENER: I did not know that, but I am not surprised by that number.

HOWARD: And that they did—1,996 were provided birth control, and they did 12,885 STD tests with treatment, 418 cervical cancer screenings, and 495 clinical breast exams? And did you know that they provided approximately \$560,000 in health care to these women in the Central Texas area? Did you know that?

ZWIENER: That is tremendous. And as someone who personally knows the fear of being told that you are now at higher risk of cervical cancer, I am so grateful that they are offering those services to Texas women every single day.

HOWARD: And did you know that it's going to be very hard for these women to find the providers to fill the gap if they are not allowed to provide these services that they are currently providing?

ZWIENER: It is definitely incredibly difficult for folks to find access to services. I know when I was fresh out of college, making \$20,000 a year, and graduating in the middle of a financial recession, the only routine health care option I had that I could afford was a Planned Parenthood clinic that was able to offer those services on a sliding scale because of an agreement they had with the state I lived in.

HOWARD: So if our colleagues decided to vote with you for a change, instead of what's been going on here today, then they could be providing these services to women who need them to help them maintain their health so they can be productive taxpayers in our community and still know that they are not sending a single penny to abortions. Is that correct?

ZWIENER: That is correct. My amendment has nothing to do with abortion and upholds the original intent of the bill. But it allows us to protect those essential health services that are better for the functioning of our society as a whole and makes sure that Texas mothers are healthy and able to care for their children.

HOWARD: Thank you, Representative Zwiener.

ZWIENER: Members, please vote against the motion to table on this essential amendment.

[Amendment No. 14 was tabled by Record No. 1492.]

[Amendment No. 15 by Cole was laid before the house.]

REPRESENTATIVE COLE: This is an amendment aimed at assisting public health during a national disaster. This has nothing to do with abortion. I don't know how much money and how many bills we have passed out of this house trying to assist with Hurricane Harvey. During Hurricane Harvey, through the city and county and Planned Parenthood, certain services were rendered on SNAP by nobody else but Planned Parenthood. It is inconsistent to assume that we care about people and we took that oath to deliver to Texans and not support this type of amendment. Because what we have said thus far in this house—I'm not going to comment about the other chamber or what they do in New York or California—is that when Texans, regardless of race, regardless of religion—we don't ask if they're Baptist or if they're Catholic; we don't ask the three-year-old where his mother and father are—Texans and this house show up. So members, I ask you to join me in this amendment which makes a simple exception for national disasters.

C. TURNER: I think this is a very important amendment because many areas of our state are impacted by natural disasters throughout the course of any calendar year. You mentioned Hurricane Harvey. Obviously, that was devastating to our friends and neighbors on the Gulf Coast. But certainly in Central Texas where you live and in North Texas where I live, we deal with flooding, we deal with tornadoes, we deal with hailstorms—there's plenty of different disasters, wildfires, in many parts of the state. I wanted to just ask you, did you know that

after Hurricane Harvey that Planned Parenthood Gulf Coast began a Hurricane Harvey patient relief program in September of 2017 to serve those who were impacted by the storm and the associated flooding? Were you aware that they had done that?

COLE: No, Representative Turner, I was not, but what I am aware of is that Planned Parenthood delivers many services—HIV testing, blood pressure testing—that have absolutely nothing to do with abortions.

C. TURNER: Well, that's exactly right. And at that time after Harvey, Planned Parenthood offered vouchers for no-cost care that were redeemable at their six Houston-area health centers, along with personal care kits, Zika prevention kits, and a variety of other services. Again, as you say, nothing at all to do with abortion and all to do with health care for people who need it the most in really devastating times. So they have a track record of doing this. Your amendment, as I understand it, would preserve their ability to do these things in times of natural disasters.

COLE: Absolutely.

C. TURNER: Well, I think everybody should vote for your amendment.

NOBLE: I move to table.

[Representative Noble moved to table Amendment No. 15.]

COLE: Members, this is my first year of serving, and it has been some of the best months of my life because I have gotten to know people that don't necessarily share all of my values. And I know when the speaker called me 30 minutes before to give that prayer, my staff went nuts because they said, do you need me to write my prayer? And I said, "I'm Baptist. I don't need you to write my prayer." So I guess I'm telling all of y'all, I know a lot of y'all have beliefs based on your spiritual values, and I respect that. And consistent with those beliefs, I ask that you vote no on the motion to table.

