JIM STEINEKE MAJORITY LEADER
STATE REPRESENTATIVE • 5th ASSEMBLY DISTRICT

(608) 266-2401
Toll-Free: (888) 534-0005
Rep.Steineke@legis.wi.gov

P.O. Box 8953
Madison, WI 53708-8953

Testimony on Assembly Bill 179/Senate Bill 175

Requirements for children born alive following abortion or attempted abortion and providing a penalty

Dear Chairman Sanfelippo and members,

Thank you for the opportunity to come before your committee today to discuss Assembly Bill 179 — the Born Alive Abortion Survivors legislation I've authored along with Senate President Roth.

As a father of three, there is nothing that I wouldn't do for my kids. Over the past fifteen years, I've had a front row seat as I've watched our children grow to be active, intelligent young adults. There's nothing more in my life that I cherish more than having had the opportunity to bring these three young adults into life alongside my wife.

The lives of my children, and frankly, every child are something we should hold dear — doing everything in our power to protect and defend.

So you can imagine the horror I felt as a parent over the course of the past several months, as I've watched the idea and practice of abortion being advertised and even promoted by activists, legislators and even sitting governors across the United States. My stomach turned when during the most recent campaign, our now-governor likened the horrific process of an abortion to that of a tonsillectomy. The fact that individuals of authority can discuss young life with such disregard was beyond troubling.

It has been these instances and more that has led to today's hearing.

Today, I'm here to discuss legislation that will ensure that should any baby being delivered in our state survive a botched abortion, that child cannot be gruesomely murdered after its delivery. Often referred to as "born alive" legislation, this bill further codifies our commitment to protecting young life — requiring that any health care provider present at the time of a failed abortion, exercise care and compassion to preserve the life of the surviving child.

Some will say this bill goes too far or that it is simply unneeded. Again, I'll harken back to instances that occurred just weeks ago in which leading voices from the left were advocating for killing a young child after its birth, saying such egregious things as "an infant would be kept comfortable," after delivery while a "discussion would ensure between the physicians and the mother," about whether or not to let that child live or die.

Coupled with heinous bills signed into law in places like New York and Virginia, I, along with the long list of supporters this bill has garnered, am here to say that this bill is absolutely needed. As lawmakers, it's our duty to step in and support those who cannot support themselves.

Republicans in Wisconsin have consistently taken a stand to protect our most vulnerable. Today, we're reaffirming that commitment and making it known that our state will not follow the suit of others around the country and move backward when it comes to protecting young lives.

Chairman Sanfelippo, again, I appreciate the opportunity to come before you to have this important conversation today. At this time, I'd be happy to answer any questions you or the members of the committee may have.

ROGER ROTH
PRESIDENT
WISCONSIN STATE SENATE

May 7, 2019
Assembly Committee on Health

2019 Assembly Bill 179

Relating to: requirements for children born alive following abortion or attempted abortion and providing a penalty.

Thank you Chairman Sanfelippo and members of the Assembly Committee on Health for holding a public hearing on Assembly Bill 179.

Today Representative Steineke and I testify before you to advance legislation that protects human life, specifically the life of newborn children. I'm a father of four and I was in the room with my wife when each of my children were born. With all four of my sons, holding each one of them in my arms when they took their first breaths was an incredible experience. And I know if any of them needed medical attention in those first minutes and hours, the doctors and nurses in the room would have jumped into action to provide the care that my children needed.

To me, it is a universal truth that we would protect such delicate life without a moment's hesitation.

But then the unthinkable happened. In the last few months leaders around the country challenged that universal truth. From New York to Virginia to North Carolina, elected officials pushed back on the value that newborn babies – *all* newborn babies – deserve, and are entitled to, lifesaving treatment. I cannot fathom how they could be led to believe that such protections are unnecessary.

That is why we are here today. Regardless of the circumstances a baby comes into this world, he or she must have the same rights and protections that you and I have. Committee members, whether you are steadfastly pro-life or adamantly supportive of abortion or fall anywhere in between, there can be no ambiguity in the law on that point. Because this is not an abortion issue. Our bill simply provides the clarity necessary for health care providers to follow after a child is born alive.

{continued}

STATE CAPITOL: P.O. BOX 7882 • MADISON, WI 53707-7882
(608) 266-0718 • (800) 579-8717 • SEN.ROTH@LEGIS.WI.GOV
DISTRICT OFFICE: 1033 W. COLLEGE AVENUE, SUITE 19 • APPLETON, WI 54914

ROGER ROTH
PRESIDENT
WISCONSIN STATE SENATE

Assembly Bill 179 says that a survivor of an abortion is entitled to the "same degree of professional skill, care, and diligence to preserve the life and health of the child" that any other child born alive would receive.

Following the administration of that care, a survivor would need to be "immediately transported and admitted to a hospital." Our bill makes crystal clear that failure to provide such care would result in a Class H felony, and a provider who explicitly denies care to an infant with the intent to kill that child would be guilty of a Class A Felony.

Here in the state legislature we deal with a wide range of issues of varying impact, however, Assembly Bill 179 pertains to each and every one of us because it is upholding the sanctity of life.

Melissa Ohden is a survivor of a failed saline abortion. She now tells her story around the world. Melissa has provided written testimony to you today and I want to leave you with a portion of her words:

> *"Instead of being delivered as a successful abortion – a deceased child, I was miraculously born alive... Timely medical care is of the utmost importance for a child like me who survives an abortion. I truly believe I am alive today not only because I was miraculously saved from death in the abortion, but also because life-saving medical care was right down the hallway for me, once someone decided they couldn't leave me to die."*

I thank my colleagues for holding this hearing today and I encourage each of you to support advancing this bill to the floor of the State Assembly.

STATE CAPITOL: P.O. BOX 7882 • MADISON, WI 53707-7882
(608) 266-0718 • (800) 579-8717 • SEN.ROTH@LEGIS.WI.GOV
DISTRICT OFFICE: 1033 W. COLLEGE AVENUE, SUITE 19 • APPLETON, WI 54914

Melissa Ohden
7244 N Myrtle Ave
Kansas City Mo 64119
mohden@gmail.com

Wisconsin Assembly
Re: AB 179/SB 175
May 7, 2019

Thank you so much for your attention today to Assembly Bill 179 and Senate Bill 175, the Born Alive Abortion Survivors Protection Act.

This bill is vitally important because children do survive abortions and the Born Alive Infants Protection Act signed into law by President Bush in 2002 was a definitions bill that provided no consequence for failing to provide medical care to survivors.

There's limited data on the incidence of children surviving abortions, because, in the words of Doctor Willard Cates, former head of the CDC's Abortion Surveillance group, as quoted in the Philadelphia Enquirer in 1981, "(Live births) are little known because organized medicine, from fear of public clamor and legal action, treats them more as an embarrassment to be hushed up than a problem to be solved. It's like turning yourself in to the IRS for an audit. ...The tendency is not to report because there are only negative incentives."

However, data from the CDC about the incidence of infants surviving abortion gives us an idea of the depth of the issue. As Arina Grossu testified before Congress, according to the CDC, "between the years 2003 and 2014 there were somewhere between 376 and 588 infant deaths under the medical code P96.4 which keeps track of babies born alive after a "termination of pregnancy."

The CDC concluded that of the 588 babies, 143 were "definitively" born alive after an attempted abortion and they lived from minutes to one or more days, with 48% of the babies living between one to four hours.

It's important to note that this is an underestimate, because these are just reported numbers from hospitals, **not** abortion facilities. The now notorious abortionist Dr. Kermit Gosnell, is only one abortionist who was responsible for "hundreds of snippings" of born-alive babies, yet he didn't report even one. His numbers alone exceed the "definitive" numbers of the CDC.

As if the number of children surviving abortions wasn't enough, as if the reality of the lack of consequence for failing to provide timely medical care to survivors or even killing them post-birth wasn't enough to convict me of the importance of this bill, my own life story most certainly does.

I'm an abortion survivor, myself. In August of 1977, my birthmother, as a 19-year-old college student, had a saline infusion abortion forced upon her against her will by her mother, my

maternal grandmother.

The saline infusion abortion was the most common abortion procedure performed at the time, which involved injecting a toxic salt solution into the amniotic fluid surrounding me in the womb. The intent of that toxic salt solution was to poison and scald me to death. Typically, that procedure lasted about 72 hours—the child soaked in that toxic solution until their life was effectively ended by it, and then premature labor was induced, expelling the deceased child from the womb. My medical records indicate that I didn't soak in that saline solution for just three days, but actually five, while they tried numerous times to induce my birthmother's labor.

No matter what people believe about abortion in our society, most people agree that what happened to me was horrific. But I also hope that people recognize that what happened to my birth mother during those five days was also horrific. Abortion ends the life of its primary victim—most of the time, and dramatically impacts the life of the secondary victim—the woman.

Her labor was finally successfully induced on the fifth day, and I was delivered in the final step of that abortion procedure at St, Luke's Hospital in Sioux City, Iowa. However, instead of being delivered as a successful abortion—a deceased child, I was miraculously born alive.
My medical records actually state "a saline infusion for an abortion was done but was unsuccessful." They also list out a complication of pregnancy as a "saline infusion."

I weighed a little less than three pounds, which indicated to the medical professionals that my birth mother was much further along in her pregnancy than the 18-20 weeks pregnant that was estimated in medical records. In fact, a neonatologist remarked that he estimated me to be about 31 weeks gestational age.

Whether the abortionist simply estimated the gestation wrong based on my birthmother's self-reporting, or he was lying in order to proceed with the abortion, we'll probably never know. What we do know is that when I was delivered alive that day, there was argument about whether I would be provided medical care. My adoptive parents were told that I was "laid aside," and that nurses intervened to save my life.

I was contacted by a nurse two years ago now who was able to elaborate on this. She had read my book that had just been published, and knew that I was the baby that she remembered from St. Luke's. She shared how she was working in the NICU that day when a tall, blond nurse rushed me in, shouting "that damn Dr. Kelberg messed up!" Dr. Kelberg was my abortionist. She went on, though, and said, "she just kept gasping for breath! She just kept gasping for breath, and so I couldn't just leave her there to die!"

I am one of the lucky ones—to not only survive an abortion, but to have someone fight to save me. We know this is not always the case. Look up the testimony of nurse Jill Stanek, in case you haven't heard of her experience, although there are so many more stories like hers.

Despite the miracle of my survival, my prognosis was initially very guarded. I suffered from

severe respiratory and liver problems, seizures...the doctors actually thought I had a fatal heart defect initially because of the amount of distress that my body was under. They indicated they didn't know how long I might live, and if I continued to live, that I would suffer from multiple disabilities. Yet here I am today, overall healthy.

Timely medical care is of the utmost importance for a child like me who survives an abortion. I truly believe I'm alive today not only because I was miraculously saved from death in the abortion, but also because life-saving medical care was right down the hallway for me, once someone decided they couldn't leave me to die.

