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(FORM UPDATED: 08/11/2010)

## WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

### 2011-12

(session year)

### Assembly

(Assembly, Senate or Joint)

### Committee on Health...

#### COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

#### INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
  - (**ab** = Assembly Bill)                      (**ar** = Assembly Resolution)                      (**ajr** = Assembly Joint Resolution)
  - (**sb** = Senate Bill)                              (**sr** = Senate Resolution)                              (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

\* Contents organized for archiving by: Stefanie Rose (LRB) (October 2013)



# NARAL Pro-Choice Wisconsin

**Testimony of Lisa Subeck,  
Executive Director of NARAL Pro-Choice Wisconsin,  
to Assembly Committee on Health  
Opposing AB 371  
December 13, 2011**

Members of the Assembly Committee on Health, my name is Lisa Subeck and I am the executive director of NARAL Pro-Choice Wisconsin. I am here to testify on behalf of our over 35,000 members and activists in opposition to AB 371.

NARAL Pro-Choice Wisconsin opposes this legislation because it imposes new and unnecessary barriers for women seeking safe and legal abortion care and is yet another example of politicians interfering with decisions that should be made privately between a woman and her doctor.

Specifically, we object to the first part of the bill, which adds to the already burdensome so-called counseling requirements that must take place before a physician may perform an abortion. Certainly, we do not want to see any woman coerced into having an abortion, just as it is our wish that no woman is coerced into carrying forth an unwanted pregnancy.

Our current law already requires that a woman give "voluntary and informed written consent" which is considered voluntary only if "given freely and without coercion" so we question the necessity of this provision of the bill. The requirements put forth here simply add to the already lengthy so-called counseling requirements, dictated and scripted by elected officials rather than trained counselors or medical professionals.

We also object to the second piece of the bill, regulating the use of telemedicine in abortion care. While this practice is not currently used in Wisconsin – nor do we know of any plans to begin its use in our state – we acknowledge that telemedicine is an emerging practice in the field of medicine and holds promise for allowing women who otherwise have significant barriers to accessing their constitutionally protected right to choose abortion to do so with fewer hurdles.

Opponents of this practice have described it as if something out of Brave New World where a woman goes into an empty booth in an undisclosed location quite literally in the middle of nowhere and converses with a doctor via webcam, then swallows a pill dispensed from a tube in this empty booth. To the contrary, in Iowa – the only State where telemedicine is currently used for abortion care – a woman goes to a clinic where medical personnel are present. She meets with these medical personnel and receives a sonogram and counseling prior to speaking with the doctor who prescribes the medication necessary for a medical abortion. She takes the medication at the clinic with these medical personnel present. It is a safe procedure, utilized by more than 2000 women in Iowa without any significant difference in side effects between women using telemedicine vs. women seeing a doctor in person. The rates of successful abortion among women seeing a doctor via telemedicine also mirror those of women seen in person.

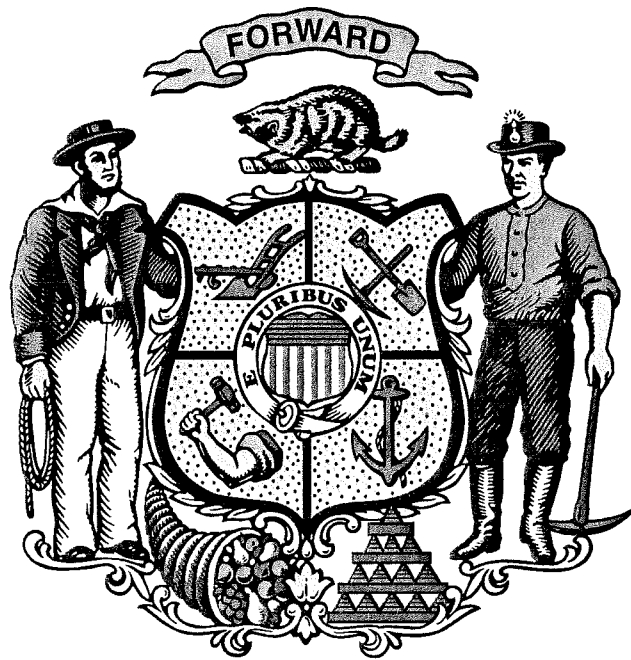
A study done in Iowa earlier this year demonstrated no significant difference in outcomes for women utilizing telemedicine for abortion care. Dr. Daniel Grossman, an OB/GYN at University of California, San Francisco and research with Ibis Reproductive Health who performed the study including 446 Iowa telemedicine abortion patients concluded, “Our findings indicate that the clinical outcomes with medical abortion provided through telemedicine are the same as when the procedure is provided with a face-to-face visit with a physician.”

In Wisconsin, 94% of all counties have no abortion provider. Because of our 24-hour waiting period, women who do not live near a clinic must not only travel to receive care but must also either do so twice or accommodate an overnight stay. This adds to the cost of abortion care, particularly for rural women, and many low to moderate income women cannot afford the additional travel costs and time off work, creating a disparity in access between those who can and cannot afford to access safe and legal abortion services.

Not only is the proposal to ban the practice of providing medical abortion an overreach by government into the field of medical care, it is unnecessary regulation of a procedure deemed safe for patients who otherwise lack access to this critical piece of reproductive health care.

The motive is clear. This bill is not about patient safety and only serves to diminish access to women’s health care. It is nothing more than a blatant attempt by its authors to chip away at women’s access to their constitutionally protected right to choose safe and legal abortion when facing an unintended pregnancy.

I ask that you vote against AB 371 because it is an unnecessary intrusion by government into the doctor-patient relationship and only makes it more difficult for women faced with unintended or untenable pregnancies to access the health care they need.



Donna Brendel  
February 8, 2012

I couldn't say the words out loud to my twin sister, so I wrote them down, with the only implement I could find at that moment, a green crayon. First, I wrote, "I'm pregnant." But, that was just my state. I wanted to convey my intent, so I wrote, "I'm gonna have a baby." But that was too childish, so finally I wrote, "I'm going to have a baby." Perfect. Next, I went into the hallway, sat on the floor, and waited for her to walk by. Finally, when I heard her footsteps, I held up my paper, dropped my head, and waited for her response. My worst fears came true. Her response was, "I knew this would happen. Things like this don't happen to girls like us. You have to have an abortion."

I tried to explain to her that my boyfriend and I had talked about this before we ever had sex. What would we do if we got pregnant? We would have a baby. Neither of us believed in abortion. And even though we were not trying to get pregnant, now that it was reality, we still felt the same way. He was in the Navy, had a steady income and health insurance, we could afford the medical costs and to take care of the baby and each other. I shared my sister's response with my boyfriend over the phone as he was in another state. He was very upset, and tried to encourage me and reassure me that we could do this.

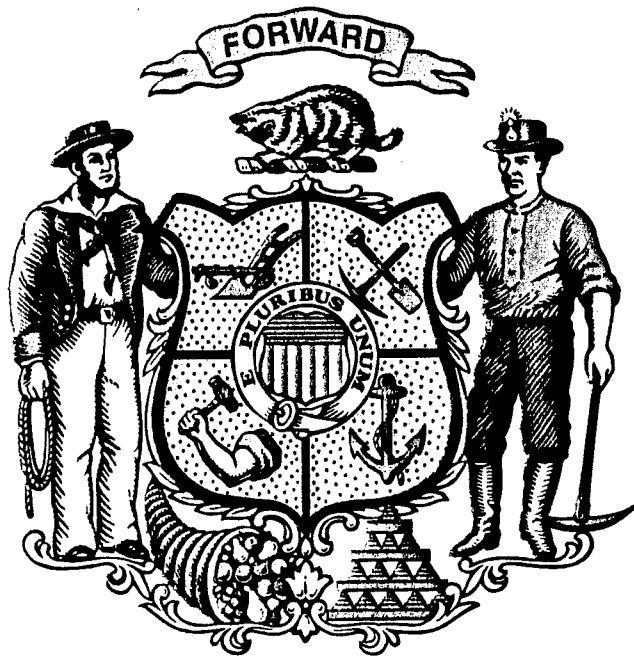
Where were my parents? Well, my twin sister and I were 18 at the time. Our mom died when we were 10. Our dad lived next-door with his girlfriend. So, my sister was more like a mom to me than a sister. And I was afraid to go to my dad, I didn't want to disappoint him. So I spent several days weighing the input of my twin sister and my boyfriend, forgoing my own heart's desire. I had to choose who to trust more, my twin sister of 18 years, or my boyfriend of a year and a half. Unfortunately, I chose to trust my sister's instincts for me, trusting her judgment of me. I made the phone call and set the appointment for the abortion. I turned my heart off and set myself onto autopilot.

Once at the clinic, I felt like I was on an imaginary conveyor belt, going from one room to the next, each room one station closer to the procedure. I felt hopeful and almost even sure that someone would jolt me off of this bad ride. Surely, I didn't have a good enough reason to end my pregnancy. My brightest ray of hope was blackened in the "conference" room, where a counselor asked me one question, "why do you want to have an abortion?" "I'm not ready to have a baby yet," was my simple response. To my utter dismay, she said, "Ok, just make sure you keep your boyfriend out of your pants from now on."

One more ray of hope I hadn't thought of was the ultrasound, but the technician didn't say anything to me as she was scanning my belly. All I could see was gray fuzziness and two x's she had marked on the screen. Back in the waiting room, my sister asked if they found out whether or not I was having twins, because then I should keep the babies. Why didn't I lie and say, "Why yes, I am having twins!" I didn't even ask anyone to double check, I just said, "no, I don't think so."

This all happened 20 years ago. So finally, one year ago, I sent my abortion story and the story of my healing journey to my twin sister. She didn't really want to talk about it, but she did finally say some enlightening things. She said when I told her I was going to have a baby she felt like she was immediately pregnant, that she was going to have to raise the baby herself, and that my boyfriend, who she barely knew and was in the Navy in another state wouldn't do anything he said he was going to do. She thought she & I were going to grow old together and have cats. Today, my boyfriend and I have been married for almost 20 years. We have 3 beautiful children together, and 2 children in heaven, 1 I miscarried, and 1 I aborted. I wear this bracelet with 5 children on it, because I am the mother of 5 children.