[Amendment No. 15 was tabled by Record No. 1493.]

[Amendment No. 16 by Hinojosa was laid before the house.]

HINOJOSA: If the goal here is to reduce the amount of abortions that occur in the State of Texas, then we need to reduce the amount of unwanted pregnancies. And so what my amendment says is that it excludes from the bill taxpayer resources that provide for contraception distributions in areas with high repeat teenage pregnancies, with the intent of protecting access to the most basic of preventative reproductive health care for our younger, more vulnerable populations. This exemption is particularly important in this state where we experience one of the highest repeat teen pregnancy rates in the country. More young women in Texas become parents for the second or third time in their teenage years than in any other state in the nation, with 86 percent of those pregnancies being paid for by Texas Medicaid. These repeat births result in \$1.1 billion in health care expenditures to the state. Aside from the economic impact of teen birth, it is also proven to have an adverse health effect on both the young mothers and infants living in our state. Babies born to teen mothers are more likely to be premature

and have low birth weight. And there is data that demonstrates that teen mothers are at a higher risk of experiencing postpartum depression and feelings of isolation and loneliness. Access to the full range of contraception options, particularly long-acting reversible contraceptives to prevent teen pregnancy, helps our youth reach their goals and gives them a chance to have children when they are mentally and economically ready to do so. Although teen pregnancy rates have declined over recent years, our state will not continue to see this trend if we further limit access to preventative care. This amendment allows our local government to maintain the ability to partner with vital community agencies and organizations to ensure that programs aimed at providing community-based outreach and services continue to function.

NOBLE: I move to table.

[Representative Noble moved to table Amendment No. 16.]

ZWIENER: Representative Hinojosa, thank you so much for laying out this amendment and talking about some of your concerns that you're hoping to address. Do I understand correctly that your concern is that this legislation without your amendment may increase the rate of unplanned pregnancies here in Texas?

HINOJOSA: Yes, especially among Texas teens.

ZWIENER: And what tends to happen to abortion rates when unplanned pregnancy rates increase?

HINOJOSA: Well, women are desperate and oftentimes turn to abortion to not have that pregnancy, to not have a child.

ZWIENER: So your overall goal with this amendment is to try and decrease the number of women who are facing that tough choice regardless of what decision they end up making?

HINOJOSA: Absolutely. Decreasing unintended pregnancies decreases the rate of abortion. And if that's what we want to accomplish here, then this amendment makes sense to put onto the bill.

[Amendment No. 16 was tabled by Record No. 1494.]

[Amendment No. 17 by Minjarez was laid before the house.]

REPRESENTATIVE MINJAREZ: During the State of the State, Governor Abbott made protecting victims of sexual assault one of his top priorities. Following his lead, this body has endorsed and passed multiple pieces of legislation related to defending and protecting victims of sexual assault and rape. Many of you stood with Representative Neave, Howard, Button, and I as Representative Neave unveiled her sweeping sexual assault reform legislation. Together we stood before the State of Texas pledging to defend the victims of sexual assault and do everything we could to ensure these vulnerable women and men have access to necessary resources to heal and seek justice. In addition, many of you have authored, joint authored, co-authored, or sponsored the other pieces of related legislation that have been introduced. Members, this bill

jeopardizes all of this work by not allowing state agencies or local governments to partner with certain community organizations because they are simply affiliated with abortion providers. We are greatly limiting the ability for these government entities to implement these important pieces of legislation. If we are to truly commit to the victims of sexual assault and fulfill our promise to protect them, then we must allow governmental agencies to contract with the organizations best suited to do this important work. This amendment would exempt transactions for services related to SANE exams. Undergoing a SANE exam takes a lot of courage and bravery. These exams bring back unimaginable painful memories. However, the evidence they provide is vital to a criminal investigation. By limiting the organizations that can receive funding to offer these exams, we are creating unnecessary and cruel barriers to healing and justice. Members, I urge you to honor the pledge we made to these victims and vote yes on this amendment.

REPRESENTATIVE BERNAL: Representative, thank you for this amendment and for that layout. Just for the members again, can you summarize exactly what this amendment aims to do and what a vote for or against would mean?

