

ANDRÉ JACQUE

STATE REPRESENTATIVE • 2nd ASSEMBLY DISTRICT

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P.O. Box 8952
Madison, WI 53708-8952

TO: Members of the Assembly Committee on Science and Technology
FROM: Rep. André Jacque
DATE: July 18, 2017
RE: Assembly Bill 206

Chairman Quinn and Committee Members,

Thank you for holding this hearing on Assembly Bill 206 and the opportunity to appear before you as the author of this legislation to terminate the appalling 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 facility in Madison (as well as previously at Planned Parenthood's recently closed Appleton North/Grand Chute abortion facility).

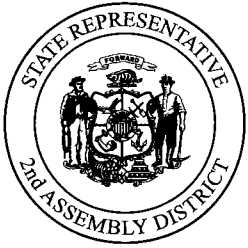
This reprehensible scheme was even referenced in the recent Final Report of the U.S. House of Representatives' Select Investigative Panel of the Energy & Commerce Committee:

"The University of Wisconsin School of Medicine and Public Health (UW SMPH) has deployed both faculty members of its Ob/Gyn department and medical residents (by way of the Ryan Fellowship) to work at a clinic designated by Planned Parenthood of Wisconsin (PPWI). This relationship appears to have been part of a broader plan that included the procurement and transfer of fetal tissue to UW SMPH for research. The school maintains it has not obtained fetal tissue from PPWI since November 2010. The deployments continue, however."

Consistent with intent of language adopted in the 2011-'13 state budget, AB 206 will even more clearly prohibit the performance of abortions at Planned Parenthood's Madison abortion facility by state employees acting within the scope of their state employment.

Under multiple Memoranda of Understanding between Planned Parenthood and the UW School of Medicine and Public Health, several full-time state employees have had their faculty hours "purchased" by Planned Parenthood to perform abortions at Planned Parenthood facilities, during which time they contractually remain UW employees, though directly responsible to Planned Parenthood (former UW faculty member and abortionist Caryn Dutton actually served as Planned Parenthood's Medical Director on state time as a state employee under the terms of the contract). It is believed that during several time periods the entirety of Planned Parenthood's abortions at its abortion-only Madison facility were performed by UW employees within the scope of their employment – there is no publicly known comparable relationship anywhere else in the country.

The above-referenced situation should not be happening, 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



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UW and the UW Hospital and Clinics Authority within 20.927's definitions. This change was made to both clearly prevent the establishment of a proposed late term abortion clinic at the UW Surgery Center, which had been pushed by UW School of Medicine and Public Health Director Dean Robert Golden, former Governor Jim Doyle's administration and others, as well as stop UW doctors and medical residents from performing and training to perform abortions at Planned Parenthood's Madison abortion facility.

Currently, Planned Parenthood pays the UW for the provision of abortion by UW doctors (contractually acting as UW doctors) at Planned Parenthood's abortion facility. The UW puts these funds into a separate account then pays the UW employees their full salary and benefits from a different account (i.e. a shell game where payment to the UW is for abortions by UW employees, but payment to UW employees by the UW is magically not for their performance of those abortions). The language of AB 206 is thus necessary to provide a crystal clear prohibition. As the AG is obliged to defend state agencies, even though the UW's proffered legal defense of compliance is ridiculous, as long as it is put forth, the quickest way to ensure compliance is through this clarifying language.

The UW has used semantics to publicly claim that Meriter Hospital pays for the abortion portion of residents' training, yet the UW Hospital and Clinics Authority has responded to previous open records requests by admitting that the UWHCA pays its residents for taking part in the abortion rotation at Planned Parenthood.

Wisconsin's longstanding statutory prohibition on the state funding and subsidization of abortion provision found in Wis. Stat. 20.927, declares that no funds of this state or of any agency of this state "shall be authorized for or paid to a physician or surgeon or a hospital, clinic or other medical facility for the performance of an abortion." Prior to the 2011 law change, UWHCA claimed that it was not violating Wis. Stat. 20.927 because it claimed the phrase "agency of the state" in that section did not include UWHCA. That argument, to any reasonable person, should have been made moot by the enactment of 2011 Act 32 (the 2011-'13 state budget), which explicitly included "an authority created in Ch. 233", such as the UWHCA, as an "agency of the state." The UWHCA admittedly has continued using its funds (which are, by definition the funds of "an agency of this state") to pay residents to go to Planned Parenthood of Madison and perform abortions as part of their training, just as the UW is using its funds, also the funds of "an agency of this state", to pay UW Medical School faculty to go to Planned Parenthood of Madison and perform abortions.

The UWHCA then argued that it can continue its scheme of paying for abortion training because it alleged that UWHCA is reimbursed. There is no "reimbursement exception" in 20.927 that somehow makes it legal. Would we continually allow and pay state employees to run a strip joint on state time as long as someone else eventually "reimburses" the state for their salary?

Let's take a look at the agreements between Planned Parenthood and the UW:



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Section 2.1- Supervision of Residents while at PPWI shall be by physicians who have UWSMPH faculty appointments AND are members of the medical staff at PPWI...

Section 3.2- Residents sent to PPWI from UWHC are UWHC employees. Each Resident retains his or her original employment status regardless of the site at which he or she receives training.

Crystal clear, right?

Section 10- Liability coverage. UWHC shall provide and maintain the primary liability coverage required by the Patients Compensation Fund in compliance with PCF requirements. UWHC shall make such payments as may be required to maintain PCF requirements.

From the UW and PP's faculty time purchase agreement:

The UW faculty members will be on detail to Planned Parenthood and solely responsible to Planned Parenthood for the performance of responsibilities and for adherence to Planned Parenthood's policies and procedures, but will remain employees of the sending agency – the UW – and subject to all appropriate and applicable university policies and procedures and will receive the salary and benefits to which entitled.

I would hope that the applicable university policies and procedures will eventually include direction to FOLLOW STATE LAW.

The UW's most convenient public defense for its exceptionally pro-abortion policies is that they are all somehow necessary to maintain accreditation through the ACGME, which can very easily be refuted.

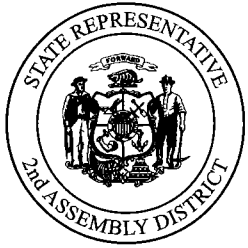
The UW claims that St. Agnes Hospital lost its ACGME accreditation in 1990 due to its decision to not offer the "required optional (abortion) training". **The case cited actually proves the opposite.** In reality, while St. Agnes believed the withdrawal of accreditation was in retaliation for its refusal to provide abortion training, the decision in ST. AGNES HOSP. OF CITY OF BALTIMORE v. Riddick noted that ACGME withdrew accreditation from the St. Agnes program on the basis of *four* alleged deficiencies.

From the decision:

"The Hospital alleges that only the citation in family planning resulted from its religious beliefs. Plaintiff does not maintain that the remaining deficiencies were insignificant or that accreditation would not have been withdrawn had only the three other deficiencies been cited. St. Agnes contends that it cannot get the benefit of accreditation without giving up its religious tenets. However, it has not proven that its accreditation was withdrawn as a result of the citation in family planning.

...

It is undisputed that St. Agnes refused to perform abortions and sterilizations, except in limited circumstances. And, previously, this Court has held that withdrawal of accreditation *may* be a form of



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retaliation. *St. Agnes Hospital v. Riddick*, 668 F. Supp. 478, 483 (D.Md.1987). However, this Court also stated that:

The scope of the section [20-214] is limited to those situations in which the negative consequence complained about is *directly* related to the refusal to permit these procedures within its facilities. Thus, in the instant case, if it is shown that the withdrawal of accreditation was due to factors other than St. Agnes' refusal to permit sterilization and abortions to be performed within its facilities, plaintiff's claim will fail.

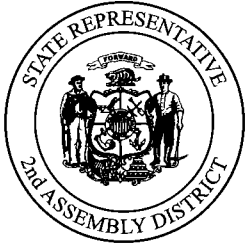
The plaintiff has failed to prove that the withdrawal of accreditation was directly related to its refusal to perform the religiously verboten procedures. Instead, the evidence established that the withdrawal was a result of a number of factors, one of which was inadequate training in family planning. In addition, plaintiff has not established that the withdrawal of accreditation was a recriminatory act.”

...

According to the Code, the plaintiff's refusal to perform the procedures or to refer to another source for the procedures must be "grounds for" the disciplinary action. The ACGME articulated the several deficiencies that were the basis for its decision to withdraw accreditation. Plaintiff did not prove that its refusal to permit or to refer to a source for abortions and sterilizations was grounds for the defendant's actions. Accordingly, the Court finds that defendant did not violate Section 20-214, and it will direct judgment in favor of the defendant on this Count.”

In fact, the state of Arizona has a legal restriction on the use of public funding for the provision of abortion or abortion training very similar to what is proposed in AB 206. It has been in place since 2011, and just as with AB 206, drew noisy assertions that it would result in a loss of accreditation for the OB/GYN residency programs of both of Arizona's two state university medical schools. But guess what? It didn't happen. Now the UW at first falsely claimed that Arizona has no statutory provision similar to AB 206 and in a document to legislators the UW curiously, and perhaps intentionally misleadingly identified a different statute, which has been subject to litigation, in a different area of Arizona's chapter 35 than where the language is actually found, as what it posited must have been referred to by myself. I have in fact not referred to that statute or its surrounding court cases, nor would it make any sense to, as they encompass an entirely different issue. The UW must not have been looking too hard.

But after the UW was directed to the very clear Arizona statutory language, the UW is now claiming that the Arizona language doesn't impact abortion training, but AB 206 does. Really? To quote the Arizona law: **“no public funds nor tax monies of this state or any political subdivision of this state nor any federal funds passing through the state treasury or the treasury of any political subdivision of this state may be expended for payment to any person or entity for the performance of any abortion**



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unless an abortion is necessary to save the life of the woman having the abortion.” And further, “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.”

I would like to read from a letter I received earlier this year from the Center for Arizona Policy:

“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”).