But my abortion did not end my crisis. It only brought to light the crisis that existed in my relationship with my sister. Even though I tried to bury the pain of the abortion and the rift between my sister and me, it resurrected itself over and over. I feel that adding probing but sensitive questions during the counseling session of an abortion could help bring these relationship crises to light before a coerced abortion, and so I support Assembly Bill 371.





# MICHELLE LITJENS

State Representative • 56th Assembly District

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## **Assembly Committee on Health Assembly Bill 371 Testimony February 8th, 2012**

Thank you Chairman Stone and fellow representatives of the Health Committee for hearing AB 371. Senator Lazich and I brought the Webcam Abortion Prevention Act forward with what we feel are two common-sense, and hopefully bi-partisan, reforms.

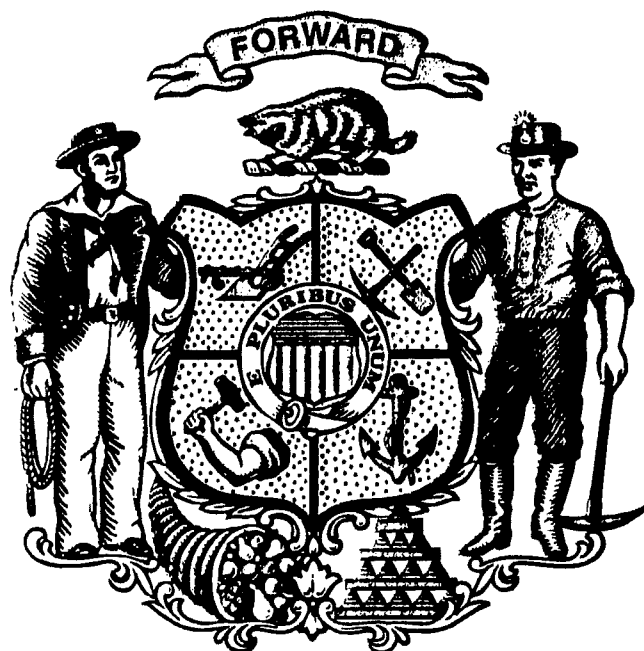
The first reform strengthens current law language of ensuring that the woman's consent for an abortion is indeed voluntary. Pressure can come from a variety of sources, including parents, partners, and friends. Under current law, this only entails the woman sign a piece of paper. This bill requires the physician to inform the woman that she has the right to refuse an abortion, that her consent is not voluntary if anyone is coercing her, and that it is unlawful for the physician to perform the procedure if it is not voluntary.

Additionally, this bill requires that if a woman is to receive an abortion-inducing drug, a doctor be physically present and perform an exam. According to an April 2011 report from the Food and Drug Administration (FDA), 14 women have died, and an additional 612 have been hospitalized, following the use of the abortion-inducing drug Mifepristone. A doctor who violates this provision is guilty of a Class I felony and may be subject to civil action. Any medical procedure should be done under the direct care of a physician.

It is important to note that all of the penalties listed in this bill would fall on the physician, not the woman. One final section of this bill repeals current language in statutes under which a pregnant woman who gets an abortion may be fined, imprisoned, or both.

These are common-sense reforms that protect the physical and mental health of a woman seeking an abortion. This will end before it begins the potentially dangerous medical procedure of "web-cam" abortion in Wisconsin.

Thank you for your time, and I am happy to answer an questions regarding Assembly Bill 371.







## WISCONSIN CATHOLIC CONFERENCE

TO: Representative Jeff Stone, Chair  
Members, Assembly Committee on Health

FROM: Barbara Sella, Associate Director 

DATE: February 8, 2012

RE: Assembly Bill 371, Coercive and Webcam Abortion Prevention

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The Wisconsin Catholic Conference (WCC) strongly supports Assembly Bill 371, which would protect women from being coerced into having an abortion and prohibit webcam abortions.

The Church is well aware that many women choose abortion because of the pressure they are under from the baby's father, family members, friends, or employers. In these instances, moral responsibility for the taking of an innocent human life rests especially with those who have obliged her to abort her unborn child. Women in this situation need to know that abortion is not their only option. We therefore support requiring that the physician performing the abortion assess whether the woman is in fact consenting voluntarily to the abortion. We also think it is essential to provide her with access to a telephone so that she can contact an organization that assists victims of domestic abuse.

Assembly Bill 371 would also repeal state statute s. 940.04(3) and (4). In 1985, the WCC was among those groups supporting the passage of s. 940.13, which explicitly prohibits the prosecution of women who obtain abortions. Repeal of the older statute would leave no doubt that our state is not interested in prosecuting women, but only in finding ways to help them and their unborn children to thrive.

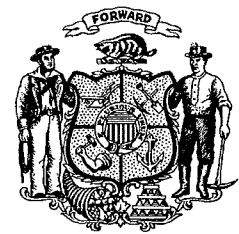
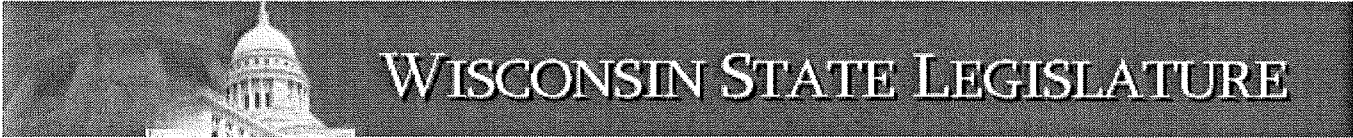
Finally, the bill would prohibit the provision of webcam abortions. The taking of innocent human life is wrong in every instance, but the mechanical, impersonal character of webcam abortions is particularly chilling. Not giving a woman a physical exam before dispensing pills designed to destroy her unborn child after she leaves the abortion facility is reckless at best and potentially harmful to her health and life. And how can a doctor adequately assess a woman's state of mind in such a situation?

Even as we support this bill, we recognize that much more will have to be done to help pregnant women who feel that abortion is their only or best option. We need a renewed sense of both personal responsibility and social responsibility to reduce the number of unplanned pregnancies and abortions. We need greater support for marriage, parenting, and adoption. We need to reach out to women who find themselves pregnant and isolated so that they don't feel shamed or pressured into aborting. We need to make more women and men aware of the resources that

exist to help them cope with the aftermath of an abortion. Organizations like Project Rachel, Rachel's Vineyard, and Care Net – to name just three – exist in many of our communities to offer post-abortion healing and reconciliation.

Women who are experiencing an unplanned pregnancy deserve better than abortion – surgical or chemical. Women deserve to know that choosing life for their baby does not mean abandoning all hope for an education, for meaningful employment, and for a better life.

For all these reasons, we urge you to support Assembly Bill 371.





# Wisconsin Medical Society

Your Doctor. Your Health.

TO: Assembly Committee on Health  
Representative Jeff Stone, Chair

FROM: Mark Grapentine, JD  
Senior Vice President - Government Relations

DATE: February 8, 2012

RE: Opposition to 2011 Assembly Bill 371

On behalf of more than 12,000 members statewide, the Wisconsin Medical Society thanks the committee for this opportunity to share our opposition to 2011 Assembly Bill 371, which inserts new requirements into the physician-patient relationship for specific medical encounters. The bill also creates potential criminal penalties for physicians who fail to follow legislative-prescribed procedures, even if those mandates do not match established standards of care. For these reasons, the Society opposes Assembly Bill 371.

## **The Legislature Should Not Insert Itself into Medical Care Decision-Making**

The Society's main concern about Assembly Bill 371 is not how it affects abortion *per se*, but how it infringes upon the physician-patient relationship in regards to a legal medical procedure. That Assembly Bill 371 focuses on an emotional topic – abortion – makes the overall issue more complicated, yet the underlying principle is the same. This concern over interference in the physician-patient relationship is evident in the Society's general abortion policy:

### **ABO-004**

#### **Abortion as a Medical Procedure and Providing Abortion-Related Information:**

The Wisconsin Medical Society: 1) supports enactment of appropriate legislation that would acknowledge the right of a physician to perform and to practice this medical procedure as he/she might any other medical procedure or to refuse to perform an abortion according to the dictates of his/her training, experience and conscience; 2) supports the development of guidelines that ensure that abortions be performed only under proper medical circumstances with adequate provision for safeguarding the health of the patient; and 3) although abortion is a contentious issue, it is a legal medical procedure and physicians should be expected to advise their patients of all available options. (HOD, 0408)

This policy was created in response to efforts to restrict what physicians could tell their patients regarding potential medical procedures – clearly an interference in physician-patient interaction. The current legislation arguably attempts the same goal of making it difficult to obtain certain medical procedures, but with an interesting twist: rather than restricting information, the bill creates many more requirements than best medical practices may currently require. Whether a bill squelches information or requires onerous procedural hurdles, the result is the same: unacceptable physician-patient interference.

### **Establishing Felonies in Medical Care**

The Society objects to criminalizing a physician's decision on how to practice medicine when those decisions concern a legal procedure and are in compliance with what are appropriate protocols for the standard of care.

