

(WI-01 Message #1 Backup)

Steil personally helped overturn Roe v Wade, which led to a near-total abortion ban in Wisconsin without any exceptions for rape, incest or the woman's life. He called the Dobbs decision "a great victory", and he is backed by groups pushing a national abortion ban and government monitoring of pregnancies.

Steil Personally Helped Overturn Roe V Wade, Which Led To A Near-Total Abortion Ban In Wisconsin Without Any Exceptions For Rape, Incest Or The Woman's Life

Steil Signed On To An Amicus Brief In Dobbs V. Jackson Asking The Court To Overturn Roe V. Wade And Planned Parenthood Of Southeastern Pennsylvania V. Casey. “Amici suggest that the Court’s analysis of Congress’ federal Partial-Birth Abortion Act in Gonzales is instructive, insofar as the record created during trial and discovery resulted in a well-informed opinion that balanced all interests. Gonzales addressed many of the same claims made by Respondents herein, and the interests of the State Petitioner, without regard to the viability line, in spite of the fact that the prohibition in question applied both before and after viability. If the Court construes Roe and Casey as prohibiting the assertion of vital state interests in regulating abortion—such as protecting women from dangerous late-term abortions, safeguarding persons in the womb from being aborted based on Down syndrome or genetic anomaly, and protecting the public from barbaric medical procedures—these precedents should be reconsidered and, where necessary, wholly or partially overruled.” [US Supreme Court, Dobbs v. Jackson, Brief Amici Curiae, [7/29/21](#)]

Steil Released A Statement Saying Dobbs Vs. Jackson Decision Overturning The Constitutional Right To An Abortion Was A “Great Victory.” “Today, Congressman Bryan Steil (WI-01) released a statement following the U.S. Supreme Court’s decision on the Dobbs vs. Jackson case. ‘I’m proudly pro-life. Today’s decision will bring this important issue back to the states. This is a great victory for life.’” [Rep. Bryan Steil, press release, [6/24/22](#)]

Wisconsin’s Existing Abortion Ban Was Passed In 1849 And Made No Exceptions For Cases Of Rape, Incest, Or The Mother’s Health. “All 22 Republican members of the state Senate voted against repealing Wisconsin’s 1849 abortion ban Wednesday, marking the first floor vote on tossing the 174-year-old abortion law since Roe vs. Wade was overturned and it once again took effect. [...] The 1849 law, which had been unenforceable under Roe, outlaws almost all abortions in Wisconsin. It includes a vaguely defined exception for an abortion that is deemed medically necessary to save the mother’s life, but does not make exceptions for cases of rape, incest or the mother’s physical or mental health.” [Cap Times, [6/28/23](#)]

- **Wisconsin’s 1849 Abortion Bill Was Unenforceable Under Roe V. Wade But Took Effect After The Supreme Court Overturned The Constitutional Right To An Abortion.** “All 22 Republican members of the state Senate voted against repealing Wisconsin’s 1849 abortion ban Wednesday, marking the first floor vote on tossing the 174-year-old abortion law since Roe vs. Wade was overturned and it once again took effect. [...] The 1849 law, which had been unenforceable under Roe, outlaws almost all abortions in Wisconsin. It includes a vaguely defined exception for an abortion that is deemed medically necessary to save the mother’s life, but does not make exceptions for cases of rape, incest or the mother’s physical or mental health.” [Cap Times, [6/28/23](#)]

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...And He Is Backed By Groups Pushing A National Abortion Ban And Government Monitoring Of Pregnancies

Bryan Steil Was A Member Of The Republican Study Committee. According to the Republican Study Committee, Bryan Steil was a member. [Republican Study Committee, accessed [6/15/23](#)]

- **The RSC Fiscal Year 2025 Budget Endorsed The Life At Conception Act.** “Rep. Alex Mooney’s (R-WV) Life at Conception Act, which would provide 14th amendment protections at all stages of life.” [Republican Study Committee, [3/20/24](#)]
- **Rewire: The Life At Conception Act “Would Effectively Ban Abortion With No Exception For Rape, Incest, Or To Save The Life Of The Pregnant Person.”** “H.R. 616 would grant equal protection under the 14th Amendment to the Constitution of the United States for the right to life of each born and ‘preborn’ human person. [...] It would effectively ban abortion with no exception for rape, incest, or to save the life of the pregnant person. It would also ban birth control pills, IUDs, and emergency contraception. In addition, it would eliminate certain medical choices for women, including some cancer treatments and in vitro fertilization.” [Rewire, [9/28/19](#)]