Accurate reporting of the incidence of children surviving is also important. Only six states require the reporting of statistics on children marked for abortion who were born alive during abortion procedures, and only five of those states have reported this information through 201: Arizona, Florida, Michigan, Minnesota, and Oklahoma. In those five states alone, at least 25 children were born alive during attempted abortions in 2017.

I'm blessed to be alive, and I've been united with my biological mother and many members of both her family and members of my biological father's family. I can say on behalf of my birth family, my adoptive family, my husband, Ryan, and daughters, Olivia and Ava, we are thankful for your support of this bill.

Passage of The Born Alive Abortion Survivors Protection Act will ensure that the fate of survivors like me here in Wisconsin or the 289 survivors that I've connected with through my ministry, The Abortion Survivors Network, aren't left in the hands of their abortionist or the "luck of the draw" in what medical professional is working that day.

Thank you for supporting the bill and for all that you do for lives like mine through your legislative work.

Sincerely,

Melissa Ohden, MSW
Founder, The Abortion Survivors Network

Jill Stanek Written Testimony
May 7, 2019
Submitted to Wisconsin Legislature

When I heard Virginia Governor Ralph Northam, a pediatric neurologist, describe during an interview the process by which doctors determine to shelve unwanted newborns to die, it hit painfully home to me.

He said, quoting, "If a mother is in labor, I can tell you exactly what would happen. The infant would be delivered. The infant would be kept comfortable. The infant would be resuscitated if that's what the mother and the family desired."

Governor Northam was right. That *is* exactly what happens. I know because I cared for a dying baby who was on the other side of that decision.

My experience was 20 years ago, but as Governor Northam made clear, it could have happened yesterday. I was a Registered Nurse at Christ Hospital in Illinois, when I learned it committed abortions into the second and third trimesters. The procedure, called induced labor abortion, sometimes resulted in babies being aborted alive.

In the event a baby was aborted alive, he or she received no medical assessments or care but was only given what my hospital called "comfort care"- made comfortable, as Governor Northam indicated.

One night, a nursing co-worker was transporting a baby who had been aborted because he had Down syndrome to our Soiled Utility Room to die – because that's where survivors were taken.

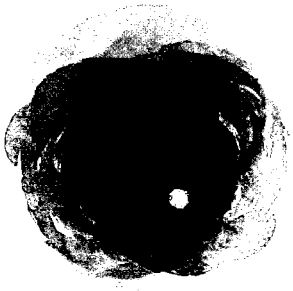
I could not bear the thought of this suffering child dying alone, so I rocked him for the 45 minutes that he lived. He was 21 to 22 weeks old, weighed about 1/2 pound, and was about the size of my hand. He was too weak to move very much, expending all his energy attempting to breathe. Toward the end he was so quiet I couldn't tell if he was still alive unless I held him up to the light to see if his heart was still beating through his chest wall.

After he was pronounced dead, I folded his little arms across his chest, wrapped him in a tiny shroud, and carried him to the hospital morgue where we took all our dead patients.

That word "comfortable," which Governor Northam used, is particularly grating. How far will doctors go to comfort themselves for letting abortion survivors die? After I went public about

survivors being taken to the Soiled Utility Room, Christ Hospital created what it called the "Comfort Room." This was a small, nicely decorated room complete with a First Foto machine if parents wanted professional pictures of their aborted baby, baptismal supplies, and a foot printer and baby bracelets in case parents wanted keepsakes of their aborted baby.

Clearly, little abortion survivors desperately need Wisconsin to pass the Born Alive Protections Act, to provide them with legal medical protections and not leave open the decision whether they live or die.



Pro Life WI.
LOVE. FOR LIFE.

Testimony in Opposition to Assembly Bill 179: requirements for children born alive following abortion or attempted abortion and providing a penalty
Assembly Committee on Health
By Matt Sande, Director of Legislation

May 7, 2019

Good morning Chairman Sanfelippo and Committee members. My name is Matt Sande and I serve as director of legislation for Pro-Life Wisconsin. Thank you for this opportunity to express our opposition to Assembly Bill (AB) 179 as currently written, legislation entitled the *Born Alive Protection Act*.

Pro-Life Wisconsin supports legislation that aims, through its requirements and penalties, to enhance current law protections for babies born alive following failed abortions. Under current law s. 990.001(17), babies born alive after an abortion attempt have the same legal status and rights as babies born naturally, or by induction or cesarean section. Under current law, intentionally killing that born alive baby can be punished as a Class A felony under Wisconsin's first-degree intentional homicide statute, s.940.01(1)(a).

Assembly Bill 179 places new requirements on health care providers who are "present at the time an abortion or attempted abortion results in a child born alive." They must "(e)xercise the same degree of professional skill, care, and diligence to preserve the life and health of the child as a reasonably diligent and conscientious health care provider would render to any other child born alive at the same gestational age" and "ensure that the child born alive is immediately transported and admitted to a hospital." Anyone who violates this section is guilty of a Class H felony (a fine not to exceed $10,000, imprisonment not to exceed six years, or both). We have no concern with the immunity clause for the mother in Section 1 of the bill since the requirements in this section apply only to the healthcare worker.

Section 2 of the bill creates a new section, s.940.01(1)(c), under Wisconsin's first-degree intentional homicide statute that specifically makes intentionally causing the death of a child born alive as a result of an abortion a Class A felony with a penalty of life imprisonment. The problem with Section 2 is that it applies to anyone but the mother. It provides complete immunity to the mother who intentionally kills her born alive child. **We fear this blanket immunity clause in Section 2 of the bill will undermine current law protections against maternal filicide - the killing of children by their own mothers.** We want to ensure that Assembly Bill 179 complements current law, not undermines it.

The harmful impact of Assembly Bill 179 can be easily remedied by either removing Section 2 entirely [since under current law 940.01(1)(a), we can already prosecute infanticide], or by removing the immunity clause (exemption) for the mother in Section 2. We prefer the latter option.

PRO-LIFE WISCONSIN, INC.
PROLIFEWI.ORG
INFO@PROLIFEWI.ORG

P.O. BOX 221
BROOKFIELD, WI 53008
262.796.1111

FACEBOOK.COM/PROLIFEWI
TWITTER.COM/PROLIFEWI
YOUTUBE.COM/PROLIFEWI

The North Carolina *Born-Alive Abortion Survivors Protection Act* provides an example of a bill that does NOT provide immunity for the mother for intentionally killing her born alive child. The exemption for the mother in Senate Bill 359 does NOT extend to the murder section of the bill [Section 2.(b)] but only to the healthcare provider section [Section 2.(a)] - which is not a problem. Regrettably, the bill was recently vetoed.

Along with my written testimony, I have handed to committee members a legal memorandum prepared for Pro-Life Wisconsin by Personhood Alliance President Gualberto Garcia Jones concerning this legislation. We asked Mr. Jones what impact the exemption for the mother in Section 2 of the bill would have on the equal protection of born alive infants as codified in current law 990.001(17). **To be clear, AB 179 completely exempts from prosecution the mother of a child born alive after an abortion if she kills or conspires to kill her born alive child after an abortion.**

Current law 990.001(17) states that ..."whoever undergoes a live birth as the result of an abortion, as defined in s. 253.10 (2) (a), has the same legal status and legal rights as a human being at any point after the human being undergoes a live birth as the result of natural or induced labor or a cesarean section." The legal memorandum concludes that the bill "provides a new, unnecessary, and dangerous exemption from prosecution for mothers who kill their own children after an abortion" that "erode(s) the protections granted in 990.001(17)."

How so? Mr. Jones explains that

> "Because Wisconsin law 990.001(17) recognizes that a child born alive after an attempted abortion has the same legal rights as a human being at any point after a natural birth, this exemption in (Assembly Bill 179) is highly problematic. Section 990.001(17) requires equal protection for the child born alive after an abortion. While 990.001(17) is consistent with the requirement of (Assembly Bill 179) that healthcare providers extend life-saving care to the born alive child, it is inconsistent with allowing a mother to avoid prosecution for intentionally killing her born alive child. In essence, (Assembly Bill 179) violates the equal protection of the law that 990.001(17) requires for all children born alive."

Mr. Jones goes on to explain how the exemption for the mother in Section 2 has grave implications for holding accountable mothers who, following failed self-induced abortion attempts, kill their own born alive children. These cases of infanticide by a mother are known as maternal filicide.

> "The definition of abortion used in (Assembly Bill 179) is contained in 253.10(2)(a) and is broad enough to include self-abortion. As used in the bill, 'Abortion' means to terminate the pregnancy of a woman with intent other than to increase the probability of a live birth, to preserve the life or health of the infant after live birth or to remove a dead fetus. In many filicide cases the mother hides her pregnancy and gives birth with the intent to kill her child as soon as he or she is born alive. Often, the mother resorts to drugs or devices to induce early labor. These actions would constitute self-abortion and as such would create the fact pattern for the intended prosecution under Assembly Bill 179.

> "Currently in Wisconsin, as in most other states, cases of maternal filicide - mothers who kill their infants - are treated as intentional homicides and they are prosecuted under the first degree intentional homicide law 940.01(1)(a). However, with the creation of 940.01(1)(c) dealing specifically with the intentional killing of a born alive child after an abortion, it would be the clear legislative intent that this newer more specific statute be the favored statute used for prosecuting cases of filicide after abortion. Since mothers are exempted from prosecution, it would follow that according to (Assembly Bill 179) the intent of the legislature in cases where a mother kills her own child after an abortion would be to exempt her completely from prosecution for first degree intentional homicide.
>
> "In an attempt to exempt the mother from prosecution in cases like those of abortionist Kermit Gosnell, (Assembly Bill 179) is in fact unwittingly opening the door for mothers who commit filicide to avoid prosecution."

In a noble effort to uphold the dignity of human life and effectuate equal protection for born alive children by requiring equal care for them, this bill unfortunately provides *less* protection for born alive children by providing total immunity to the mothers who intentionally kill them. **An anti-infanticide bill inadvertently allows infanticide. This must be corrected.** It is our hope that an amendment removing the exemption in Section 2 will be introduced and approved by this committee.

Thank you for your consideration, and I would be happy to answer any questions committee members may have for me.

1717 Pennsylvania Ave. NW, Suite 1025
Washington DC 20006
(202) 888-6333

Memorandum for Pro-Life Wisconsin on LRB-2675/1

From: Gualberto Garcia Jones, Esq.,
Personhood Alliance President
garcia@personhood.org

Date: April 17, 2019

Subject: LRB-2675/1: potential unintended consequences

As a member affiliate of Personhood Alliance, you asked me to clarify whether LRB-2675/1 could erode the rights of children born alive after an abortion.

Summary of LRB-2675/1
LRB-2675/1 contains two main provisions. LRB-2675/1 in s. 253.109 deals with healthcare providers and contains no exceptions which erode the rights of children born alive after an abortion and therefore is not relevant to this analysis. Under LRB-2675/1 in s. 940.01 (1) (c) whoever causes the death of the child born alive resulting from an abortion or attempted abortion as described under the bill is guilty of a class A felony. This section would be an additional subsection to the current first degree intentional homicide statute Section 940.01 (1) (a) and would deal specifically with killing a child born alive after an abortion, whereas the existing intentional homicide statute is applicable to all human beings after birth. LRB-2675/1 completely exempts from prosecution the mother of a child born alive after an abortion if she kills or conspires to kill her born alive child after an abortion.