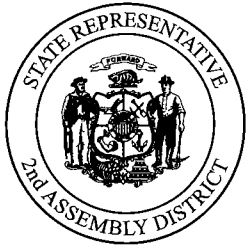
Second, in 2011, the Arizona legislature passed legislation prohibiting the expenditure or allocation of public funds, including tuition dollars, for abortion training. Once again, proponents of taxpayer funding of abortion alleged that passage of the bill would jeopardize the accreditation of residency programs in the state.

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.”

The UW has conceded that accreditation of the Medical School itself is not at risk and is now trying to imply that there is no evidence that there are other OB/GYN residency programs which do not provide abortion training that have retained accreditation, saying that it is the UW’s OB/GYN residency program that is at risk. In fact, there is ample public documentation to the contrary, **clearly affirmed by no less than abortionists themselves:**

A 2005 questionnaire about abortion training in obstetrics and gynecology residency programs was mailed to all ACGME U.S. residency directors by a group of researchers. **Despite ACGME’s stated**



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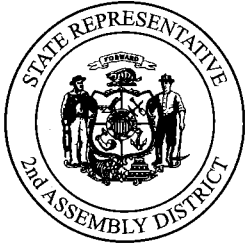
OB/GYN training guidelines, out of the 252 questionnaires mailed, 67 programs chose not to respond with any information, 72 programs reported optional training which would not meet ACGME guidelines, and 19 programs, of both public and private institutions, courageously proclaimed that they offer no abortion training opportunities whatsoever. This followed up a nearly identical 1998 survey of residency programs sponsored by the National Abortion Federation (NAF), the professional association of abortion providers, which found a similar response, and in which researchers noted "there is reason to be cautious in interpreting these results, including possible response bias and pressure to report the availability of abortion training because of new guidelines from the [ACGME]" - the response rate was significantly lower in 1998 and 2005 than the National Abortion Federation's 1991 survey. The NAF researchers noted, "Pressure to affirm the presence of abortion training in residency programs may come from the new ACGME standard, which links abortion training with accreditation. **No residency program could lose its accreditation simply because it does not offer abortion training**; however, program directors may have exaggerated the existence and routine nature of abortion training, especially if they are under the misapprehension that NAF is a political watchdog organization." A study of fourth-year medical residents at US residency programs published in the journal *Contraception* in 2014 indicated that 16% of residents were not offered any abortion training at all.

A National Public Radio story that aired last year noted, "In the end, I could only confirm that three out of the 18 programs in Texas had made arrangements for residents to spend time learning at an outpatient family planning clinic. Those types of clinics are where most abortions in Texas take place.

It's unclear how some of the residency programs are handling the training requirement. Some directors point to the difficult fact that the nearest abortion clinic is now closed...Most of his residents don't seem bothered by the situation, Wen said. "If this part of the training is very important to them, more likely they will probably rank and choose another residency program to go to, instead of come to Texas," he said."

There have even been public statements by Dr. Doug Laube, the board chair for a pro-choice doctors' group and 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.

In an article noting that the Coats amendment overrides the ACGME's ability to revoke the accreditation of a program that is not offering abortion training, Dr. Laube, asserted that the ACGME has mechanisms of enforcement short of revocation of accreditation that it can utilize to put pressure on non-compliant residency programs, including issuing citations to programs not following the rule to stir peer pressure from other programs to comply, and flagging the institution to potential residents who might consequently decline to go there. Coupled with enough citations for other problems, Laube said, citations related to abortion training could place a program in probationary status, which in turn could lead to more site visits by the ACGME. Such site visits — essentially audits that are time- and resource-intensive for residency programs to undergo — could, Laube said, encourage more programs to comply.



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So we've dispensed with that false argument.

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. I am very pleased that Doctors Jim Linn and Cynthia Jones-Nosacek are here today to present testimony in support of this common-sense restriction, and to provide you with extensive written testimony from other distinguished Wisconsin physicians specializing in obstetrics and gynecology and family medicine which demonstrates very clearly that abortion training is thoroughly unnecessary for proper professional preparation in their field, inadvisable, and ideologically driven.

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. Assembly Bill 206 will put a stop to it.

Thank you for your attention and your consideration of AB 206.



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.¹ 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

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

2200321025 - UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE-TUCSON PROGRAM

Obstetrics And Gynecology - Tucson, AZ

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Accreditation Council for Graduate Medical Education (ACGME) - Public

Accreditation History Reports

Academic Year	Status	Effective Date
2000 - 2001	Continued Full Accreditation	10/8/1998
2001 - 2002	Continued Full Accreditation	10/8/1998
2002 - 2003	Continued Full Accreditation	10/3/2002
2003 - 2004	Continued Full Accreditation	10/3/2002
2004 - 2005	Continued Full Accreditation	10/3/2002
2005 - 2006	Continued Full Accreditation	10/3/2002
2006 - 2007	Continued Accreditation	5/25/2006
2007 - 2008	Continued Accreditation	5/25/2006
2008 - 2009	Continued Accreditation	5/25/2006
2009 - 2010	Continued Accreditation	5/25/2006
2010 - 2011	Continued Accreditation	10/21/2010
2011 - 2012	Continued Accreditation	10/21/2010
2012 - 2013	Continued Accreditation	10/21/2010
2013 - 2014	Continued Accreditation	3/6/2014
2014 - 2015	Continued Accreditation	2/12/2015
2015 - 2016	Continued Accreditation with Warning	2/11/2016
2016 - 2017	Continued Accreditation	2/9/2017
2017 - 2018	Continued Accreditation	2/9/2017



2200321024 - UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE-PHOENIX PROGRAM

Obstetrics And Gynecology - Phoenix, AZ

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Accreditation Council for Graduate Medical Education (ACGME) - Public

Accreditation History Reports

Academic Year	Status	Effective Date
2000 - 2001	Continued Full Accreditation	6/3/1999
2001 - 2002	Continued Full Accreditation	6/3/1999
2002 - 2003	Continued Full Accreditation	10/3/2002
2003 - 2004	Continued Full Accreditation	10/3/2002
2004 - 2005	Continued Full Accreditation	10/3/2002
2005 - 2006	Continued Full Accreditation	10/3/2002
2006 - 2007	Continued Accreditation	5/17/2007
2007 - 2008	Continued Accreditation	5/17/2007
2008 - 2009	Continued Accreditation	5/17/2007
2009 - 2010	Continued Accreditation	5/17/2007
2010 - 2011	Continued Accreditation	5/17/2007
2011 - 2012	Continued Accreditation	1/26/2012
2012 - 2013	Continued Accreditation	1/26/2012
2013 - 2014	Continued Accreditation	1/26/2012
2014 - 2015	Continued Accreditation	2/12/2015
2015 - 2016	Continued Accreditation	2/11/2016
2016 - 2017	Continued Accreditation	2/9/2017
2017 - 2018	Continued Accreditation	2/9/2017



Chairman Quinn and Members of the Committee:

From: Dr. Herbert S Coussons MD

I am a board certified and practicing ObGyn in Green Bay. I have been in private practice for 21 years and currently serve as a clinical instructor for the Medical College of Wisconsin in Green Bay.

Thank you for allowing me to testify in writing as I am unable to attend in person today due to clinical responsibilities in Green Bay.

I would like to address the following two topics in support of AB206:

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 UWICA. 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 residents 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 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 AB206 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, 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

Portage, WI 53901

July 1, 2017

I am expressing my support for AB 206, to prevent further funding of resident training for induced abortions in Wisconsin. I am currently a board certified family physician who includes obstetrics in my practice in a small town/rural area of Wisconsin. I graduated from Beloit College, double majoring in anthropology and chemistry. I have a Master's Degree in Forensic Science from the University of Alabama at Birmingham. After working in a crime laboratory for several years in Illinois, I went to medical school at Kansas City University, then completed a family medicine residency at the University of Wisconsin Department of Family Medicine-Fox Valley in Appleton, Wisconsin. I am currently a preceptor for University of Wisconsin medical students, and have been a preceptor for physician assistant students through Marquette University. I am a member of the Wisconsin Medical Society, American Osteopathic Association, and American College of Osteopathic Family Physicians.

No medical indication exists for elective induced abortion. Attaching an elective procedure to residency training should at least be preceded by well documented, valid science that such a procedure will benefit patients. With elective abortion, the opposite is true. Increased suicidality, depression, anxiety, substance abuse, and preterm birth are all long term risks in women who have had induced abortions. Often, these side effects occur years later.

To take one example, 12.5 % of all births in the United States are preterm. This is a 30% increase since 1981, and is the leading cause of infant morbidity and mortality in the United States. While the causes of preterm birth are numerous and often unknown in many cases, at least 49 studies have shown a causal link between induced abortion and subsequent increased risk of premature births. No studies have shown a benefit between induced abortion and preterm birth. Preterm birth is known to increase the risks of mental handicaps, autism, cerebral palsy, blindness, deafness, respiratory distress, and seizure disorders. Most admissions for a preterm baby in a neonatal intensive care unit will cost more than the \$58,000 estimate that has been spent training residents to perform abortions with public money. In short, if less induced abortions occur in Wisconsin, less preterm births will occur in Wisconsin. This effect was observed in Poland, when induced abortion rates decreased after communism was defeated in 1989, the rate of preterm birth decreased several years afterwards.

Nevertheless, the American College of Obstetricians and Gynecologists recommend, in their 2014 Committee opinion on Abortion Training and Education, to "[I]mplement the Accreditation Council for Graduate Medical Education (ACGME) requirement that all obstetrics and gynecology residency programs provide training in comprehensive women's reproductive health care, including opt-out abortion training, in which training is routinely integrated into residency but residents with religious or moral objections can opt out of participation." In light of the increased harm of induced abortion to women, the above recommendation is not based on science, but on ideology, as it denies the copious research over the last several decades. One definition of a fundamentalist is one who will not change their opinion in full view of contrary evidence. Hence, the statement does not allow opting out for scientific reasons, for to do so would jeopardize total obedience to Accreditation.

