

# ANDRÉ JACQUE

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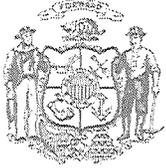
*Testimony before the Senate Committee on Human Services, Children and Families*  
*State Senator André Jacque*  
*May 26, 2021*

Colleagues on the Senate Committee on Human Services, Children and Families,

I am pleased to testify as the Senate author of Senate Bill 260, which will end the arrangement between Planned Parenthood and the University of Wisconsin under which UW has provided faculty members to serve as abortionists at Planned Parenthood's abortion facilities in Madison (as well as formerly at Planned Parenthood's closed Appleton North/Grand Chute abortion facility). Under several Memoranda of Understanding between the UW School of Medicine and Public Health, UW-Madison, and Planned Parenthood, several full-time UW employees have had thousands of their hours of state service "purchased" by Planned Parenthood to perform abortions at Planned Parenthood facilities, during which time they contractually remain UW employees (with state salary, benefits and malpractice insurance) though directly responsible to and under the authority of Planned Parenthood. A former UW faculty member and abortionist actually served as Planned Parenthood's Medical Director on state time as a state employee under the terms of the contract- there is no publicly known comparable relationship anywhere else in the country.

This arrangement is clearly illegal, as the provisions of Wis. Stats. 20.927 prohibit the payment or subsidy of abortions (with certain rare exceptions outlined in the statute) by state agencies. In the 2011-'13 state budget, this was made explicitly clear with additional references of the UW and the UW Hospital and Clinics Authority within 20.927's definitions. Unfortunately, the UW has persisted in these activities by claiming a bogus "reimbursement" exception which does not exist in statute, leading us to put forward the even more crystal clear prohibition of Senate Bill 260.

Some at the UW have put forward a false and extremely disingenuous public defense that its exceptionally pro-abortion policies are necessary to maintain medical school accreditation. In reality, the state of Arizona has a virtually identical restriction on the use of public funding for the provision of abortion or abortion training to what is proposed in this bill that has been in place since 2011, and its residency programs have maintained full accreditation, despite similar false claims by officials that accreditation would be lost. There are numerous examples from other states showing that accreditation will not be an issue if this proposal is adopted, and in fact numerous OB/GYN residency programs, both public and private institutions, have responded to surveys that they offer no abortion training opportunities whatsoever. This is echoed by the Medical Students for Choice website, which states, "Drawing from ACOG data on residency training, and conversations with residents at their schools' hospital affiliates...residents seeking adequate abortion training often have to do so on their own time, using their own resources to locate training and cover any expenses." There have even been public statements by the University of Wisconsin's Dr. Doug Laube, the board chair for a pro-choice doctors' group, one of the nation's most vocal proponents for abortion training and one of the UW employees performing abortions at the Madison Planned Parenthood, conceding that not including abortion training for residency programs will not result in a loss of accreditation.



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Distinguished Wisconsin physicians (including medical school instructors) specializing in obstetrics and gynecology and family medicine have stated very clearly that abortion training is thoroughly unnecessary for proper professional preparation in their field, inadvisable, and ideologically driven.

Time and again, surveys have shown by an overwhelming margin that the public does not want to see taxpayer dollars used to subsidize abortions or abortion providers. The UW seeks to continue propping up Planned Parenthood and Madison's abortion facility by having state employees, on state time, within the scope of their state employment, paid by state taxpayers, and with state benefits, perform abortions, participate in abortion procedures and train to be abortionists. Please join us in putting a stop to it.

Thank you for your consideration of Senate Bill 260.



# DAVE MURPHY

State Representative • 56th Assembly District

## Senate Committee on Human Services, Children and Families

May 26, 2021

### Senate Bill 260

Mr. Chair and members, thank you for hearing this bill.

You have a lot of information on the technical aspects of this bill. I'd like to tell you why this is important to me and other like-minded people.

I see this issue from this important perspective: Abortion is not healthcare. Why not? Because the abortion procedure does violence to a young child. That's not debatable. Successful abortion ends a human life.

The payment or subsidy of abortions by state agencies already is not legal. It should not be necessary to strengthen the current law in this respect, but it has become necessary so that the UW will follow the law. The arrangement between Planned Parenthood and the University of Wisconsin faculty members who serve as abortionists at Planned Parenthood's abortion facilities in Madison and elsewhere needs to stop.

Enacting our bill does not affect accreditation at the medical school. The public doesn't want to see taxpayer dollars used to subsidize abortions or abortion providers. That's why funding those activities was made illegal. The UW continues propping up Planned Parenthood and Madison's abortion facility by having state employees, on state time, within the scope of their state employment, paid by state taxpayers, and with state benefits, perform abortions, participate in abortion procedures and train to be abortionists.

In our modern world, and in medicine, we need to keep in mind that the child is a patient, not a tumor to be removed. I ask for your support to end this connection to state employees.

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April 6, 2017

Representative André Jacque  
Room 212 North  
State Capitol  
PO Box 8952  
Madison, WI 53708

Dear Rep. Jacque,

Thank you for your inquiry as to whether and how Arizona has addressed the issue of taxpayer funding of abortion training.

Arizona twice has considered the issue of whether or not legislation or similar measures prohibiting taxpayer funding for abortion training would threaten accreditation status for medical residency programs.

First, in 2003, a joint obstetrics/gynecology residency program operated by Maricopa County and St. Joseph's Hospital was found to be sending residents to an abortion facility for a family planning rotation that included abortion training. County supervisors, pursuant to legal advice based on state and county prohibitions on taxpayer funding of abortion, rescinded the program's abortion training component.

At the time, proponents of the training alleged that the prohibition would threaten the program's accreditation status by the Accreditation Council of Graduate Medical Education ("ACGME").

Second, in 2011, the Arizona legislature passed legislation prohibiting the expenditure or allocation of public funds, including tuition dollars, for abortion training. The statute reads as follows,

Notwithstanding any other law, public monies or tax monies of this state or any political subdivision of this state or any federal funds passing through the state treasury or the treasury of any political subdivision of this state or monies paid by students as part of tuition or fees to a state university or a community college shall not be expended or allocated for training to perform abortions.

Arizona Revised Statutes ("A.R.S.") section 35-196.02(C).

Once again, proponents of taxpayer funding of abortion alleged that passage of the bill would jeopardize the accreditation of residency programs in the state.



Residency programs are accredited by ACGME. ACGME requires that programs in obstetrics and gynecology provide training or access to training in the provision of abortions; however, there is an exception for residency programs that have religious, moral, or legal restrictions that prohibit the residents from performing abortions.<sup>1</sup> A.R.S. § 35-196.02(C) falls within the legal restriction exception.