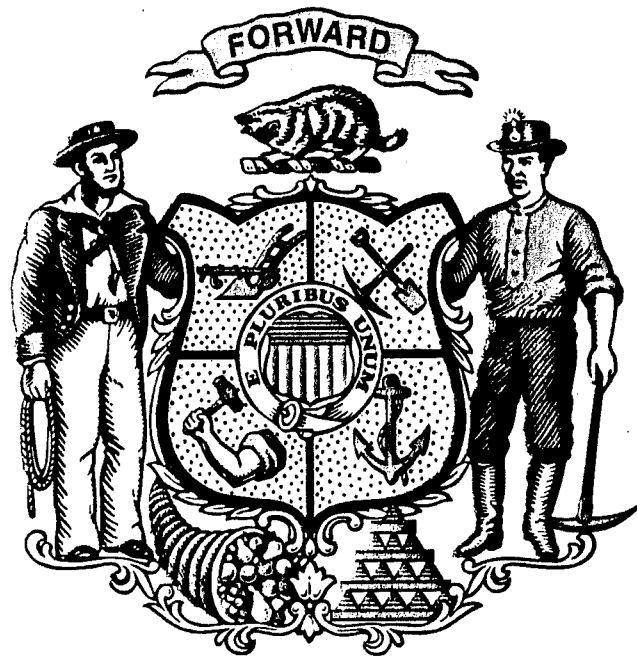
Assembly Bill 371 states that a physician who fails to follow the laid out pattern of care in the bill would be guilty of a Class I felony. The bill prohibits a person from giving a woman an abortion-inducing drug unless the physician who provided the drug for the woman performs a physical exam on the woman and is physically present in the room when the drug is given to the woman. A person who gives a woman an abortion-inducing drug in a manner that violates the prohibition is guilty of a Class I felony.

This requirement conflicts with the medical community's thinking on acceptable medical practice for providing care for women seeking medical abortions. The American Congress of Obstetricians and Gynecologists-suggested protocols do not contain the specific requirements contained in Assembly Bill 371.

The Society is concerned whenever government attempts to mandate specific medical procedures. Such requirements are an interference in day-to-day medical decision-making, and almost certainly will fall behind the advances of medical science – if those requirements aren't already. To add the penalty of criminalization into this mix only adds to the concerns.

Assembly Bill 371 interferes with the patient-physician relationship and places an unneeded and unprecedented burden on Wisconsin physicians and women. Physicians could face criminal charges even when practicing medicine in ways accepted by the latest medical science. We ask you to oppose Assembly Bill 371.

Thank you for this opportunity to provide testimony. If you have further questions please feel free to contact Mark Grapentine at [mark.grapentine@wismed.org](mailto:mark.grapentine@wismed.org) or call 608.442.3800.





**To:** Assembly Committee on Health  
**From:** Sara Finger, Executive Director  
**Re:** Testimony in Opposition to AB 371  
**Date:** February 8, 2012

As Wisconsin's Women's Health Policy leader, I'm submitting this testimony on behalf of the Wisconsin Alliance for Women's Health (WAWH) and for the women of Wisconsin. Our organization is a broad and diverse coalition that works to raise the status of Wisconsin women's health. Our vision is an environment in which all women at every stage or their life can realize their optimal health and well-being. Our supporters include those from the faith community, health care community, public health community, and business community.

**We are weighing in to oppose Assembly Bill 371 as it is unnecessary and it interferes with patient-doctor relationship.**

Despite being used as a political wedge issue, abortion is a women's health issue. The American College of Obstetricians and Gynecologists, the American Public Health Association, and the World Health Organization all acknowledge a direct link between access to abortion services and maternal health. At a time when the Wisconsin legislature should be focusing on creating jobs and fixing the economy, it is troublesome to find the legislature, yet again, attempting to restrict access to basic and comprehensive reproductive health care for women.

**AB 371 is unnecessary.** AB 371 reiterates policies that are already law and adds additional barriers to women who seek abortion in Wisconsin. Current law already requires that a physician prescribe and dispense medical abortion procedures and prohibits anyone from coercing women into having an abortion.

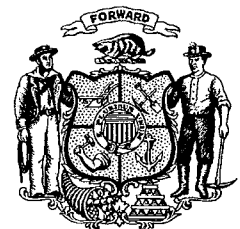
**The medical community opposes AB 371 due to its unacceptable intrusion into medical practice.** AB 371 interferes with the ability of physicians to practice sound evidence based care. Under newly proposed provisions, the Wisconsin Legislature interferes with the patient-doctor relationship by dictating the medical procedures and advice that doctors provide their patients with. AB 371 sets a dangerous precedent where medical best practice and patient centered health care is being usurped by a political agenda that shows no legitimate respect for women's health. A good example of this lack of respect for good patient care is that this bill requires that physicians verbally inform patients that they must return to the same clinic where they received their abortion for a follow up visit within a specific time frame written into the law. Identifying patient follow up care is not the role of the legislature, as it does not have the medical expertise and experience to know what best practice in obstetrics and gynecology may be. Any physician will tell you that follow up care, for a medication abortion or otherwise, is better provided in a continuity of care setting by a primary care or referring physician in a woman's own community. It simply is not the role of legislators to be dictating to women what physician they must see following an abortion.

AB 371 does nothing to protect the health of women or to actually prevent unintended pregnancy. If the authors and supporters of this bill were truly interested in women's health they would be fighting against the cuts to BadgerCare and family planning funding Wisconsin. They would be respecting and working in collaboration with doctors and the public health community to ensure women had more access to health care, not less. Instead, in this unfortunate political fight, this bill once again places needless burdens on Wisconsin physicians who care for Wisconsin women and creates more barriers for those women who are seeking safe and legal medical care.

**Please vote NO on Assembly Bill 371.**



# WISCONSIN STATE LEGISLATURE







## KELDA HELEN ROYS

STATE REPRESENTATIVE  
WISCONSIN ASSEMBLY

February 8, 2012

Dear Assembly Committee on Health members:

I write to register my concerns regarding Assembly Bill 371, which is before you today. I have carefully looked at the changes AB 371 makes to Wisconsin law; AB 371 is yet another politically motivated attack on women's health care access this session. I oppose it and urge you to do the same.

AB 371 adds unnecessary barriers for women who need abortion care at the few locations in Wisconsin where a woman can obtain an abortion. Wisconsin law already has adequate safeguards in place that requires that a physician prescribe and dispense medical abortion procedures and prohibits anyone from coercing women into having an abortion. AB 371 is an extreme measure that goes as far as prescribing the medical procedures that doctors and their patients must follow, regardless of the individual circumstances and health needs of each patient.

Physician protocol ought to be determined by physicians - not politicians. Although individuals may have differing perspectives on whether particular health care options are good or bad, in a free society each individual patient should have the right to access all legal options available to her. Evidence and science should be the basis of health care policy - not religion or ideology.

We have already seen too many attacks on women's health care this session. These include a move to repeal the Healthy Youth Act, the elimination of over \$1 million in funds from women's health programs provided by Planned Parenthood, and the impending risk that over 65,000 individuals are may lose access to preventative health care services under BadgerCare. These attacks must stop.

The base political goal of this bill is obvious - to make abortion even more difficult for Wisconsin women to obtain, and to provide fodder for the anti-choice extremists who seek to criminalize abortion and birth control. The ability of Wisconsin women to receive compassionate access to the health care they need should not be held hostage by those opposed to reproductive rights. I ask the members of this committee to please stop sacrificing women's health for political gain.

Sincerely,

Kelda Helen Roys  
State Representative  
Assembly Democratic Caucus Chair

*Representing Northwestern Dane County*

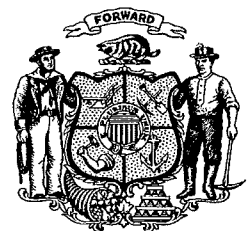
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# WISCONSIN STATE LEGISLATURE



# **REPORT OF THE APA TASK FORCE ON MENTAL HEALTH AND ABORTION**

## **EXECUTIVE SUMMARY**

The Council of Representatives of the American Psychological Association charged the Task Force on Mental Health and Abortion (TFMHA) with “collecting, examining, and summarizing the scientific research addressing the mental health factors associated with abortion, including the psychological responses following abortion, and producing a report based upon a review of the most current research.” In considering the psychological implications of abortion, the TFMHA recognized that abortion encompasses a diversity of experiences. Women obtain abortions for different reasons; at different times of gestation; via differing medical procedures; and within different personal, social, economic, and cultural contexts. All of these may lead to variability in women’s psychological reactions following abortion. Consequently, global statements about the psychological impact of abortion on women can be misleading.

The TFMHA evaluated all empirical studies published in English in peer-reviewed journals post-1989 that compared the mental health of women who had an induced abortion to the mental health of comparison groups of women ( $N=50$ ) or that examined factors that predict mental health among women who have had an elective abortion in the United States ( $N=23$ ). This literature was reviewed and evaluated with respect to its ability to address four primary questions: (1) Does abortion cause harm to women’s mental health? (2) How prevalent are mental health problems among women in the United States who have had an abortion? (3) What is the relative risk of mental health problems associated with abortion compared to its alternatives (other courses of action that might be taken by a pregnant woman in similar circumstances)? And, (4) What predicts individual variation in women’s psychological experiences following abortion?

A critical evaluation of the published literature revealed that the majority of studies suffered from methodological problems, often severe in nature. Given the state of the literature, a simple calculation of effect sizes or count of the number of studies that showed an effect in one direction versus another was considered inappropriate. The quality of the evidence that produced those effects must be considered to avoid misleading conclusions. Accordingly, the

TFMHA emphasized the studies it judged to be most methodologically rigorous to arrive at its conclusions.

The best scientific evidence published indicates that among adult women who have an *unplanned pregnancy* the relative risk of mental health problems is no greater if they have a single elective first-trimester abortion than if they deliver that pregnancy. The evidence regarding the relative mental health risks associated with multiple abortions is more equivocal. Positive associations observed between multiple abortions and poorer mental health may be linked to co-occurring risks that predispose a woman to both multiple unwanted pregnancies and mental health problems.

The few published studies that examined women's responses following an induced abortion due to fetal abnormality suggest that terminating a wanted pregnancy late in pregnancy due to fetal abnormality appears to be associated with negative psychological reactions equivalent to those experienced by women who miscarry a wanted pregnancy or who experience a stillbirth or death of a newborn, but less than those who deliver a child with life-threatening abnormalities.