Finally, resident training requirements for induced abortion present a conflict of Hippocratic duties. For example, initial clinic visits to set up prenatal care often include congratulatory remarks to the mom, and discussions of how best to care for herself and her unborn child throughout the pregnancy. Residents will become proficient at such care. To simultaneously train residents to do the opposite of this creates a healing-killing conflict (elucidated by psychiatrist Robert Jay Lifton), from which physicians can suffer. To accept and care for one healthy 10 week old fetus and then the next day learn to reject another healthy 10 week old fetus by clamping forceps on her skull will create physicians who feel like they have to do the dirty-work for everyone else who refers to them. Wisconsin needs to employ healthy physicians. It is time to end public funding for residents to learn how to perform abortions.

Sincerely,

Dr. Thaddeus Whiting

Tobias, Adam

From: Jacque, Andre
Sent: Tuesday, July 18, 2017 12:48 AM
To: Tobias, Adam; Sande, Rebecca
Subject: Weidert testimony - 20 copies

Dear Assembly Committee on Science and Technology,

My name is Dr. Melissa Weidert, and I am an OB/GYN working at St. Gianna Clinic in Green Bay, WI. I completed medical school at UW School of Medicine and Public Health and graduated in 2011. I then went to residency at Sisters of Charity in Buffalo, NY. I then underwent additional training at the Pope Paul VI Institute in Omaha, NE to further establish how to treat women's health and fertility concerns in a dignified, moral and ethical manner.

My practice focuses on surgical treatments for endometriosis and polycystic ovarian disease, natural approaches to infertility, prenatal care and routine GYN care. I believe that women deserve the best care by diagnosing their underlying medical conditions and treating them to heal their bodies and fertility.

Abortion procedures do not offer women a dignified, moral or ethical solution for health care. In fact, abortions can damage women's bodies physically, mentally and spiritually. Physicians need to be taught how to care for women and not harm them by killing their babies.

I fully support the testimonies of Dr. Linn and Senator Jacque. More training should be provided to OB/GYN physicians so that they feel equipped to diagnose and treat women's health conditions instead of covering them up with a band-aid approach. By encouraging physicians to learn about fertility based awareness methods and ways to treat endometriosis, polycystic ovaries, abnormal uterine bleeding, for example, women will receive the best health care and fully heal their bodies.

My name is Dr. Cynthia Jones-Nosacek. And I am here to testify in favor of AB 206. I am representing myself and the Milwaukee Catholic Guild.

I am a family physician. In fact, I like to think of myself as an old fashioned family doc. I do a traditional practice that includes inpatients and hospice. I also deliver babies and have done so for over 30 years. While I do 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.

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, it is really more of a diagnosis than a procedure. Their true names are vacuum aspiration, dilation and extraction, and dilation and evacuation. But Dr. Linn as an obstetrician is more familiar with this and I will leave it to him to go into more detail.

Thus I obviously support legislature 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, the death penalty or doctor assisted suicide. And I was surprised to find that state employees were actually going to Planned Parenthood clinics to perform abortions as state employees. Yes, they were paid via a shell game with nontaxpayer monies, but they are still doing it as state employees.

I can understand the fear of the UW system that they would lose accreditation. This fear is unfounded. Other than their one example where the residency lost its accreditation due to 4 deficiencies, the other 3 that did not include their refusal to offer abortion procedure training were serious enough in themselves to cause the loss. In a survey representing 2/3 of ob/gyne residencies who responded, 16% of accredited programs in 2013 do not do abortion procedure training and another 30% have opt-in where it is available but not routinely offered. And I would think that it would be newsworthy if 46% of ob/gyne residencies were under review.

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. 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 why. 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 fact that these are 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 tug until you dismember it, 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 awhile it becomes--normal. Psychologists call it habituation. Its where " a particular stimulus elicits a response, repeated applications of the stimulus result in decreased response". Or as the mobster Fat Vinney Theresa was purported to have said, "The hardest thing you'll ever do is kill your first person. The easiest is to kill your second."

Thank you for your time and attention.



CHRIS KAPENGA

WISCONSIN STATE SENATOR

Testimony on Assembly Bill 206

Assembly Committee of Science and Technology

July 18th, 2017

Thank you, Chairman Quinn and committee members, for holding a hearing today on Assembly Bill 206. I also want to thank Representative Jacque for leading on this bill in the Assembly.

This bill reinforces our commitment to the taxpayers that no tax dollars or state resources are used to provide abortions by drawing a bold line between abortion providers and public funds. The UW System is currently operating under a memorandum of understanding that authorizes employees of the state to work at abortion clinics to receive training in providing elective abortions as well as other health services. AB 206 would end this practice by prohibiting this activity during the scope of their employment. Simply put, under this bill, employees of the University System, or the University of Wisconsin Hospitals and Clinic Authority, while in the scope of his or her employment, may not perform or assist in the performance of an abortion, outside of a hospital. It is inappropriate for taxpayer funds to be used for abortion in any way, including employment benefits of state employees at clinics who perform abortions.

This bill does not prevent students from getting the training necessary to graduate or jeopardize accreditation. A 2011 Arizona bill drew similar claims of lost accreditation and drastic revenue losses, which never materialized after passage. Arizona law specifically bars public money from being expended for provision of abortions as well as tuition or fees to a state university or a community college for training to perform abortions. This claim by opponents of the bill is simply false.

A recent Politico/Harvard poll found that 58% of Americans oppose public funding for abortion, adding to the field of polling data that affirms that most of our constituents oppose this practice. Wisconsin Statute clearly intends to prohibit public funds from subsidizing abortions.

In conclusion, this bill would ensure that we end the unpopular practice of public employees being instrumental in the unnecessary death of infants once and for all.

Thank you Chairman and committee members for your time and consideration of this bill.

Assembly Committee on Science and Technology
Testimony in opposition to AB-206
Provided by Robert N. Golden, MD
Dean, University of Wisconsin School of Medicine and Public Health
July 18, 2017

Dear Chairman Quinn and members of the committee:

Thank you for the opportunity to appear before you today. I am representing the University of Wisconsin School of Medicine and Public Health where I serve as the dean. I am also representing the UW Hospitals and Clinics Authority (also known as "UW Health") where I serve as vice-chair of the board. I am joined by Dr. Laurel Rice, Chair of our Department of Obstetrics & Gynecology, and Lisa Wilson, Senior University Legal Counsel at UW-Madison. We strongly oppose Assembly Bill 206. Our goal is to explain the direct impact Assembly Bill 206 would have on our ability to train future OB/GYN physicians. We hope the facts we share will encourage you to join us in opposing the bill.

According to the Legislative Reference Bureau's analysis, Assembly Bill 206 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 outside of a hospital; 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.

This legislation is of grave concern. If passed, the legislation will impact our OB/GYN residency program and the provision of OB/GYN clinical services in our state in the following ways:

1. Loss of Accreditation

AB-206 will result in the loss of accreditation for our OB/GYN residency training program because the Accreditation Council for Graduate Medical Education (ACGME) requires that OB/GYN programs provide training or access to training in the provisions of abortions as part of a *planned* curriculum. There is no way to meet this requirement under the terms of AB-206.

2. Reduced Physician Workforce

UW Health's inability to maintain its accredited OB/GYN residency program for 25 OB/GYN residents will reduce the OB/GYN residency training capacity in Wisconsin by more than one-third. This loss of OB/GYN residents will exacerbate the shortage of OB/GYNs at a time when 29 of Wisconsin's 72 counties have only one OB/GYN or none at all. For example, women in Jackson, Washburn and Waupaca counties have no OB/GYN to provide care, and in Monroe County, there is just one OB/GYN, according to data released by the American Medical Association on July 6, 2017.

The “grow your own” approach for doctors is important because there is clear evidence of a strong relationship between where physicians complete their residency training and where they ultimately establish their clinical practice. In the last 20 years, approximately 40 percent of UW Health OB/GYN residents have remained in Wisconsin after completion. The loss of an accredited residency program in our state will contradict the significant effort in recent years by Wisconsin’s elected officials to address our physician shortage.

3. Loss of Faculty and Patient Care

The loss of ACGME accreditation will negatively impact our school’s ability to recruit and retain talented OB/GYN faculty who are dedicated to training residents, and who provide top quality clinical care to patients and expert consultative services to physicians throughout the state. A related impact is the potential loss of grants and clinical revenue as our top faculty leave for other nationally ranked departments with fully accredited residency programs.

4. Diminished Appeal to OB/GYN Residency Applicants

Loss of ACGME accreditation will significantly diminish the reputation of the UW Health OB/GYN residency training program, and of UW Health and the SMPH in general. Few, if any, graduating medical students will apply to a residency training program that has lost its accreditation. We currently attract the very top OB/GYN residency applicants from the nation’s most prestigious medical schools. These candidates will turn their backs on our program, or any program, that stands to lose its accreditation.

I would like to clarify a point of confusion that has emerged during the discussion of this bill. Our concerns about the loss of accreditation apply to the national accreditation requirements for our OB/GYN residency program, NOT to our medical student program. Our medical students are enrolled in UW-Madison, and like all medical students, after they receive their MD degree they must complete a residency training program in order to practice independently. AB-206 would have no impact on our *medical students* or the accreditation of our medical student education program. In fact, we made an institutional decision some time ago that we would not provide training experience in abortion services to our medical students (although we do offer lectures and information on this and related topics as part of their classroom learning). Training experience in abortion is NOT required for medical student program accreditation.

In contrast to medical students, OB/GYN *residents* must have the opportunity to receive training in abortion services as part of the ACGME’s core standards. This accreditation requirement respects any resident’s moral or religious objection to abortion and includes an “opt out” provision as part of the requirement. We make that opt-out option clear to our OB/GYN residents. Some choose to exercise that option – a personal decision we fully support.

In conclusion, enactment of AB-206 will mean the loss of ACGME accreditation for our OB/GYN residency training program, including its rural residency track. It will reduce the number of OB/GYN physicians trained in Wisconsin each year at a time when our state desperately needs more.

Thank you for your time and your interest in our opposition to AB-206. We are happy to respond to questions.

Testimony in Opposition to Assembly Bill 206
Public Hearing - Assembly Committee on Science and Technology
Provided by Dr. Kathy Hartke, MD
July 18, 2017

Chairman Quinn and members of the Committee I am here today to testify in opposition to Assembly Bill 206.