Steil Had A Nearly 90% Score From Heritage Action Fund. [Heritage Action, accessed [9/7/24](#)]

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Rep. Bryan Steil

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REPUBLICAN | WISCONSIN DISTRICT 01

SESSION SCORE: **89%** | LIFETIME SCORE: **86%** | AVERAGE HOUSE REPUBLICAN: **89%**

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- **The Week: “Project 2025 Is The Brainchild Of A Conservative Think Tank Called The Heritage Foundation.”** “While the plan has not gained significant amounts of traction in the national news media, Project 2025 is the brainchild of a conservative think tank called the Heritage Foundation. The foundation is collaborating with at least 80 other conservative groups to spearhead an effort to ‘rescue the country from the grip of the radical left,’ with a ‘governing agenda and the right people in place, ready to carry this agenda out on day one of the next conservative administration,’ according to the Project 2025 website.” [Week, [2/26/24](#)]
- **Project 2025 Called For Expansive Government Tracking Of “Spontaneous Miscarriage; Treatments That Incidentally Result In The Death Of A Child (Such As Chemotherapy); Stillbirths; And Induced Abortion.”** “The word ‘abortion’ appears 199 times in Project 2025. The playbook includes an expansive array of suggestions of ways the government should regulate pregnancy and abortion, including:
 - Removing emergency contraception from the list of preventive services insurers must cover under the Affordable Care Act
 - Calling on the FDA to rescind its approval of ‘chemical abortion drugs’ such as

mifepristone • Using the Comstock Act to make it illegal to mail abortion medication • Revoking Medicaid funds from states that require private insurance policies to cover abortions • Prohibiting hospital emergency rooms from providing an abortion in order to save a woman's life • Conducting expansive government tracking of every instance of 'spontaneous miscarriage; treatments that incidentally result in the death of a child (such as chemotherapy); stillbirths; and induced abortion.'" [Bloomberg, [7/11/24](#)]

- **Project 2025 Called For All States To Report “How Many Abortions Take Place Within Its Borders, At What Gestational Age Of The Child, For What Reason, The Mother’s State Of Residence, And By What Method,” Or Lose Federal Funding.** “The CDC’s abortion surveillance and maternity mortality reporting systems are woefully inadequate. CDC abortion data are reported by states on a voluntary basis, and California, Maryland, and New Hampshire do not submit abortion data at all. Accurate and reliable statistical data about abortion, abortion survivors, and abortion-related maternal deaths are essential to timely, reliable public health and policy analysis. Because liberal states have now become sanctuaries for abortion tourism, HHS should use every available tool, including the cutting of funds, to ensure that every state reports exactly how many abortions take place within its borders, at what gestational age of the child, for what reason, the mother’s state of residence, and by what method. It should also ensure that statistics are separated by category: spontaneous miscarriage; treatments that incidentally result in the death of a child (such as chemotherapy); stillbirths; and induced abortion. In addition, CDC should require monitoring and reporting for complications due to abortion and every instance of children being born alive after an abortion. Moreover, abortion should be clearly defined as only those procedures that intentionally end an unborn child’s life. Miscarriage management or standard ectopic pregnancy treatments should never be conflated with abortion. Comparisons between live births and abortion should be tracked across various demographic indicators to assess whether certain populations are targeted by — 456 — Mandate for Leadership: The Conservative Promise abortion providers and whether better prenatal physical, mental, and social care improves infant outcomes and decreases abortion rates, especially among those who are most vulnerable.” [2025 Mandate for Leadership, Pg 455, accessed [7/23/24](#)]
- **Project 2025 Wanted To Enact The Ensuring Accurate And Complete Abortion Data Reporting Act Of 2023 Which Would Have Required States To Report Abortions, In Order To Receive Federal Medicaid Payments.** “The Ensuring Accurate and Complete Abortion Data Reporting Act of 20239 would amend title XIX of the Social Security Act and Public Health Service Act to improve the CDC’s abortion reporting mechanisms by requiring states, as a condition of federal Medicaid payments for family planning services, to report streamlined variables in a timely manner.” [2025 Mandate for Leadership, Pg 455, accessed [7/23/24](#)]
- **Project 2025 Would Remove Protections To Protect The Personal Information Of People Who Receive Reproductive Care.** “OCR should withdraw its Health Insurance Portability and Accountability Act (HIPAA) guidance on abortion. OCR should withdraw its June 2022 guidance that purports to address patient privacy concerns following the Dobbs decision but is actually a politicized statement in favor of abortion and against Dobbs. HIPAA covers patients in the womb, but this guidance treats them as nonpersons contrary to law. The guidance is unnecessary and contributes to ideologically motivated fearmongering about abortion after Dobbs.” [2025 Mandate for Leadership, Pg 455, accessed [7/23/24](#)]

