RON TUSLER

STATE REPRESENTATIVE • 3rd ASSEMBLY DISTRICT

Testimony on
Assembly Bill 183/Senate Bill 187
May 7, 2019

Mr. Chairman and members of the Committee, thank you for the opportunity to testify on Assembly Bill 183/Senate Bill 187, relating to: certification of abortion providers under the Medical Assistance program.

This bill takes a major step to ensure that taxpayer dollars do not go towards funding abortion. While current state and federal laws and regulations prevent taxpayer dollars from funding abortions, money is fungible and freeing dollars up in one part of a budget will have a direct effect on the other areas vying for funding.

If enacted, the Department of Health Services is required to decertify, under the Medical Assistance (MA) program, a private entity that provides abortion services or is an affiliate of a person that provides abortion services. If a federal waiver is required, then this bill authorizes DHS to seek a waiver or other federal approval. This abortion-service approach prevents an abortion provider, who previously received grants under the MA program from reincorporating as a new entity and receiving fungible funding that can be directed toward abortion, effective evading the intent to defund abortions.

The prohibition **does not** apply to any hospital that terminates pregnancies under any of the following circumstances: the termination is directly and medically necessary to save the life of the woman; the pregnancy is the result of sexual assault or incest, which has been reported to law enforcement; or the termination is, due to a medical condition existing prior to the abortion, directly and medically necessary to prevent grave, long-lasting physical health damage to the woman. This exception is included to ensure this decertification does not conflict with service requirements placed on these institutions.

Yes, this is an exception. I am pro-life, proud to be, and have no reservations about my beliefs. But I am also pragmatic, seek progress, respect differing opinions on this heated topic, and do not want perfect to be the enemy of the good.

Whether you are a strict pro-life advocate that sees no circumstance as an exception for abortion, or an outspoken abortion activist, in the midst of this heated debate, I hope one thing we can all agree on is taxpayer dollars ought not be used to fund such a controversial and personal procedure.

P.O. Box 8953 • Madison, Wisconsin 53708 • (608) 266-5831 • Toll Free: (888) 534-0003
Rep.Tusler@legis.wi.gov

This bill **does not** ban abortion and this bill **does not** decrease access to women's health providers. In fact, according to official Centers for Medicare & Medicaid Services (CMS) data, there are 162 federally qualified health clinics and rural health clinics across Wisconsin (not including other private health providers that accept Medicaid for women's health needs).[1] Passing this bill will not result in the decline of quality, accessible healthcare for women across the state.

The simple fact is abortion is a highly controversial topic in today's society and will continue be for quite some time. Because of the bitterly divided public opinion and the indirect funding government provides by freeing up fungible dollars for abortions, this bill simply ensures hard-earned taxpayer dollars cannot be used for this controversial procedure.

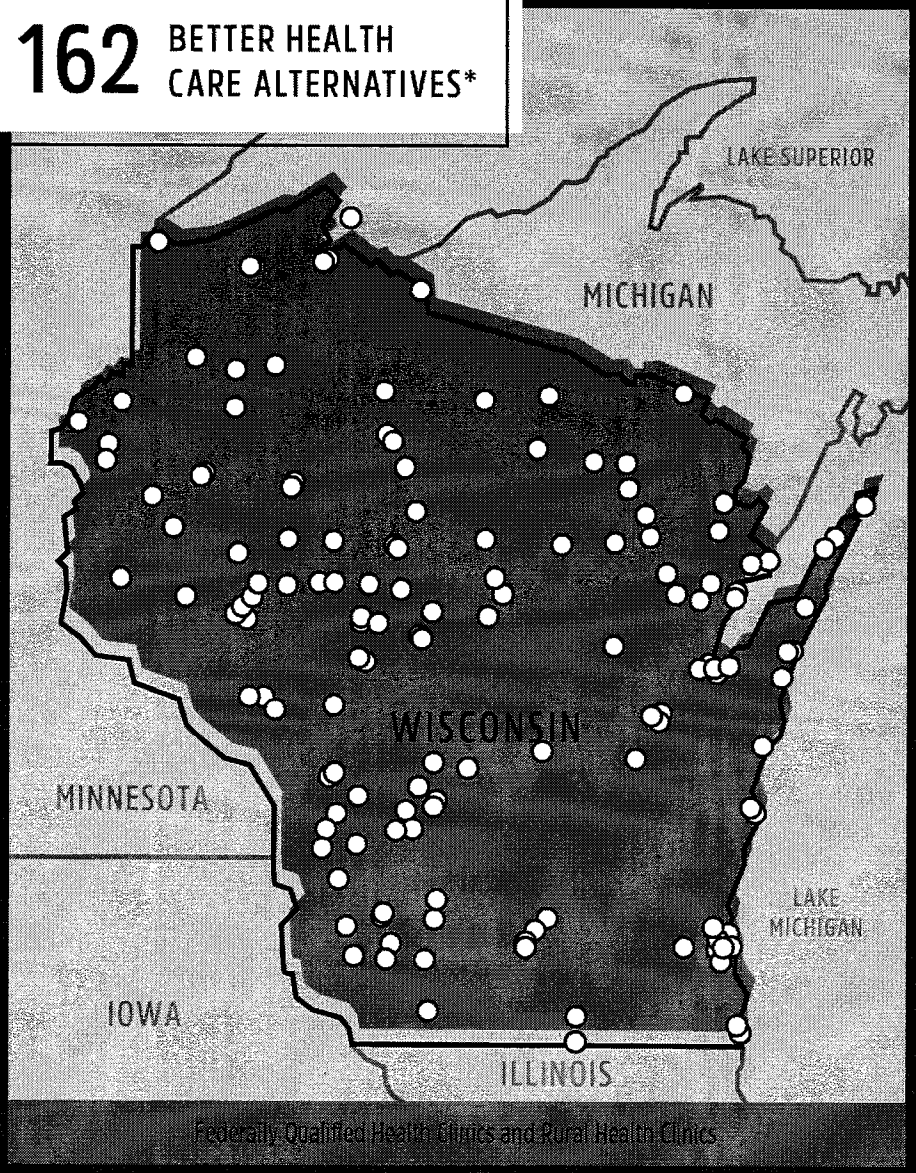
Thank you for your consideration.