My name is Dr. Kathy Hartke. I live in Brookfield, Wisconsin and am the chair of the American Congress of Obstetricians and Gynecologists – Wisconsin Section (ACOG). I also currently serve as a Clinical Assistant Professor of Obstetrics and Gynecology at the Medical College of Wisconsin and most recently was on staff at Froedert Memorial Lutheran Hospital after 27 years in private practice. I also served in the United States Air Force.

Assembly Bill 206 would threaten the accreditation of the OB/Gyn residency program at the UW School of Medicine and Public Health resulting in closure of the program, which would contribute to the growing physician shortage in Wisconsin and also close the first rural-track OB/Gyn program in the nation. As a physician who has practiced Obstetrics and Gynecology for 30 years, this is alarming.

Wisconsin is already experiencing a shortage of OB/Gyns. According to the American Medical Association, nearly 1/3 of counties in Wisconsin do not have a single practicing OB/Gynⁱ. Some of the counties included in that statistic are Washburn, Jackson, Waupaca, Adams, Buffalo, Marquette, and Vernon counties. Counties with only one OB/Gyn include Monroe, Waushara, Douglas, Green Lake, Lincoln, and Langlade counties, among others. If the OB/GYN residency program is closed at the UW School of Medicine and Public Health, residency training for OB/Gyn physicians will be reduced by 1/3 in the State of Wisconsin.

The proportion of OB/Gyns retiring is rising while the female population is expected to increase 36% by 2050; ACOG projects an OB/Gyn shortage of 18% by 2030. One third of OB/Gyns are aged 55 years or older, which is similar to other physician groups. A customary age range of retirement from clinical practice is 59 years to 69 years (median 64 years). Male and especially female OB/Gyns retire at slightly younger ages than those in other medical specialtiesⁱⁱ.

Substantial geographic imbalances exist in the current supply of OB/Gyns in the United States, and demand is projected to increase nationally at a rate of 6%. The number of OB/Gyns in general practice has decreased in relation to the adult female population as a whole, or that of reproductive age, and an increased number of OB/Gyns are joining

ⁱ American Medical Association, Health Workforce Mapper, July 2017

ⁱⁱ The Obstetrician – Gynecologist Workforce in the United States: Facts, Figures, and Implications, William F. Rayburn, MD, MBA, FACOG, 2017

large practices.ⁱⁱⁱ The uneven distribution of OB/Gyns will increase if OB/Gyns continue to cluster in urban and suburban areas and are not encouraged to practice in underserved areas, such as rural areas.

If we look closely at the shortage of OB/Gyns in Wisconsin, the most severe shortage is in the rural areas of our state. We know that there is strong correlation between where a physician completes his or her training and where they ultimately establish a clinical practice. That is why the launch of the UW School of Medicine and Public Health's OB/Gyn rural-residency program is so critical to our state. Giving residents an opportunity to train in underserved areas will make it more likely that they will choose to practice in similar settings.

Obstetrics and gynecology is a surgical discipline encompassing a wide variety of procedures, acquiring sufficient surgical skills during residency and maintaining those skills has become increasingly important as medicine continues to advance. Safe and timely access to prenatal and perinatal care from a women's health care provider is essential to positive outcomes for both mother and baby. Shortages of maternity care providers can force women to endure long wait times for routine visits or to travel long distances – in some cases, many hours – to access prenatal care, and makes it harder for them to receive adequate care for serious medical conditions during pregnancy. The public health implications of these barriers to access are dire—babies born to mothers who received no prenatal care are three times more likely to be low birth weight and five times more likely to die than babies whose mothers received prenatal care.^{iv} And when a woman is in labor, distance can be more than burdensome – it can be dangerous.

For the reasons I laid out today, I urge you to oppose AB 206. The bill will undermine much-needed resident training, exacerbate Wisconsin's existing physician shortage, and negatively affect the health outcomes of patients in our state. These impacts will be felt the most in rural communities. Thank you for your time today. I am available for any questions.

ⁱⁱⁱ The Obstetrician – Gynecologist Workforce in the United States: Facts, Figures, and Implications, William F. Rayburn, MD, MBA, FACOG, 2017

^{iv} Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services. Prenatal services.

Chairman Quinn and members of the Committee, I am here today to testify in opposition to Assembly Bill 206.

I am a general OB/Gyn physician, practicing in Green Bay. I also serve as the District VI Young Physician for the American Congress of Obstetricians and Gynecologists (ACOG), representing physicians in 7 states as well as parts of Canada and South America. But perhaps most importantly, I am a proud graduate of the OB/Gyn Residency Program at the University of Wisconsin School of Medicine and Public Health.

Our State has a well-established tradition of leadership in medical education. We were the first medical school in the country to embrace a focus on the health of the population, resulting in a name change ten years ago to the University of Wisconsin School of Medicine and Public Health. And we are the first in the nation to address the lack of qualified OB/Gyn providers in rural areas of the state by creating the first rural residency program for obstetrics and gynecology. This innovative and necessary program, designed with the knowledge that physicians like me tend to stay and practice where they train, will be a model for other medical schools across the country.

It is this training, and the highly regarded residency program from which it budded, that are in danger because of Assembly Bill 206.

As a practicing physician in the Green Bay area, I see patients who travel long distances for their care. Every Thursday I have an outreach clinic in Marinette where I see women from the three counties that border Marinette County: Florence, Forest, and Oconto Counties. Not one of these surrounding counties has a single practicing OB/Gyn doctor. Women who live in these rural counties not only have to drive over an hour in sometimes treacherous northern Wisconsin conditions for routine prenatal care visits, but they have to make the 2-3 hour long trek to Green Bay for delivery. I am reminded of my high-risk patient who delivered her baby on Highway 41, at the roadside park commemorating the 45th parallel. Luckily, she and her baby were fine. Her husband, who delivered the baby, is still recovering.

Further to the north, another woman had a very different experience. She was suffering a miscarriage, bleeding badly, and her family practitioner did not have the training or experience to help her. The nearest OB/Gyn, over an hour away, was not available. So her mother drove her nearly three hours to Green Bay, hoping that we would be able to help. The woman was weak with anemia when she arrived. I took her to surgery right away and performed a D&C, dilation and curettage. Her bleeding improved, and she was discharged home the following day. About a year later, I was honored to deliver her healthy son, now a toddler.

Medical conditions and emergencies related to pregnancy do happen, which emphasizes the absolute need for comprehensive training in obstetrics and gynecology. Comprehensive training simply means that a physician can provide the most appropriate, best care possible for his or her patient in these difficult circumstances. Most OB/Gyn physicians in Wisconsin will never provide elective abortion services as part of their regular medical practice, but ALL will be faced with complications that arise from pregnancy including miscarriage, placental abruption, preeclampsia, and many other life-threatening conditions. Physicians need to be trained to provide the best care possible when these emergencies and complications arise.

Our common goal is safe, appropriate care for the women and families of Wisconsin. Thanks to my comprehensive and compassionate training at the flagship institution of this State where I was raised, I can assure you that I AM that person who can help.

Thank you for your time and consideration.

Respectfully submitted,
Kristin Lyerly, MD, MPH, FACOG

My name is Dr. Cynthia Jones-Nosacek. And I am here to testify in favor of AB 206. I am representing myself and the Milwaukee Catholic Guild.

I am a family physician. In fact, I like to think of myself as an old fashioned family doc. I do a traditional practice that includes inpatients and hospice. I also deliver babies and have done so for over 30 years. While I do 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.

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. But Dr. Linn as an obstetrician is more familiar with this and I will leave it to him to go into more detail.

Thus I obviously support legislature 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 state employees were actually going to Planned Parenthood clinics to perform abortion procedures as state employees. Yes, they were 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. Other than their one example where the residency lost its accreditation due to 4 deficiencies, the other 3 that did not include their refusal to offer abortion procedure training were serious enough in themselves to cause the loss. In a survey representing 2/3 of ob/gyne residencies who responded, 16% of accredited programs in 2013 do not do abortion procedure training and another 30% have opt-in where it is available but not routinely offered. And I would think that it would be newsworthy if 46% of ob/gyne residencies were under review.

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. 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 why. 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 fact that these are 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 tug until you dismember it, 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 awhile 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 Fat Vinney Theresa was purported to have said, "The hardest thing you'll ever do is kill your first person. The easiest is to kill your second."

Thank you for your time and attention.

To: Assembly Committee on Science and Technology
From: Jordan Madden
Subject: Assembly Bill 206
Date: 7/18/2017

Good morning. My name is Jordan Madden, I am a junior at the University of Wisconsin Madison studying Political Science and Research Analysis with an emphasis in Social and Health Policy. I sit on various committees and organizations within the Associated Students of Madison, but today I am speaking as the President of Accessible Reproductive Healthcare Initiative—an organization of student advocates and researchers dedicated towards community activism and reproductive justice in the Madison area, and the state of Wisconsin; As well as an Executive Board member and Committee Director for UW Madison's chapter of Rise 2 Run, a new student organization on campus and across the nation aimed at supporting and empowering young women and students to run for office. I am honored to sit before the Assembly Committee on Science and Technology and to exercise my freedom as an American citizen to voice my input on the various actions of our state legislature, especially as a student at a nationally-renowned university. Today, I am here to voice my concern over the Assembly Bill 206: an act to prohibit the performance of, and funding or providing property, for abortions and other services by certain employees and entities.

Today in Wisconsin there exists a massive shortage of available Obstetric Gynecologists and nurses meeting the needs of citizens—about 1/3 women in the state do not have an accredited OBGYN in their county, according to recent estimates from the American congress of Obstetricians and Gynecologists. The projected need for registered nurses in the According to the Wisconsin Department of Workforce Development, the projected need for registered nurses in Wisconsin is expected to reach as high as 71,540 (a 20% increase from 2014 statistics). The UW System's Office of Budget and Planning, fiscal estimate says "The single greatest predictor of where a physician will practice is the state in which they complete their residencies. The loss of the UW Health OB/GYN residency training program will significantly diminish the pipeline for new OB/GYN practitioners in the state, leading to increased costs for the state's health system that would need to recruit out of state OB/GYN physicians rather than instate residency graduates." Exacerbating the OB/GYN shortage in the state by way of tying abortion to maternal health is an ineffective and shortsighted vehicle for deterring abortion, teen pregnancy, and complications during delivery and pregnancy.