MINJAREZ: We need to support this particular amendment. The house, the leadership of the State of Texas, we made a vow to protect victims of sexual assault, to ensure their rape kits are processed on time and accurately, and to ensure justice. This amendment ensures that this happens. I'm afraid this bill is going to affect that. So we need to put our money where our mouths are at. Vote for this amendment. Don't shortchange these victims.

[At 5:26 p.m., the house stood at ease. The speaker called the house to order at 8:21 p.m.]

[Amendment No. 17 was withdrawn.]

[Amendment No. 18 by Ramos was laid before the house.]

RAMOS: My amendment is an amendment that specifically states that this section does not apply to taxpayer resource transactions entered by a political subdivision of this state in which 10 percent or more of the population is uninsured. We are the uninsured capital of the country. As of 2018, Texas has an uninsured rate of 19 percent. It's unfortunate that the author of this bill cannot speak to the bill, but I'll speak to you about our uninsured rates and how Planned Parenthood has helped us. The uninsured rate of 19 percent—this is both the biggest number, which is 4.7 million people, and the highest percentage of people in the nation. Texas opted not to expand Medicaid, meaning that there is no affordable insurance for working class people below the poverty line. This accounts for one-third of the uninsured population. This bill would specifically and directly affect this uninsured population. I myself was an individual recipient of Medicaid who has used the resources of Planned Parenthood. Women are more likely to be uninsured than men, so this bill is specifically an attack by women on women. Protecting Planned Parenthood will protect women. Women have complex reproductive health care needs that go unmet without access to health care. What my republican counterpart Ms. Noble wants to do is really directly

affecting these working class women. Although she refuses to speak it, working class women every day will tell you that they have benefitted every day directly from Planned Parenthood. In knocking on doors, I had an individual tell me Planned Parenthood was able to identify her breast cancer. It saved her life. This is exactly what we're doing in affecting these individuals.

Almost 30 percent of women aged 18 to 44 are uninsured, and only 16 percent of publicly funded women's health services needs are met—only 16 percent. In every single one of our counties we have uninsured needs that are not being met. Fifty-five percent of women reported at least one barrier to accessing reproductive health care services including cervical cancer screening or family planning services, 37 percent of women reported two or more barriers, and 25 percent reported three or more barriers to accessing affordable health care. Women reporting three or more barriers to accessing regular reproductive health care services were more often young—the women in our communities ages 18 to 29—many of them poor, less educated, unmarried, women of color, and from working class families. And a lot of these individuals also did not have access to the Internet, so they were not able to explore other resources that were available to them. In 2016, the cost of lower lifetime earnings and worse health for uninsured Texans was \$57 billion. That is a true cost to taxpayers—\$57 billion for individuals that did not have insurance coverage. Barring any change in policy, that cost will rise to \$178.5 billion by 2040.

Uninsured people are more likely to die from health-related problems. This bill would directly impact those uninsured communities who will die—listen, who will die—because they don't have access to health care. Health clinics such as Planned Parenthood provide preventative health care that can diagnose and treat diseases such as cervical cancer and breast cancer. With the high mortality rate which is directly linked to the denial of access to Planned Parenthood, Texans cannot afford to take away affordable accessible health care resources from women. So members, I ask that you support my amendment. And it's not my amendment—it's not about me but it's about those individuals in your community who do not have access to health care, who every day are finding it harder and harder to pay those bills, to take a day off to go to the doctor, to be able to access what they need just to live so they can continue to support their family. And it's unfortunate that we continue to chip away at these basic necessities of human dignity that we are denying our working class people—that we are all denying. So we've got to fight. We've got to continue to fight for this uninsured population. So my amendment is asking that this bill be exempt from those counties with 10 percent or more of uninsured populations.

REPRESENTATIVE CALANNI: Ms. Ramos, are you aware that at Planned Parenthood they provide pap smears?

RAMOS: Yes, I was aware.

CALANNI: Are you aware that pap smears are helpful in identifying cervical cancer?

RAMOS: Yes.

CALANNI: Are you aware that cervical cancer is one of the silent killers of women?

RAMOS: Yes.

CALANNI: Did you know that when I didn't have health insurance, I had to push off my pap smear for a year?

RAMOS: No, I didn't.

CALANNI: Did you know that when I finally went back, when I had health insurance and access to that, that I had cervical cancer?