The differing patterns of psychological experiences observed among women who terminate an unplanned pregnancy versus those who terminate a planned and wanted pregnancy highlight the importance of taking pregnancy intendedness and wantedness into account when seeking to understand psychological reactions to abortion.

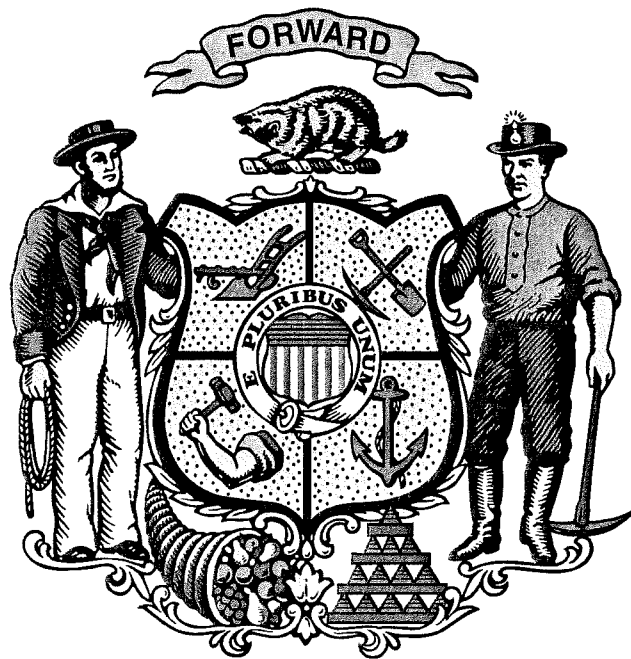
None of the literature reviewed adequately addressed the prevalence of mental health problems among women in the United States who have had an abortion. In general, however, the prevalence of mental health problems observed among women in the United States who had a single, legal, first-trimester abortion for non-therapeutic reasons was consistent with normative rates of comparable mental health problems in the general population of women in the United States.

Nonetheless, it is clear that some women do experience sadness, grief, and feelings of loss following termination of a pregnancy, and some experience clinically significant disorders, including depression and anxiety. However, the TFMHA reviewed no evidence sufficient to support the claim that an observed association between abortion history and mental health was caused by the abortion per se, as opposed to other factors.

This review identified several factors that are predictive of more negative psychological responses following

first-trimester abortion among women in the United States. Those factors included perceptions of stigma, need for secrecy, and low or anticipated social support for the abortion decision; a prior history of mental health problems; personality factors such as low self-esteem and use of avoidance and denial coping strategies; and characteristics of the particular pregnancy, including the extent to which the woman wanted and felt committed to it. Across studies, prior mental health emerged as the strongest predictor of postabortion mental health. Many of these same factors also predict negative psychological reactions to other types of stressful life events, including childbirth, and, hence, are not uniquely predictive of psychological responses following abortion.

Well-designed, rigorously conducted scientific research would help disentangle confounding factors and establish relative risks of abortion compared to its alternatives, as well as factors associated with variation among women in their responses following abortion. Even so, there is unlikely to be a single definitive research study that will determine the mental health implications of abortion "once and for all" given the diversity and complexity of women and their circumstances.



FORWARD



E PLURIBUS UNUM

Display Settings: Abstract

Obstet Gynecol. 2011 Aug;118(2 Pt 1):296-303.

## Effectiveness and acceptability of medical abortion provided through telemedicine.

Grossman D, Grindlay K, Buchacker T, Lane K, Blanchard K.

Ibis Reproductive Health, Oakland, California, and Cambridge, Massachusetts 94612, USA.  
DGrossman@ibisreproductivehealth.org

### Abstract

**OBJECTIVE:** To estimate the effectiveness and acceptability of telemedicine provision of early medical abortion compared with provision with a face-to-face physician visit at a Planned Parenthood affiliate in Iowa.

**METHODS:** Between November 2008 and October 2009, we conducted a prospective cohort study of women obtaining medical abortion by telemedicine or face-to-face physician visits. We collected clinical data, and women completed a self-administered questionnaire at follow-up. We also compared the prevalence of reportable adverse events between the two service delivery models among all patients seen between July 2008 and October 2009.

**RESULTS:** Of 578 enrolled participants, follow-up data were obtained for 223 telemedicine patients and 226 face-to-face patients. The proportion with a successful abortion was 99% for telemedicine patients (95% confidence interval [CI] 96-100%) and 97% for face-to-face patients (95% CI 94-99%). Ninety-one percent of all participants were very satisfied with their abortion, although in multivariable analysis, telemedicine patients had a higher odds of saying they would recommend the service to a friend compared with face-to-face patients (odds ratio, 1.72; 95% CI 1.26-2.34). Twenty-five percent of telemedicine patients said they would have preferred being in the same room with the doctor. Younger age, less education, and nulliparity were significantly associated with preferring face-to-face communication. There was no significant difference in the prevalence of adverse events reported during the study period among telemedicine patients (n = 1,172) (1.3%; 95% CI 0.8-2.1%) compared with face-to-face patients (n = 2,384) (1.3%; 95% CI 0.9-1.8%) (82% power to detect difference of 1.3%).

**CONCLUSION:** Provision of medical abortion through telemedicine is effective and acceptability is high among women who choose this model.

**LEVEL OF EVIDENCE:** II.

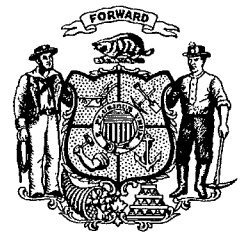
PMID: 21775845 [PubMed - indexed for MEDLINE]

**MeSH Terms, Substances**

**LinkOut - more resources**



# WISCONSIN STATE LEGISLATURE



# PLANNED PARENTHOOD ADVOCATES OF WISCONSIN

**To: Chairman Stone and Assembly Health Committee Members**  
**From: Nicole Safar, PPAWI Policy Director**  
**Date: February 8, 2012**  
**Re: Vote NO on AB 371**

Assembly Bill 371 is just another unnecessary and politically motivated attack on women's health care access that comes during a time of great economic distress and turmoil in health care access. The proponents of this bill, including Wisconsin Right to Life—a special interest group dedicated to ending access to safe and legal abortion in Wisconsin, also support bills that make birth control harder for women to access; would repeal WI's comprehensive sex education law that ensure students are taught the most effective ways to avoid unintended pregnancy and the need for abortion; and public funding of basic women's health care at community based health centers like Planned Parenthood. During the Governor's "special session" on jobs, 8 proposals to curtail access to women's health services and information were introduced by members of the majority party. When will this attack on Wisconsin women end? Today you have the chance to shift these priorities and vote no on AB 371.

Assembly Bill 371 both reiterates policies that are already law and adds additional barriers to women who seek abortion at the four Wisconsin based abortion providers. Three main sections of this bill are already in Wisconsin law:

- Current law in Wisconsin goes to great lengths to ensure that a woman's decision regarding abortion is voluntary and informed. Wisconsin Statute Section 253.10.
- In addition, current law already requires that a *physician only* can prescribe and dispense medication abortion pills. This medication is not available at a pharmacy, from a nurse or other advanced practice provider.
- Finally, current law has a clear procedure to prohibit anyone from coercing women into having an abortion. Prior to an abortion, a woman must sign and certify a state mandated form verifying that all of the statutory steps have been completed—including that her decision be free from coercion.

A new area of law that AB 371 seeks to regulate is the use of telemedicine for a medication abortion in Wisconsin. Currently, there are no health centers offering medication abortion via telemedicine. Regardless, this is extremely troubling overreach of legislative authority into the practice of medicine. Under proposed provisions within AB 371, the Wisconsin Legislature go so far as to prescribing the medical procedures that doctors and their patients must follow with



abortion care, including the health care facilities women must patronize for follow up abortion care.

- Best practice dictates and most obstetricians agree, patients who receive medication abortion must have a follow up exam.
- However, a woman's primary care physician and/or referring physician may be the best option for women who are seeking follow up care. There is absolutely no medical reason to return to the abortion health center unless a woman decides that is the best option for her.
- Regardless, this legislature should not be in the business of practicing medicine. Medical care should be provided by health care professionals with each individual patient's circumstances not dictated by politicians.

These are unnecessary and dangerous proposals intended to advance the personal political beliefs of a few individuals while they hold the majority in the state Legislature. This extreme agenda is being pushed under the guise of opposition to abortion, but the results couldn't be clearer: it attacks the very basics of women's health in our state. If proponents of this bill were truly concerned about lowering the abortion rate in Wisconsin, they would join with Planned Parenthood—the state's oldest and most trusted reproductive health care provider, to ensure that all women and families have access to the preventative care they need to plan healthy pregnancies. But in fact, they are not. Instead they continue to demonize women's health providers and play politics with women's lives.

I have attached a written statement from Dr. Frederik Broekhuizen, our Medical Director and practicing obstetrician. Dr. Broekhuizen's perspective as a physician who actually provides this health care to women in many circumstances should provide this committee with some much needed information related to women's health in Wisconsin.

February 8, 2012

Dear Chairman Stone and Health Committee Members:

I provide abortion care to patients in hospital settings as well as in outpatient clinics. A significant number of these patients undergo medically indicated abortions for lethal fetal anomalies or to preserve their life or health. Often, patients have significant medical problems (as cancer, diabetes, heart failure) which require expertise and care in addition to a safe abortion procedure. Many of the patients I treat are referred to me by their primary care physician in Wisconsin, often from a significant distance. I have described examples of the care I provide in the attached article I wrote for the Capitol Times a few months ago.

I oppose AB 371 since it interferes with the ability of myself and other physicians to practice sound evidence based medicine. This bill interferes with my ability to provide care to patients in need of my expertise and it limits patient choice and autonomy.

- 1) AB 371 creates an unacceptable barrier in the doctor patient relationship, harming the continuity of care providers strive for in Wisconsin.