While granting the mother immunity is understandable as a way of seeking the mother's cooperation in those cases where the prosecution is seeking to pursue charges against doctors who killed the born alive child, the complete exemption from prosecution for the mother is highly problematic in the case of infanticide after a self-abortion.

Unfortunately these gruesome cases of infanticide by a mother, properly called maternal filicide, are not rare. A study published by researchers at Brown University[1] found that every year there are roughly 500 cases of filicide - the killing of one's child - in the United States. Of these 500 annual cases, roughly one third were related to the killing of infants younger than one year. Researchers found that:

[1] https://news.brown.edu/articles/2014/02/filicide

> "The final hypothetical motive category pertains mostly to those youngest of victims, 'the unwanted child.' This evolutionarily motivated idea, also informed by other studies, suggests that parents, particularly young mothers, may kill young children who are sick or for whom they feel they cannot provide care."

The definition of abortion used in LRB-2675/1 is contained in 253.10(2)(a) and is broad enough to include self-abortion. As used in the bill, "Abortion" means to terminate the pregnancy of a woman with intent other than to increase the probability of a live birth, to preserve the life or health of the infant after live birth or to remove a dead fetus. In many filicide cases the mother hides her pregnancy and gives birth with the intent to kill her child as soon as he or she is born alive. Often, the mother resorts to drugs or devices to induce early labor. These actions would constitute self-abortion and as such would create the fact pattern for the intended prosecution under LRB-2675/1.

Currently in Wisconsin, as in most other states, cases of maternal filicide - mothers who kill their infants - are treated as intentional homicides and they are prosecuted under the first degree intentional homicide law 940.01(1)(a). However, with the creation of 940.01(1)(c) dealing specifically with the intentional killing of a born alive child after an abortion, it would be the clear legislative intent that this newer more specific statute be the favored statute used for prosecuting cases of filicide after abortion. Since mothers are exempted from prosecution, it would follow that according to LRB-2675/1 the intent of the legislature in cases where a mother kills her own child after an abortion, would be to exempt her completely from prosecution for first degree intentional homicide.

In an attempt to exempt the mother from prosecution in cases like those of abortionist Kermit Gosnell, LRB-2675/1 is in fact unwittingly opening the door for mothers who commit filicide to avoid prosecution.

While the Legislative Attorney's analysis is correct that LRB-2675/1 addresses only "a particular action that constitutes first-degree intentional homicide" the fact of the matter is that the particular action described in the proposed new section 940.01(1)(c) is precisely the fact pattern of a self-abortion followed by the killing the born alive child.

The Legislative Attorney is also correct that LRB-2675/1 "does not affect any ability to prosecute a person for other actions that constitute first-degree intentional homicide" but again, we are not concerned with other actions, but with the specific case addressed by LRB-2675/1 of an abortion followed by the murder of the born alive child. Because basic rules of interpretation dictate that more specific statutes control over less specific ones and newer statutes over older ones, it is evident that cases of filicide after an abortion would be dealt with prosecution under the more specifically tailored and newer proposed section 940.01(1)(c) instead of the older more general 940.01(1)(a). Since LRB-2675/1 specifically exempts the mother from filicide after an abortion, it is reasonable that the legislative intent in addressing the issue directly and exempting the mother is to prevent the mother from being prosecuted for first degree intentional homicide.

Because Wisconsin law 990.001(17) recognizes that a child born alive after an attempted abortion has the same legal rights as a human being at any point after a natural birth, this exemption in LRB-2675/1 is highly problematic. Section 990.001(17) requires equal protection for the child born alive after an abortion. While 990.001(17) is consistent with the requirement of LRB-2675/1 that healthcare providers extend life saving care to the born alive child, it is inconsistent with allowing a mother to avoid prosecution for intentionally killing her born alive child. In essence, LRB-2675/1 violates the equal protection of the law that 990.001(17) requires for all children born alive.

In the fetal homicide case of State v. Black (1994) the Wisconsin Supreme Court held that "when two provisions are similar ... we must make every attempt to give effect to both by construing them together so as to be consistent with one another." In the current case, the only possible way to construe 990.001(17) along with the exemption in LRB-2675/1 for mothers who kill their born alive children is to erode the protections granted in 990.001(17).

As the Legislative Attorney's memo makes clear, infanticide is currently capable of prosecution under Wisconsin's first-degree intentional homicide statute 940.01(1)(a) as applied to any person, including the mother of an unwanted child. While LRB-2675/1 does introduce a new and necessary penalty for healthcare providers who refuse to provide medical care to born alive children after an abortion, it also provides a new, unnecessary, and dangerous exemption from prosecution for mothers who kill their own children after an abortion. Because the definition of an abortion is broad enough to encompass a self-abortion, this exemption, which is specifically intended to apply to the killing of a child after an attempted abortion, could arguably be used to show that the legislature does not intend either 990.001(17) or the first degree intentional homicide statutes to apply to women who self-abort and then kill their own born alive children.

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2019

S 1

SENATE BILL 359

Short Title:	Born-Alive Abortion Survivors Protection Act.	(Public)
Sponsors:	Senators Krawiec, Hise, and Harrington (Primary Sponsors).	
Referred to:	Rules and Operations of the Senate	

March 27, 2019

A BILL TO BE ENTITLED

AN ACT ESTABLISHING THE BORN-ALIVE ABORTION SURVIVORS PROTECTION ACT.

The General Assembly of North Carolina enacts:

PART I. TITLE

SECTION 1. This act shall be known and may be cited as the "Born-Alive Abortion Survivors Protection Act."

PART II. BORN-ALIVE ABORTION SURVIVORS PROTECTION ACT

SECTION 2.(a) Chapter 90 of the General Statutes is amended by adding a new Article to read:

"Article 1L.

"Born-Alive Abortion Survivors Protection Act.

"**§ 90-21.130. Definitions.**

As used in this section, the following definitions apply:

(1) Abortion. – As defined in G.S. 90-21.81.

(2) Attempt to perform an abortion. – As defined in G.S. 90-21.81.

(3) Born alive. – With respect to a member of the species homo sapiens, this term means the complete expulsion or extraction from his or her mother of that member, at any stage of development, who after such expulsion or extraction breathes or has a beating heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, regardless of whether the umbilical cord has been cut, and regardless of whether the expulsion or extraction occurs as a result of natural or induced labor, cesarean section, or induced abortion.

"**§ 90-21.131. Findings.**

The General Assembly makes the following findings:

(1) If an abortion results in the live birth of an infant, the infant is a legal person for all purposes under the laws of North Carolina and entitled to all the protections of such laws.

(2) Any infant born alive after an abortion or within a hospital, clinic, or other facility has the same claim to the protection of the law that would arise for any newborn, or for any person who comes to a hospital, clinic, or other facility for screening and treatment or otherwise becomes a patient within its care.

"**§ 90-21.132. Requirements for health care practitioners.**

In the case of an abortion or an attempt to perform an abortion that results in a child born alive, any health care practitioner present at the time the child is born alive shall do all of the following:

(1) Exercise the same degree of professional skill, care, and diligence to preserve the life and health of the child as a reasonably diligent and conscientious health care practitioner would render to any other child born alive at the same gestational age.

(2) Following the exercise of skill, care, and diligence required under subdivision (1) of this section, ensure that the child born alive is immediately transported and admitted to a hospital.

"**§ 90-21.133. Mandatory reporting of noncompliance.**

A health care practitioner or any employee of a hospital, a physician's office, or an abortion clinic who has knowledge of a failure to comply with the requirements of G.S. 90-21.132 shall immediately report the failure to comply to an appropriate State or federal law enforcement agency, or both.

"**§ 90-21.134. Bar to prosecution of mothers of infants born alive.**

The mother of a child born alive may not be prosecuted for a violation of, or attempt to or conspiracy to commit a violation of, G.S. 90-21.132 or G.S. 90-21.133 involving the child who was born alive.

"**§ 90-21.135. Penalties.**

(a) In General. – Except as provided in subsection (b) of this section, unless the conduct is covered under some other provision of law providing greater punishment, a person who violates G.S. 90-21.132 or G.S. 90-21.133 is guilty of a Class D felony which shall include a fine of not more than two hundred fifty thousand dollars ($250,000).

(b) Unlawful Killing of Child Born Alive. – Any person who intentionally performs or attempts to perform an overt act that kills a child born alive shall be punished as under G.S. 14-17(c) for murder.

"**§ 90-21.136. Civil remedies; attorneys' fees.**

(a) Civil Remedies. – If a child is born alive and there is a violation of this Article, a claim for damages against any person who has violated a provision of this Article may be sought by the woman upon whom an abortion was performed or attempted in violation of this Article. A claim for damages may include any one or more of the following:

(1) Objectively verifiable money damage for all injuries, psychological and physical, occasioned by the violation of this Article.

(2) Statutory damages equal to three times the cost of the abortion or attempted abortion.

(3) Punitive damages pursuant to Chapter 1D of the General Statutes.

(b) Attorneys' Fees. – If judgment is rendered in favor of the plaintiff in any action authorized under this section, the court shall also tax as part of the costs reasonable attorneys' fees in favor of the plaintiff against the defendant. If judgment is rendered in favor of the defendant and the court finds that the plaintiff's suit was frivolous or brought in bad faith, then the court shall tax as part of the costs reasonable attorneys' fees in favor of the defendant against the plaintiff."

SECTION 2.(b) G.S. 14-17(c) reads as rewritten:

"(c) For the purposes of this section, it shall constitute murder where a child is born alive but (i) dies as a result of injuries inflicted prior to the child being born ~~alive.~~ alive or (ii) dies as a result of an intentional, overt act performed after the child is born alive. The degree of murder shall be determined as described in subsections (a) and (b) of this section."

SECTION 2.(c) This section becomes effective December 1, 2019, and applies to offenses committed on or after that date.

PART III. SAVINGS CLAUSE

SECTION 3. Prosecutions for offenses committed before the effective date of this act are not abated or affected by this act, and the statutes that would be applicable but for this act remain applicable to those prosecutions.

PART IV. EFFECTIVE DATE

SECTION 4. Except as otherwise provided, this act becomes effective December 1, 2019.

BARBARA DITTRICH

STATE REPRESENTATIVE • 38th ASSEMBLY DISTRICT

May 7, 2019

Assembly Committee on Health

RE: Rep. Dittrich Testimony on AB 182 – Sex-selective, disability-selective, and other selective abortions and providing a penalty

RE: Rep. Dittrich Testimony on AB 183 - Prohibiting DHS from certifying certain abortion providers as qualified providers under the Medical Assistance program

Good Morning Assembly Committee Chairman Sanfelippo and members of the committee. I appreciate the opportunity to speak to you today on this incredibly important topic, protecting the lives of our unborn children regardless of their diagnosis, ability level, race, color, nationality, or gender. Additionally, I will be sharing with you the importance of ensuring taxpayer money is not continuing to flow to Planned Parenthood through BadgerCare.