A recent report from Analisa Packham of Miami University found that in Texas—a state where abortion providers were significantly reduced over a short period of time—lowering funding for family planning services in the state increased teen birth rates by approximately 3.4% over four years with effects concentrated in the first 2-3 years of the initial cuts. It is not inconceivable to think that if the number of OB/GYN physicians in the state was greatly reduced over the period of 3-5 years, we will see a dramatic increase in rates of teen births, abortions, maternal morbidity, and maternal mortality. The refusal to address the nursing and OB/GYN shortage in the state due to politicization of reproductive healthcare could also constitute an 'undue burden' for women's accessibility to abortion in the court case *Whole Woman's Health v. Hellerstedt*. A supreme court case could surmount as a result of these policies, and while we can play with hypotheticals all day, it is realistic to think that judicial action could be taken

against the state if these policies and failures to meet the shortage of nurses and OB/GYNs in Wisconsin correlates with increases in maternal morbidity and mortality rates rise. Poor funding, training, and support for our physicians and nurses ultimately harms all of us, and denying an entire generation of talented and skilled practitioners because of abortions' existence in the scope of reproductive healthcare is a gross mistreatment to the mothers and newborn children of the great state of Wisconsin.

Again according to the UW System's fiscal, the fiscal effects for an act of this kind would indeterminately impact the state economy, and particularly the University of Wisconsin's ability to compete academically. It said "The loss of academically oriented faculty would result in the loss of approximately \$4 million in annual extramural grants and clinical trials receipts...the search, recruitment, and start-up support for a new cohort of 22 private practice OB/GYN physicians approximate \$3,300,000." With indeterminate financial costs that cuts grants and creates costs in the form of recruiting faculty for a program that hardly has teeth, this is a sure-fire way of crippling medical research at an already struggling research institution, particularly in nursing. It should also be noted that under current provisions for the School of Medicine and Public Health allows residents to participate in an optional family planning training rotation at a private reproductive healthcare clinic in order to receive the training that must be offered to residents as required by the school's accreditation authority, the Accreditation Council for Graduate Medical Education (ACGME). Current residents who do not wish to participate in this training for religious or moral reasons are not required to complete this training. Already, parameters are in place that prevent individuals from learning how to conduct an abortion if they do not wish to do so. Holding the resources for the department hostage for merely being in alignment with its national accreditation authority is a short-sighted, rash, and costly approach at addressing abortion by attacking the UW System.

We are estimated to be short about 11,000 nursing jobs in the state by 2030 according to the American Journal of Medical Quality—the state should be doing its best to ensure that these maternal needs are met effectively and swiftly. The discussion of maternal health must, in essence, include the prospect of abortion in certain circumstances. As upheld in 1973's Roe v. Wade, a woman's right to an abortion is the law of the land, but this bill is not at all about being "pro-choice" or "pro-life" on the issue of abortion—it is about the political will to support our nurses, OB/GYNs, and other physicians in mitigating the public health crisis that we imminently face.

I would like to close my testimony by again thanking the Assembly Committee on Science and Technology in acknowledging my input, and for committing to making the state of Wisconsin a smarter, and safer home for millions of Americans. Please, I urge the Committee to reject this bill, and to instead pursue legislative action that makes Wisconsin a smarter, and safer home for millions of Americans to raise a family.

Jordan Madden
B.S. Political Science and Research Analysis at UW Madison
President of Accessible Reproductive Healthcare Initiative (ARHI)
Executive Board and Committee Director of Rise 2 Run
Jmadden4@wisc.edu | 608-628-7263

FREEDOM FROM RELIGION *foundation*

P.O. BOX 750 · MADISON, WI 53701 · (608) 256-8900 · WWW.FFRF.ORG

Testimony of Sam Grover, Associate Counsel, Freedom From Religion Foundation Comments before Assembly Committee on Science and Technology – AB 206

July 18, 2017

Thank you Chairman Quinn, Vice-Chair Petersen, and members of the Committee. My name is Sam Grover and I am an attorney for the Wisconsin-based Freedom From Religion Foundation. I appreciate having the opportunity to submit testimony to the Committee.

Assembly Bill 206 came to FFRF's attention because it has no legitimate secular justification. It proposes to undermine the education of students at the UW School of Medicine and Public Health, jeopardize that school's accreditation, and potentially exacerbate the shortage of qualified obstetrics and gynecology providers in the state, all based on a vague and contrived belief that abortion is "evil." This bill is little more than a religiously motivated attack on one of our state's most desperately needed secular institutions. We ask that you put an end to that attack.

Since the time of Copernicus, when the Catholic Church suppressed his heliocentric model of our solar system, religious institutions have had a long and fraught history of undermining science education that conflicts with church doctrine. To this day, including seven times this year alone, FFRF receives complaints about public schools teaching creationism in science class in an effort to undermine students' understanding of evolution. But the religious patriarchy's attacks on the teaching of abortion—a safe and widely needed medical procedure—are particularly troubling, as these attacks not only impact our quest for knowledge, but also real women's bodily autonomy.

This bill is religion at its worst. It advances the Church's agenda, with no perceivable public benefit, through a two-pronged assault on science education and women. Shortly after the launch of the organized women's movement almost 170 years ago, Elizabeth Cady Stanton noted how the "bible was hurled at us on every side." It was churches—Catholic, fundamentalist Protestant, and Mormon—that marshaled opposition to defeat the Equal Rights Amendment in the 1970s and 80s. And it has been religious voices that have decried the "evils" of granting women that most important and basic of rights: the right to choose if and when to become a mother.

As elected representatives, FFRF asks you to divorce yourselves from this most shameful church history. For government officials to advocate a biblical viewpoint on matters of family planning and women's rights is a disregard for the enshrined principle of state governance free of religion as well as a woman's right to govern her own body. You have each taken an oath to support the Constitution of the United States and the constitution of the state of Wisconsin. FFRF, on behalf of its more than 1,200 Wisconsin members, encourages the Committee, in furtherance of that oath, to legislate based on facts, data, and scientific consensus. It is not legislators' prerogative to advance their personal religious beliefs through bills that impact all citizens, many of whom practice a minority religion or no religion at all.

Thank you for considering this testimony. I am happy to provide further information to the Committee as needed.



WISCONSIN CATHOLIC CONFERENCE

**TESTIMONY IN SUPPORT OF ASSEMBLY BILL 206:
PROHIBITING UW EMPLOYMENT AND TRAINING AT ABORTION CLINICS**
Presented to the Assembly Committee on Science and Technology
By Barbara Sella, Associate Director
July 18, 2017

On behalf of the Wisconsin Catholic Conference, the public policy voice of Wisconsin's bishops, I thank you for this opportunity to present testimony in support of Assembly Bill 206.

This bill 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 Wisconsin taxpayer support for elective abortions.

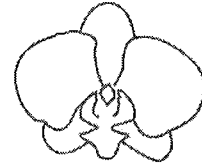
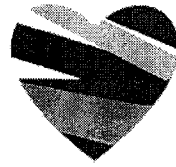
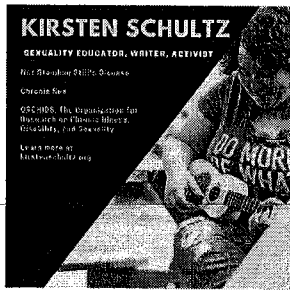
By paying employees to work at Planned Parenthood, the UW is, in essence, jointly operating an abortion facility, which violates both the letter and the spirit of Wisconsin Statutes s. 20.927. At a minimum, public authorities should not be facilitating the unjust taking of human life.

Pope Francis has captured the world's attention for his embrace of 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 all of us to set our sights higher.

As the state's leading medical research and teaching institution, the UW is called to solve problems in a way that upholds human dignity and protects 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.

Assembly Bill 206 does what government ought to do: protect the living. It upholds and strengthens Wis. Stat. s. 20.927.

We strongly urge you to support this reasonable bill.



Chronic Sex *Orchids*

RE: 2017 ASSEMBLY BILL 206

As a sexuality educator, I can tell you that this bill will negatively affect the care of women in our state. It's telling that this bill was introduced by two cisgender males who don't rely on services provided by Planned Parenthood or even know what the organization actually does.

Passing this bill will affect how the UW system is seen by potential employees, making us far less attractive than those without restrictions rooted in misogyny, sexism, ableism, racism, classism, and more. Even more, this will negatively impact the way our medical school is viewed, the training our students receive, and the proficiency with which our future physicians can do their jobs. If we are unable to provide or take training around abortion services in the state, we are violating Roe V Wade and putting people's lives in danger.

As a medically complex vagina owner, I could easily get pregnant despite contraceptive efforts. If my life was in danger and I needed an abortion, I would want one from medical providers who know what they're doing – as well as aftercare from providers knowledgeable about complications.

You may not care, whether that's because of bigoted beliefs, a lack of understanding about the real world for people with various intersecting identities, or the lack of sexuality education you've received. We all work to improve the world for future generations, though, and this bill sets us back. Last I checked, our state motto was "Forward" not backward.

Kirsten Schultz
kirsten@chronicsex.org
kirstenschultz.org



LEAGUE OF WOMEN VOTERS®
WISCONSIN

612 W. Main Street, #200
Madison, WI 53703-4714

(608) 256-0827
lwwi.org

Testimony in Opposition to AB 206/SB154

Presented to the Assembly Committee on Science and Technology on July 18, 2017

Ingrid Rothe, on behalf of League of Women Voters of Wisconsin

Members of the Committee, thank you for this opportunity to speak to you about AB 206, which limits training opportunities for doctors associated with the UW Hospital System. My name is Ingrid Rothe, and I am a member of the Legislative Committee of the League of Women Voters of Wisconsin.

It is the position of the League of Women Voters of Wisconsin that women are entitled to make our own reproductive choices, in consultation with our doctors or others of our choice. This choice should include the option of safe and legal abortion, provided by competent and well-trained medical providers. By necessity, in order to make this choice, we must have access to well-trained providers.