RAMOS: No, I did not.

CALANNI: Don't you think it would be a good thing that we have more access for women to address these types of issues and to make sure that they don't die of cervical cancer?

RAMOS: I do, Representative Calanni, and I'm sorry that things like this affected you personally as I'm sure it does millions of others of our constituents and residents of the State of Texas.

NOBLE: I move to table.

[Representative Noble moved to table Amendment No. 18.]

RAMOS: Members, according to the author, we're about saving. This is about saving taxpayer dollars. If we really want to do that, then we will protect those communities with uninsured individuals. I ask that you support my amendment and vote against the motion to table.

[Amendment No. 18 was tabled by Record No. 1495.]

[Amendment No. 19 by Ramos was laid before the house.]

RAMOS: Members, my amendment excludes counties with particularly high rates of teenage pregnancy from being affected by this piece of legislation. Many of you know that I was a teenage mother, and I've expressed to you many times that I used the services and the health care that was provided through Planned Parenthood. And because of my access, because of the resources provided to me through Planned Parenthood, I was able to prevent a repeat teenage pregnancy. Unfortunately, that wasn't the case for many of the young girls in my community. But because of Planned Parenthood that guided me, that taught me what I needed to know so that I could make better decisions, I was able to prevent a repeat teenage pregnancy. Although I was a high school dropout and did not know what lay ahead and what lay in my future, this access to Planned Parenthood empowered me to continue and fight for the little girl I had in my hands at 15—to fight for her and to continue to study, go to school, and fight for my family. So my amendment excludes those counties with high rates of teen pregnancy. Texas has some of the highest rates of teen pregnancy in the nation. We are the fourth in teenage pregnancies nationwide. Dallas, the community that I represent, has extremely high levels of teenage pregnancy. And this is affecting all of you because teenage pregnancy is not just about the mother and the child, but those individuals then are relying on you furthermore for additional support. I relied on

you, taxpayers of Texas. I was on Medicaid. I was on food stamps. But it was a short period of time because of what Planned Parenthood provided for me so that I could study, work, and not have to take care of another child at home but continue to work and become a taxpayer myself. But for Planned Parenthood, I would have never been able to pay taxes in the future or even be here with you today.

The estimated annual Texas Medicaid costs of repeat teen births is about \$14 million—\$14 million—and that money comes from our tax base, which is not a fiscally responsible policy. If we're talking about being fiscally responsible, then we would prevent this additional extended expense and provide access to these services to our young individuals, our young adolescents. Rates across Texas counties vary significantly, with as many as 10 percent of adolescent girls giving birth each year in some counties. And let me tell you, as a 15-year-old girl with a baby, I had no idea what I was doing. It was one of the scariest times in my life. I didn't know if I was going to eat the next day because I was so scared. It was one of the darkest moments, and it took me almost two decades to crawl out of that. When we deny these young teen mothers, these young adolescents, access to contraception or these young teenage mothers resources to prevent a repeat teenage pregnancy, we are contributors—we are almost accomplices—in establishing that negative dark space for an individual and elongating the time that she crawls herself out of that. Early and unintended childbearing can make it harder to complete an education, to form a strong workforce, or to build healthy families.

Nationwide, including Texas, we are seeing a decline in teen birth rates thanks largely to better contraception use and access to effective and long-lasting forms of contraception. I couldn't afford contraception at all, but Planned Parenthood provided me those resources, and they're doing that every day for individuals in every single one of our communities. I'm begging you. Our teenagers need access to accurate sex education, affordable and effective contraceptive care, and should both of those fail, access to quality maternal health care as well is exactly what we need. As a result of successful efforts to prevent unintended births among teens, Texas saved \$418 million in public spending in 2015 alone, and we need to continue on that positive trajectory. More spending on publicly funded contraception as well as other supportive care would amount to \$246 million in annual public savings each year. And you will be telling those adolescents and those young teenage mothers in your communities that you believe in them, that they have potential to strive for something better, and that we're not damning them to a life of darkness. So I ask, for the teenage mothers in your community, the ones that exist there now and for years to come, that you support my amendment.

NOBLE: I move to table.

[Representative Noble moved to table Amendment No. 19.]