Steil Had An A+ Rating From SBA List. [SBA List, accessed [9/7/24](#)]

118th Congress (Current term)



Rep. Bryan Steil

WI-01 (Republican)

SBA Rating:

A+

Rep. Steil has stood up against the ever-growing pro-abortion agenda of the Biden-Harris administration and the radical bureaucrats who are actively working to expand abortion access, resources, and funding. Rep. Steil has voted consistently to defend the lives of the unborn and infants. This includes stopping hard-earned tax dollars from paying for abortion, including abortion travel expenses, whether domestically or internationally, and pushing back on the Biden-Harris administration's extreme

[SBA List, accessed [9/7/24](#)]

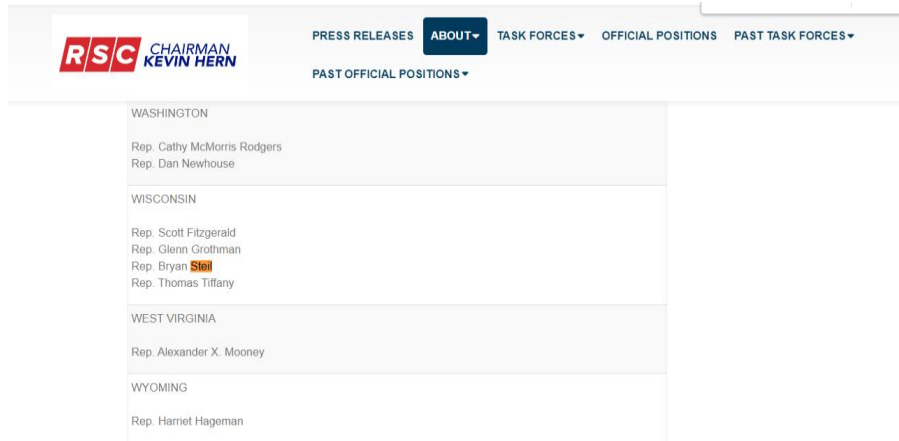
- **SBA's List Endorsed The MOMs Act.** "The MOMS Act is endorsed by Susan B. Anthony Pro-Life America, Americans United for Life, March for Life Action, National Right to Life Committee, and the Family Policy Alliance." [Senator Katie Britt, Press Release, accessed [9/7/24](#)]
- **MOMS Act Would Serve As A Federal Database To Collect Data On Pregnant Women.** "Katie Britt, the Republican US senator from Alabama best known for delivering a widely ridiculed State of the Union speech in March, marked the run-up to Mother's Day on Sunday by introducing a bill to create a federal database to collect data on pregnant people. The More Opportunities for Moms to Succeed (Moms) act proposes to establish an online government database called "pregnancy.gov" listing resources related to pregnancy, including information about adoption agencies and pregnancy care providers, except for those that provide abortion-related services." [The Guardian, [5/11/24](#)]
- **SBA List's Mission Was To End Abortion.** "SBA Pro-Life America exists to end abortion and the destruction of unborn human life." [SBA List, accessed [9/7/24](#)]

(WI-01) Message #2 Backup

Steil is part of a right-wing group that is pushing for dramatic cuts and changes to Social Security and Medicare, including raising the retirement age for Social Security; cutting benefits for seniors; and privatizing Medicare, ending the program as we know it. The Project 2025 plan from Steil's right-wing allies weakens Medicare and raises prices on prescription drugs for seniors.