This bill would make it more difficult to locate a well-trained provider. It will eliminate the possibility of training occurring at clinics where uncomplicated early-term abortions are provided. It will restrict any possible training to only women whose difficult abortions are possible in hospitals solely because they are being provided to save their lives, or because the pregnancy was the result of rape or incest. In short, doctors-in-training will only have the right to receive training for a small proportion of the types of abortions that can legally be performed in Wisconsin.

If any bill limited doctors' right to receive training for surgery for prostate cancer only in the end stages of the man's life, no one would support it. No one would question the man's right to choose his medical options and expect to receive care from a well-trained surgeon.

This bill not only violates the rights of women to locate and receive competent medical care, but it also violates the rights of doctors to be trained in the medical procedures of their chosen specialties. It may affect the accreditation of the UW School of Medicine, especially with respect to training in obstetrics and gynecology, and this may lead to fewer practicing OB/GYNs in Wisconsin. It seems not only ironic but cruel that a bill designed to prevent abortions could instead deny women access to good medical care while they are pregnant and praying for the birth of a healthy child.

I am old enough to remember the days of back alley abortions, and the horrible butchery of women. Do not return us to those days.

The League of Women Voters urges you to defeat this bill.

###

To: LEG. Council

My name is Emily Siegrist. I am a Nurse Practitioner from Milwaukee. I started my nursing career at UW hospital and recieved my Masters from UW. Protecting and saving lives is my job. I want to thank the Assembly for putting forth a bill with those same intentions. However, I hope you would examine the net-effects on lives gained vs lives lost because of AB 206, which prevents wisconsin resident physicians from being trained in medical abortion.

I worked in the Emergency Department of a teaching hospital for Ob/gyn residents, therefore I worked frequently with medical students and residents. There are many examples of obstetric emergencies I could draw from, but one in particular will illustrate to the Assembly the loss of life that will occur from passing AB 206.

A young woman in her first trimester was brought into the emergency department for abdominal pain and life-threatening bleeding, a result of a ruptured ectopic pregnancy. She is a devout Catholic and staunchly pro-life, but her unborn child was killing her. In order to live, she had to terminate a pregnancy she wanted so badly and had tried for for years. OB/GYN physicians training at UW terminated the pregnancy, and in doing so saved her life. If her physicians had not received proper training, two lives are lost that day.

Luckily, this story has a happy ending. She now has one beautiful child and is pregnant with her second baby. ~~Her due date is~~
~~July 18th 2017~~ I wish this were some story I made up for dramatic effect, but it's not. Representatives, this is real life and

AB 206 has real, life-threatening consequences for your constituents.

Had you already passed this bill and denied Wisconsin physicians essential and life-saving knowledge, you not only would have caused this woman's death, but her future children would never have been born either. You can tally the lives saved vs the life lost, the life that couldn't have survived in any circumstance, and do the math yourself. It always comes out in favor of letting doctors be doctors.

I could tell you about countless others, but I know my time to speak is limited. I'm calling on the Assembly to protect life, and future lives, by voting NO to Assembly Bill 206. Thank you.

1

Members of the Committee,

Thank you for ~~taking time to listen to my testimony.~~ ^{allowing me to testify.}

My name is Calvin Bruce, I am a recently retired family physician who did cradle to grave medicine for 35 years and delivered babies for most of that time.

I represent the Wisconsin Academy of Family Physicians. With over 2400 members, we are the largest single-specialty medical organization in Wisconsin.

Our Academy is neither pro-Choice nor pro-Life. We have members who have strongly held beliefs on both sides of that issue. But we are strongly pro-Patient, and we strongly oppose AB206 on workforce, medical and academic grounds.

Like our colleagues in obstetrics and gynecology, our Academy is very concerned about having adequate medical resources in underserved areas of the state. We endorse their concerns about the potential reduction in residency training opportunities and, subsequently, in provider availability in Wisconsin, should this bill become law.

With regard to the medical argument:

Obstetrical science has made tremendous gains in maternal and fetal mortality since the beginning of the 20th century, but, as anyone who has any obstetrical experience can attest, pregnancy is still far from a completely safe journey.

Personally, I have experienced the loss of my daughter-in-law and her two infant daughters at the very end of her pregnancy, an outcome which shook the entire medical community. Maternal death, in general, is so rare now-a-days as to be viewed, appropriately, as a uniquely devastating tragedy.

Why? In part because techniques, such as those which AB206 would prohibit teaching, have become important tools for obstetrical caregivers in preventing maternal death.

It is easy to forget that what appears to be a normal, healthy pregnancy can turn into a life-threatening situation without warning ... and its continuation means that both mother and child will die. In some instances, the only intervention possible to save the life of the mother is to surgically empty the uterus before a greater tragedy occurs. Learning how to do that well and safely is what you are considering prohibiting.

And that brings me to the academic argument against this bill. The legislature may debate the merits of teaching those subjects at the University over which there exist ideological questions. But, I beg of you, **leave the teaching of technological skills to those who know what they are doing.**

You would not dictate to engineering professors how to teach their students to build safe bridges,

You would not dictate to cardiac surgeons how they should teach bypass surgery,

nor to neurosurgeons how they should teach brain surgery.

Does it make sense to presume that you know better than obstetricians how to teach their craft?

If so, I fear a day will come, when someone, from a district you represent, will arrive in an emergency room hemorrhaging from a complicated early pregnancy and she will be told, "Sorry, there used to be a procedure that would have saved your life, but nobody knows how to do it anymore."

Thank you.

**Testimony of Elise Dihlmann-Malzer, Medical Student, University of Wisconsin School of Medicine and Public Health
Comments against AB 206 for Assembly Committee on Science and Technology**

July 18, 2017

Thank you to Chairman Quinn and the members of the committee. My name is Elise Dihlmann-Malzer and I am a third year medical student at the University of Wisconsin School of Medicine and Public Health. I appreciate your consideration of my testimony.

I've before I even entered medical school, I've known that I want to be an Obstetrician Gynecologist (OB/GYN), and take care of girls and women across all life stages. But as with many careers, getting to that endpoint is a very long, competitive path.

I'm a Wisconsin native who has been fortunate to be accepted to the University of Wisconsin School of Medicine and Public Health in pursuit of my goal to become an OB/GYN. Because I knew I would be applying to OB/GYN residencies, UW has always been a top choice. I'm an excellent student and a passionate healthcare provider. I thought that UW's competitive program would give me the best shot of securing a job where I want to practice – in my home state of Wisconsin. I have been so committed to this idea, in fact, that my fiancé and I recently purchased a home in Madison, with the intention to stay here throughout my residency and to stay in-state for my entire career.

Hearing about this bill was a shock, as it puts in jeopardy the plan I've spent the last 10 years of my education working on—a plan that I know many of my classmates, and students at other medical schools share. This bill would jeopardize the accreditation of UW's OB/GYN residency. That risk makes it impossible for me to stay in-state for my residency.

Even if the residency manages to maintain its accreditation despite this bill, I will not be able to apply to the program if the bill passes. My job prospects as an OB/GYN depend on my training at a quality program. Medicine is an incredibly competitive field. There is no way I could risk matching into a program that does not offer me a comprehensive education. Many other future OB/GYNs will be in this same position. This bill will force me and other qualified candidates out of state.

Please do not pass this bill. It will severely undermine Wisconsin's OB/GYN residency program and send future Wisconsin doctors like me out of state to practice.

Sincerely,

Elise Dihlmann-Malzer
Student
UW School of Medicine and Public Health

Braatz, Ericka

From: heartstone1855@gmail.com on behalf of Lyle Updike <heartstone@hughes.net>
Sent: Sunday, July 16, 2017 10:06 AM
To: Rep.Quinn
Subject: AB 206 - Abortions

Follow Up Flag: Follow up
Flag Status: Flagged

Categories: Steve please follow up, Committee

I am a concerned citizen about the impact of Assembly Bill 206 Relating to: prohibiting performance of and funding or providing property for abortions and other services by certain employees and entities.

Every accredited OB-GYN residency program in the country is REQUIRED to offer its learners the option of participating in abortion procedures in order to maintain its accreditation. Residency programs train new medical school graduated in particular specialties.

If this bill passes, the program that has trained hundreds of OB-GYN doctors in Wisconsin will lose that accreditation and with it, the opportunity to attract and train highly qualified OB-GYN doctors.

UW Health (which employs the residents) and the UW School of Medicine and Public Health strictly follow all state laws in providing this option, and never use state facilities, funds, or resources in offering this required training option. They do not allow any medical students to participate in abortion services.

Our state has a substantial and growing shortage of OB/GYN doctors: 26 of our 72 counties do not have a single OB/GYN physician. Over the past 20 years, 60 percent of the graduates from the OB/GYN residency program have remained in Wisconsin. Wisconsin created the nation's first rural OB/GYN training track to address the needs of rural communities. The proposed bill will jeopardize the health of Wisconsin's women — by effectively cutting off OB-GYN doctors to serve the people.

Please vote no against AB 206!

I request this be submitted as written testimony and have it distributed to the committee as well as have it included in the record.

Thank you,

Wendy Kaplan

Assembly Bill 2206- An Act to create 20.927 (1r) of the statutes; Relating to: prohibiting performance of and funding or providing property for abortions and other services by certain employees and entities. (FE)

This bill prohibits an employee of the University of Wisconsin System or the University of Wisconsin Hospitals and Clinics Authority from, while in the scope of his or her employment, performing or assisting in the performance of an abortion; performing services at a private entity, other than a hospital,

where abortions are performed; or training or receiving training in performing abortions, unless the training occurs at a hospital. The bill also prohibits the UW System and the UW Hospitals and Clinics Authority from assisting, assigning, extending liability protections for, and entering a contract, agreement, or memorandum of understanding that makes arrangements for employees to perform or assist in performing an abortion; perform services at a private entity, other than a hospital, where abortions are performed; or train or receive training in performing abortions, unless the training occurs at a hospital.