RAMOS: For the young girls in your community—before you push that button red or green, think about those little young girls at the bus stop, at the grocery store, standing in line with their food stamp card. Think about whether you want

to change her trajectory and invest in her and her children and your community or you want to dismiss her and say she is a waste, her life is a waste, and you don't care about investing in her or making your community better and stronger. So I ask that you support our teen mothers, our young adolescents, and that you support my amendment.

[Amendment No. 19 was tabled by Record No. 1496.]

[Amendment No. 20 by Ramos was laid before the house.]

RAMOS: This amendment adds that this section does not apply to counties that have a population of more than 700,000. So that would exclude counties represented by the representatives who are supporting this legislation, such as different counties throughout the state. Based on the representatives who have authored and co-authored this bill, this seems to be primarily a concern of specific counties and rural counties of those individuals who represent them. By excluding counties with populations of more than 700,000, we ensure that the will of the people is carried out in this legislation. Texas has an average poverty rate of 14.7 percent, which represents over 4.2 million in Texas. Counties such as McAllen, Edinburg, Mission, Brownsville, and Harlingen have some of the highest poverty rates. This bill would further advance that by denying some of these individuals access to affordable health care.

In 2017, women working full-time, year-round jobs here in Texas were making 81.4 percent of what men were paid. Financial instability affects women disproportionately, their children, the individuals in your community, and the families in your community. And so this amendment would exempt those communities. The individuals who are supporting this legislation, if their counties want it, then we should respect that. But this would apply to counties as Parker and Wise and Montgomery and Angelina and Waller and Henderson and Kaufman. Yes, this legislation could move forward in those counties, but we still need to continue to provide protection for individuals who choose representatives that want to ensure that they have access to health care. Lower income women are more likely to be uninsured. Although they would benefit from access to health care services that serve uninsured populations, if their representatives feel that they would like to save taxpayer money by not partnering with the health care organizations that offer critical services, this amendment would allow for the spirit of the bill to be carried out in those specific counties but would also protect the taxpayers in those counties who have fought repeatedly to protect access to uninsured health care.

NOBLE: I move to table.

[Representative Noble moved to table Amendment No. 20.]

RAMOS: The author of this bill opened the bill talking about honoring taxpayer values, prioritizing government spending, and using limited resources in a targeted, better way. She said the focus should be on true health care and taxpayer protection. Well, my amendments would have all and will all address those specific issues that were discussed in the opening of this bill. If we want to honor taxpayer values, then let's do that. Let's honor taxpayer values where individuals

who have elected representatives that support access to affordable health care are also respected. Because there are taxpayers in those counties, too, and their taxpayers believe in having access to affordable health care. If we want to prioritize government spending, we should do that, which means that we would provide access to affordable health care to these women because this is what that's about—access to affordable health care. And that's additional government spending that we don't have to spend on public assistance for these individuals when we are denying them access to contraception. We want the focus to be on true health care? Well, then we would provide access to health care and not deny it through this legislation. And we would do something intentional, focused, and directed to stop from being the uninsured capital of the U.S. and move forward to being a state that believes in its people, that believes in its citizens, that believes in its taxpayers and saying we believe in you, we will invest in you, and continue to provide access to affordable health care so that you can not only lift yourself up but lift your family and communities for generations to come.

[Amendment No. 20 was tabled by Record No. 1497.]

[Amendment No. 21 by Ramos was laid before the house.]

RAMOS: This amendment strikes the provision stating that the attorney general can recover attorney's fees and costs incurred by bringing any frivolous litigation against an abortion provider or abortion provider affiliate.

NOBLE: I move to table.

[Representative Noble moved to table Amendment No. 21.]

RAMOS: Let's protect taxpayers. I ask that you support my amendment.

[Amendment No. 21 was tabled by Record No. 1498.]

[Amendment No. 22 by Biedermann was laid before the house.]

BIEDERMANN: My amendment is very clear. The legislature finds that a taxpayer-resourced transaction between a governmental entity and an abortion provider or affiliate of an abortion provider does not constitute a legitimate public purpose.

ISRAEL: Mr. Biedermann, would you explain the impact of this amendment? What impact it has if we were to pass it?

BIEDERMANN: Well, if we pass it, a governmental entity—

ISRAEL: Can you speak up, please? Because I think this is pretty significant.