In the years since Maricopa County rescinded their program and the legislature adopted the law described above, the various obstetrics and gynecology residency programs in Arizona have remained accredited by ACGME.

Therefore, the initial concerns that these actions by either the county or the state legislature would cause these programs to lose their accreditation have been unfounded.

Sincerely,

A handwritten signature in cursive script that reads "Cathi Herrod".

Cathi Herrod  
President

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<sup>1</sup>ACGME Program Requirements for Graduate Medical Education in Obstetrics and Gynecology IV.A.6.d).(1).

Written testimony from Dr. Herbert S. Coussons, MD

Chairman Jacque and Members of the Senate Committee on Human Services, Children and Families:

I am a board certified and practicing ObGyn in Green Bay. I have been in private practice for 25 years and currently serve as a clinical instructor for the Medical College of Wisconsin in Green Bay as well as the Medical Director for Women's Services at Bellin Health. Although I hold these positions of leadership, my testimony is not intended to reflect the opinions of the institutions.

Thank you for allowing me to testify in writing as I am unable to attend in person today due to teaching responsibilities out of state.

I would like to address the following two topics in support of SB 260:

1. The current violation of Wis. Stat. 20.927 by UWHC in the provision of abortions at Planned Parenthood.
2. The defense that the accreditation of the residency program is in jeopardy if the current department policies of providing abortions ceases.

As I understand it, the residents and faculty of UW are paid salaries and benefits through the UWHCA. Malpractice is covered by the state. The contract with Planned Parenthood specifies that medical supervision and malpractice is covered by the state. The contract expressly states that the residents are NOT employees of Planned Parenthood. Any payments from Planned Parenthood to the UW system are not directed to the individuals for performance of procedures, in fact in no way is the resident's or faculty's salary or stipend increased or changed based on the performance of abortions. UW would lead us to believe somehow that these abortions are a separate "moonlighting" service that is self-funded when in fact the agreements between UW and Planned Parenthood expressly state these providers are state employees and are to be treated as such.

Secondly, the ACGME does not "require" abortion training. The mandate from 1996 specifies for ObGyn residents, that access to experience with induced abortion must be a part residency education and this education can be provided outside of the institution. The mandate also offered that if the residency program has religious moral or legal restrictions, the program must ensure the residents have training in the complication of abortions.

The ACGME does not require abortion training and it therefore cannot decline or restrict accreditation if the program has legal restrictions of offering abortions.

As a practicing ObGyn, I can say the ACGME and ACOG's stand on the provision of abortion services is a smokescreen. All resident physicians are exposed to first trimester pregnancy loss that results in a D and C (Dilation and Curettage) procedure. This procedure, the risks and the complications are identical to elective first trimester abortion. Busy residency programs will also see second trimester pregnancy loss and must evaluate and counsel the patients on a procedure known as D and E (Dilation and Evacuation) procedure. Offering abortion training does not improve the training of residents. In fact, I would argue the opposite. It is contradictory to train physicians to care for the pregnancy as two unique patients and balance the best interest of both the mother and the child, counseling the mother on how to optimize the outcome of her pregnancy. And then in another clinic, on another day or in an adjacent room, ignore this training and counsel a mother on abortion. The message is not only contradictory but borders on lying to one patient. Prenatal care matters and improves outcomes for the unborn child. If we care about that outcome, then offering abortion is neglecting our duty as ObGyns. This and the fact that D and C procedures are a daily

occurrence in ObGyn train programs and provide the skills to care for abortion complications make it unnecessary to require abortions during residency training. Counting residency and private practice, I have over 25 years of ObGyn experience. I have never done an elective termination. I have done hundreds of D and C's and taken care of complications of abortions done by other providers.

In summary, I support SB 260 and believe that UW is currently in violation of the law regarding the use of public funds to pay the salaries and stipends of UW residents and faculty to perform abortions. Also, the UW is misleading in its attempt to defend these actions by stating they could lose accreditation, when in fact all that is required is to offer access and training in the complication of abortions, and exceptions are provided in the case of legal barriers to abortions, such as currently with Wis. Stat. 20.927.

Thank you again for the opportunity to testify on this important topic.

Dr. Herbert S. Coussons, MD FACOG



**Senate Committee on Human Services, Children and Families**  
**Testimony in opposition of SB260**  
**Provided by Robert N. Golden, MD**  
**Dean, University of Wisconsin School of Medicine and Public Health**  
**May 26, 2021**

Dear Chairperson Jacque and members of the committee:

Thank you for the opportunity to appear before you today. I am the dean of the University of Wisconsin School of Medicine and Public Health, and also serve as chair of the UW Hospitals and Clinics Authority, known as UW Health. I am joined by Dr. Laurel Rice, Chair of our Department of Obstetrics & Gynecology, Tricia Kvitrud, Senior University Legal Counsel at UW-Madison, and Kelly Wilson, Senior Vice President and Chief Legal Officer for UW Health. We strongly oppose Senate Bill 260 (SB260).

According to the Legislative Reference Bureau's analysis, SB260 prohibits any UW System employee or employee of UW Hospitals and Clinics Authority, within the scope of their employment, from performing abortions; from providing or receiving training in abortions; and from performing any services at a private facility where abortions are performed. The legislation also prohibits the UW System and the Authority from using any resources to make arrangements or to contract with other facilities for employees to participate in those activities at those facilities.

The legislation before you is a serious threat to the future of our OB/GYN residency training program. If passed, our program will be non-compliant with the national accreditation requirements of the Accreditation Council for Graduate Medical Education (ACGME) – the nation's only accrediting body for OB/GYN residency training programs. Failure to comply with training requirements will lead quickly to a citation, and then to the loss of accreditation. This understanding is based on years of working with the ACGME, as well as written statements we have received from ACGME leaders, including a letter from Dr. David Jaspan, Chair of the Review Committee for Obstetrics and Gynecology. In his letter, Dr. Jaspan states the following:

*ACGME-accredited obstetrics and gynecology programs are required to provide residents with training in the full scope of obstetrics and gynecology practice. The Obstetrics and Gynecology Program Requirements include a core requirement that "programs must provide training or access to training in the provision of abortions, and this must be part of the planned curriculum." To comply with this requirement, the University of Wisconsin Hospitals and Clinics Obstetrics and Gynecology Residency Program must provide residents with clinical education in induced abortion at one of the institution's own sites or make arrangements at another institution. Residents with religious or moral objections may opt out of this experience.*

*Programs that fail to comply with this requirement are subject to a citation. Citations put programs at risk for withdrawal of accreditation.*

Proponents of SB260 argue there is proof our accreditation is not in jeopardy based on their interpretation of various circumstances outside of Wisconsin. We vehemently disagree with their assertion that our accreditation is not at-risk under the terms of SB260. We offer the following for your consideration.