First, I would like to speak to the importance of saving the lives of our unborn children.

AB 182 prohibits a person from performing/attempting to perform or inducing an abortion if the person knows the woman is seeking an abortion solely because of the race, color, national origin, ancestry, gender, or diagnosis or potential diagnosis of a congenital disability.

In my myriad personal experiences, I have witnessed many beautiful, unique individuals that would have been otherwise "written off" by society flourish and live full and meaningful lives as members of our society. While I appreciate the angst and fear of a woman seeking an abortion, I want to discourage the elimination of an unborn child due to a diagnosis or potential diagnosis. Rather, I believe we should encourage and support women, even helping them to make the difficult decision to place a child for adoption if they feel unable to parent the child. I speak to countless families that would welcome and have welcomed a child into their lives regardless of that child's ability level, through biological birth or the miracle of adoption. Additionally, a child should not be killed due to their race, color, national origin, ancestry, or gender as it is equivalent to discrimination in the womb. If we wouldn't discriminate after birth, we surely should not prior to birth. Every human being should expect the protection of life as stated in our Constitution.

Deciding which life is worthy of saving even up to birth, while seeming to avoid the challenges of living with difficulties, unwittingly practices eugenics, something humanity has decried throughout history. Further, it deprives us of the rich diversity people of ever type add to our world. We cannot both say that we support individuals of every race, gender, nationality, ethnicity, and ability level yet use the same criteria to kill an unborn child.

P.O. Box 8952 • Madison, WI 53708-8952 • (608) 266-8551 • Toll Free: (888) 534-0038
Rep.Dittrich@legis.wi.gov

AB 182 would not interfere with the existing law prohibiting any person from performing an abortion if the probably post-fertilization age of the unborn child is 20 or more weeks.

The second bill in the package before the committee today would ensure that taxpayer funds do not subsidize abortion providers.

AB 183 is essential to cutting off the flow of taxpayer funds to entities such as Planned Parenthood, a not for profit entity. While previous pro-life reforms have redirected state and federal family planning dollars away from Planned Parenthood, they still receive BadgerCare reimbursements for non-abortion services, essentially making these fungible dollars available for abortion services.

This bill would utilize a 2-step process. The first step is directing DHS to cease the designation of a qualified provider under the Medical Assistance program, also known as BadgerCare, any entity or affiliate of an entity that provides abortion services. The second step is obtaining a waiver from the federal government to modify the existing Medicaid (BadgerCare) program. The second step takes advantage of the current administration's decision to allow states greater flexibility in determining which healthcare providers are "qualified providers" for Medicaid.

It's important to note that hospitals that comply with current statutory provision would not be denied certification. Several waivers are already pending with the federal government.

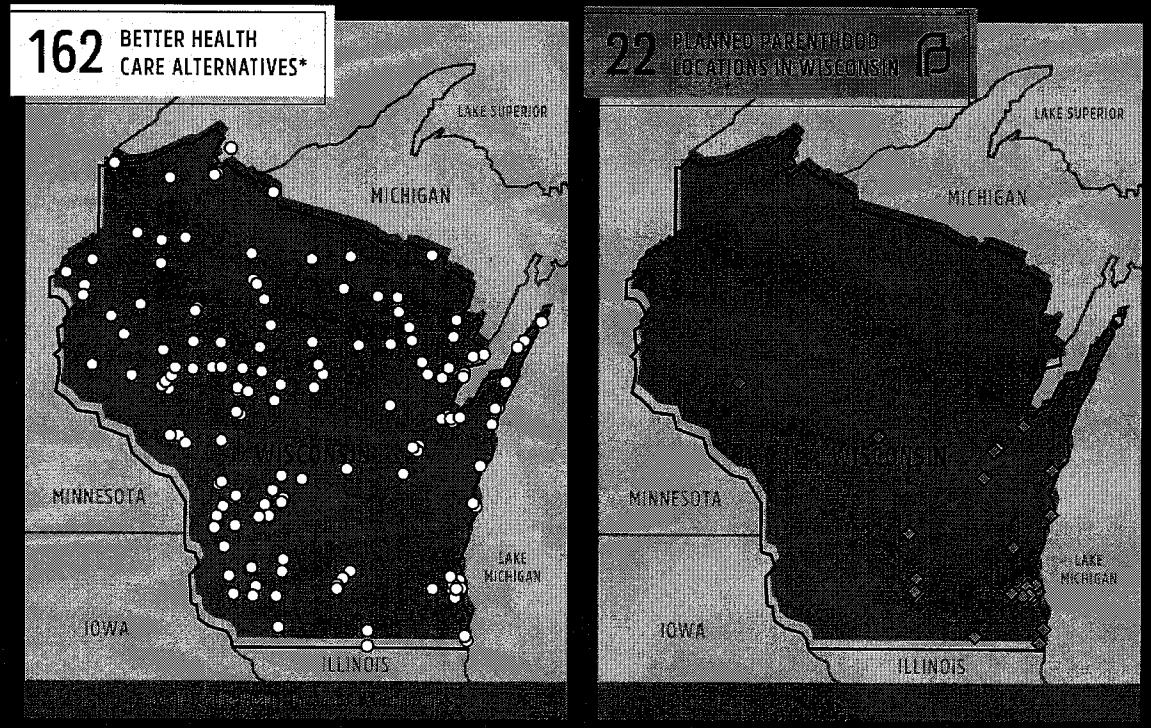
These steps are not unprecedented as South Carolina, Tennessee, Texas, Missouri, and Iowa are also pursuing similar plans to deny Planned Parenthood Medicaid reimbursement dollars.

The funds denied to Planned Parenthood under this proposal would still be available for women's healthcare at other healthcare providers. This does not shrink the amount of money in BadgerCare! According to the Lozier Institute and the Centers for Medicare and Medicaid Services, there are 7 healthcare clinics in Wisconsin for every Planned Parenthood facility. It is a false narrative that we need tax dollars to fund Planned Parenthood in order to assure women's health throughout Wisconsin. If you reference the handout included with my written testimony you can see that Planned Parenthood facilities are concentrated in specific regions in our state, while there are 162 federally qualified health clinics and rural health clinics all around our state serving a much larger percent of our population.

In an era where we have availed ourselves of incredible technology like 3D ultrasounds and sonograms to see the faces of our unborn children, humanity has evolved enough to understand that the elimination of these unborn children is simply inhumane. I ask for your support in this legislation and welcome your questions.

WOMEN HAVE REAL CHOICES

There are 7 health care clinics for every Planned Parenthood.



#DefundPP

* Data based on information provided by https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/rhcfistbyprovidername.pdf (last visited Sept. 3, 2015) and http://datawarehouse.hrsa.gov/Data/datadownload/nrcDownload.aspx (last visited Sept. 3, 2015). **Note: this map does not include the many additional private health providers in Wisconsin who accept Medicaid for women's health needs.**

Brought to you by

Donum Vitae Institute - for Nascent Human Life

Mary Anne Urlakis, M.A., Ph.D.

Executive Director & Co-Founder

Dr.MaryAnneUrlakis@DonumVitaeInstitute.com 262-628-4546

P.O. Box 174 Hubertus, WI 530337 May 2019

Testimony before State of Wisconsin Assembly Committee on Health; Hearing on AB 181

Good Afternoon. Thank you Chairman Sanfelippo and the members of the Assembly Committee on Health for allowing me to have this opportunity to speak to you today in support of AB 181.

My name is Dr. Mary Anne Urlakis; I am the Executive Director and Co-Founder of the Donum Vitae Institute for Nascent Human Life, which is a branch of the Children First Foundation. I am classically trained and degreed clinical bioethicist; holding graduate degrees from both Marquette University and the Medical College of Wisconsin. I am here to speak to you both as a bioethicist and as a tax-paying citizen of the State of Wisconsin in support of Assembly Bill 181.

Passage of AB181 would require the Department of Health Services (DHS) to decertify providers of the Medical Assistance program that provide abortion services, thus ensuring that taxpayer dollars would no longer be spent directly or indirectly on subsidizing abortions.

Among the core principles of bioethics is that of Justice. The U.S. Supreme Court has consistently and repeatedly ruled, in cases such as *Harris v. McRae* and *Williams v. Zbaraz,* that there is no statutory or Constitutional obligation of the federal government or the states to fund medically indicted abortions. [1] Yet DHS records indicate that from July 1, 2010 through December 31, 2017, Planned Parenthood Wisconsin has received $94.7 in BadgerCare MA reimbursements. Numerous audits over the years continue to reveal habitual overbilling; including a one-month audit in 2016 which determined that 6 Planned Parenthood locations in Wisconsin had overbilled taxpayers nearly one million dollars. Similar audits in twelve other states have uncovered the same pattern of fraudulent overbilling in excess of $123 Million nationwide. When one considers both the lack of judicial justification for taxpayer funding of abortion, and the consistent corporate pattern of fraud and overbilling, it is evident that the principle of justice would support legislation to ensure that Wisconsin taxpayers were no longer burdened with subsidizing abortion.

Among the other important arguments to weigh as one considers the relevance of the principle of justice and legislation to decertify providers to the Medical Assistance program who provide abortions, is the evidence that some of these dollars are spent on abortion services that have the subsequent of effect of allowing the crime of sex trafficking to flourish. It is increasingly evident that the issue of human trafficking- especially on the I-94 corridor – is one we as citizens can no longer ignore. It is a particularly egregious ethical concern that children are enslaved in a such an industry that is hidden by and benefits from taxpayer funded abortions.

Lastly, the growing political polarization evident in the past decade highlights the fact that abortion on demand is not universally supported. Thus, in addition to all of the aspects of an appeal to justice that I have enumerated above, is the fundamental argument that as a matter of conscience, taxpayers ought not be forced to participate in the killing of unborn human persons. Decertifying abortion providers in the state's MA program respects the consciences of those Wisconsin taxpayers who value the sanctity of every human life.

Thank you for your time and consideration,

Mary Anne Urlakis, M.A., Ph.D.

---

[1] Congressional Research Service "Abortion Judicial History and Legislative Response, RL33467 Version 45, 7 Dec 2018.

Members, Assembly Committee on Health

Support for Assembly Bill 181

May 7, 2019

Greetings Chairman Sanfelippo and Committee Members,

My name is Ken Pientka, I am resident of the Middleton area and strongly support AB 181, which removes Medicaid funding from abortion providers, including Planned Parenthood of Wisconsin. Out of respect for your time, I will be brief. I support this bill for the following reasons:

1. I believe that God is the author of life and thus oppose abortion in all cases.
2. I strongly oppose the use of any of my tax dollars to fund any services in any way connected to abortion.
3. I support AB 181 because it complements both enacted state law prohibiting the use of state funding of abortion and my personal views against using tax dollars to fund abortion.