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2023: Steil Was A Member Of The Republican Study Committee (RSC). [Republican Study Committee, Accessed [6/14/23](#)]



[Republican Study Committee, Accessed [6/14/23](#)]

- **Steil: He Was “Proud To Be A Member Of The Republican Study Committee.”** “I’m proud to be a member of the Republican Study Committee. Republican Study Committee’s National Security Strategy addresses our threats abroad. My policy to hold Iran accountable and prevent its terroristic activity is included in our strategy. Read more about it.” [Congressman Bryan Steil, Facebook, [9/20/20](#)]



[Congressman Bryan Steil, Facebook, [9/20/20](#)]

- **The Republican Study Committee Budget Would Implement A Premium Support Model For Medicare.** “To achieve this, the RSC budget would implement a premium support model where private plans would compete with a federal Medicare plan (the ‘Fed Plan’) that would offer the traditional Medicare benefits received through Part A, B, and D.” [Republican Study Committee, Fiscal Year 2024 Budget, [6/14/23](#)]
- **Premium Support Models Would Require Beneficiaries To Pay Higher Premiums Or Face Fewer Benefits.** “In areas where Medicare incurs relatively high costs, the amount of the premium-support payment would equal the cost of a relatively inexpensive private plan, and beneficiaries would have to pay higher premiums to participate in traditional Medicare. In areas with relatively low Medicare spending, beneficiaries who wanted to enroll in a private plan would face higher premiums or fewer benefits, or might find that no private plan was available. [...] The vouchers would purchase less coverage with each passing year, pushing more costs on to beneficiaries. Over time, seniors would have to pay more to keep the health plans and the doctors they like, or they would get fewer benefits.” [Center On Budget and Policy Priorities, [3/28/12](#)]
- **Premium Support Models Shifted Costs Onto Beneficiaries.** “In areas where Medicare incurs relatively high costs, the amount of the premium-support payment would equal the cost of a relatively inexpensive private plan, and beneficiaries would have to pay higher premiums to participate in traditional Medicare. In areas with relatively low Medicare spending, beneficiaries who wanted to enroll in a private plan would face higher premiums or fewer benefits, or might find that no private plan was available. [...] The vouchers

would purchase less coverage with each passing year, pushing more costs on to beneficiaries. Over time, seniors would have to pay more to keep the health plans and the doctors they like, or they would get fewer benefits.” [Center On Budget and Policy

- **The RSC Fiscal Year 2025 Budget Proposed Increasing The Retirement Age For Social Security Benefits.** “For instance, the RSC Budget would make modest changes to the primary insurance amount (PIA) benefit formula for individuals who are not near retirement and earn more than the wealthiest PIA benefit factor. It would also make modest adjustments to the retirement age for future retirees to account for increases in life expectancy. Finally, for these individuals, it would limit and phase out auxiliary benefits for high income earners.” [Republican Study Committee, [3/20/24](#)]
- **Raising The Social Security Age Even By Three Years Would Cut Currently Scheduled Benefits By Nearly 20%.** “The last major Social Security overhaul, in 1983, gradually raised the age to 67, effectively cutting benefits by 13 percent. Now there is renewed talk of moving the age to 70, which would effectively cut currently scheduled benefits by nearly 20 percent.” [Center on Budget and Policy Priorities, [4/25/23](#)]
- **The Impact Of Raising The Social Security Age Would Affect Lower- And Middle-Income Beneficiaries The Most.** “Some policymakers, such as those on the Republican Study Committee, have proposed to raise Social Security’s full retirement age to 70 and beyond. Raising the retirement age cuts benefits for all new retirees — that is, those claiming Social Security benefits for the first time. These cuts could be deep, and they would fall hardest on lower- and middle-income beneficiaries because they rely most heavily on Social Security benefits.” [Center on Budget and Policy Priorities, [4/25/23](#)]

The Project 2025 Plan From Steil’s Right-Wing Allies Weakens Medicare And Raises Prices On Prescription Drugs For Seniors

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agenda out on day one of the next conservative administration,’ according to the Project 2025 website.”
[Week, [2/26/24](#)]

Project 2025 Would Repeal The Price Negotiation Programs For Medicare That Were Put In Place By The Inflation Reduction Act. “Medicare Part D Reform. The Inflation Reduction Act (IRA) created a drug price negotiation program in Medicare that replaced the existing private-sector negotiations in Part D with government price controls for prescription drugs. These government price controls will limit access to medications and reduce patient access to new medication. This ‘negotiation’ program should be repealed, and reforms in Part D that will have meaningful impact for seniors should be pursued. Other reforms should include eliminating the coverage gap in Part D, reducing the government share in the catastrophic tier, and requiring manufacturers to bear a larger share. Until the IRA is repealed, an Administration that is required to implement it must do so in a way that is prudent with its authority, minimizing the harmful effects of the law’s policies and avoiding even worse unintended consequences.” [2025 Mandate for Leadership, Pg 465, accessed [7/23/24](#)]