Under current law, Wisconsin Statute Sec. 253.10, any qualified physician in the state of Wisconsin can provide the informed consent counseling, make the voluntariness determination and obtain the state required 24 hour consent form from a patient. Oftentimes these primary care physicians refer the patient to an abortion provider, who provides counseling and again obtains consent for the procedure. This bill would require that the abortion provider obtains the initial consent. This new and additional requirement delays care and interferes in the patients existing relationship with her primary care physician. In addition, the referring physicians know their patients and are often the best informed regarding the patients' medical condition. Certainly any licensed physician is qualified to obtain the initial consent. The physician performing the abortion will verify that consent and provide counseling prior to a procedure. This bill will greatly impede the continuity of care and put up obstacles between a woman and her primary care physician.

- 2) AB 371 is an unacceptable intrusion into the doctor-patient relationship because it requires abortion providers to give patients *inaccurate* post-procedure instructions.

This bill requires that patients be told that they must return to the same clinic where they received their abortion for a follow up visit with the abortion clinic within a specific time frame written into the law. I absolutely agree and best practice requires that women undergoing an abortion have a follow up exam to ensure a successful termination with no complications. Frequently this follow up care is better and more conveniently provided in a continuity of care setting by a primary care provider or referring physician in their own community. There is a medical necessity for follow up care, but no medical rationale that this follow up care must be provided by the abortion provider. This requirement can create a distance and access barrier for patients with no medical rationale or benefit. In addition, it is not the role of the legislature to practice medicine. This level of control over the doctor-patient setting is unacceptable and amounts to the legislature practicing medicine—without a license or any medical expertise.

- 3) AB 371 interferes with a doctor's ability to use his or her professional judgment to determine the appropriate medical care in each individual patient's unique circumstance.

The safe use of abortion medication, including proper dosage and administration, is extensively studied in the medical literature and established in evidence based practice guidelines that are available for medical professionals. The timing, administration and dosing of legal medications is a practice which should not be legislated but left to the physician and patient to decide based on individual circumstances, as is the standard for all medical care. AB 371 undermines this standard of care and restricts the ability of physicians to prescribe and direct medication use in a location of choice. Currently FDA rules and guidelines are followed for medication abortions and in hospital settings medications are often used off-label based on evidence based literature. This bill interferes with physicians' ability to establish an individual care plan.

There is no need for this bill. The bill will not enhance public safety. This bill will not improve the counseling or informed consent. The medical community is not asking for this bill—in fact, many of my colleagues are mobilizing against its unacceptable intrusion into medical practice. What this bill does is create barriers for patients to obtain abortion care in a timely fashion within a continuity of care context. This bill interferes negatively with continuity of care which is important for patients after an abortion procedure, especially when medically indicated.

Fredrik F Broekhuizen,MD

# **Dr. Fredrik Broekhuizen: Abortions aren't black and white**

**DR. FREDRIK BROEKHUIZEN** | medical director of Planned Parenthood of Wisconsin | Posted: Friday, July 8, 2011 5:30 am

I am an obstetrician who, with every pregnancy, assumes the care of both the pregnant woman and her unborn baby.

Over 35 years in my practice, I have helped women in many different situations. I have helped women who have had to take risks to ensure the survival of their baby. I have also cared for women who, sadly, did not have that same choice, as survival was not possible.

Often, I have had to help mothers who had to make very hard decisions concerning their own health, the pregnancy, and the health of their baby.

One time, I took care of a woman who developed a complication of pulmonary hypertension during her first pregnancy. Had she continued with the pregnancy, she would have accepted a risk of death nearing 30 percent. After much discussion, she chose to have me deliver her baby at six weeks premature, significantly reducing her risk.

I had another patient with pulmonary hypertension who carried the same such risk. She almost died during a previous pregnancy due to complications of her medical issues. She knew the risk of another pregnancy and had, appropriately, been on birth control. Unfortunately, her birth control failed.

She expressed she did not want her first-born child to grow up without a mother. The patient chose to terminate the pregnancy at eight weeks. Yes, I provided an abortion for her.

I delivered a baby at 34 weeks whose mother had been diagnosed with Hodgkin's lymphoma when she was 24 weeks pregnant. She made the difficult decision to receive modified chemotherapy during those ten weeks. This delayed the best treatment for her cancer to avoid a premature delivery and to give her baby a better chance of survival.

I treated another woman with Hodgkin's lymphoma who experienced a recurrence of her cancer during pregnancy. For her own survival, she was unable risk delaying her chemotherapy and radiation treatment. She made the decision to terminate her pregnancy at 14 weeks. Yes, I provided an abortion for her.

These are just a few examples of the women I have treated. These patients, and those like them, need to be able to access abortion care in safe, supportive settings. They need insurance coverage for their medically-indicated pregnancy terminations. These patients need physicians who are trained in abortion care.

Gov. Scott Walker and Wisconsin's anti-abortion, anti-choice and anti-birth control action groups are jeopardizing physicians' ability to provide necessary medical care to patients with complicated pregnancies by further restricting access to abortion in Wisconsin.

They want it to be illegal for physicians to learn how to provide abortion care, skills that save women's lives. They are trying to make it impossible for private insurance companies to cover abortion care, even when due to heartbreaking pregnancy complications.

They are blocking access to affordable contraceptive services to uninsured and under-insured patients at Planned Parenthood. To say that taxpayer funds are at issue is a lie. State and federal law have long required women to pay for elective abortion care.

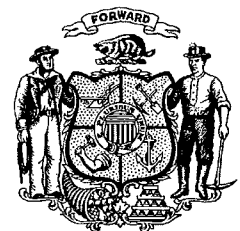
Gov. Walker has made no secret of his goal to make all abortions illegal in Wisconsin. In all circumstances. Period. He and similar politicians frame their radical policies in black-and-white terms.

But patients and doctors are faced with complicated decisions every day that are not black or white. At least four times a week in Wisconsin, a pediatrician or obstetrician is confronted with the responsibility to tell a pregnant woman and her partner that their baby cannot survive. These patients probably never contemplated an abortion prior to this devastating news.

My hope is that independent minds will prevail in Wisconsin. If they do, we will not allow more radical rules and regulations that harm pregnant women to govern abortion care and insurance coverage. We will not stand for more intolerant ideological actions without any scientific or economic rationale.

If independent minds indeed prevail in Wisconsin, we will leave the practice of medicine up to doctors, and we will trust women to make the best decisions for themselves and their families.

*Dr. Fredrik Broekhuizen serves as the medical director of Planned Parenthood of Wisconsin.*



### SNM story

I am here today to tell you that I regret my 3 abortions! Admitting that I've done it once, but 3 times is really hard for me.

After HS I moved to Madison to pursue a better job. I was a small town girl and was excited to be there. I had friends there from my hometown. After 6 months I started dating. I was using the pills from PPH. I was dating this man around 2 years before I became pregnant. I was shocked and being in my early 20's dreaded the thought of having a baby to raise. I had many fears of what my parents would think. I was scared and loved my freedom.

I was quick to act, and did what I thought was best for me! I didn't tell my boyfriend until sometime later. He was deeply hurt as I remember.

It was June 8th 1984. I drove myself to the clinic and I drove myself home too, but life became a total blur after that day! What's not blurry are all the events that I put myself through during that abortion. The waiting room was full. The procedure room was cold and empty except for the basic equipment that was needed. The Dr and nurse are faceless to me now. I remember the nurse holding my hand and trying to comfort me. Any negative thoughts I pushed aside, my eyes turned to the wall. I braved through it all by myself! I'm tough I thought I can handle this! After all they told me it was just fetal matter. I needed to believe that, so I did for 18 years! That day I was told that when it all over you will never have to think about it again.

Fast forward to 1998, married blessed with 2 young boys, 2 ½ and 6 months. There was heavy drinking with much

sadness, bouts of crying, thoughts of killing myself. Never did I connect the dots until I saw someone else suffering from an abortion. Why did it bother her so much and not me? The crying, the sadness, the intense anger I felt. It was all starting to make sense. By 1998 I checked into AA and kept going, 3 years later I was at a Rachel's Vineyard Retreat. Finally I could talk about my abortions! It was very hard but rewarding! What took God seven weeks to create was taken out so abruptly in 3 minutes. It was 125 ccs worth the report said. That's about 3-4 ounces.

The other two abortions I had I don't remember much about except how I got myself in the trouble again, only to go through with an abortion each time.

I saved the dates these abortions were given on and I am glad to have found those papers, even though they were hard to read. It was like I had 2 lives. These are days that are totally gone from my mind. But the paper forms say I did it, I was there! Even though my mind is blank! On one paper the Clinic calls it a Therapeutic Abortion. I have no clue why or what shape I was in at the time, but I am so glad I saved these papers because they have become part of my healing process. They have helped me to remember how old these children would be.

After the 1<sup>st</sup> abortion I didn't care about myself anymore. I did things to hurt my boyfriend. I left him and got in more trouble with other bad relationships.

There were many haunting thoughts over those years of suppression as I look back. Especially in my marriage when our boys were both born, I just pushed those bad memories away. Much sadness was there when my Dad died because I was too ashamed to tell him.



God has lifted all of that shame and sorrow and is healing these wounds. The healing from Rachel's Vineyard has saved my life. I have gone to separate retreats 3 times for each baby I have murdered.

Women need to be given the opportunity to hear our stories so they can make choices they won't regret.

I was lied to by the nurse that day. I DO think about my babies and what they may have become! I suffer from PTSD on most anniversaries of those abortions. A dark cloud covers me, but I give it to God and have a good cry and move on!

Now, they are my children and I miss them dearly and know I will see them again someday! I will not be Silent about my regret to choose death over life!

It really saddens me to see that our society wants to make having an abortion so easy to obtain. I thought it was easy when I had gone to get 3 of mine. The questions I ask now why didn't someone see how much I was hurting and want to reach out and counsel me? Why can't I remember anything about the last 2 abortions?