## **Arizona law does not mirror SB260**

- Arizona law does not mirror the statutory change outlined in SB260. While the two states both currently prohibit *the use of state resources* for performing abortions, SB260 would exceed the prohibitions in AZ law by prohibiting the *activity* of providing abortion services, or *training or receiving training* in abortion services by state or public authority employees, regardless of whether state funds are used or not.
- If Arizona did pass a law similar to SB260, it would not impact the Arizona program because its OB/GYN residents and most of their faculty physicians are employed by a private health system, Banner Health, for their clinical care activities. Banner Health's privately-employed physicians could still perform otherwise legal abortions for their patients and could train Banner Health's privately-employed residents as required by the ACGME if Arizona passed a law as restrictive as SB260 because such a law simply wouldn't apply to them.

## **The Coats amendment does not override the ACGME**

- It has been stated that the Coats amendment would override the ACGME's ability to revoke our accreditation. This clearly is not the case. ACGME is not bound by the Coats/Snowe amendment (42 USC ss238n). Coats/Snowe is directed at federal and state governments that receive federal funding, not at private, non-governmental accreditation organizations such as the ACGME. In fact, the statute specifically states that it does not prohibit accrediting bodies from setting their own competency standards.

## **OB/GYN residency programs are not allowed to develop work-arounds to providing the ACGME-required training**

- Some have suggested residents can moonlight and get the required training on their own time. This is not an option because it does not meet the ACGME's definition of "planned curriculum."
- The ACGME does not allow for an "Opt-In," which some have suggested we consider as a work around to the abortion training requirement. We fully support the ACGME standards that allow OB/GYN residents with a moral or religious objection to abortion to *opt-out* of the training; however, we are required to provide abortion training as an optional component of our planned curriculum.

The threat SB260 poses to our OB/GYN residency program's accreditation is real. We have gone to great lengths to make sure our program aligns with Wisconsin law. Per Wisconsin Stat § 20.927, GPR is not to be used for the *performance of an abortion*. To that end, our OB/GYN residents are paid a stipend, just like all residents, but another health system pays for the training they receive to meet the ACGME requirements. These funds are not transformed into GPR funds simply because we serve as a conduit for the payment. Furthermore, our faculty physicians who work directly with the residents to educate them have that component of their time and effort, plus liability coverage for that specific activity, paid by the facility where the training in abortion services, family planning, and health screenings for breast and cervical cancers takes place.

Under the terms of SB260, the shortage of OB/GYNs available to serve the citizens of Wisconsin will worsen as the number of residents trained in this specialty will be reduced by more than one-third. This is exactly the last thing Wisconsin needs. Data from the American Medical Association indicates 29 of Wisconsin's 72 counties have only one OB/GYN or none at all. To address the state's shortage and in advancing our commitment to promote the health and safety of Wisconsin residents, particularly in rural areas, UW Health has expanded our number of residency slots for Obstetrics and Gynecology outside of the Graduate Medical Education cap. We pay to train these additional residents without the customary federal support because we believe Wisconsin women should have access to high quality obstetrical care. Our commitment and innovation have garnered national attention for the UWSMPH Rural OB-GYN Residency program, which is the first of its kind in the nation. Interest in the program has been unprecedented; hundreds of applications have been received for four slots. We select applicants who have had meaningful experiences with rural communities and demonstrate an enduring commitment to providing health care to women in rural Wisconsin. Rural track residents rotate during their last two years at hospitals in Portage, Monroe, Waupun, and Baldwin, which is a tremendous advantage to the communities they serve.

The passage of this bill would dramatically damage, perhaps eliminate the applicant pool for our residency program since applicants and their advisors will be aware of the likelihood of a citation as the initial step towards loss of accreditation.

I would like to clarify a point of confusion that has been propagated during earlier discussions of this bill. Our concerns about the loss of accreditation apply to the national accreditation requirements for our OB/GYN residency program and not to our medical student program. Training experience in abortion services is not required for medical student program accreditation, in contrast to OB/GYN residency programs. In fact, we made an institutional decision not to provide training experience in abortion services to our medical students. This difference explains some of the survey data proponents of SB260 have used to argue that “students” are not trained in abortion services at other peer institutions. Resident physicians are not students and again, we do not train our medical students in abortion services.

Finally, we want to point out that the legislation before you, in contrast to its predecessor from the 2017-18 legislative session, contains no exceptions for life of the mother, rape, or incest that currently exist in state law. The statutory construction of SB260 would make it illegal for any UW System-employed physician or UW Hospitals and Clinics Authority-employed resident physician to perform an abortion under any circumstances. Implementation of such an extreme public policy contradicts public opinion. Findings from research conducted at the University of Chicago between 1972 and 2012 consistently show U.S. adults support abortion when the woman’s health is seriously endangered (87%) and in cases of pregnancy resulting from rape (78%). Our greatest concern is always our patients, and this severely restrictive approach puts the health and safety of our patients in jeopardy. It is for this reason and the reasons above we ask you to oppose SB260.

Thank you for your time and attention. We are happy to respond to your questions.



**Heather Weininger, Executive Director, Wisconsin Right to Life  
Senate Committee on Human Services, Children and Families  
SB 260, Re: prohibiting performance of and funding or providing property for abortions and other  
services by certain employees and entities  
Wednesday, May 26, 2021**

Thank you to Chairman Jaque, and members of the Senate Committee on Human Services, Children and Families for your time today.

My name is Heather Weininger, and I am the Executive Director of Wisconsin Right to Life, testifying in favor of SB 260, which will end an arrangement between Planned Parenthood of Wisconsin and public employees from the UW School of Medicine and Public Health.

From 2008 to the present, several Memoranda of Understanding were arranged between the UW School of Medicine and Public Health and Planned Parenthood of Wisconsin to arrange for several full-time UW faculty members to assume various duties at Planned Parenthood facilities, while still contractually remaining UW employees.

Planned Parenthood is an organization embroiled in controversy. First and foremost, they are in the business of abortion. No matter how they package it, they profit from the dismemberment of unborn babies. From the deposition of Planned Parenthood of Wisconsin's President and CEO in Planned Parenthood v. Van Hollen, we learned that in 2012 alone, Planned Parenthood of Wisconsin performed about 4,000 abortions. That's about 60% of all Wisconsin abortions in that year.

Furthermore, in 2014 we learned that Planned Parenthood of Wisconsin misused taxpayer dollars by overbilling Medicaid. And nationally, Planned Parenthood has been caught red-handed engaging in the trafficking of baby body parts, as we saw through the Center for Medical Progress' investigative videos. Public employees are ultimately employed by the taxpayer. Contracting out public employees to perform abortions at Planned Parenthood is, in essence, taxpayer funding for Planned Parenthood.

