



# CHRIS KAPENGA

WISCONSIN STATE SENATOR

## **Testimony on Senate Bill 174**

*Assembly Committee on Health*

May 7th, 2019

Thank you Chairman Stroebel and committee members for hearing testimony today on 'A Woman's Right to Know Act' relating to informed consent and reporting requirements. I also want to thank Speaker Vos for leading this bill in the assembly.

This bill is about providing potentially life-saving information to women considering a chemical abortion. The chemical abortion, sometimes referred to as the "abortion pill" is actually a regimen of two pills prescribed during the first ten weeks of pregnancy. The first pill, mifepristone, is a hormone blocker that acts to inhibit development of the pregnancy. The second pill, misoprostol, is taken a day or two later, resulting in miscarriage of the baby. A woman has the right to know that if they change their mind after the first pill, there is a way to counteract its impact and continue with the pregnancy. That is what this bill ensures.

The second component of this bill updates Wisconsin's abortion reporting requirements to provide more complete data. More than 40 states in the nation require some kind of abortion reporting, and the new reporting requirements included in this bill are modeled after Minnesota. As we were comparing reporting state by state, we found that other states are asking similar questions as Wisconsin, but in a more specific way. For example, Wisconsin currently requires reporting on whether or not the abortion was chemical or surgical, however Minnesota as well as 29 other states, ask about the specific chemical or surgical procedure used. The new requirements proposed in this bill exist in several other states, both red and blue. This information is crucial for legislators and the public when considering policies on this topic.

This bill could have immeasurable benefits in saving more lives and giving more second chances to mothers. By ensuring that women considering a chemical abortion fully understand that they still have options, even after beginning the chemical abortion regimen, we could prevent an action she may regret for the rest of her life and more importantly save an innocent life.

Thank you Chairman Stroebel and committee members for listening to my testimony, I would be happy to answer any questions.



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# ROBIN J. VOS

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SPEAKER OF THE WISCONSIN STATE ASSEMBLY

## Testimony on AB 180 – A Woman’s Right to Know

Thank you Chairman Sanfelippo and Assembly Health Committee Members for the opportunity to provide testimony on Assembly Bill 180, A Woman’s Right to Know Act.

This legislation does two simple things:

- Increases the information required to be provided to a woman prior to receiving an abortion, and
- Increases the information reported to the state Department of Health Services after an induced abortion takes place

This bill strengthens and expands upon the safeguards of informed consent and the data collection requirements that already exist in state statute.

Specifically, this legislation would require a woman who is considering taking an abortion-inducing pill to be notified by her physician that the ingestion of the first drug in the regimen may not result in an abortion on its own, and that she should review the materials she’s required to be given and consult a physician about her options to continue the pregnancy if she changes her mind.

An abortion-inducing medication known as “the abortion pill” consists of two pills, mifepristone and misoprostol, typically taken a few days apart. Mifepristone is taken first and acts as a hormone blocker, which does not always terminate the pregnancy on its own. The second pill misoprostol, causes the induced miscarriage and results in termination. We want to make sure the woman is at the very least aware of this information as she is making this important decision. Even Planned Parenthood’s website acknowledges that the “abortion pill” is less likely to be successful if the second pill in the regimen is not taken and encourages women to contact the doctor or nurse she saw for the abortion right away if she is having second thoughts.

In 2017, 21% of abortions in Wisconsin were chemically induced, and this percentage has been steadily increasing since 2012. With this increasing trend, it’s all the more important to make sure the women receiving these types of chemically induced abortions are informed and know their options and alternatives.

Additionally, the bill also adopts the following induced abortion reporting requirements from Minnesota:

- The number of previous abortions, if any
- How the abortion was paid for
- What types of chemically induced abortions or surgical abortions were performed
- Reason for the abortion

Voluntary and informed consent laws are vital to ensuring women are aware of the medical risks associated with a procedure and any alternatives that exist. These laws become all the more important when dealing with procedures like abortions that are often made under stressful circumstances. This knowledge can provide an opportunity for a woman who may have doubts about having an abortion to save her baby’s life. Second thoughts could mean a second chance for an unborn child.