Thank you for this opportunity to share my views on this important legislation. I urge you to recommend passage of AB 181.

Sincerely,

Ken Pientka

7511 Oak Circle Drive

Middleton, WI 53562

Ken.pientka@gmail.com

608 220 8022

Wisconsin Alliance for
Women's Health
www.supportwomenshealth.org

TO: Assembly Committee on Health
FROM: Sara Finger, Executive Director, Wisconsin Alliance for Women's Health
RE: Testimony in Opposition of AB 179, AB 180, AB 182 and AB 183
DATE: May 7, 2019

Chairman Sanfelippo and members of the Assembly Committee on Health, thank you for the opportunity to provide written testimony in opposition of AB 179 - AB 183.

Our vision at the Wisconsin Alliance for Women's Health (WAWH) is that every Wisconsin woman - at every age and every stage of life - is able to reach her optimal health, safety and economic security. In the spirit of our vision, we oppose all legislation that seeks to advance an anti-abortion agenda under the guise of protecting women's health and anti-discrimination legislation.

If reducing the number of abortions in Wisconsin is truly the goal of the individuals and organizations supporting these bills, WAWH would humbly suggest that they cease their focus on implementing every fathomable obstacle to accessing abortion care and begin to prioritize public policies that have demonstrated success in preventing unintended pregnancies and reducing abortion rates. Study after study indicates that increasing women's access to contraception and family planning services significantly reduces the occurrence of unintended pregnancies and abortion rates. Despite this overwhelming evidence, for the past eight years this Legislature has virtually ignored proactive public policies that would increase women's access to family planning services and has worked to undermine and degrade the existing family planning services infrastructure in Wisconsin.

Just as importantly, for elected leaders who claim to value the health of mothers and babies in Wisconsin, we encourage their support of positive, proactive policies that will improve maternal and child health outcomes in our state. For too long, Wisconsin has ranked #1 in the nation around infant mortality of black babies. We need to look to the strong evidence that supports Medicaid expansion as a way to reduce the African American infant mortality rate and fully expand BadgerCare.

We also need to fully invest in and advance the "Healthy Women Healthy Babies Initiative" that includes additional evidence-based programs like home visiting, community based doulas, and a new Infant Mortality Prevention Program. Without Medicaid expansion in the budget, our state will lose funds Wisconsin needs to invest in healthier pregnancies and births to address our state's infant mortality and black healthcare disparities.

It is important to note that the communities these four bills directly affect have not asked for these bills to be crafted or advanced. On the contrary, these advocacy groups are actively engaged in the budget process and are focused on lifting up proposals in Governor Evers' budget around transportation, education, social supports and healthcare access.

As an organization devoted to promoting comprehensive women's health in Wisconsin, we ask this committee to stop playing political games with women's reproductive health. Women in Wisconsin do not need politicians inserting themselves in their doctor's office and further restricting access. Please vote no on AB 179 - AB 183.

P.O. Box 1726. Madison, WI 53701-1726 608-251-0139 toll free: 866-399-9294 fax. 608-256-3004 info@wiawh.org

ACOG
The American College of Obstetricians and Gynecologists
Wisconsin Section

May 7, 2019

Assembly Committee on Health
Re: Assembly Bill 179, Assembly Bill 180, Assembly 181, Assembly Bill 182, and Assembly Bill 183

Chairman Sanfelippo and Committee Members,

My name is Dr. Kathy Hartke and I am here today to testify on behalf of the organization representing Wisconsin physicians who provide quality, compassionate, and often life-saving health care to women. The Wisconsin Section of the American College of Obstetricians and Gynecologists (ACOG) strongly denounces the rhetoric that is being used to promote the bills before us today. The rhetoric spreads false, dangerous information and undermines the public's trust in ob-gyns and stigmatizes necessary health care for women.

As with all health care, policy related to abortion care should be based on medical science and facts. Assembly Bill 179 is based on inflammatory statements that intentionally mischaracterize the provision of health care. This is irresponsible and dangerous. The idea that physicians deliver, and then kill, or neglect treating, a viable fetus is unfounded and dangerous misinformation.

Facts are important. Claims regarding abortion "reversal" treatment are not based on science and do not meet clinical standards. Assembly Bill 180 would require physicians to recite a script that a medication abortion can be "reversed," and to steer women to this care. Politicians should never mandate treatments or require that physicians tell patients inaccurate information. Unfounded legislative mandates represent dangerous political interference and compromise patient care and safety.

There is a shortage of primary care physicians in Wisconsin, and many providers limit the number of Medicaid patients they serve. Wisconsin has an unacceptably high prematurity rate, infant mortality rate and a rising maternal mortality rate. The best way to reduce these costly public health problems is to provide education, prenatal care, and reliable contraception. Assembly Bill 183 does just the opposite. The legislation would restrict women's access to basic health care. At a time when we should be focused on improving the health of ALL people, it is frustrating to witness ongoing attempts to cut off access to preventive care for women.

ACOG
The American College of Obstetricians and Gynecologists
Wisconsin Section

I, like so many other physicians and citizens, recognize that the issue of support for or opposition to abortion is a personal matter, however, legislation like Assembly Bills 181 and 182, represent gross interference in the patient-physician relationship, creating a system in which patients and physicians are forced to withhold information or outright lie in order to ensure access to care. In some cases, this will come at a time when a woman's health, and even her life, is at stake, and when honest, empathetic health counseling is in order. Moreover, it threatens to hold physicians liable for providing women with the care that they need.

In closing, as the largest organization of women's health care providers, ACOG proudly stands behind our members who provide comprehensive health care for women, delivered with quality, safety, integrity, and compassion. The bills before us today create a dangerous and hostile environment for physicians and patients, and ultimately prevent doctors from providing a patient with the best possible health care.

Respectfully Submitted,

Kathy D. Hartke, MD
WI Section ACOG

LWV LEAGUE OF WOMEN VOTERS®
OF WISCONSIN

612 W. Main Street, #200
Madison, WI 53703

Phone: (608) 256-0827
www.lwvwi.org

May 7, 2019

To: Assembly Health Committee

Re: Opposition to AB 180, AB 182, AB 179, AB 183

AB 180 (SB 174) --Informed consent regarding a certain abortion-inducing drug regimen and reporting requirements for induced abortions

AB 182 (SB 173) --Selective abortions relating to sex-selective, disability-selective and other selective abortions and providing a penalty

AB 179 (SB 175) --Requirements for children born alive following abortion or attempted abortion and providing a penalty

AB 183 (SB 187) --Certification of abortion providers under the Medical Assistance program

---

The League of Women Voters opposes all of these bills restricting a woman's constitutional right of privacy to make reproductive choices in consultation with her healthcare provider. In addition, these bills violate a woman's right to privacy and choice under **Roe v. Wade**.

With some exceptions, **AB 183 (SB 187)** prohibits the Department of Health Services from certifying, and requires DHS to decertify by July 1, 2020, a provider under the Medical Assistance program that is a private entity that provides abortion services or is an affiliate of a person that provides abortion services. We oppose this legislation because it would defund hospitals and organizations that provide needed healthcare services for low-income residents. The large majority of the services provided are not abortion. Further, a woman who receives Medical Assistance cannot be denied an abortion simply because she is on Medical Assistance and her provider is a private entity, as this bill is an intrusion on a woman's right unfettered right to an abortion in the first trimester and is not intended to protect her health or life in the second trimester and finally, creates an undue burden on a particular class of women which is a denial of Equal Protection under the 14th Amendment .

AB 180 (SB 174) and AB 182 (SB 173) violate a woman's right to privacy since they interfere with a woman's right to privacy and right to an abortion in making reproductive choices. They limit a woman's right to an abortion in the first trimester when no state restrictions are allowed and also in the second trimester when a state's restrictions are allowed only for the life and health of the woman. Neither of these bills delineates during which trimester the restrictions shall apply.

Under Roe v. Wade, in the first trimester of her pregnancy, if a woman chooses to take an abortion-inducing drug regimen in the first trimester, she should not be required to sign any consent form since the decision is between her and her doctor and she cannot be prevented from terminating her pregnancy at this stage. Further, **AB 180 (SB 174)** is intended to protect the fetus and not the

woman and is thus not allowed under Roe v. Wade since the state can restrict abortions only in the third trimester for the life or health of the fetus.

Similarly, in the first trimester, a woman cannot be restricted by the state from choosing to abort a fetus that has any kind of disability and not just the "life-limiting fetal anomaly" that **AB 182 (SB 173)** designates, nor can the state restrict her from choosing to abort for any reason at this stage. Further, this bill is intended to protect the fetus and not the woman and is thus not allowed under Roe v, Wade since the state can restrict abortions only in the third trimester for the life or health of the fetus.

Finally, **AB 179 (SB 175)** is medically inaccurate since the D & C method of abortion is the standard procedure in the first and second trimesters and ends a pregnancy 100% of the time. No fetus can live after this procedure has been used for an abortion. This bill has no practical purpose except to raise the cost of the abortion which creates an undue burden on the woman and heighten fear in doctors who perform abortions with a possible felony conviction and penalty of fines and imprisonment.

The League opposes all of these four (4) bills, which interfere with the right of privacy of an individual to make reproductive choices, and we urge you to do so as well.

Daniel Degner
Graduate Student: MA Bioethics
Trinity Graduate School

417 Austin Lane
Fond du Lac, Wisconsin 54935

AB 181 Certification of Abortion Providers in Medical Assistance Program Testimony

Assembly Committee on Health

Thank you, Senator Jacque, for inviting me to speak in favor of this bill this morning. This bill would fully remove taxpayer funds from abortion providers in Wisconsin.

Thank you Chairman Sanfelippo and Vice-Chairman Kurtz for hosting this public hearing today that addresses many of the important issues regarding the protection of the unborn.

My educational background in bioethics has given me a background and familiarity with studying law as it relates to abortion.

I fully support AB 181, because it would move Wisconsin forward in upholding the rights of conscience for our tax payers.

For the following reasons you should support AB 181:

- Continues the progress started by Wisconsin's repeal of Title V and Title X funds for abortion providers.
- Taxpayer money currently spent on abortion clinics will be freed up for other health care providers. This bill would allow for more money to be available for other women's health providers.
- Rights of Conscience demonstrate that taxpayers should not be forced to subsidize abortion clinics.
    - In 2017, there were 5,818 reported induced abortion in Wisconsin.[1]
    - Science teaches that the preborn are human beings.[2]
    - Scientists who discovered process of fertilization at enzyme level claim human life begins at conception.[3]
    - Federal Health and Human Services Department has a division to ensure medical providers are not forced to violate their conscience by being forced to perform abortions.[4] Therefore, taxpayers right to conscience to not financially support abortion providers should also be upheld.

In summary, Mr. Chairman, and members of the Committee, AB 181 would be another step of progress in protecting the rights of conscience for tax payers in Wisconsin.

Thank you again for allowing me to give testimony on this issue today. At this time, I would be glad to answer any questions you may have.

---

[1] Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services. Pg. 5. (WDHS 2017 Report on Induced Abortions in Wisconsin, Released December 2018).