It is simply unfathomable that public employees are working at an abortion provider's facility on the taxpayer's dime.

Wisconsin Right to Life thanks Senator Jaque and Representative Murphy for bringing SB 260 forward to stop this agreement that entangles taxpayer funds in the dismemberment of unborn children.

Thank you very much for your time,  
Heather Weininger

May 26, 2021

To: Members, Senate Committee on Human Services

From: James G. Linn, MD

Re: Support for SB260

Good morning Chairman Jacque and members of the committee.

I am James Linn. I thank you for this opportunity to speak in support of SB260. SB260 deserves your support because elective abortion deliberately kills an innocent human being. Although Roe v Wade made abortion legal in Wisconsin by overriding our state law, Roe v Wade does not require that abortion be supported or funded by Wisconsin and its taxpayers. In fact, the US Congress and the Wisconsin State legislature have voted not to fund abortion. It follows that the faculty and OB/GYN residents who are state employees of the University of Wisconsin system are not to be doing elective abortions as part part of their employment. Therefore, SB260 should be passed.

Here are questions that may be raised regarding this bill.

- 1) Is training in elective abortions necessary to be a good Obstetrician Gynecologist?
- 2) Will the UW OB/GYN residency lose its accreditation if its residents don't do elective abortions?
- 3) Will the UW OB/GYN residency have trouble attracting high quality residents if it does not have elective abortion training?
- 4) What exactly is an elective abortion?

I am a physician, board certified in and specializing in obstetrics and gynecology for over 30 years. I am in group practice at a large teaching hospital and also work part time at a federally qualified health center in Milwaukee. I am an Associate Clinical Professor of Obstetrics and Gynecology for a large medical school. For all of my time in practice, I've had the pleasure and challenge of teaching both medical students and OB/GYN residents.

Now, let's consider question 1). **Is training in elective abortions necessary to be a good OB/GYN?**

Opponents of this bill will likely claim that OB/GYN residents at UW will be inadequately trained if they cannot do elective abortions at Planned Parenthood or elsewhere. This is simply not true. The truth is that most Wisconsin OB/GYN physicians do not perform elective abortions. In fact, the vast majority, 86% of OB/GYNs in the United States, do not perform abortions (1). Like the majority of OB/GYNs in the United States and Wisconsin, I do not do elective abortions. I have never and will not ever perform an elective abortion. Yet, I graduated from a fully accredited, not religiously affiliated residency, and have been board certified and recertified yearly by the American Board of Obstetrics and Gynecology for over 30 years. Obviously, it follows that the

American Board of OB/GYN, which certifies OB/GYNs as qualified specialists in this field, thinks that doing elective abortions is NOT an essential part of OB/GYN training and practice.

No OB/GYN resident in the United States is required to do any elective abortions to graduate from her or his residency program. Again, this is evidence that elective abortions are not an essential part of the OB/GYN training. However, by the time all OB/GYN residents finish training, they are able to do abortion procedures even if they don't perform any elective abortions while training. How is this so? Residents learn to do many of the same procedures when taking care of pregnant women who suffer naturally occurring fetal deaths or spontaneous abortions, commonly called miscarriages, that occur in approximately 15% of pregnancies.

**Question 2). Will the UW OB/GYN residency lose its accreditation if its residents don't do elective abortions?**

Opponents of this bill may claim that if the UW OB/GYN residency doesn't provide abortion training, the residency will lose its accreditation and be shut down, depriving our state of needed OB/GYN doctors. They will point out that the Accreditation Council for Graduate Medical Education (ACGME) has a mandate that OB/GYN residency training programs provide abortion training as part of their standard curriculum. This is true, there is such a mandate. In an effort to promote abortion, ACGME put in that mandate in 1994. It is also true, that in spite of the mandate, accreditation is not denied to programs that do not provide elective abortion training. I don't think you'll find any OB/GYN residency programs that have been denied accreditation for not complying with the mandate. Why not? Do you think all accredited residencies in the country follow the ACGME mandate? If you do, think again.

According to a 2018 study (2) that surveyed the program directors of all United States accredited residencies, 36% of the residency directors reported that they were not in compliance with the abortion training mandate. 21% of the program directors did not respond to the survey, and one could reasonably suspect that there is an even higher percentage of programs out of compliance. But, the fact is that 36%, 68 of the 190 responding program directors, admitted that they were not complying with the abortion training mandate. Did any of these programs lose their accreditation since this study was published? I don't think so.

If 68 programs admitted to non-compliance of the ACGME abortion training mandate, why aren't they shut down? There may be several reasons, but I think the main reason is due to federal legislation in response to ACGME's abortion mandate. Passed in 1996, the Coats-Snowe Amendment (3,4), protects students, residents, and institutions from being forced to participate in abortion. Most importantly, and relevant to this discussion, is that the federal law also prohibits accrediting bodies such as ACGME from denying accreditation to a residency that does not provide abortion training. So, while ACGME has this mandate, they don't enforce it. Enforcing it would violate federal law.

**Question 3). Will the University of Wisconsin OB/GYN residency have trouble attracting high quality residents if it does not have elective abortion training?**

You may hear from medical students and OB/GYN residents from the UW program that they will go elsewhere if the program doesn't provide abortion training. Don't worry. With all due respect, they will be replaced by a prospective OB/GYN for whom abortion training is not a priority. Most OB/GYNs don't do abortions. Highly regarded OB/GYN residencies like UW's have no trouble filling their open positions.

**Question 4) and in conclusion. What exactly is an elective abortion?**

In closing, let's circle back to why I support this bill and why you should too.

Most of you will agree that it is wrong to deliberately kill an innocent human person and that our laws and medical practice should protect the most vulnerable among us. If you agree with this statement, the only way you can justify abortion is by saying that a fetus is not an innocent human being.

To say that a fetus is not an innocent human being is not a scientifically defensible position. Every one of you here was a unique embryo, fetus, newborn, child, adolescent, and now an adult. These are just different stages of life of the same human being you are today. It doesn't make sense to say that your life began at some other arbitrary time after conception like 22 weeks or at birth. Did you ever consider you could have been aborted while you were growing in your mother's womb, while your heart was beating, nervous system growing and developing, all your limbs moving, even sucking your thumb? Has any woman given birth to something other than a human being? Abortion advocates avoid the discussion about the beginning of human life. Most of us learned this in high school biology or sometime before that. Fifty years ago, while considering the abortion controversy, the Journal of California Medicine forthrightly pointed out, "The result has been a curious avoidance of the scientific fact, which everyone really knows, that human life begins at conception and is continuous whether intra or extra uterine until death. The very considerable semantic gymnastics which are required to rationalize abortion as anything but the taking of human life would be ludicrous if it were not often put forth under such socially impeccable auspices."