Thank you again for taking the time to hear this important, commonsense legislation today.

DATE: May 7, 2019  
TO: Senate Committee on Government Operations, Technology and  
Consumer Protection  
FROM: Dr. Doug Laube, MD  
RE: Opposition of SB 174

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Chairman Stroebel and members of the Senate Committee on Government Operations, Technology and Consumer Protection, 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 Senate Bill 174.

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 SB 174, 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.

SB 174 is not being brought forth on behalf of any legitimate statewide or national medical or provider organization. SB 174 does nothing to reduce unplanned pregnancies or abortions and impedes the patient-doctor relationship. Most importantly, SB 174 does nothing to enhance the safety of patients. SB 174 is 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 SB 174 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**

**Senate Committee on Government Operations, Technology, and  
Consumer Protection**

**SB 174 The Woman's Right to Know Act**

**Tuesday, May 7, 2019**

Thank you Chairman Stroebel for your time this morning and allowing us to testify in favor of Senate Bill 174. My name is Kristen Nupson. I am the Legislative Director of Wisconsin Right to Life. This is Heather Weininger, our Executive Director.

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.

Wisconsin Right to Life strongly supports this bill.

Thank you for your time.

Heather Weininger  
Executive Director, Wisconsin Right to Life

Kristen Nupson  
Legislative Director, Wisconsin Right to Life



## WISCONSIN CATHOLIC CONFERENCE

**TESTIMONY ON SENATE BILLS 174 & 187**  
**Presented to the Senate Committee on Government Operations,**  
**Technology and Consumer Protection**  
**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 Senate Bill 174, A Woman's Right to Know Act, and Senate Bill 187, regarding Medical Assistance certification for abortion providers and their affiliates. The Catholic Church has always held that induced abortion is both immoral and cruel, because it treats some human lives as completely disposable. These bills seek to inform women and the public about the value of all human life.

### **Senate Bill 174, "A Woman's Right to Know Act"**

Senate Bill 174 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.

SB 174 also requires that abortion providers report additional information to the Wisconsin Department of Health Services (DHS). Much of the discussion surrounding these two bills, as well as several other measures being heard today before Senate committees, 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 gathering of evidence and information on how it is practiced. Women and the public have a right to know.

### **Senate Bill 187, Medical Assistance Certification**

Senate Bill 187 prohibits the DHS from certifying a private abortion services provider or affiliate under the Medical Assistance program. SB 187 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.

This bill has a clear and straightforward objective - to 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 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, SB 187 ensures that women's health care is devoted to prevention, diagnosis, and care, not termination of life.

### **Conclusion**

These bills defend children, 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.





# Wisconsin Medical Society

Your Doctor. Your Health.

TO: Senate Committee on Government Operations, Technology and Consumer Protection  
Senator Duey Stroebel, Chair

FROM: Mark Grapentine, JD – Senior Vice President of Government Relations

DATE: May 7, 2019

RE: Opposition to Senate Bill 174

As the largest professional voice of Wisconsin physicians, the Wisconsin Medical Society thanks you for this opportunity to share our testimony opposing Senate Bill 174, which among other provisions would impose requirements on how physicians communicate with patients when discussing that patient's treatment. That SB 174 focuses on a specific area of medical treatment – abortion – does not affect the Society's general opposition to outside interference with the patient-physician relationship.

One of the bill's core provisions adds an additional level of required oral communication between a patient and her physician, then links it to required written information that could steer pregnant women toward abortion "reversal" treatment. Referring women to outside organizations promoting this type of treatment is dubious, as "reversal" procedures have not undergone needed evidence-based research. Indeed, the American Congress of Obstetricians and Gynecologists does not support claims that this type of treatment is safe and/or effective.