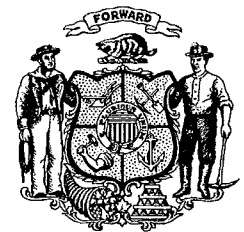
That's the worst of my fears for the next generation of women if I don't share how awful my life has been right after my abortions and the 18 years following that I was in denial about the pain. These women need one on one counsel and more choices than abortion. Please don't allow this to happen by just handing out pills to kill the babies!

These women are scared and sometimes pushed into doing an abortion. How will they know this over a webcam?

Please from the bottom of my heart I am begging you to listen to my regrets and not make it so easy for the next generation of women to hurt them selves like I and other women have done!



# WISCONSIN STATE LEGISLATURE



Laura Brown

When I was a teenager, I thought abortion was wrong. I didn't know why, I just had a sense that it was. I had gone to church until I was 12, but things like why abortion was wrong were never discussed.

I didn't know what I wanted to do with my life, other than prove to my parents I could handle it on my own. When I met an older, married man, I let myself fall into a relationship. He was completely opposite of who my parents thought I should be with. I gave in to the pressure for sex, and while I used birth control, I was not thorough. I had that teenage sense that nothing could happen to me that I didn't want to happen.

I soon realized that he was more than opposite of what my parents wanted for me. He was manipulative and emotionally abusive. He was a con-man.

When I found out I was pregnant, it was a month after the father's wife died – after a long illness. It was clear I had gotten pregnant before she had died. I was filled with shame. I was pregnant by a man whose wife was dying. Could I be more despicable?

The father's response was "We need to get an abortion."

I was deeply ashamed. I desperately wanted it all to not be real. For it all to just go away.

I went to Planned Parenthood. The woman was not a medical person. She talked with me for a few moments, and reminded me abortion was legal. Then, without ever coming closer than the other side of the desk, she diagnosed me with a tubal pregnancy and told me I could die. She gave me information about the abortion clinic and told me I should make the appointment quickly.

I wanted a different answer, so I went to a "real" doctor, but he confirmed I was pregnant. Then he told me he didn't do abortions. That was it, no discussion, no information on WHY he didn't do abortions.

I didn't talk to anyone else. I was desperate to hide my shame, if I told anyone, they would know what a terrible person I was.

I made the appointment, and the father drove me to the clinic. It was a miserable place, filled with miserable, silent people. All dark blue, with old, ratty furniture. It cost my entire life savings. The nurse didn't make any effort to talk with me. When I was on the table and the doctor started the procedure, I cried and told him it hurt and to stop, that I didn't want to do this. He spoke the only words he ever said to me: "You should have thought of that before". I got sick and threw up.

In the recovery room, the silence was replaced with crying.

Later, all I felt was relief. For a few days I even felt giddy. It was all over. Like an eraser. Now, no one would need to know what I was. I could go on with my life. Then, in that giddiness, the father swung me around, with his arms around my waist. I felt a gush of blood, and my relief was crushed.

We got married. I felt like used goods and I needed to make everything all right. On our honeymoon I got pregnant again. But. This time it was all okay. I was married. I didn't have anything to hide now.

Except the depression. And the nightmares. And the fear. And the suicidal thoughts. I became convinced God was going to punish me by taking this child away. The nightmares increased.

The baby was born, healthy. I didn't understand why God didn't punish me. I functioned in daily life., but at night, I would stand in the dark, looking out the window, crying. I would look at the other windows with lights, and wish I was behind any of those windows – instead of mine. I couldn't let anyone see how my husband treated me, and I couldn't let anyone find out what a horrible person I was, so I isolated myself.

What was supposed to be an eraser, a “do-over”, hadn't erased anything at all, And it was destroying me from the inside.

My sister-in-law collapsed with an aneurysm. She was put on life support, but she had no measureable brain activity. She was declared legally dead and the life support removed. Many years later, my beautiful, strongly pro-life, 14 year old niece was hit by a car. She was put on life support, but she had no measureable brain activity. She was declared legally dead and the life support removed. My child had measureable brain activity, but he was not considered legally alive. The woman at Planned Parenthood had said it was just a blob of tissue. But blobs of tissue don't have brains. And hearts. And fingers. And toes. A baby at six weeks gestation does.

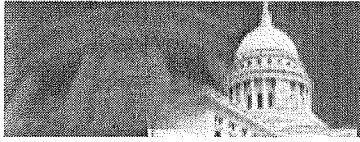
I believed God could never forgive me, but I was so desperate, I went to church. I began to read the Bible. I began to find out who God really was. That maybe He wasn't sitting up on His throne, with a lightning bolt in His hand, aimed at me.

I began to hope that God might be able to forgive me after all. I began to let myself grieve my child. I met a couple other women who had had abortions, and we learned of a Bible study called Forgiven & Set Free.

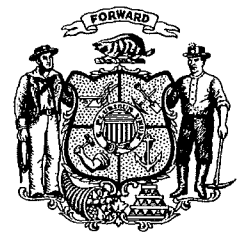
Once I let Jesus in, and learned He could forgive me, I began to move past my shame. I began to face the choices I had made, and see how God was able to turn that darkness into light. Without God's mercy and grace, I do not know if I would be alive today. I certainly would not be standing in front of you.

Psalm 103 says: Praise the Lord, O my soul, and forget not His benefits – who forgives all your sins and heals all your diseases, who redeems your life from the pit and crowns you with love and compassion, Praise the Lord, O my soul.

What I once hid in shame, I will expose to the light. I am silent no more.



# WISCONSIN STATE LEGISLATURE



Good morning. I am Barbara Lyons and I am testifying on behalf of Wisconsin Right to Life in support of Assembly Bill 371.

1. Assembly Bill 371 addresses coercive abortion.

Research collected after decades of legalized abortion reveals that, in many situations, choosing to abort is not what the woman really wants. The *Medical Science Monitor* reported in 2004 that according to a study of American post-abortive women, 64% of the women felt pressured by others to have an abortion. Pregnant women are intimidated into aborting through financial, relational or emotional threats. Today you have heard, and will hear, individuals who have first-hand knowledge of the prevalence of coerced abortion.

In 2007, the Assembly passed the *Coercive Abortion Prevention Act* (AB 427), which contains the same components as the coercion provision in Assembly Bill 371. The *Coercive Abortion Prevention Act* was passed by a bi-partisan margin of 65 to 32, with 13 Democrats joining the Republicans. Unfortunately, the State Senate leadership would not permit a vote on the legislation. Wisconsin Right to Life appreciates that Sen. Lazich and Rep. Litjens have added this component to their legislation.

In 1996 Wisconsin enacted the Woman's Right to Know (WRTK) law to ensure that a woman who is considering an elective abortion receives relevant information regarding her pregnancy, her unborn child, the abortion procedure, and alternatives to abortion. The WRTK law details the specific information that must be given to the woman, except in the case of a medical emergency, followed by a 24 hour reflection period to allow the woman time to absorb and assimilate the information before she makes a decision about an abortion (*see s. 253.10*). The WRTK law specifically provides that an abortion may not be performed unless the woman upon whom the abortion is to be performed has given voluntary and informed consent under the requirements of this law.

The current provision relating to the **voluntary consent** requirement states, "Consent under this section to an abortion is voluntary only if the consent is given freely and without coercion by any person." However, there is no specific

requirement that the abortion provider attempt to determine that the woman's consent is, in fact, voluntary.

The only other reference to **coercion** in the WRTK law is buried in the lengthy provision requiring the Department of Health and Family Services (DHFS) to publish certain printed materials (*see* s. 253.10 (3) (d) 1.). The WRTK law requires that the "materials shall state that it is unlawful to perform an abortion for which consent has been coerced, that any physician who performs or induces an abortion without obtaining the woman's voluntary and informed consent is liable to her for damages ..." The WRTK law also specifically states that "There is no presumption that consent to an abortion is voluntary."

The Coercive and Webcam Abortion Prevention Act is simple and straightforward in regard to coercive abortion. This legislation adds these requirements to the current WRTK law:

- Any physician who is doing the informed consent counseling with a woman who is considering an abortion shall, take the woman aside and orally inform her that "the woman has a right to refuse to consent to an abortion, that her consent is not voluntary if any person is using coercion to compel her to consent to have an abortion against her will, and that it is unlawful for the physician to perform an abortion upon her against her will." This information would also be printed on the certification form the woman is already required to sign as part of the informed consent process. The WRTK law requires that a copy of the certification form be given to the woman.
- The actual abortion provider is required to "determine whether or not the woman's consent is, in fact, voluntary." It is elementary that physicians must obtain the voluntary and informed consent of a patient before performing any medical treatment or surgery on a patient. The addition of this provision to the WRTK law underscores how important it is in the abortion context to be sure that the woman's consent is given freely and without coercion by any person.



- If the abortion provider has reason to suspect that the woman is in danger of being physically harmed by any person who is using coercion to compel her to consent to have an abortion against her will, the physician shall inform the woman about resources available for victims or potential victims of domestic violence and provide her private access to a telephone if she wishes to call for assistance.

## 2. Assembly Bill 371 addresses webcam abortions.

Abortion providers, most notably Planned Parenthood, are now offering webcam RU 486 chemical abortions on women diagnosed as pregnant from remote locations without an in person physical exam.

Sue Thayer of Storm Lake, Iowa testified at the public hearing on SB 306 that RU 486 webcam abortions were initiated by Planned Parenthood of the Heartland in Iowa with the intention that they be exported to other states. A woman enters a Planned Parenthood facility and discusses her abortion by webcam with an abortionist in another city or even another state. After the information exchange, the abortionist presses a button which opens a drawer at the woman's location. Her abortion drugs are in the drawer and the abortionist watches her take the medication via webcam.

RU 486 abortion drugs are administered between the fifth and ninth week of pregnancy, after pregnancy has been confirmed. An RU 486 - induced abortion usually involves three trips to a doctor. About half of the women abort at the doctor's office. An additional 26% abort within the next 20 hours - in the shopping mall, grocery store or in their homes, for example. The remainder abort sometime in the next few weeks or not at all. A woman who doesn't abort is advised to have a surgical abortion because the RU 486 chemicals may have injured the unborn child. RU 486 is not the morning after pill.