[2] "Human development begins after the union of male and female gametes or germ cells during a process known as fertilization (conception). SOURCE: Moore, Keith L. *Essentials of Human Embryology.* Toronto: B.C. Decker Inc, 1988 p. 2

[3] Polakoski, Kenneth L, Distinguished Retired Research Professor at Washington University, St. Louis. World expert of Sperm Proacrosin conversion to Acrosin (enzyme foundation for fertilization).

[4] Conscience and Religious Freedom Division of the HHS Civil Rights Office

Daniel Degner
Graduate Student: MA Bioethics
Trinity Graduate School

417 Austin Lane
Fond du Lac, Wisconsin 54935

AB 183 Abortion Provider Reimbursement Prohibition Testimony

Assembly Committee on Health

Thank you, Senator Strobel, for inviting me to the Capitol this morning and for giving me the opportunity to speak in favor of this bill that would fully remove taxpayer funds from abortion providers in Wisconsin.

Thank you Chairman Sanfelippo and Vice-Chairman Kurtz for hosting this public hearing today that addresses many of the important issues regarding the protection of the unborn.

My educational background in bioethics has given me a background and familiarity with studying law as it relates to abortion.

AB 183 would move Wisconsin forward in upholding the rights of conscience for our tax payers. I believe AB 183, could go further, I would also be in support of a future amendment that would remove some of the exceptions, however, I would still support this bill for the following reasons.

- Continues the progress started by Wisconsin's repeal of Title V and Title X funds for abortion providers.
- Taxpayer money currently spent on abortion clinics will be freed up for other health care providers. This bill would allow for more money to be available for other women's health providers.
- Rights of Conscience demonstrate that taxpayers should not be forced to subsidize abortion clinics.
    - In 2017, there were 5,818 reported induced abortion in Wisconsin.[1]
    - Science teaches that the preborn are human beings.[2]
    - Scientists who discovered process of fertilization at enzyme level claim human life begins at conception.[3]
    - Federal Health and Human Services Department has a division to ensure medical providers are not forced to violate their conscience by being forced to perform abortions.[4] Therefore, taxpayers right to conscience to not financially support abortion providers should also be upheld.

In summary, Mr. Chairman, and members of the Committee, AB 183 would be another step of progress in protecting the rights of conscience for tax payers in Wisconsin.

Thank you again for allowing me to give testimony on this issue today. At this time, I would be glad to answer any questions you may have.

---

[1] Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services. Pg. 5. (WDHS 2017 Report on Induced Abortions in Wisconsin, Released December 2018).

[2] "Human development begins after the union of male and female gametes or germ cells during a process known as fertilization (conception). SOURCE: Moore, Keith L. *Essentials of Human Embryology.* Toronto: B.C. Decker Inc, 1988 p. 2

[3] Polakoski, Kenneth L, Distinguished Retired Research Professor at Washington University, St. Louis. World expert of Sperm Proacrosin conversion to Acrosin (enzyme foundation for fertilization).

[4] Conscience and Religious Freedom Division of the HHS Civil Rights Office

Daniel Degner
Graduate Student: MA Bioethics
Trinity Graduate School

417 Austin Lane
Fond du Lac, Wisconsin 54935

SB 187 Abortion Provider Reimbursement Prohibition Testimony

Senate Committee on Government Operations, Technology and Consumer Protection

Thank you, Senator Strobel, for inviting me to the Capitol this morning and for giving me the opportunity to speak in favor of this bill that would fully remove taxpayer funds from abortion providers in Wisconsin.

My educational background in bioethics has given me a background and familiarity with studying law as it relates to abortion.

SB 187 would move Wisconsin forward in upholding the rights of conscience for our tax payers. I believe SB 187, could go further, I would also be in support of a future amendment that would remove some of the exceptions, however, I would still support this bill for the following reasons.

- Continues the progress started by Wisconsin's repeal of Title V and Title X funds for abortion providers.
- Taxpayer money currently spent on abortion clinics will be freed up for other health care providers. This bill would allow for more money to be available for other women's health providers.
- Rights of Conscience demonstrate that taxpayers should not be forced to subsidize abortion clinics.
    - In 2017, there were 5,818 reported induced abortion in Wisconsin.[1]
    - Science teaches that the preborn are human beings.[2]
    - Scientists who discovered process of fertilization at enzyme level claim human life begins at conception.[3]
    - Federal Health and Human Services Department has a division to ensure medical providers are not forced to violate their conscience by being forced to perform abortions.[4] Therefore, taxpayers right to conscience to not financially support abortion providers should also be upheld.

In summary, Mr. Chairman, and members of the Committee, SB 187 would be another step of progress in protecting the rights of conscience for tax payers in Wisconsin.

Thank you again for allowing me to give testimony on this issue today. At this time, I would be glad to answer any questions you may have.

---

[1] Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services. Pg. 5. (WDHS 2017 Report on Induced Abortions in Wisconsin, Released December 2018).

[2] "Human development begins after the union of male and female gametes or germ cells during a process known as fertilization (conception). SOURCE: Moore, Keith L. *Essentials of Human Embryology.* Toronto: B.C. Decker Inc, 1988 p. 2

[3] Polakoski, Kenneth L, Distinguished Retired Research Professor at Washington University, St. Louis. World expert of Sperm Proacrosin conversion to Acrosin (enzyme foundation for fertilization).

[4] Conscience and Religious Freedom Division of the HHS Civil Rights Office

WISCONSIN CATHOLIC CONFERENCE

TESTIMONY ON ASSEMBLY BILLS 179 to 183
Presented to the Assembly Committee on Health
By Barbara Sella, Associate Director
May 7, 2019

The Wisconsin Catholic Conference (WCC), the public policy voice of the Catholic bishops of Wisconsin, urges you to support the five abortion-related bills before your committee today: Assembly Bills 179, 180, 181, 182, and 183. The Catholic Church has always held that induced abortion is both immoral and cruel, because it treats some human lives as completely disposable. These five bills seek to inform women and the public about the value of all human life.

Assembly Bill 179, "Born Alive Protection Act"

Assembly Bill 179 does three very simple, yet necessary things. First, it establishes a standard of care for infants who survive an induced abortion. It does this by requiring that health care providers "exercise the same degree of professional skill, care, and diligence to preserve the life and health of the child as a reasonably diligent and conscientious health care provider would render to any other child born alive at the same gestational age." And it ensures "that the child born alive is immediately transported and admitted to a hospital."

Second, it sends a message to the medical profession and to the public at large that even though abortion may still be legal, for children outside of the womb, intentional neglect causing death is murder.

Third, it makes health care providers or employees mandatory reporters when violations occur.

Some have argued that this legislation is not necessary in Wisconsin. However, so long as there are those who advocate for abortion, who debase and devalue those who are vulnerable and who face challenges in life, there is a need to provide certainty that all born in Wisconsin have a right to life.

We must remember that the law is a teacher. It represents the collective conscience of the citizenry. The Born Alive Protection Act upholds the essential principle that every human life has dignity and should be treated equally by those to whom it is entrusted.

Finally, it is important to be specific about the number of lives that could be affected by this law. According to Wisconsin's Department of Health Services (DHS), which provides an annual report on the number of induced abortions in the state, Wisconsin in 2017 reported 5,640 induced abortions. Of these, 52 (or less than 1 percent) were performed on children at or over 20 weeks

131 W. Wilson Street • Suite 1105 • Madison, WI 53703
Tel 608/257-0004 • Fax 608/257-0376 • Website http://www.wisconsincatholic.org

gestation.[1] It is these children who are the ones who might survive an attempted abortion, because an increasing number of children are viable even as early as 20 weeks. For example, a 2019 study has found that in Sweden, where neonatal care is more advanced than in the U.S., "For infants younger than 22 weeks, the survival rate has improved from 3.6 percent to 20 percent over the last decade, and for those born at 26 weeks, eight in 10 survive."[2]

While the WCC supports this bill, there are ways in which it could be improved. First, since most late-term abortions are of children who are thought to have little chance of surviving more than a few days, weeks, or months, we believe that more information should be given to the birth parents regarding their options. They should be informed about advancements in maternal health and premature treatments and survival rates. Parents should have the option of utilizing perinatal hospice. This type of hospice cares for infants and their families when death may be imminent. Wisconsin is fortunate to have some excellent perinatal hospice programs. Too few parents, however, are aware of the support they could receive there.

Birth parents should also be informed about the demand for adoption of children with Downs Syndrome and other serious, but not life-threatening, conditions. Finally, the State should require abortion providers to provide additional data on the complications related to abortion procedures, as well as the options provided to parents, so that lawmakers and citizens can have a better idea of what the abortion industry is doing.

Assembly Bill 180, "A Woman's Right to Know Act"

Assembly Bill 180 requires that a woman seeking an abortion via medication be informed that she may be able to continue her pregnancy if she seeks immediate medical assistance to counteract the effects of the first administration of the abortion drug.

The bill updates Wisconsin's informed consent laws in light of new medical practices. In the case of a medication abortion, there is growing evidence that it may be possible for a woman to reverse the effect of the first drug, mifepristone, by getting an injection of progesterone. Critics of this procedure say that it has not been scientifically proven to work. While more study may be needed to improve outcomes and better understand long-term impacts, the fact is that there are children alive in the world today because their mothers utilized this treatment option.

AB 180 also requires that abortion providers report additional information to the DHS. Much of the discussion surrounding the legislation before this Committee would have been better served by greater access to data and information. By knowing how and why women seek abortions, we can learn more about the emotional, economic, social, psychological, and physical challenges women, parents, families, and children face in our society. Without data to track trends, how can we accurately assess whether women and families are truly being provided with all options? Abortion supporters herald the benefits of abortion. Surely then, they cannot object to the further

---

[1] https://www.dhs.wisconsin.gov/publications/p45360-17.pdf , p. 14.

[2] Cited in https://medicalxpress.com/news/2019-03-sweden-world-extremely-preterm-babies.html. The 2019 study: https://jamanetwork.com/journals/jama/article-abstract/2728924

gathering of evidence and information on how it is practiced. Women and the public have a right to know.

Assembly Bill 182, Selective Abortions

Assembly Bill 182 prohibits abortions solely because of race, color, national origin, ancestry, sex, or disability.

In 2012, the Guttmacher Policy Review issued a paper on sex-selective abortions, which recognized the widespread use of such abortions in Asian countries.[3] The paper concluded that the real way to stop sex-selection abortions is not to prohibit such abortions, but to address the underlying conditions that can lead to them, namely an end to poverty and violence, and an increase in access to health care and education for women.

We agree that there is much work to be done on these underlying issues. The Catholic Church runs charities, hospitals, schools, and prison ministries precisely to assist the most vulnerable. Here in Wisconsin, the bishops have long supported efforts to expand educational opportunities, increase access to health care, improve wages and employment, increase housing, reform criminal justice, and welcome immigrants.