BIEDERMANN: Sure. This bill is about taxpayers paying for abortion providers and the desire that we don't want that to happen. So if an abortion provider does not constitute a legitimate public purpose, then taxpayer funds should not go toward it.

ISRAEL: What is the connection between your amendment and the bill?

BIEDERMANN: The bill is about taxpayer funds going toward abortion providers. My amendment is that abortion providers are not a legitimate public purpose so they shouldn't take public funds.

ISRAEL: So I'm concerned that your amendment may not be constitutional if abortion now is legal. I'm concerned about the legal impact of this amendment.

BIEDERMANN: Okay.

ISRAEL: Are you concerned with the legal impact of your amendment?

BIEDERMANN: No, I'm not.

ISRAEL: Do you think your amendment is in line with the United States Supreme Court ruling that abortion is legal?

BIEDERMANN: My amendment has nothing to do with the legality. It has to do with whether it is a public purpose.

ISRAEL: Mr. Biedermann, are you creating a civil liability for the person that does perform an abortion?

BIEDERMANN: No.

ISRAEL: How about criminal liability for the person that does perform?

BIEDERMANN: No. I move adoption.

[Amendment No. 22 was withdrawn.]

[Amendment No. 23 by Stickland was laid before the house.]

[Representative Thierry raised a point of order against further consideration of **SB 22** under Rule 8, Section 1(a)(1), of the House Rules on the grounds that the bill caption does not provide reasonable notice of the subject of the bill. The point of order was withdrawn.]

[Amendment No. 23 was adopted by Record No. 1499.]

REPRESENTATIVE FARRAR: **SB 22** disguises itself as an anti-abortion bill, but this legislation is so much more than that. **SB 22** is about cutting off access to health care to people who are uninsured and underinsured and will actually have the result of driving up the abortion rate by cutting off birth control services. Some of you may not like Planned Parenthood, but whether you like it or not, scores of Texans seek out Planned Parenthood for quality health care. As we all know, Texas has the highest rate of uninsured people in the nation. Planned Parenthood has helped fill some of that gap. I guarantee you can find someone in each and every part of Texas that has gone through the front door of a Planned Parenthood facility for their health care. Many women go to Planned Parenthood for routine checkups, access to simple birth control, and preventative gynecological care. Local governments that choose to work with Planned Parenthood are actively seeking to help their citizens access health care that they desperately need and are unable to afford elsewhere due to Texas' notable lack of affordable and comprehensive health coverage. Even then, some women continue to receive care from Planned Parenthood after they have access to health clinics solely because of the reliability and convenience of the clinics.

If Texas wants to actually prevent abortions, then we need to prevent unwanted pregnancies. The Guttmacher Institute published a report recently that shows that prevalent access to birth control, not stringent restrictions on abortion,

has reduced the rate of abortions around the world. Planned Parenthood is a leader in providing women with vital services beyond, such as breast cancer screenings, ovarian cancer screenings, pap smears, and much more. Wider use of birth control by both men—y'all got that, members? Men. I'll say it again—by both men and women will reduce the abortion rate. To cut off the premier provider of birth control services is to ensure a rise in the unintended pregnancies and as a consequence, the abortion rate. Substitutes for Planned Parenthood such as Texas' Healthy Texas Women or Family Planning Program have not been able to provide the same quantity or quality as Planned Parenthood does. If these programs are underperforming now with the present patient caseload, adding the patients that cities and counties and other entities were serving through contracting with Planned Parenthood will only make matters more critical. Targeting this organization for one reason is shortsighted to the health care needs of women, especially in light of the maternal mortality crisis in Texas.

Instead of closing the doors to health care access, this body should be promoting responsible parenthood. When grown-ups have an unintended pregnancy and are forced into parenthood, it's the children who pay the price for these parents who are not capable or willing to be good parents at that time or ever in many cases. Children need parents who are 200 percent up for the lifelong task, and we've seen the results of what happens when they're not in what we've seen this session and sessions previous and in our constituencies with the CPS caseload crisis. The ability to prevent unintended pregnancies through birth control can also be crucial to keeping women and families out of poverty by limiting or putting off childbearing. Women can and do pursue careers that lift their families out of poverty when they're not saddled with pregnancy after pregnancy from just ignorance and from inability to access what's available to them. So those that oppose welfare should also be opposing this bill.