Through April of 2011, the FDA reports 2207 adverse events related to use of RU 486. These events include 14 deaths, 612 hospitalizations, 58 ectopic pregnancies, 339 blood transfusions, and 256 cases of infection. A European drug manufacturer has publicly stated that 29 women have died worldwide after using RU 486. Remote location abortions increase that risk. A copy of the FDA report is attached to my testimony.

Given the grave dangers associated with RU 486, Planned Parenthood's potential plan to bring webcam RU 486 abortions to Wisconsin should be of grave concern to anyone concerned about the health and welfare of women.

Assembly Bill 371 requires that the administration of RU 486 or any drug or chemical used to induce an abortion on a woman diagnosed as pregnant would be required to be done in the same room and in the physical presence of the physician who prescribed, dispensed, or otherwise provided the drug or chemical to the patient. Every reasonable effort would have to be made to ensure the patient returns for a follow-up visit so that the physician can confirm the pregnancy has been terminated and to assess the patient's medical condition. Under AB 371, these requirements would be added to the current Woman's Right to Know Act.

3. Assembly Bill 371 repeals sec. 940.04 (3) and (4).

As currently worded, sec. 940.04 (3) and (4) have language that appears to impose penalties on a woman who has an abortion. In 1985, the legislature created sec. 940.13 which provides that "...no fine or imprisonment may be imposed or enforced against and no prosecution may be brought against a woman who obtains an abortion or otherwise violates any provision of any abortion statute..." The 1985 provision supersedes 940.04 (3) and (4). Thus, Wisconsin law does not penalize women for having abortions. Yet, because the words of sec. 940.04 (3) and (4) remain on Wisconsin's law books, some incorrectly claim that there are penalties for women who have abortions. Wisconsin Right to Life strongly supports the repeal of sec. 940.04 (3) and (4) so that these incorrect claims can no longer be made.

Wisconsin Right to Life urges you to support Assembly Bill 371.

Thank you.

RCM 2007-525

NDA 20-687

Mifepristone U.S. Postmarketing Adverse Events Summary through 04/30/2011

The following information is from United States post-marketing reports (i.e., not from a clinical trial) received by FDA of adverse events that occurred among patients who had taken mifepristone for medical termination of pregnancy. Because FDA has eliminated duplicate reports, and in some cases, reclassified the adverse event terms for individual cases after reviewing the narrative details, the numbers provided here may differ from the numbers of the reports that may be obtained through Freedom of Information Act requests. These events cannot with certainty be causally attributed to mifepristone because of information gaps about patient health status, clinical management of the patient, concurrent drug use and other possible medical or surgical treatments. The estimated number of women who have used mifepristone in the US through the end of April 2011 is approximately 1.52 million women.

Post-Marketing Adverse Events in U.S. Women Who Used Mifepristone for Termination of Pregnancy	
Cut off date of cumulative reports since approval date in US (September 2000)	04/30/11
Cases with any adverse event	2207
Died <sup>1</sup>	14
Hospitalized, excluding deaths	612
*Ectopic pregnancies <sup>2</sup>	58
*Experienced blood loss requiring transfusions <sup>3</sup>	339
*Infections <sup>4</sup> (Severe infections <sup>5</sup> )	256 (48)

\* The majority of these women are included in the hospitalized category.

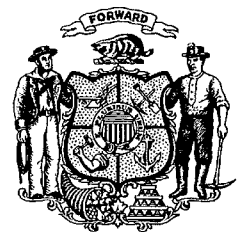
<sup>1</sup> Deaths were associated with sepsis in eight of the 14 reported fatalities (7 cases tested positive for *Clostridium sordellii*, 1 case tested positive for *Clostridium perfringens*). All but one fatal sepsis case reported vaginal misoprostol use; buccal misoprostol use was reported in one case. The six remaining U.S. deaths involved unique events; there was one case each of substance abuse/drug overdose, methadone overdose, suspected homicide, and a delayed onset of toxic shock-like syndrome (uterine cultures were positive for *Peptostreptococcus* and fibroid cultures were positive for *Prevotella*), and there were two cases of ruptured ectopic pregnancy. There were five additional deaths in women from foreign countries (non-US) who used mifepristone for termination of pregnancy. These included one death associated with septic shock (*Clostridium sordellii* identified in tissue samples) in a foreign clinical trial and four deaths identified from post-marketing data that were associated with a ruptured gastric ulcer, uterine hemorrhage, "multivisceral failure" and thrombotic thrombocytopenic purpura leading to intracranial hemorrhage, respectively.

<sup>2</sup> Administration of mifepristone and misoprostol is contraindicated in patients with confirmed or suspected ectopic pregnancy (a pregnancy outside the uterus).

<sup>3</sup> As stated in the approved Mifeprex (mifepristone) labeling, bleeding or spotting can be expected for an average of 9-16 days, and may last for up to 30 days.

<sup>4</sup> This category includes endometritis (involving the lining of the womb), pelvic inflammatory disease (involving the nearby reproductive organs such as the fallopian tubes or ovaries), and pelvic infections with sepsis (a serious systemic infection that has spread beyond the reproductive organs). Not included are women with reported sexually transmitted infections such as Chlamydia infections and gonorrhea, cystitis and women with toxic shock syndrome not associated with a pelvic infection.

<sup>5</sup> This subset of infections includes cases that were determined to be severe based on medical review of the case details. Severe infections generally involve death or hospitalization for at least 2-3 days, intravenous antibiotics for at least 24 hours, total antibiotic usage for at least 3 days, and any other physical or clinical findings, laboratory data or surgery that suggest a severe infection.



At the time of my abortion, I was a divorced mother of an eight year old. I was working two jobs to support my daughter and myself. I had been dating my boyfriend for two years and was madly in love with him. We were having a great time, and were involved in different activities. That all changed when I became pregnant. When I told him, I was hoping he would want to get married, but he didn't. He had been married before too and had a son. He was no support at all. I was too ashamed to turn to my parents for help. My mother had told me once she would never have an abortion. The only person I confided in was my best friend. She assured me an abortion would be easy and life would go on as usual. I felt I had no other choice but to get an abortion after all the doctor said it was just a blob of tissue. In my heart I knew it was wrong.

I remember riding in the car to the clinic that fateful day. All kinds of thoughts were going through my head. What if the protesters were there today, with reporters and cameras? If I was seen here they'd put me on the evening news and my secret would be out. I felt like I was in a bad dream. I really didn't want to do this.

The clinic where I had my abortion was very cold and dreary. It was not a pleasant environment at all. The nurse who assisted the doctor did not give a comforting word or touch. She just stood there showing no emotion at all. The doctor briefly explained the procedure. He would give me an injection to numb the pain and I would hear a sucking sound like a vacuum cleaner, from the machine used to pull my baby from my body. He said it would be over quickly. He also said there would be no pain but it was very painful, physically and emotionally. I hated myself for what I was about to do.

After my abortion I developed an infection in my uterus and had to miss work for about a week. My boss was so kind he sent me a fruit basket and get well wishes. I was ashamed and certainly couldn't tell him what had caused my infection, he wouldn't understand why I felt I had to do this. I felt miserable about what I had done and the lies I had told.

The years following my abortion I battled low self-esteem, alcohol addiction, and promiscuity. My life was a mess.

**I finally found help for my Post Abortion Syndrome at Care Net Pregnancy Center. It was at the center, with several other women who were suffering the effects of an abortion, that we found help by going through the Forgiven and Set Free bible study. This study changed my life. It was wonderful to finally accept God's forgiveness and love, knowing that HE forgives us of all our sins.**

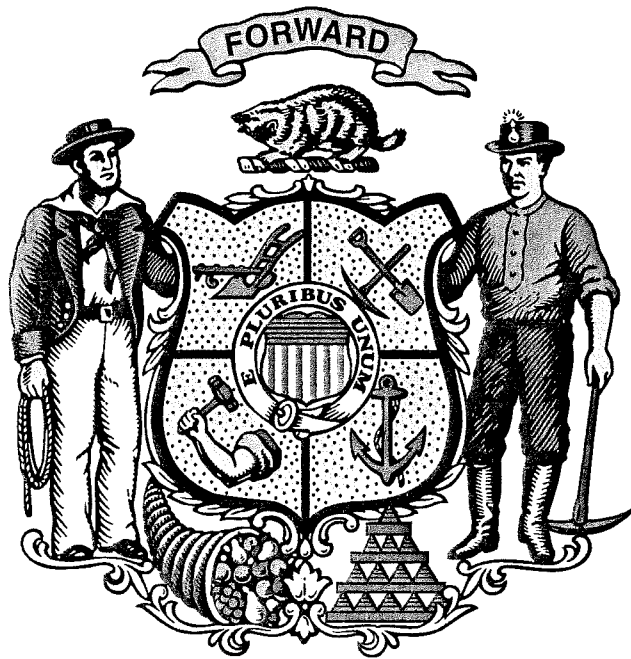
**The father of my baby and I did get married but never talked about the abortion. We were divorced after ten years. I can't help but wonder if this was part of our problem. Years later I was able to ask him if he regretted us aborting our child, he answered yes. So you see abortion affects the father also.**

**Although my abortion was many years ago, I must still face the consequences of my actions in 1972. Because I chose abortion my daughter doesn't have the sibling she always wanted, I will only have one grandson and he will not have an aunt or uncle to cheer him on at his basketball games.**

**Abortion hurts everyone and that is why I can be Silent No More.**

**I support SB 306/AB 371, the Coercive and Web Cam Abortion Prevention Act.**

**Connie Bakken**



Sandra Lutz  
4784 S. US Hwy. 45  
Oshkosh, WI 54902

In April, 1975, I had an abortion done, here in Madison WI at the University Hospital.