But serving the needs of the poor – as vital as it is – is not enough to halt the spread of selective abortions or abortion in general. For that to happen, a cultural shift must take place and the law can play an important part in that shift. The law signals what is and is not acceptable behavior. Choosing to abort based on sex, race, or disability is simply wrong.

True freedom is not absolute choice – a choice without limits. True freedom involves living in such a way that one does not deny freedom to others. AB 182 forces us to confront once again the question of what truly furthers respect for women: absolute freedom that would deny the right to life to a girl because she is not a boy, or an affirmation that her life is worthy of respect both inside and outside the womb.

Assembly Bills 181 & 183, Medical Assistance Certification

Assembly Bills 181 and 183 prohibit the DHS from certifying a private abortion services provider or affiliate under the Medical Assistance program. AB 183 provides an exemption for facilities that perform abortions in order to save the life of the mother, to prevent grave, long-lasting damage to her health due to a prior medical condition, or when the pregnancy is the result of rape or incest.

Both bills have a clear and straightforward objective: they affirm that funds held by public authorities are prohibited from being used to subsidize the performance of abortions. Since 1919, the bishops of the United States have been vocal advocates of the idea that all Americans should enjoy access to affordable health care, especially those who are vulnerable or of limited

[3] https://www.guttmacher.org/gpr/2012/05/problem-and-solution-mismatch-son-preference-and-sex-selective-abortion-bans

means. As the U.S. bishops stated in 1993, "Health care is more than a commodity; it is a basic human right, an essential safeguard of human life and dignity." We affirm that Wisconsin must continue to seek improved access to comprehensive health care services for those in need, especially women.

However, abortion and those entities that facilitate abortion do not reflect the respect for human dignity that should be at the core of all health care institutions. By prioritizing funding for those state and public health entities that do not perform abortions or are affiliated with such entities, Assembly Bills 181 and 183 ensure that women's health care is devoted to prevention, diagnosis, and care, not termination of life. The WCC prefers a comprehensive prohibition on facilities that provide for abortion as outlined in AB 181. The WCC can also support more incremental measures like AB 183.

Conclusion

These five bills defend children, before and after birth, educate women and the public, and make certain the State of Wisconsin does not support elective abortion. We urge you to consider further improvements to these bills as outlined in this testimony and we urge you to support their passage.

Thank you for the opportunity to testify today.

Christopher O'Brien, EMT-NP
806 S. 5th St. Apt. 1
Watertown WI, 53094
cobrien7@hotmail.com
203-558-5817

AB 182 / SB 173 Anti-Discrimination Abortion Ban Bill

Wisconsin law prohibits discriminating against people due to their gender, disability and other classifications. However, taxpayer money through Badgercare is currently used to discriminate against these groups in certain medical procedures. Businesses and state government cannot discriminate against anyone based upon gender or disability. However women can choose to terminate her pregnancy for those reasons.

Assembly Bill 142 ends this arbitrary birth control. As a society, we value the contributions women have gained through decades of activism. Yet, many perfectly healthy baby girls are aborted because some ethnic groups prefer male babies… at least until that family is pregnant with the "correct" or "preferred" gender.

Iceland has virtually eliminated all Downs children. While Nazi-occupied Denmark successfully rescued 90% of its Jews during WWII from the grips of Hitler's SS, that nation now aborts 98% of Downs children in a modern culture of eugenics. In America, many babies suspected of having Downs are aborted. Many healthy babies without the syndrome are aborted due to misdiagnosis.

The diversity and contributions of Wisconsinites of all backgrounds hold value. Its time to end abortions based on discrimination. Those biases should have died long ago. I urge all legislators and our Governor support gender equality and the rights of Downs children while upholding the value of human life in the Wisconsin tradition.

AB 180 / SB 174 – "Women's Right to Know"

Informed consent

While I cannot testify to the scientific and biological aspects of the medications described in these bills, nor to the affect of counterbalancing medications, I would like to address the concept underlying this bill.

The concept of "informed consent" is at the heart of CHOICE in everything we do in medicine, as well as life. We hold our medically licensed practitioners as the gatekeepers of medicine. They have the expertise, knowledge base, and experience to disclose as much information as possible that may impact the life of any one of us.

Its my understanding that the abortions described in this bill require two steps. Its logical to assume that a woman might decide to change her mind after leaving the office but after taking one or both of the medications. Its imperative that doctors inform women of a) the affects any medication will have on her body, including untoward and distressing symptoms, b) the availability of counter-drugs should her intention to continue the pregnancy occur, and c) if the practitioner is not able or willing to continue care (through their own knowledge or expertise), that they provide information on where such care is available.

As with any medications, every woman should be informed of the risks, benefits, and detrimental outcomes of taking, not taking, and delaying any of these steps.

Christopher O'Brien, EMT-NP
806 S. 5th St. Apt. 1
Watertown WI, 53094
cobrien7@hotmail.com
203-558-5817

AB 179 / SB 175 Born Alive Protection

Laws require enforcement mechanisms in order to be effective. Without enforcement, a law is meaningless. Imagine speeding through a school zone, and a police officer pulls you over. Would you speed again if the strongest measure the officer could take is only a verbal lashing? Of course you might. There's no real enforcement.

Doctors act as gatekeepers to the medical care provided or denied. They are experts through their education, experience and expertise. Through their own judgment, treatments might be swayed by biases. Because only the doctor writes a final report, they are rarely questioned if reasoning is altered to justify actions. Therefore, it is sometimes necessary to pass laws and regulations to ensure that society's expectations are met by our medical community.

As a paramedic, I once responded to the report of a patient choking at a nursing home. When I arrived, I learned that staff dislodged the food from his throat, but he went into cardiac arrest. We performed CPR, provided cardiac medications, and ventilated him on the way to the hospital. Now, this man had some cognitive disabilities, but had no DNR because he wasn't sick. Choking reversible and can occur to anyone. When we arrived at the hospital, the doctor had us pause CPR to check his heart rate. He had an electrical rhythm, and we discovered he had regained a pulse. Even more remarkable was that he had a blood pressure! But, upon learning that our patient had impairments and no DNR, the doctor turned to me and said "congratulations- you resuscitated a vegetable."

I felt contempt for that doctor. I gave that patient a chance to live. The doctor kept looking at the cardiac monitor. "maybe the heart will slow down," intending to let the man slowly pass. We watched the monitor… but instead of his slow heart rate in the 40 beat per minute range slowing down, it instead picked up into the low 80s. The doctor and nursing staff continued providing appropriate care and admitted the patient to the ICU. Sadly, he was unable to keep up his heart beat and died several hours later. Yet, that is how meeting our standards of care look like. Not everyone survives, but as we shift to our born-alive babies, we find that many have.

On another occasion, I recently encountered a patient who gave birth to a baby who was diagnosed with Down Syndrome and heart abnormalities. The baby was delivered blue, but I did not know for certain whether or not the child died during the birthing process or at some point beforehand. So, we initiated resuscitation attempts on that child. Our resuscitation included 9 emergency responders, including those who cared for the mother. We hold life in high regard, no matter its age, gender, race, or disability. In hindsight, its probable that the baby was stillborn. But, we weren't only treating the baby. We were also treating the mother, her family that was nearby, as well as our other responders and even you today, so that you know that healthcare workers in Wisconsin strive to give hope and a chance at life.

A Necessary Statute

Critics of this bill say it that born-alive births occur very rarely and that the bill is redundant. Thankfully, there are many statutes that are rarely violated – terrorism, insurrection and kidnapping - and we should be thankful for that! Kidnapping makes the news because it occurs rarely and infrequently. We pass laws to prevent certain behavior and most citizens- including doctors- comply out of obedience.

Now, the procedures that lead to a live birth usually occur late in pregnancy. By inducing birth or a near-birth to perform undergo the abortion, the woman is also capable of giving birth – its how the baby is going to be delivered. So, there should be no reason an abortion is granted related to the health of the mother during labor. Should a baby be delivered with a pulse – then Wisconsin State law- as well as several federal laws – require medical staff present to provide evaluation and care to the infant.

Those federal statutes include EMTALA – which requires 1) a medical screening, 2) stabilization, and 3) if necessary, medical transfer. A baby born alive at a hospital is protected under EMTALA. EMTALA is enforced through fines of up to $50,000 per violation ($25,000 in a hospital with less than 100 beds) and jeopardization of their Medicare provider agreement. Individual physicians may also be fined $50,000 and may be excluded from Medicare and Medicaid programs for gross or repeated violations. [1]

Medicare's conditions of participation also obligate hospitals to certain care requirements for inpatients. Failure to abide by those conditions could terminate the Medicare provider agreement.

CAPTA (Child Abuse Prevention and Treatment Act) (Public Law 107-207) directives from 2005 also require states to ensure neglect laws apply to born-alive infants. A directive issued April 22, 2005 by DHS's Administration on Children, Youth and Families illustrates the requirements of the Born-Alive Infant Protection Act which are applicable to the CAPTA State Grant Program. These include notification requirements of medical neglect in a born-alive situation and legal remedies.

While EMTALA does not affect non-hospital facilities, its understood that medical facilities have an obligation to transfer a patient in need of medical care to an appropriate facility. State statutes should be tailored to mirror EMTALA and Capta obligations for state funding if they don't already do so.

One could reasonable ask if a woman can direct medical personnel to withhold treatment of her then-born child because her intent is to abort it. The answer is no, because the child has legal status as a human outside the womb. Any such direction by the woman or doctor would constitute neglect of that child. Everyone in the room would be obligated to report neglectful provision of seeking medical care under Mandated Reporter statutes if it is denied.

Likewise, a woman cannot file a "do not resuscitate" order because you can only consent to do so for yourself – not your child.

Governor Evers recently indicated that he believes there already are statutes which cover a "born-alive" circumstance. He's correct- but only if they are enforced!

Unfortunately, the regulatory mechanisms are not often utilized for enforcement, just as the police officer failing to write a ticket. Therefore, its necessary to create a clear statute with criminal penalties.

This statute articulates clear enforcement provisions. It CLEARLY outline the state's expectations of care for children.

Recommended Amendment:

The legislature should eliminate Section 1 (4)(b) referencing a mother's obligations or immunity. Here, it absolves the mother of the HEALTHCARE provider's obligation to care for the child. I believe the intent is to absolve the mother of any liability for the abortion, but now that the child is born alive, she should recognize the baby as a human being just as others are expected to. For he baby's safety, they might need to be removed from the mother, or alternatively, the mother may have a change of heart. Either way, I believe that women are protected against prosecution in an abortion scenario elsewhere in statutes. If not, this section can clarify that.

References:
1. Interaction of the Emergency Medical Treatment and Labor Act (EMTALA) and the Born-Alive Infants Protection Act of 2002; Center for Medicaid and State Operations/Survey and Certification Group; dated April 22, 2005, DHS.