While abortion-related policymaking is often controversial and emotional, that does not distract from the Society's core belief that physicians should be allowed to communicate with patients within the bounds of accepted medical practice. The Society's specific policy in this area reflects this belief:

#### **ABO-004**

**Abortion as a Medical Procedure and Providing Abortion-Related Information:** The Wisconsin Medical Society: (1) supports enactment of appropriate legislation that would acknowledge the right of a physician to perform and to practice this medical procedure as he/she might any other medical procedure or to refuse to perform an abortion according to the dictates of his/her training, experience and conscience; (2) supports the development of guidelines that ensure that abortions be performed only under proper medical circumstances with adequate provision for safeguarding the health of the patient; and (3) although abortion is a contentious issue, it is a legal medical procedure and physicians should be expected to advise their patients of all available options. (HOD, 0414)

The policy highlights two important points in this area of medical care: that abortion is a legal, accepted medical procedure, and that abortion is controversial. The Society believes that all medical care should follow a full and confidential discussion between a patient and their physician – there should be no exceptions to that relationship simply because a certain procedure is controversial.

Thank you again for this opportunity to provide the Society's testimony on Senate Bill 174. Please feel free to contact the Society on this and other health-related issues.



# Wisconsin Religious Coalition *for* Reproductive Choice

May 7, 2019

Senate Hearing: Government Operations, Technology and Consumer Protection on SB 174 and SB 187

Rabbi Bonnie Margulis

Chair, Wisconsin Religious Coalition for Reproductive Choice

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## **WISCONSIN RELIGIOUS COALITION FOR REPRODUCTIVE CHOICE OPPOSES DANGEROUS ANTI-CHOICE LEGISLATION**

The Wisconsin Religious Coalition for Reproductive Choice is proud to engage in the sacred work of protecting reproductive health care for the women and families of Wisconsin. We firmly oppose any efforts to interfere with a woman's right to exercise her right to this care. Senate Bills 174 and 187 are designed to do exactly that. They are dangerous to women's health, and only serve as a distraction from the important question of expanding access to health care in Governor Evers' budget.

Wisconsin RCRC includes Jews, Unitarians, Presbyterians, Methodists, United Church of Christ, Episcopalians, among others. All of our faith traditions teach that women are made in the image of God, endowed with the basic human rights to control their own bodies and to determine whether and when to become a parent. In order to exercise these rights, women must have access to abortion services, without interference from legislators who have no health care background or expertise.

At the same time these bills, which would curtail access to needed health care, are being introduced, the Joint Finance Committee has announced it will not include expansion of BadgerCare in its budget deliberations. Expansion of BadgerCare would result in greater access to health care for all low-income Wisconsin residents.

Evers' 2019-21 budget proposal includes \$1.6 billion in federal funding to expand Badger Care to cover childless adults, parents, and caretakers with incomes up to 138% of the federal poverty level. This expansion will enable an estimated 82,000 additional individuals to access affordable healthcare.

Expanding Badger Care will bring in new federal funds and save Wisconsin taxpayers \$324.5 million. The budget proposes to reinvest these savings into new initiatives to improve healthcare access and quality for all residents, not just those enrolled in Medicaid.

However, the Republican leadership has just announced they will take BadgerCare expansion out of the budget. This move will take away funding for vital health care services, including mental health care, dental care, services for the disabled and the elderly.

As people of faith, we believe access to health care is a human right. We oppose these anti-choice bills and urge the legislature to vote no on each one. We further urge the legislature to preserve expansion of BadgerCare in the budget, and to stop distracting the legislature and the electorate with dangerous, anti-choice legislation. Let's not let politics play games with health care for the most vulnerable among us!

To Whom It may concern,

Why any legislator who professes that his/her primary political agenda is to champion the public's best interests would support the currently proposed abortion restrictions in assembly bills 179, 180, 182 & 183 should strain the credulity of even the most gullible voter. In my professional opinion as a provider of reproductive health care for almost 50 years, these blatantly politically motivated attempts to impede securing and providing desired health care services are neither good public policy nor good medicine. Trust the patients and their doctors to make their own medical decisions free of the legal coercion proposed in these bills.

Very sincerely,

Dennis Christensen, MD, FACOG