Have you also considered that abortion advocates don't talk about what happens in an abortion, especially the surgical abortions that this bill addresses? But, you need to know. In a first trimester abortion, a woman's cervix is stretched open, and the live fetus with a beating heart is sucked out with a powerful suction and dies in the process. In a second trimester surgical abortion, the fetus is usually too large to be sucked out intact. So after dilating the cervix, the abortionist will reach inside with a metal forceps with the business end about the size of my thumb. The forceps have toothed jaws that don't let go when squeezed together. The abortionist then grasps for part of the fetus to pull on. Once the abortionist gets a good bite on a part, he or she pulls out that part. The live, not anesthetized, fetus dies as it is dismembered

piece by piece. Afterward the abortionist inventories the removed limbs and other body parts to make sure nothing is left inside the mother's womb.

For a more detailed description, see "Testimony of Former Abortion Provider, Dr. Anthony Levatino" on YouTube (5) or google Anthony Levatino, abortion procedure. Then ask yourself if these dismemberment procedures were used to "put down" dogs or other animals in UW's School of Veterinary Medicine, would anyone oppose legislation to stop it? Yet, we are here debating a bill that seeks to stop UW employees from doing these procedures on unborn babies. Pretty sad.

Elective abortion is not an essential part of health care and training in elective abortion is not an essential part of the training of OB/GYN physicians. Elective abortion clearly violates the Hippocratic Oath. Elective abortion kills an innocent human being. This is why I ask that you support SB260.

Thank you.

James Linn, MD

References:

- (1) Debra B Stulberg MD et al. Abortion Provision Among Practicing Obstetrician-Gynecologists, *Obstet Gynecol.*,2011;118(3):609-614.doi:10.1097/AOG.0b013e31822ad973.
- (2) Steinauer JE, Turk JK, Pomerantz T, et al. Abortion training in US obstetrics and gynecology residency programs. *Am J Obstet Gynecol* 2018;219:86.e1-6
- (3) <https://www.law.cornell.edu>>text
- (4) [www.ADFlegal.org/resources](http://www.ADFlegal.org/resources)
- (5) <https://youtu.be/j0tQZhEisaE> This is from testimony given before a house judiciary committee and broadcast on C-Span on October 8, 2015. There is no attempt to profit from this video. For educational purposes only.

My name is **Dr. Cynthia Jones-Nosacek**. And I am here to testify in favor of SB 260. I am representing myself and the **Milwaukee Catholic Medical Guild**.

I am a family physician. In fact, I like to think of myself as an old-fashioned family doc. Until my retirement almost 2 years ago, I did traditional practice that includes inpatients and hospice. I also deliver babies and have done so for over 30 years. While I did not do surgical deliveries including D&C, I do medical treatments for women whose babies have died and yet have not delivered them at any stage of pregnancy including the first 3 months. Now I spend time every year working at a medical mission in Uganda.

I went into medicine to help people live as full a life as possible with the time they have been given. Upon graduation, I took the Hippocratic oath in which I vowed never to intentionally take the life of another human being. And while there are times when a treatment for a disease, such as a scarred fallopian tube, results also in the death of the embryo, I am proud to say that I have kept that vow.

While we all tend to call the procedures involved in the intentional destruction of a human life an abortion, the word abortion is really more of a diagnosis than a procedure. Their true names are vacuum aspiration, dilation and extraction, and dilation and evacuation. As a physician who does obstetrics and works with pro-life obstetricians, I can tell you that there is never an indication where a human being must be dismembered before it is delivered.

Thus, I obviously support legislation that would prevent state employees who represent me and who are paid by my tax dollars from deliberately taking the life of another human being, be it through abortion procedures, the death penalty or doctor assisted suicide. And I was surprised to find that obstetrical and gynecological residents, in defiance of state law, are doing so. And that they are doing so under the supervision of other state employees. Yes, the attendings are paid via a shell game with nontaxpayer monies, but they are still state employees when they go there.

I can understand the fear of the UW system that they would lose accreditation. This fear is unfounded. Federal law prevents this from happening. And no residency has ever lost accreditation merely because they did not provide training in abortions.

There is a concern that there are many counties in this state that do not have an obstetrician / gynecologist. I would submit that, even with an overabundance, that there would still be counties that could not support one. In fact, when I first left residency, I practiced in a rural area when the ob/gyne had left for that very reason. We also did not have a neonatal intensive care unit, requiring us to send sick newborns and premature babies to the nearest tertiary hospital over 30 minutes away. We also did not do cardiac catheterizations, do surgery for head trauma or radiation therapy for cancer patients. One of the prices of living in a rural area, is that you sometimes have to go further than someone who lives in an urban area, even in an emergency.

This law does not prevent those residents who wish to do abortion procedures at Planned Parenthood from doing so. And if state employees wish to do so in their free time, that is allowed as well. But don't

say you represent me as a state employee at a Planned Parenthood clinic while you do your bloody business.

In point of fact, only 1 out of 6 of gynecologists even do abortion procedures after residency. Abortion training is considered so nonessential that it is not even a requirement to graduate from residency or for board certification. So why the push to make residents do a rotation that very few of them will actually do after leaving residency? ACOG has been very open about the reason. As their president-elect Dr. Pamela Smith stated in 1995, the mandate "has the clear purpose of 'mainstreaming' abortion procedures." I would put it another way. It has the purpose of desensitizing residents to the deliberate and violent taking of a human life.

It is a scientific fact that these embryos and fetuses meet all of the biological qualifications of being alive. As the common reference Wikipedia states "Life is a characteristic distinguishing physical entities having biological processes, such as signaling and self-sustaining processes, from those that do not, either because such functions have ceased, or because they never had such functions... The current definition is that organisms maintain homeostasis, are composed of cells, undergo metabolism, can grow, adapt to their environment, respond to stimuli, and (eventually) reproduce ". And genetically, they are undeniably human. Otherwise, we could not take their parts for human research.

Think of what it must be like to see for the first time a dismembered arm or leg, a torn torso, a crushed skull. Or to grab a piece of the fetus and to pull on it until you tear off a limb, seeing that arm/that leg in your clamp. To watch the reflexive flailing of the fetus when you stick a needle into its chest before injecting either digoxin or potassium chloride into its heart to end its life. To learn how to crunch a fetus just so to prevent damage to valuable organs that will be delivered in less than a day to researchers. The first time must be difficult. But after a while it becomes--normal. Psychologists call it habituation. Its where "a particular stimulus elicits a response, repeated applications of the stimulus result in decreased response". That is why soldiers and police officers shoot at human shaped targets. And as the mobster hit man Joey the Hitman Black said, it's the first killing that gets you. After that, it is easier.