Forbes: Project 2025 Called For Significant Cuts To Medicaid And Imposed Work Requirements To Receive Coverage. “Healthcare: Project 2025 does not seek to overturn the Affordable Care Act, but would make significant cuts to Medicaid and impose work requirements to receive coverage, as well as reform Medicare—including by making Medicare Advantage, a paid supplement to Medicare, the default option for patients.” [Forbes, [7/18/24](#)]

Center For American Progress: Project 2025 Called For Repealing The Inflation Reduction Act To End The Law’s Medicare Drug Price Negotiation Provision. “Project 2025’s drug pricing agenda calls for repealing the Inflation Reduction Act, primarily to end the law’s Medicare drug price negotiation provision, which would significantly lower the prices Medicare pays for select drugs and finally counter Big Pharma’s unrestricted power to demand excessive Medicare drug prices. However, Project 2025 treats seniors’ access to affordable drugs as collateral damage. This dangerous agenda prioritizes Big Pharma’s bottom line at the expense of millions of Medicare Part D enrollees who, if Project 2025 is enacted, may once again have to pay more out-of-pocket for the medications they need, impeding both access and affordability.” [Center for American Progress, [6/13/24](#)]

The Inflation Reduction Act Called Out-Of-Pocket Costs For Insulin At \$35 Per Month For Medicare Part D Enrollees. “Effective January 1, 2023, out-of-pocket costs for insulin are capped at \$35 per monthly prescription among Medicare Part D enrollees under the Inflation Reduction Act (IRA). A similar cap takes effect in Medicare Part B on July 1, 2023. An estimated 1.5 million Medicare beneficiaries who use insulin would have saved \$734 million in Part D and \$27 million in Part B if these caps had been in effect in 2020.” [U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, [1/24/23](#)]

Project 2025 Called For The Next Conservative Administration To Reinstate Trump Regulations For Medicare And Make Private Medicare The Default Enrollment Option For Seniors. “Medicare regulations restrict choice of coverage and care. The next Administration should reintroduce and restore regulations and demonstrations from the Trump Administration that were withdrawn, weakened, or never finalized by the Biden Administration, including: The Medicare Coverage of Innovative Technologies (MCIT) rule; The Risk Adjustment Data Validation (RADV) rule; The Medicare Advantage Qualifying Payment Arrangement Incentive (MAQI) demonstration; and The Global and Professional Direct Contracting (GPDC, rebranded as the Accountable Care Organization Realizing Equity, Access, and Community Health or ACO REACH) model. [...] Encourage more direct competition between Medicare Advantage and private plans. Medicare Advantage (MA), a system of competing private health plans, is the major alternative to traditional Medicare for America’s large and growing cohort of seniors. The program provides beneficiaries with a wide range of competitive health plan choices—a richer set of benefits than traditional Medicare provides and at a reasonable cost. Equally as important, the MA program has been registering consistently high marks for superior performance in delivering high-quality care. Critical reforms are still needed to strengthen and improve the program for the future. Specifically: 1. Make Medicare Advantage the default enrollment option.” [2025 Mandate for Leadership, Pg 463-464, accessed [7/23/24](#)]

Only Offering Privatized Medicare Plans Would Limit Healthcare Options For Seniors While Insurers Gain

Financial Benefits. “As currently constructed, seniors have traditional government-run Medicare available to them and can enroll in privatized Medicare Advantage plans. While Medicare Advantage plans often boast benefits like vision and dental care plus lower monthly premiums, it can sometimes limit patients in their choice of health care providers. [...] In Project 2025, Republicans call for there to be less regulation on Medicare Advantage plans, which are used by just more than half of seniors who qualify for Medicare. ‘The larger implications are a fundamental shift in how one of America’s largest health insurance programs operates,’ Ryan said. ‘It’s like changing the rules of the game halfway through—some players might benefit, but others could be left scrambling.’ If the Project 2025 policies were enacted, Fong says seniors could see more limited health care choices while insurers see financial benefits due to the reduced regulations.” [Newsweek, [7/24/24](#)]