The abortion was done against my will and heart's desire. I was 16 yrs old at the time and my parents had been separated a year and going through a divorce. It was at this time I started dating my first boyfriend. On my 16<sup>th</sup> birthday, he prepared a special night at his home with dinner and long story short; we entered into a sexual relationship and later I found myself pregnant. When I shared this news with my boyfriend, he wanted to get married, but we both felt we were too young. We decided we would make a plan to place the baby for adoption. We went to Planned Parenthood in Milwaukee, thinking they were there to help make plans for being a parent. We thought we could get more information on adoption.

We were so surprised to learn that the information we were looking for, Planned Parenthood didn't share with us but instead recommended abortion. The clinician tried to convince us that abortion was better for us. She referred to my baby as clump of tissue. I asked her point blank wasn't that a baby and not just a clump of tissue? I had remembered seeing the stages of pregnancy displayed at the Chicago museum of natural history. She denied that these were real babies. She then went on to tell us that I would need to have the abortion done in Madison at the hospital, because of my stage of pregnancy and that I would also need my parents consent due to my age.

I left feeling very unsupported and wanting no part of what she was suggesting. We went home and my father saw that I had been crying. He asked me if I was ok? I just looked at him and then his next words were, "you are in trouble aren't you!" I don't remember if I shook my head yes or not, but he said how you could do this to me. He returned later asking me what I was going to do. I told him about what the lady at Planned Parenthood said, but also that we wanted to make an adoption plan. He told me that we would need to do the first choice, because if anyone else found out that I was pregnant, my brother and I would be removed from his custody. This created a lot of fear in me.

My dad wanted me to have the abortion. We fought it for the longest time. Finally the day came that he was driving me down to Madison University hospital for the procedure. I remember going into have the procedure and lying on the table. The doctor telling what was going to happen, in his way he said he was going to pass a needle through my abdomen and withdraw the amniotic fluid and replace with the saline solution that would cause the tissues to be passed. I remember him inserting the needle and my leg jumped and hit the tray of instruments that was over my side and sent the tools flying. The doctor cursed me and told me not to move again or I could cause problems with my uterus.. I was to hold very still, as they could not withdraw the needle till they got the instruments reset again and the fluids exchanged. I told him I didn't want to be here, or to have the abortion done! He told me that my parents brought me here for this to be done and so this is what we were going to do.

After it all was over, I broke down and sobbed and felt like my whole inner soul died in that room. After the procedure we went back my hospital room to wait, till the saline solution burned and killed my baby. This causes me to go into labor and my baby be aborted.

After returning home, we rarely ever talked about this experience. Occasionally I would cry with my boyfriend but no one else knew about the abortion besides our parents. So I stuffed this down inside of



me and tried to go with life. I found it very difficult to continue on with day to day life. I cried often, not understanding why. Was this just a blob of tissue that was removed? Deep down inside I sensed it was more. I felt I had done something very wrong and let my God and family down, and my child whom was killed. I was told by my boyfriend's parents that I could come live with them and have the baby instead of the abortion. I wish I had been stronger to take that stance and try to please my father and his wishes. I also didn't want to be put in custody of my mother instead of my father. I always saw myself as a good girl, now I saw myself as someone who did the worst possible thing, got pregnant before marriage and killed my baby.

In 1979 at the age of 20 yrs old, I became pregnant again and for different reasons I sought out an abortion. I was very fearful, emotional and ashamed of where I was again. I didn't tell anyone, but went to another clinic that did abortions in Milwaukee. I thought this time being very early in the pregnancy it wouldn't be as traumatic or painful. The clinic did a urine test and confirmed that I was pregnant. They took a history, collected the money, but don't remember really being able to talk to anyone about the decision. Wasn't really counseled other than be told a little about the procedure. They did a D&C abortion on me. This abortion was worse than the first one. It hurt terribly and felt awful afterwards. I drove myself home and was told if any fever, nausea or bleeding abnormally to give them a call back. I later found out that the man I was with had had a vasectomy and so there was no way that I could have been pregnant. So thus the clinic performed an abortion on me when it wasn't even needed.

In the spring of '82, my younger brother married. Then got news that my exboyfriend married. I felt like an old maid, used and who would ever want to marry me?! As a young girl all I dreamed of was one day being married and having many children. I had periods of depression and thought of suicide. I never attempted to take my life but it led me to become a Christian and I found forgiveness and healing through my faith.

In 1984, I married a very forgiving man who knew my past experiences and loved me unconditionally. During the first 10 years of our marriage we suffered 10 miscarriages. My first abortion was at 4.5 months. All my miscarriages never seemed to pass the 4 month mark and could never carry a baby full term. I often wonder if my abortions were the cause or consequence of my miscarriages and infertility problems. I was never warned of any such consequences when I had the abortions done.

My husband and I worked with an infertility specialist through Madison's university hospital. To my surprise when we changed doctors later on we found out that the doctor we were assigned was the same doctor who performed my abortion in 1975. The records that followed us state I had terminated a male pregnancy at 4.5 months gestation. It truly wasn't a clump or blob of tissues.

I then made one last appt with this doctor to talk with him. My questions for him included how could he consult with a couple in one room for infertility and then go to another room to perform and kill a baby. What were his passions in what he was doing? To bring about life or to end it.? He told me if that was all I had to ask then our appt was over. He said he felt that what he was doing was a service to women. I told him how it caused me much pain in what was done in the abortion and how he still proceeded to do

the abortion when I told him I didn't want it done. But because I was 16yrs old, I had no rights at this time.

So today I am here to say that women need someone to stand for them, told truth of what is being done to them. Given the opportunity to go away and then process the information and then make a decision not an emotional choice. I feel an abortion caused me more emotional and spiritual pain and physical consequences than if I was to carry a baby to full term. Then if not ready to parent to consider an adoption placement. There should be a statement of what is truly in our wombs and photos or an ultrasound shown to the woman and partner what is actually growing inside their womb. Not be told that it is a clump of tissues. ~~I know of a woman who miscarried at just over 5 months and held a funeral for that baby. Two more weeks longer than my aborted baby and she had that little one clothed in a funeral outfit and held.~~

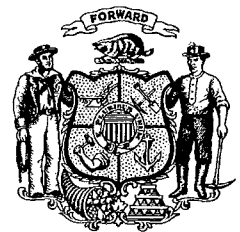
My husband and I went on to adopt to wonderful boys after our miscarriages. Those boys are the joy of life in having the privilege of raising them and being their mother. There are many more women out there today that would love to have a baby to parent. Adoption is a much more worthy and loving plan than taking the life of your baby and then suffering afterwards.

I have also counseled many women since and have found even the women who were adamant in having an abortion, still regretted their decisions later on. It was a solution they were told and thought at the time was a quick fix. Because many of them were offered no other choice or had someone to stand with them, went on to have an abortion later only to regret and have remorse on what they had done.

Thank you for the listening and allowing the privilege to share my testimony of how wrong abortion is and the need for time before proceeding to make a right decision.



# WISCONSIN STATE LEGISLATURE



February 6, 2012

## “MY TESTIMONY”

I know how it feels to have abortion at the age of 15 I found out that I was pregnant. I had to tell my parents that I was pregnant with child and that I would love to have my child. When I began to read the legislative analysis it said that the Medical Science Monitor reported that in 2004 that according to a study of American post-abortive women 64% of the women felt pressured by others to have an abortion. Women abort by three groups financial, relational and emotional threats, that true I fell into the pressured group relational it was my (parents) just a few days I was turning 16 years old some young teens enjoy there sweet 16 I was not one of them I was having an abortion. I began to read more about analysis and how they have a drug call RU 486 chemical injection this dangerous weapon has cost 14 death 612, hospitalizations, 58 ectopic pregnancies, 339 blood transfusions, and 256 cases of infection, we just don't understand when we go against the laws of GOD we put others in danger. One of the TEN COMMANDMENTS in the bible say and the book of Exodus chapter 20:13 it say thou shalt not kill it mean not to murder when we have abortion we kill a unborn child life we kill off generations we open a spirit of murder in our life call death we kill off dreams, marriages, families, friends just a few to name but the list get longer. Reader you don't understand the pain and the hurt the unforgiveness that I had in my heart for my parents just because I was pressured into have this abortion to make them happy but I was hurt I carry this pain for 16 years when you have abortion it effect your life personal we don't understand reaction that follow behind the action the bible say we perish because the lack of knowledge in the things of GOD the one that creator heaven and earth. A lot of women don't understand when we do this we reap with we sow I didn't understand why my life was like a death

walk everything I desire to do in life was abort until I ask GOD with is going on with my life all things that I want to do death shows up before life take it place the bible says in the book Galatians chapter 6:7 be not deceived God is not mocked: for whatever a man soweth, that shall he also reap. This mean that I sow death I had to reap death over my own life and the sad thing about it I didn't want the abortion my parents did but because life was within the life of me I had to suffer conquest The bible also say in the book of Proverbs chapter 6:17 that GOD hates hands that shed innocent blood. A lot of physicians, nurses and clinic are in wrong stander with God themselves because there hands are bloody before him. Reader I know you may have not known this or look at it this way but this is the reaction that follow behind the action. The bible says don't be a part taker to other man sin's Yes I am against abortion we need to put a stop to murder this kind of death is no different then putting a gun to someone head and killing that person, it the some way with the life of child they didn't ask to be here and didn't ask to be but to death RU 486 is that gun I believe we murder because we don't understand the real value of life the bible says that we are helper one to another mean that I should have a love for you to see that you live a life of full of happiness. I just want to thank GOD for deliver me from the pain and hurt that I suffer form this abortion if I knew with I know now this when ever had happen to me. I am sharing my testimony to help other women to choose life and not death.

Marquita

If you have any questions about my testimony you can contact me at 414 702-2632 or e-mail me at [marquitasadell@rocketmail.com](mailto:marquitasadell@rocketmail.com)