Thank you for your time and attention.

May 26, 2021

Good morning Senator Jacque and committee members. My name is **Elizabeth Larson**, and I am a family physician working at a private clinic here in Madison. Thank you for this opportunity to speak in favor of Senate Bill 260. I would like to tell you a little bit about my experience as a medical student at the UW School of Medicine and Public Health (UWSMPH).

I attended the UWSMPH from the fall of 2005 to my graduation in the spring of 2009. I attended the UW as I started medical school with a 3 month old child and knew I would require the support of my family who lives close by. My father, a graduate of the Medical College of Wisconsin, urged me to consider Milwaukee knowing the atmosphere there would be much friendlier to conservatives such as myself. However, I dismissed this as I was certain it would be far easier to get through medical school with my family nearby than to attend a school less hostile to those with my world view. I regret to say it did not take me long to realize that I was quite wrong about that.

My four years at the UW were very difficult for me due to heavy bias and closed-mindedness of many of the faculty, which also fed the student body culture. Now don't get me wrong. I grew up with five brothers and three sisters. Perhaps someday, over a couple drinks, I could show you the scars I still carry on my body from the many physical punishments inflicted by so many siblings. I am not afraid of a fight. But the fight at UW proved to be the hardest in my life. There was no desire or tolerance for discussion about differing opinions, different views or honest reviews of the evidence. Daily we were presented with opinions presented as "facts" regarding human sexuality, contraception, and abortion. Abortion was drilled into us, without ability to question a "woman's right" to control her own body. Yet, simultaneously, permanent or semi-permanent contraceptive devices were applauded, as physicians no longer had to "trust the patient" but rather "put the doctor in control."

I started a Pro-Life Medical Student organization. I was virtually on my own. When I put out an email or notice of an issue or event, I was typically met with 10-20 emails from fellow students telling me, "No one cares." "shut the F up," and many other vulgar and mean things that should not be repeated. There was no fear of reprisal or reprimand from students convinced a worldview such as mine was wrong. At times I would get an email back from a fellow student saying something like, "Thanks for speaking up on this. I am too afraid to." These emails both brought me relief to know I wasn't the only person who held these views and anger at their cowardice in leaving me to stand alone.

One time I organized a talk with some local pro-life physicians which was rudely interrupted by a faculty member of the UW. When I attended a talk by the Med Students for Choice group and asked specific questions and pointed inconsistencies in their argument, I was first told they would give me a minute to share my views. However, they quickly interrupted me and then issued a complaint against me to the school. Thankfully, the event was recorded and when the Dean of Students and I sat down and reviewed the recording he knew they had no ground to stand on. Another time a faculty was giving a lecture when she came to a point where she acknowledged some people believe in God, by waving her hands in the air like a shaman and mockingly mentioned "creative design." I am told she was verbally reprimanded, but nothing more.

I think, most significantly, was the lack of options for a student who holds the belief that life begins at conception for Ob/Gyn electives. I had started medical school planning to become an obstetrician/gynecologist. To bolster applications to residencies we would chose an election our third

year in the specialty we hoped to enter. At the UW, there were only 2 of several electives that did not involve the destruction of an unborn human being. Being thus severely limited in my options for a specialty with high demand, I was not able to complete an OB/Gyn elective. The department chair blamed my predicament on me and had absolutely no interest in assisting someone who believes abortion is the murder of a human person in entering the field of obstetrics and gynecology. In fact, I have heard it openly stated during my time at UW that someone like me shouldn't be in the field of OB/Gyn, or perhaps even in the field of medicine. In the end I discerned that family medicine was a much a better fit for me. My time at UW left me convinced the specialty was full of bitter, unhappy doctors whose only goals were to sterilize woman, permanently if possible, otherwise semi-permanently if able. Fortunately, my experiences have since shown me not all Ob/Gyns are like those I encountered at the UW.

I am convinced that the same level of pressure to accept and practice abortion placed on me as a UW medical student was also placed on the UW Ob/Gyn medical residents, if not more so. SB 260, by prohibiting medical residents from performing abortions in their training, will remove this pressure.

In the end, the UW is here telling you that SB 260 is going to do great harm to the UWHC, the training of future doctors and most significantly to their patients. I can tell you, the culture of death does more damage to that end than they ever realize. During my time as a medical student, resident, and physician, I have encountered numerous women who tell me how they were pressured to have abortions. I have women tell me that they are told they are irresponsible, cruel, and selfish because they wouldn't abort a child deemed "unfit" by doctors or because they were deemed "unfit" mothers. Many of these women have been patients of UW physicians. I have women come from Dodgeville, Neenah, and Menomonee Falls because they seek a physician who shares their life-affirming values. Please, we need to change the culture of death at the UW, we need a culture of tolerance and openness. This will not change unless they are forced to. Thank you.



ProLife  
LOVE. FOR LIFE. WI.

**Testimony in Support of Senate Bill 260: prohibiting UW System and UW Hospital & Clinics Authority employees from performing or assisting in the performance of abortions while in the scope of their employment**  
**Senate Committee on Human Services, Children and Families**  
**By Matt Sande, Director of Legislation**

**May 26, 2021**

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Good afternoon Chairman Jacque 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 strong support for Senate Bill (SB) 260, legislation that would prohibit both UW System and UW Hospital & Clinics Authority employees from performing or assisting in the performance of abortions while in the scope of their employment.

**Senate Bill 260 would effectively end UW medical resident abortion training and UW faculty performance of abortions at the Madison Planned Parenthood abortion facility, a grisly arrangement that stains the reputation of Wisconsin's public university system and flagship hospital.**

In 2010, an open records request by Pro-Life Wisconsin and Alliance Defending Freedom revealed that since 2007, more than \$58,000 of UW hospital authority funds had been used for abortion training at the Madison Planned Parenthood. The UW hospital authority paid physician medical residents in the UW School of Medicine and Public Health Ob/Gyn Department for two four-week rotations at Planned Parenthood, where they viewed and performed abortions with the oversight and assistance of department faculty.

In 2011, Governor Scott Walker signed Act 32, the state biennial budget, which amended Wis. Stat. 20.927 to explicitly include the UW hospital authority as a "state agency" prohibited from funding abortions, with certain exceptions. The enactment of this provision was a focused effort to end the UW hospital authority's continuing payments for medical residents performing abortions at the Madison Planned Parenthood.