Christopher O'Brien, EMT-NP
806 S. 5th St. Apt. 1
Watertown WI, 53094
cobrien7@hotmail.com
203-558-5817

AB 183 / SB 187 Medicaid Funding for Abortion Providers

I support this bill for many reasons discussed in my testimony for the Born Alive Protection Bill (AB 179/ SB 175). Qualified providers should meet minimum standards as those who receive Medicare funding to receive federal funds. Medicaid providors should have plans compliant with the spirit of EMTALA and CAPTA (which addresses neglect of children). Medicaid participants should maintain written guidelines in complying with Wisconsin's existing "Born Alive" statute to include a care plan and transfer to an appropriate facility if necessary.

Since the passage of the ACA, healthcare resources have vastly expanded, so it is no longer necessary to continue funding organizations which commingle reproductive services with abortions. Shifting state resources to newer facilities allows women to receive necessary care without the stigma of entering a facility performing abortions.

Most Americans (including myself) oppose my taxpayer funds being used to murder unborn children. My understanding of biology leads me to believe that a fetus is a human being deserving of rights like all other people. A sperm and egg create a unique, independent human being which grows through the division of cells, consumes nutrients, expels waste, and over time creates new internal organs to support itself. While some people argue a fetus is not independent, I counter that even after birth infants are not independent. Neither are children after they walk. We're not independent until we reach an age of maturity sometime in our teen years… or perhaps even later. In old age, people may become dependent again.

Some say that Planned Parenthood only 3% of its services are abortions. I disagree. Any woman receiving an abortion also receives 'services" which support the abortion provision. For example, exams, ultrasounds, and pregnancy tests all must confirm the status of the pregnancy prior the procedure to terminate it. So, they are necessary to meet the medical and legal obligations surrounding the abortion, yet today are paid with taxpayer funds.

A steakhouse isn't just a steakhouse. They also serve water, salad, potatoes, applesauce, bread, salt, pepper, butter, ketchup, soda, beer, wine, and dinner mints. But let's be real… its a steakhouse.

Hezbollah provides blankets, clothing and food for poor residents of Lebanon. Can we recognize Hezbollah as a benevolent charitable organization worthy of US aide? No. They lob missiles at Israel and while its only one thing they do, they rightfully have been declared a terrorist organization.

Likewise, you would be hard pressed to convince anyone that Planned Parenthood isn't an abortion provider because "only 3% of what it does is abortions". A steakhouse does much more too, but abortion is a key provision at Planned Parenthood. largest income drivers. Any organization which peforms abortions as a routine course of business is immorally unworthy of taxpayer funding. I believe these agencies also neglect to inform their patients of clear and understandable biological sciences pertaining to the practice. Planned Parenthood is an abortion provider undeserving of state taxpayer aid. Large numbers of Americans object to their money being used for abortion, no matter how an abortion provider handles its finances. The mixture of services provided support the abortion operation, and its staff perform multiple roles. My money should not fund death – at this point millions beyond what have been killed in some of the greatest atrocities in the past 100 years worldwide Lets pass this bill.

DATE: May 7, 2019
TO: Assembly Committee on Health
FROM: Dr. Doug Laube, MD
RE: Opposition of AB 179 - AB 183

Chairman Sanfelippo and members of the Assembly Committee on Health, thank you for the opportunity to provide written testimony regarding the four abortion bills before you today. As the former Chair of the Department of Obstetrics and Gynecology at the University of Wisconsin, former President of the American College of Obstetricians and Gynecologists (ACOG), and an abortion provider, I feel compelled to voice my strong opposition to AB179 - AB183.

In my 45 years as a physician, I have always practiced patient-centered care. From a clinical perspective, my patients deserve the right to make their own healthcare decisions based on what is best for their own health and well-being. Patients should be provided with the full spectrum of their options by their doctor, including access to abortion care.

In regards to AB 180, there is no credible scientific evidence available to suggest that once mifepristone is ingested that treatment options can reverse the process. Requiring physicians to tell patients about unproven treatments to stop the effects of the abortion pill is incredibly irresponsible. Legislators should never mandate that health care providers provide inaccurate information to their patients.

From my over four decades of experience, the scenario described by President Trump in Green Bay - in reference to AB 179 – just does not happen in Wisconsin. Our President's statement was grotesque, ignorant and irresponsible - and not backed up by any clinical or scientific information. This dangerous rhetoric paints medical providers in a grossly false light and can lead to violence against providers.

These bills are not being brought forth on behalf of any legitimate statewide or national medical or provider organization. These bills do nothing to reduce unplanned pregnancies or abortions and impedes the patient-doctor relationship. Most importantly, these bills do nothing to enhance the safety of patients. These four bills are just part of the national effort to chip away further at abortion access.

Patients deserve access to quality reproductive health care, and this includes being provided accurate information by their providers about abortion. I strongly oppose AB 179 -183 and ask the committee members to do the same.

Testimony of

Heather Weininger

Executive Director, Wisconsin Right to Life

Kristen Nupson

Legislative Director, Wisconsin Right to Life

Assembly Health Committee

AB 179/SB 175 The Born Alive Survivors Protection Act

AB 180/SB 174 The Woman's Right to Know Act

AB 182/SB 173 The Anti-Discrimination Abortion Act

Tuesday, May 7, 2019

Thank you Chairman Sanfelippo for your time this morning and allowing us to testify in favor of Assembly Bills 179, 180 and 182. My name is Heather Weininger and I am the Executive Director of Wisconsin Right to Life. I am joined by Kristen Nupson, our Legislative Director at Wisconsin Right to Life.

We would like to begin with **AB 179, the *Born Alive Survivors Protection Act***. Wisconsin does in fact have a law that was written and signed into law on December 18, 2003 which created definitions for what it means to be born alive and also gives those who are born alive during a failed abortion attempt the same legal status as any human being born.

However, because of recent events across our country it has become apparent that more needs to be done to protect those who are born alive during failed abortion attempts. We see that greater guidance needs to be given in the care that is expected for a baby born alive after a failed abortion attempt, and a way for someone who witnesses this act to report it to the proper authorities.

It is important to remember that Wisconsin has had its own experience with babies being born alive in failed abortion attempts. While it dates back to 1982, it happened right here in Madison, WI.

In 1982, three babies were born alive after failed abortion attempts. Two at UW Hospital and one at the former Madison General Hospital. How do we know? Our predecessors at Wisconsin Right to Life are the ones who received the anonymous call to share the information.

It is unknown if babies still survive abortions in Wisconsin because there isn't any requirement for this information to be reported. There also is not a federal law which requires this to be reported.

All that we have is information from the CDC between 2003 and 2014 which is coded as "Termination of pregnancy, affecting fetus and newborn." From this information we can see that 588 of these cases were recorded, and that of those cases at least 143 could "definitely be classified as involving an induced termination." This number could be underestimated, as the CDC acknowledges, because the vagueness of the terminology used and a lack of clarity about spontaneous abortions.

We also must point out that people do survived failed abortion attempts. At Wisconsin Right to Life we work with many of them. You have written testimony from Melissa Ohden, who was born just two months after me in a failed saline abortion attempt. If it had not been for a nurse who heard her cries, she might not

have survived to lead a life of finding answers and finding an organization where others who survived an abortion attempt share their stories.

There are some states who do require this to be reported. Most recently, Florida reported six babies born alive in 2018 and eleven in 2017. Arizona had ten in 2017, and Minnesota reported three in 2017.

There is also a case that brought national attention, that of Kermit Gosnell, he is serving three life sentences for first-degree murder of three infants who were born alive after a failed abortion attempt. He then took it upon himself to end their lives, rather than giving them any kind of health care that could have given them a chance at life.

The Born Alive Survivors Protection Act does not in any way deny a woman access to abortion, instead it gives clear guidance to the health care community on the standard of care a child born after a failed abortion attempt should receive.

We are asking you to bring this bill to an executive session where you can then advance it to the Assembly for a vote. Born and unborn children deserve a chance at life, especially after a failed abortion attempt.

AB 180/SB 174, *Woman's Right to Know*

When faced with making life-altering medical decisions, women should be given as much information as available.

Chemical abortions are non-invasive, out-patient procedures that are comparatively inexpensive. Abortion facilities profit from these chemical abortions and promote them. In fact, just last year, Planned Parenthood opened a facility in Sheboygan that exclusively performs chemical abortions. In 2017, over 20% of abortions in our state were chemical abortions.

The recent growth of this procedure merits new protections for mothers everywhere. Women should be informed. They have a right to know about the drugs they ingest in a chemical abortion procedure.

In the chemical abortion process, a physician presides over a woman's ingestion of a drug, mifepristone, which stops the growth of the unborn child. Within 48 hours, the mother then must ingest a second drug, misoprostol, which induces expulsion. Studies have shown that the effects of the mifepristone regimen alone will not result in an immediate abortion and may in fact be counteracted to result in a healthy pregnancy. Should women change their mind in the process of a chemical

abortion, there is a possibility of continuing the pregnancy if she seeks medical attention immediately.

This legislation would require physicians presiding over a chemical abortion to provide this information with the woman on whom the abortion is being performed or attempted. The Department of Health Services would be required to provide this information in their written materials.

This legislation also protects through information. These additional reporting requirements would not expose the confidentiality of the women or physicians involved. Protecting women's privacy is important. These requirements would, however, provide the state with information that can lead to better serving its constituents. This information will help to find long-term solutions for those seeking abortions and better help other women before they're faced with a life-and-death situation.

AB 182/SB 173 *The Anti-Discrimination Abortion Ban*

Discrimination against anyone should not be allowed, including unborn children in the womb.

Whether that discrimination is based on sex, race or a disability diagnosis, it should not be allowed to be a deciding factor in the death of the unborn child's life to an abortion.

The purpose of *The Anti-Discrimination Abortion Ban* is to protect the lives of unborn children who are in danger of being aborted solely because of their race, sex, or diagnosis of a disability.

Abortion can be used as a method of preventing the birth of a child of an unwanted race, color, national origin, ancestry, sex, or the birth of a child who was diagnosed with a disability. Physicians can recommend, perform, induce, or attempt to perform or induce an abortion on a woman solely based on the qualities of the unborn child. This discriminatory behavior should not be acceptable.

Although more common in Asian countries, the practice of sex-selection abortion is increasing in the United States. Baby girls are deemed less valuable than baby boys, resulting in their termination.

Upon receiving a potential disability diagnosis of her unborn child, mothers are sometimes encouraged to abort the baby. Physicians use quality of life, caretaking, and medical expenses as reasons to terminate. As a society, we strive to recognize

that individuals with special needs are no less valuable than any other human life. Additionally, prenatal diagnoses are not always accurate.

According to a 2011 study, 67 – 85% of unborn children diagnosed with Down Syndrome are terminated in the United States. This practice has decreased the Down Syndrome population by as much as 30%. As technology has advanced, other countries have begun to abort 100% of unborn babies diagnosed with Down Syndrome.

We live in a world where anti-discrimination laws affect our work environments, our school environments, our housing environments and now we must extend this to those unborn children in the womb.

We thank you for your time and ask you to support Assembly Bills 179, 180 and 182.

Heather Weininger
Executive Director, Wisconsin Right to Life

Kristen Nupson
Legislative Director, Wisconsin Right to Life