Under current law, no funds of the state or of certain local governmental units, including funds of the UW Hospitals and Clinics Authority, and no federal funds passing through the state treasury may be authorized for or paid to a physician or hospital, clinic, or other medical facility for the performance of an abortion. The funding prohibition does not apply if the abortion is directly and medically necessary to save the life of the mother, is directly and medically necessary to prevent grave, long-lasting physical health damage to the mother, or in circumstances of sexual assault or incest, if certain certification requirements are fulfilled. Under the bill, these exceptions to the funding prohibition also apply to the bill's prohibitions on employees of and on use of funds or property by the UW System and the UW Hospitals and Clinics Authority. For further information see the state fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

Section 1. 20.927 (1r) of the statutes is created to read:

20.927 (1r) (a) In this subsection, "hospital" has the meaning given in s. 50.33 3(2). 4(b) No employee of the University of Wisconsin System or the University of Wisconsin Hospitals and Clinics Authority may, in the scope of his or her employment, do any of the following:

Perform or assist in performing an abortion.

Perform services at a private entity, other than a hospital, where abortions are performed.

Train others to perform abortions or receive training in performing abortions, unless the training occurs at a hospital.

The University of Wisconsin System and the University of Wisconsin

Hospitals and Clinics Authority may not use any funds or property to assist, assign, extend liability protection for, or enter a contract, agreement, or memorandum of

understanding that makes arrangements for employees to do any of the following:

Perform or assist in performing an abortion.

Perform services at a private entity, other than a hospital, where abortions are performed.

Train others to perform abortions or receive training in performing

abortion, unless the training occurs at a hospital.

Nothing in this subsection restricts an individual from engaging in activities done outside the scope of employment at and without the use of funds or property of the University of Wisconsin System or the University of Wisconsin Hospitals and Clinics Authority.

<https://docs.legis.wisconsin.gov/2017/related/proposals/ab206>



Madison Chapter of the National Organization for Women (NOW) * winow.org * 608.571.4725 *
PO Box 45671, Madison, Wisconsin 53744

**Testimony against AB 206 “An Act to create 20.927 (1r) of the statutes;
relating to: prohibiting performance of and funding or providing property
for abortions and other
services by certain employees and entities.”
Before the Committee on Science and Technology
July 18, 2017**

Members of the Committee on Science and Technology, thank you for the opportunity to share our position on AB 206. My name is Lindsay Lemmer, and I'm the president of the Madison chapter of the National Organization for Women (NOW).

The Madison Chapter of the National Organization for Women - Madison NOW - wishes to be recorded as strongly against bill AB 206 “An Act to create 20.927 (1r) of the statutes; relating to: prohibiting performance of and funding or providing property for abortions and other services by certain employees and entities.” This bill will limit the training options for resident obstetrics and gynecologists (OB-GYNs), reduce access to female healthcare statewide, and greatly damage the University of Wisconsin's ability to educate future physicians.

Madison NOW believes Wisconsin women should have access to safe, legal abortion services. Prior to the passage of Roe v Wade, an estimated 5,000 women died in the United States every year from back alley abortions. Removing access to safe abortion services doesn't reduce abortions, but it does cause women to die. By effectively banning employees of the University of Wisconsin System and the University of Wisconsin Hospitals and Clinics Authority from providing abortions - a legal procedure that one in three women have by the time they are 45, this bill outlaws the doctors at the state's largest and highest-ranked hospital system from providing a legal procedure and puts the health of Wisconsin women in jeopardy.

It also puts the national accreditation of University of Wisconsin-Madison School of Medicine and Public Health's (SMPH) OB-GYN training program in grave danger. This would have a detrimental impact on the University of Wisconsin's ability to recruit and train talented physicians while reducing the number of OB-GYNs in the state, at a time



Madison Chapter of the National Organization for Women (NOW) * winow.org * 608.571.4725 *
PO Box 45671, Madison, Wisconsin 53744

where we're seeing numbers of practicing OB-GYNs plummet here and throughout the country.

Currently, one in three Wisconsin counties don't even have one OB-GYN, according to the Wisconsin Section of the American Congress of Obstetricians and Gynecologists. The issue is amplified rural communities, which are the least likely to have access to an OB-GYN and have poorer health outcomes for women than do urban communities.

Madison NOW feels the damage this bill will do to quality women's healthcare in the state, and to the University of Wisconsin cannot be overstated.

Thank you for your time and consideration.

Nicholas Davies
414 N Seade Rd #5813
Madison, WI 53705

Dear committee members,

First and most importantly, the state should not be interfering in women's healthcare decisions.

A woman's reproductive system is part of her body, just like her pulmonary or digestive system. Just like a man's reproductive system is part of his body.

A woman is capable of making decisions about the care of her reproductive system, just like she is capable of making decisions about the care of any other part of her body. Just like a man is capable of making decisions about the care of any part of his body.

Any time the state intervenes to regulate a particular organ, of a particular sex, we must consider which of the above we have disregarded.

The state makes no interference into the healthcare of men, even when it comes to non-medically necessary surgery to reproductive organs to prevent parentage. I know this because I have had such a procedure.

The unethical nature of restricting abortion aside, I see serious problems with AB206 as written:

- The de-accreditation of UW Med School may not be automatic, it may be contingent upon ~~not~~ residents either not getting training or refusing training on religious grounds. This puts an unconstitutional burden on residents

to claim a religious exemption or risk their school's status.

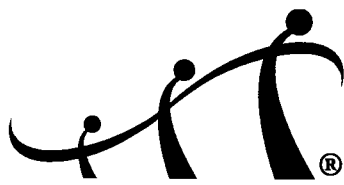
- LLW graduates will be untrained in abortions, which they may nonetheless choose to or have to perform. This will put patients at risk.

- If LLW loses accreditation, or not, LLW's OB-GYN program may experience a loss of enrollment and expertise. Students who want to be fully trained for their job won't come here, and those who do will cut ties with LLW as soon as possible, to be able to carry out job duties.

I'm very concerned about these effects. And lastly, I want to respond to the bill's author directly, who claimed in testimony that the public doesn't want government funds going to abortions. He does not speak for me or my tax dollars. I humbly request that my tax dollars pay for as many abortions as they cover. I hereby grant permission for the Assembly to get the precise amount from Wisconsin's revenue service.

Thank you,

Nicholas Davies



WISCONSIN AFFILIATE *of the*

AMERICAN COLLEGE
of NURSE-MIDWIVES

With women, for a lifetime®

July 18, 2017

Members of the WI Assembly Committee on Science and Technology:

The Wisconsin Chapter of the American College of Nurse-Midwives would like to submit this letter to publically state our opposition to AB 206.

As nurse-midwives, we are concerned with the shortage of obstetric providers of all types across our state. Currently, the state of Wisconsin is without obstetric & gynecological providers in 1 out of 3 counties. This is projected to worsen over time. The American College of Obstetricians and Gynecologists estimate there will be between 6,000-8,800 fewer ob/gyn physicians than needed in the United States by 2020.

Wisconsin has only two OB/GYN residency programs and a condition of their accreditation by ACGME is to provide residents with medical training in comprehensive women's health care including management of terminations. By limiting educational settings available to ob/gyn residents in the state of Wisconsin, the University of Wisconsin School of Medicine and Public Health's OB/GYN program would lose its accreditation and would be unable to attract new ob/gyn residents to the state. It is also likely that current residents would transfer out of state.

This concerns us as fellow providers of women's health care as it could severely decrease the number of OB/GYN physicians that end up practicing in Wisconsin. We strongly oppose any measure designed to limit educational opportunities that provided evidence-based care to the ob/gyn residents in our state.

Because we believe the passage of this bill would have a devastating impact on the accessibility of all types of obstetric and gynecologic education & ultimately the care for women across the state; and because we feel that women should have access to comprehensive healthcare, we strongly oppose it.

Sincerely,

American College of Nurse-Midwives, Wisconsin Affiliate



Wisconsin Medical Society

Your Doctor. Your Health.

TO: Assembly Committee on Science and Technology
Representative Romaine Quinn, Chair

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

DATE: July 18, 2017

RE: Opposition to Assembly Bill 206

On behalf of more than 12,500 members statewide, the Wisconsin Medical Society thanks you for this opportunity to share our testimony opposing Assembly Bill 206.

The University of Wisconsin System's fiscal note for AB 206 highlights the Society's concern 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 note lays out the threat quite 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, AB 206 could be a direct threat to attracting OB/GYNs to Wisconsin. Fewer OB/GYNs means less access to top-quality care for Wisconsin's pregnant moms and their babies.

Thank you again for this opportunity to provide the Society's testimony on Assembly Bill 206. Please feel free to contact the Society on this and other health-related issues.

**Testimony of Elise Dihlmann-Malzer, Medical Student, University of Wisconsin School of Medicine and Public Health
Comments against AB 206 for Assembly Committee on Science and Technology**

July 18, 2017

Thank you to Chairman Quinn and the members of the committee. My name is Elise Dihlmann-Malzer and I am a third year medical student at the University of Wisconsin School of Medicine and Public Health. I appreciate your consideration of my testimony.

I've before I even entered medical school, I've known that I want to be an Obstetrician Gynecologist (OB/GYN), and take care of girls and women across all life stages. But as with many careers, getting to that endpoint is a very long, competitive path.

I'm a Wisconsin native who has been fortunate to be accepted to the University of Wisconsin School of Medicine and Public Health in pursuit of my goal to become an OB/GYN. Because I knew I would be applying to OB/GYN residencies, UW has always been a top choice. I'm an excellent student and a passionate healthcare provider. I thought that UW's competitive program would give me the best shot of securing a job where I want to practice – in my home state of Wisconsin. I have been so committed to this idea, in fact, that my fiancé and I recently purchased a home in Madison, with the intention to stay here throughout my residency and to stay in-state for my entire career.

Hearing about this bill was a shock, as it puts in jeopardy the plan I've spent the last 10 years of my education working on—a plan that I know many of my classmates, and students at other medical schools share. This bill would jeopardize the accreditation of UW's OB/GYN residency. That risk makes it impossible for me to stay in-state for my residency.