However, the contractual agreement between the UW and Planned Parenthood of Wisconsin was renewed in a 2012 memorandum of understanding (MOU) in which payment for abortion services flowed from Planned Parenthood to UW. **Regardless of who is paying for these abortions, this contractual relationship should be completely severed.** Senate Bill 260 accomplishes this goal.

Importantly, the 2012 Planned Parenthood/UW MOU does more than merely pay for UW medical resident abortion training. It goes further by purchasing UW faculty hours to perform routine abortions at the abortion-only Madison Planned Parenthood facility and the now closed Appleton North/Grand Chute abortion facility. **Planned Parenthood is paying or, according to the UW, "reimbursing" UW employees to do their abortions at a rate of \$150/hour,**

**between 16 and 20 hours per week.** If this arrangement does not technically violate Wisconsin's current law abortion funding prohibition (and we believe it does), it most certainly violates the spirit of it.

Regarding the UW's specious claim that SB 260 would strip their Ob/Gyn medical residency program of its ACGME accreditation, federal law is crystal clear on this matter. The Hoekstra-Coats Medical Training Nondiscrimination Act of 1995 (42 U.S.C § 238n) declares that an entity that forces individuals or programs to participate in abortions is discriminatory. Accordingly, the ACGME abortion training mandate has never been enforced (nor can it be).

**University of Wisconsin faculty members should not be spending their paid time providing abortions, or any services, at private abortion facilities. And Planned Parenthood of Wisconsin should not be an abortion-training ground for UW medical residents.** These residents need to be instructed in how to save, preserve, and respect life, not how to kill preborn children at our state's number-one abortion provider. And as you will hear from expert medical testimony today, Ob/Gyn medical residents can be effectively trained in addressing the complications of abortion *without actually performing abortions*.

Abortion - the direct, intentional killing of a preborn child - is not health care. And in poll after poll, Americans overwhelmingly say they oppose taxpayer-funded abortion. A Knights of Columbus/Marist Poll released on January 27, 2021, showed 77% of respondents opposing the use of tax dollars to pay for abortions overseas and 58% opposing the use of tax dollars to fund abortions in the United States.

Pro-Life Wisconsin thanks Senator Jacque and Representative Murphy for re-introducing legislation that finally and fully ends the scandal of Wisconsin's public employees doing Planned Parenthood's dirty work. This has gone on far too long and should never have occurred at all. We strongly urge you to recommend SB 260 to the full Senate for prompt debate and passage.

Thank you for your consideration.



# WISCONSIN CATHOLIC MEDICAL GUILDS

*Upholding the Principles of the Catholic Faith in the Science and Practice of Medicine*

May 26, 2021

**To:** Members, Senate Committee on Human Services, Children and Families  
**FROM:** Robin Goldsmith, MD, President, Wisconsin Catholic Medical Guilds  
**RE:** Support for Senate Bill 260

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The Wisconsin Catholic Medical Guilds (WCMG) strongly support Senate Bill (SB) 260 which would prohibit UW System and UW Hospital & Clinics Authority employees from performing or assisting in the performance of abortions while in the scope of their employment. State employees should not be deliberately taking the lives of other human beings on state time.

As a physician I have tried to dedicate my life to upholding the Hippocratic Oath to “do no harm,” a solemn pledge that I took at the end of medical school. I truly believe that medicine is a vocation dedicated to saving and protecting life. It certainly is not intended to end the most innocent of all human life through abortion. Over 2,400 years ago, the Hippocratic Oath in its original form stated that physicians would not provide any pessary to cause an abortion. Even Hippocrates recognized that participating in an abortion was counter to the basic tenets of medicine.

While the UW expresses fear of loss of accreditation, the reality is that such fears are unfounded. A number of accredited programs do not do abortions and have not suffered the loss of accreditation. And upon graduation from residency only a small percentage of OB/Gyns perform abortions. Furthermore, no maternal indication exists for abortion. As an obstetric anesthesiologist trained to care for the highest risk pregnancies, I with my fellow anesthesia colleagues repeated this statement every time a pregnant patient was presented with the recommendation for an abortion.

Senate Bill 260 would also provide protection and support for medical residents who conscientiously object to participating in abortions. **As a medical student at UW Madison, I felt tremendous pressure to partake in abortion.** While it was presented to us as an “option,” the words “You can choose not to participate, but...” was followed by a long, uncomfortable pause. We palpably feared the effect our non-participation would have on our grades and evaluations. Several of us who were intensely pro-life discussed this pressure and, sadly, some chose to proceed with the abortion training. We can expect that the same type of pressure is also brought to bear on UW medical residents.

For all the above reasons, I strongly urge you to pass SB 260. Thank you for hearing this important legislation.



## WISCONSIN CATHOLIC CONFERENCE

TO: Senator André Jacque  
Members, Senate Committee on Human Services, Children & Families

FROM: Barbara Sella, Associate Director, Wisconsin Catholic Conference

DATE: May 26, 2021

RE: Support for SB 260, Abortion Prohibitions for UW Employees &  
SB 261, Sex, Fetal Anomaly, and Abortion Facilities

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The Wisconsin Catholic Conference (WCC), the public policy voice of Wisconsin's bishops, appreciates the opportunity to offer testimony in support of Senate Bill 260 and Senate Bill 261.

Senate Bill 260 would prohibit the University of Wisconsin (UW) System or the University of Wisconsin Hospitals and Clinics Authority from allowing their employees to perform or assist in the performance of an abortion outside of a hospital setting. In short, the bill would put an end to UW participation in elective abortions.

By permitting employees to work at Planned Parenthood, the UW is, in essence, jointly operating an abortion facility, which violates both the letter and the spirit of Wisconsin Statutes s. 20.927. At a minimum, public authorities should not be facilitating the unjust taking of human life.

As the state's leading medical research and teaching institution, the UW is called to solve problems in ways that uphold human dignity and protect human life. Elective abortion, even if legal, denies the life and dignity of the unborn child. That is not what the Wisconsin Idea is about. Rather than taking human lives, the tradition of our state and the mission of the UW are best served by exclusively healing and saving lives.

Senate Bill 261 would require the state to collect information about the visible sex and disability of the aborted child, as well as the facility where the abortion took place. It is vital that Wisconsin have comprehensive data on abortions because this can inform the public, lawmakers, and public health officials about why abortions are taking place and allow us to better address the challenges expectant mothers face. The WCC fully supports maintaining the anonymity of the mother. We have always held that most women are driven to abortion out of duress and for lack of appropriate support. It is up to the entire community to give women real alternatives and to support them in their time of need.