**SB 22** is a deliberate disregard for women's health. The State of Texas cannot keep playing politics with women's health. You really don't need this vote for your primary. Let your work here speak for itself. But if this is about votes, then consider that you can win over voters by providing women and families reliable and accessible resources. I urge you to listen to the droves of women who bravely came to testify in support of the services that Planned Parenthood and other affordable health clinics provide. Reproductive health care should not be a partisan issue. Forget ideology or party lines and vote in the interest of women's health care services. These people are your constituents, your neighbors, and maybe your friends, whether they vote in a republican primary or not. I urge you to vote against **SB 22**.

REPRESENTATIVE ROSENTHAL: For me today, this is about access to health care. Today is about addressing our severe problem in Texas with maternal mortality rates and screaming out-of-control uninsured rates. Mothers and children die in this state because of lack of access to health care. Just trying to continue with their families, they die. For me, today is not about scoring political points. Today is about defending our communities and standing up for their rights—for their rights and for their well-being. It's about standing up for the people in our state who are hurting and in need. It's about saving the lives of

women and infants in our state. Folks like me have been getting up on this microphone all day today. It's because we care about the people of our state. We care about our constituents. I know all of you care about all of your constituents—that's why we're here. That's why we give our time and our blood and our energy.

This group that I'm standing with, we shout out over and over again about mortality rates, about women and infants dying in this state, about the uninsured rates. We have the highest uninsured rate in the nation. We have the highest maternal mortality rate in the nation. That means our mothers die giving birth. And even though that number is high, when you look at communities of color, the number doubles. It just makes me want to cry. So it's incredibly frustrating when we say that women and children in the State of Texas are dying for lack of access to health care and that seems to fall on deaf ears. What can we do to reduce this problem and save the lives of our Texas mothers and children? I don't even care about this particular bill, although I think this is a step in the wrong direction. I want to know.

Members, this bill will not prevent a single abortion. It will not take a single penny away from an abortion service. The state is already prohibited from spending money on abortion services. Instead, this bill directly attacks these affiliates, the very places that provide affordable health care for women and for men, too. Men go to these places as well. Especially in areas where uninsured rates are particularly high, where maternal mortality rates are particularly high, this will take money directly out of those providers. These affiliates provide cervical cancer screening, prenatal health care, wellness screening, and a bunch of other family planning services. Members, these are the various services that will help reduce abortion rates in Texas. These are the services that will reduce infant and maternal deaths in this state. You reduce those issues by putting resources into it, not taking resources out. If we want to reduce the number of abortions in this state, the first thing we should do is increase the funding to these affiliate providers. Members, I urge you to vote against this bill and instead let's put our energy and our innovation toward saving our most at-risk Texans starting with the women and the infants. No matter how you try to sugarcoat it, this bill will only result in reduced access to health care and continued high infant and maternal mortality rates in our state. That's why I urge you to vote no today.

ZWIENER: Members, I am an idealist, and I hope that we as a body always strive to prioritize what works over intangible ideas, that we choose what makes sense for Texans. Members, this bill doesn't make sense. I understand that the goal is to prevent taxpayer dollars from being used for abortion. However, that is already current law. Instead, what this bill will actually do is eliminate access to critical health care services for thousands of Texans who deserve better. And in the long run, this bill will drive up health care costs for all Texans. Affiliates provide testing for Zika virus, access to contraception, and screenings for cancer. Members, I myself have received those cancer screenings and treatment for cervical dysplasia and HPV. I am what a Planned Parenthood patient looks like. I received treatment that protected my future fertility and treatment that ensured today I could enjoy my beautiful daughter.

Members, this bill will reduce Texans' access to these critical services, and there just aren't enough providers to fill that gap. And perversely, this bill may actually increase abortions. Less access to contraception means more unwanted pregnancies and therefore more abortions. No taxpayer dollars currently go to abortions. I'll say that again—no taxpayer dollars go to abortions. This bill can't change that because it's already law. This bill only hurts people like the young woman I was a decade ago when I relied on an affiliate to protect my health and fertility. Members, I ask you to do what makes sense. Vote no and choose to protect Texans' access to health care. Vote no and put what works over political grandstanding.

[**SB 22**, as amended, was passed to third reading by Record No. 1500.]