Even if the residency manages to maintain its accreditation despite this bill, I will not be able to apply to the program if the bill passes. My job prospects as an OB/GYN depend on my training at a quality program. Medicine is an incredibly competitive field. There is no way I could risk matching into a program that does not offer me a comprehensive education. Many other future OB/GYNs will be in this same position. This bill will force me and other qualified candidates out of state.

Please do not pass this bill. It will severely undermine Wisconsin's OB/GYN residency program and send future Wisconsin doctors like me out of state to practice.

Sincerely,

Elise Dihlmann-Malzer
Student
UW School of Medicine and Public Health



TO: Members of the Assembly Committee on Science and Technology

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*

Kathryn Kuhn

Vice President, Government and Community Relations

DATE: July 18, 2017

RE: Please Oppose Assembly Bill 206 / Senate Bill 154 – Prohibiting performance, funding, or providing property for abortions and other services by certain employees and entities

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 schools at MCW-Green Bay and MCW-Central Wisconsin, as well as creating and expanding new graduate medical education (GME) programs across Wisconsin.

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 Assembly Bill 206 / Senate Bill 154, 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). 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 residency program would worsen an already significant shortage of OB-GYN physicians. 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 have less than two per 10,000 women.

As an institutional policy, MCW also opposes any legislation that interferes with private accreditation requirements. Private accreditation is carefully and continuously updated to ensure physicians are educated and trained with standards that set the context to learn to appropriately care for individual patients. In short, accreditation has a significant and direct impact on the quality of care Wisconsin patients receive each day, and MCW is concerned with any proposal that potentially supersedes this process.

MCW respectfully requests your opposition to Assembly Bill 206 / Senate Bill 154. Thank you for your time and consideration, and please contact Kathryn Kuhn, Vice President of Government and Community Relations at 414.955.8217, or kkuhn@mcw.edu, if you have any questions or need additional information.

July 18, 2017

To: Members, Assembly Committee on Science and Technology

FROM: James G. Linn, MD

RE: Support for AB 206

Good morning Chairman Quinn and Members of the Committee,

My name is James Linn. I am a physician board certified in Obstetrics and Gynecology. I've been in practice for 33 years, and have cared for thousands of pregnant women, many with high risk conditions. In addition to a busy clinical practice, I am an Associate Clinical Professor of OB/GYN at the Medical College of Wisconsin and have taught OB/GYN residents and medical students for all those 33 years.

I am here to offer my support for AB 206.

First I'll explain why I support this bill. Then I'll explain why you should not be swayed by objections raised by opponents of this bill.

The reason I support this bill is that elective abortion deliberately kills an innocent human person. Elective abortions are not an essential part of healthcare and training in them is not an essential part of the training of OB/GYN physicians. Elective abortion violates the Hippocratic Oath. It denies the most basic of the "unalienable" rights "endowed" on all men "by their creator" listed in our Declaration of Independence - the right to life. Roe versus Wade made abortion legal in Wisconsin by over-riding our state law. However, Roe v Wade did not require that abortion be supported or funded by Wisconsin taxpayers. In fact, the democratically elected 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 in the UW system should not be doing elective abortions as part of their employment.

Opponents of this bill will likely claim that OB/GYN residents at the UW will be inadequately trained if they can't do elective abortions at Planned Parenthood or elsewhere. This is simply not true. Most board-certified OB/GYN physicians both in the state of Wisconsin and in the entire United States do not do elective abortions. No OB/GYN resident in the United States is required to do any elective abortions to graduate from her or his residency program. Obviously, this is evidence that elective abortions are not an essential part of OB/GYN training. However, the fact is, that by the time they finish their residency, all OB/GYN residents are qualified to do abortion procedures, even if they don't do any elective abortions. How so? They learn how to do 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. The same procedures used to induce abortion electively, are used to treat fetal deaths or spontaneous abortions.

The opponents of this bill will also likely claim that OB/GYN residents need to learn to take care of the complications of abortion, even if they choose not to do them. Of course, they need to learn how to take care of abortion complications. But they don't need to participate in elective abortions to learn about the complications or how to treat them. My experience has been that patients with complications from abortion frequently come to the emergency room of the local hospital rather than going back to the abortion clinic for care of their complications. They are taken care of by the OB/GYN attending physician and OB/GYN resident who are on call at that hospital, not by the one who did the abortion. Believe me, I know this from being on call at a hospital located 1.4 miles from a Milwaukee abortion clinic.

Like the majority of OB/GYNs in Wisconsin and in the rest of the United States, I do not do elective abortions. I never have and I never will do an elective abortion. Yet I graduated from a fully accredited, non-religiously affiliated residency, and I have been board certified and re-certified yearly through 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 the field, does not think that doing elective abortions is an essential part of OB/GYN training or practice.

Another objection to the bill that may be raised, is that OB/GYN residents need to be trained to do abortions in order to take care of women who have life-threatening conditions requiring abortion. The fact is that such conditions are exceedingly rare, accounting for a miniscule fraction of induced abortions (0.006 percent of abortions in the UK from 1968-2011 were done to save the mother's life or prevent grave permanent injury). For those rare cases, as previously pointed out, OB/GYN residents learn to do these procedures while taking care of naturally occurring fetal deaths or miscarriages.

Opponents of this bill may also point out that the Accreditation Council for Graduate Medical Education (ACGME) has a mandate that OB/GYN residency training programs provide training in induced abortion. That's true. They've had that mandate since 1994. But it's also true that accreditation has not been denied to programs that don't provide elective abortion training. That's because of the Hoekstra-Coats Medical Training Nondiscrimination Act of 1995 which prohibits forcing individuals or residency programs to participate in abortions if they choose not to.

In closing, as a Wisconsin citizen and physician, I urge you to support AB 206. Our State of Wisconsin, its employees, and taxpayers, should not be complicit in the deliberate killing of innocent human beings.

Testimony Against -
Assembly Bill 206
Providing Performance, Funding or Providing Property for Abortion

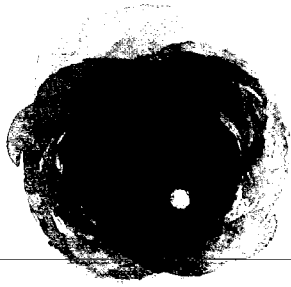
At a hearing on July 18, 2017 before the Assembly
Committee on Science and Technology:

The reality is that women have been choosing to have abortions for millennia - even before the establishment of medical schools. The whole concept of provider training for abortions is a Pro-Life ideal. Prior to the 19th Century almost all of this training was done among and between women based upon anecdotally informed techniques.

Midwives, doulas, and other women to women trained providers had limited success in preserving the lives of women whose pregnancies were complicated or problematic. Their lack of training and ability to deliver safe and therapeutic abortions meant that many millions of women died in childbirth. Improving the training of abortion providers and Ob/Gyns is pro-life. Denying or limiting training activities is both misogynistic and anti-life.

Rie Ruckering
McFarland WI

Vote Against.



ProLife
LOVE. FOR LIFE. WI.

Testimony in Support of Assembly Bill 206: 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
Assembly Committee on Science and Technology
By Matt Sande, Director of Legislation

July 18, 2017

Good afternoon Chairman Quinn 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 Assembly Bill (AB) 206, 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.

Assembly Bill 206 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, Gov. 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. 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 continued to flow from Planned Parenthood to UW. **Regardless of who is paying for these abortions, this contractual relationship should be completely severed.** Assembly Bill 206 accomplishes this goal.

Importantly, the 2012 Planned Parenthood/UW MOU does more than merely pay for UW medical resident abortion training, as if that were not bad enough. 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 AB 206 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 and would suffer the loss of federal funding. Accordingly, the ACGME abortion training mandate has never been enforced (nor can it be).

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. Politico and the Harvard T.H. Chan School of Public Health conducted a poll in September 2016 showing that a majority of likely voters, 58 percent, opposed the use of Medicaid funds to pay for abortion. Similarly, a July 2016 Marist poll found that 62 percent of Americans oppose taxpayer funding of abortion.

University of Wisconsin faculty members should not be spending their paid time providing abortions, or any services, at private abortion facilities. They can help Planned Parenthood on their own time, sadly – but not on taxpayers’ time!

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*.

Pro-Life Wisconsin thanks Representative Jacque and Senator Kapenga for introducing a bill 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.

Assembly Bill 206 incorporates the exceptions for rape, incest, and the life-of-the mother found in Wisconsin’s abortion funding prohibition (Wis. Stat. 20.927). Pro-Life Wisconsin opposes these exceptions, but when it comes to public funding of abortion, any proactive step to restrict the use of public funds or property for abortion is welcomed. Accordingly, we strongly urge you to recommend AB 206 to the full Assembly for prompt debate and passage.

Thank you for your consideration.



Testimony in favor of Assembly Bill 206: 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

Assembly Committee on Science and Technology

By Gwen Finnegan, Director of Vigil for Life - Madison

July 18, 2017

Good Morning Chairman Quinn and Committee Members. My name is Gwen Finnegan and I serve as the Director of Vigil for Life - Madison. Thank you for the opportunity to let you know of our firm support of AB 206 that 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.

If passed, this legislation would end the training of UW medical students in performing abortions at the Planned Parenthood on Orin Rd. in Madison. This would be very good because medical students working to become licensed healthcare professionals should only be trained in lifesaving practices. Abortion is not a lifesaving practice; in fact it is the opposite. It is the intentional destruction of a human being. This human being is also known as a baby. It is scientifically proven that abortion kills a baby in its mother's womb. (1) This is not healthcare.

This is why Vigil for Life - Madison is in firm support of AB 206.

Thank you for allowing us to express our support of this legislation.

1. <http://www.abortionfacts.com/facts/1>



WISCONSIN CATHOLIC MEDICAL GUILDS

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

July 18, 2017

To: Members, Assembly Committee on Science and Technology
FROM: Robin Goldsmith, MD, President, Wisconsin Catholic Medical Guilds
RE: Support for Assembly Bill 206

The Wisconsin Catholic Medical Guilds (WCMG) strongly support Assembly Bill (AB) 206 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 at 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.

Assembly Bill 206 would also provide protection and support for those residents and medical students that 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.

For all of the above reasons, I strongly urge you to pass AB 206. Thank you for hearing this important legislation.