Pope Francis has captured the world's attention for embracing the most marginalized people; for warning against a "throwaway culture" that discards unwanted persons as though they were consumer goods; and for insisting that we can never "solve a problem by eliminating a person." These are not uniquely Catholic or even religious ideas. They are reflections of the deepest

humanity and should inspire everyone to ensure that mother and child can flourish, whatever the child's sex, disability, or unwanted conception may be.

Senate Bills 260 and 261 do what government ought to do: protect the living. We urge you to support them.

Thank you.



**WISCONSIN FAMILY ACTION**  
Marriage|Family|Life|Liberty

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**TESTIMONY IN SUPPORT OF SENATE BILL 260**  
**SENATE COMMITTEE ON HUMAN SERVICES, CHILDREN AND FAMILIES**  
**WEDNESDAY, MAY 26, 2021**  
**JULAIN K. APPLING, PRESIDENT**

Thank you, Chairman Jacque and committee members, for the opportunity to testify on Senate Bill 260. Wisconsin Family Action supports this bill.

Wisconsin Family Action wholeheartedly supports the positions and points made by other pro-life leaders on this bill.

For too long the University of Wisconsin and University of Wisconsin Medical College have skirted at a minimum the spirit of the law that prohibits any public funding for abortion. The Memorandum of Understanding that is apparently currently in place directing the agreement between the UW and Planned Parenthood of Wisconsin has happened because of perceived loopholes in the current law. Senate Bill 260 with its explicit language closes those loopholes, making it very clear that the UW and Planned Parenthood of Wisconsin are not to in any way use public monies to train medical residents to perform abortions or to “reimburse” the UW for faculty time.

We encourage committee members to carefully consider the reality of the Hoekstra-Coats Medical Training Nondiscrimination Act of 1995 (42 U.S.C. § 238n) that prohibits forcing individuals or programs to participate in abortion. This Act clearly decimates the argument that stopping this UW-Planned Parenthood relationship would mean the UW Medical College would lose its ACGME accreditation.

It’s time to stop this cozy relationship between the state’s largest abortion provider and the flagship school of our publicly funded UW System. Senate Bill 260 does just that.

Thank you for your attention and thoughtful consideration of our position on this proposal. Wisconsin Family Action urges you to support this bill and recommend it for passage by the full Senate.



# Wisconsin Medical Society

TO: Senate Committee on Human Services, Children and Families  
Senator André Jacque, Chair

FROM: Mark Grapentine, JD  
Chief Policy and Advocacy Officer

DATE: May 26, 2021

RE: Opposition to Senate Bill 260

On behalf of more than 10,000 members statewide, the Wisconsin Medical Society thanks you for this opportunity to share our testimony opposing Senate Bill 260.

Similar to the 2017-18 session's version of this legislation, the Society is concerned that the bill could exacerbate the current shortage of obstetricians/gynecologists in Wisconsin by harming the UW Hospital OB/GYN residency training program's national accreditation. The fiscal notes from 2017 Assembly Bill 206 and 2017 Senate Bill 154 describe the threat succinctly:

This bill may result in the OB/GYN residency training program at UW Hospital losing its national accreditation. The national accreditation organization for residency training programs, the Accreditation Council for Graduate Medical Education (ACGME), requires that OB/GYN residency programs provide the option for training in abortion procedures. If that option is not available, a program receives a citation, and if the deficiency is not corrected, it loses its accreditation. Without accreditation, there will be a notable decline in graduates seeking OB/GYN residency training, and without residents, academically oriented OB/GYN faculty will leave.

A lack of accreditation would make the UW's OB/GYN residency program a much less attractive option for OB/GYNs to receive training. And because where a physician has a residency often leads to where that physician will establish a professional practice, SB 260 could directly threaten our ability to attract OB/GYNs to Wisconsin. Fewer OB/GYNs would mean less access to high-quality care for Wisconsin's pregnant moms and their babies.

Thank you again for this opportunity to provide the Society's testimony on Senate Bill 260. Please feel free to contact the Society on this and other health-related issues.



**TO: Members of the Senate Committee on Human Services, Children and Families**

**FROM: Kenneth B. Simons, MD**

*Senior Associate Dean for Graduate Medical Education and Accreditation*

*Executive Director and Designated Institutional Official, MCWAH*

*Professor of Ophthalmology and Pathology, Department of Ophthalmology & Visual Sciences*

**DATE: May 26, 2021**

**RE: Please Oppose Senate Bill 260 – Prohibiting performance, funding, or providing property for abortions and other services by certain employees and entities**

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The Medical College of Wisconsin (MCW) has long been committed to its partnership with the State of Wisconsin in building a stronger physician workforce pipeline for our state's patients. These efforts have included new medical school campuses at MCW-Green Bay and MCW-Central Wisconsin, as well as expanding and creating new graduate medical education (GME) programs, also known as residency programs, across the state.

MCW is proud to partner with the state, as well as numerous other private entities, to ultimately improve access to quality care for Wisconsin's residents. In particular, MCW deeply appreciates the strong and continuous support the State of Wisconsin has provided for these initiatives, and our institution looks forward to continuing these strong collaborations.

With this background as context, MCW opposes Senate Bill 260, as it would likely result in the University of Wisconsin Hospitals and Clinics Authority's (UW Health) Obstetrics and Gynecology (OB-GYN) residency program losing its national accreditation under the Accreditation Council for Graduate Medical Education (ACGME). In order to maintain ACGME accreditation, OB-GYN residencies must provide training or access to training in the provision of abortions, and this must be part of the planned curriculum. However, residents with a religious or moral objection may opt-out, and must not be required to participate in training in or performing induced abortions.

MCW is concerned that the loss of UW Health's OB-GYN residency program would worsen an already significant shortage of OB-GYN physicians in Wisconsin. According to the American Congress of Obstetrics and Gynecology's Distribution Atlas, 26 of Wisconsin's 72 counties do not have an OB-GYN, and another third of counties have less than two per 10,000 women.

As an institutional policy, MCW also opposes any legislation that interferes with private accreditation standards and requirements. Private accreditation requirements are carefully and continuously updated, and ensure that health care providers are being educated and trained with a basic set of standards that set the context for residents to learn to appropriately care for individual patients.

In short, private accreditation has a significant and direct impact on the quality of care patients receive each day in Wisconsin, and MCW is concerned with any proposals that would potentially supersede these accreditation standards.

MCW respectfully requests your opposition to Senate Bill 260. Thank you for your time and consideration, please contact Kathryn Kuhn, Vice President of Government and Community Relations, or Nathan Berken, Director of Government Relations, at 414.955.8217, or [kkuhn@mcw.edu](mailto:kkuhn@mcw.edu), or [nberken@mcw.edu](mailto:nberken@mcw.edu) if you have any questions or need additional information.