[1] See attached map.

WOMEN HAVE REAL CHOICES

There are 7 health care clinics for every Planned Parenthood.

162 BETTER HEALTH CARE ALTERNATIVES*



22 PLANNED PARENTHOOD LOCATIONS IN WISCONSIN

#DefundPP

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

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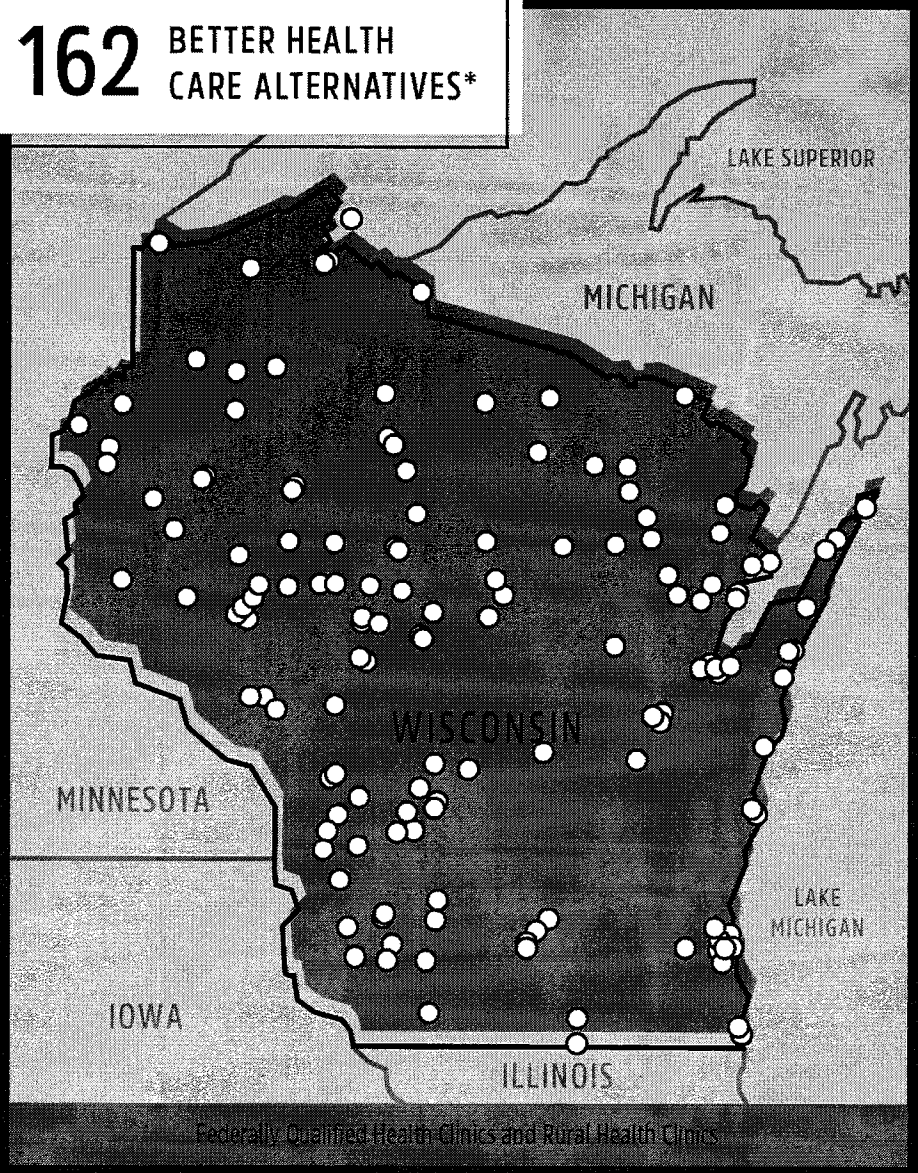

22 PLANNED PARENTHOOD LOCATIONS IN WISCONSIN

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DUEY STROEBEL

STATE SENATOR • 20TH DISTRICT

Testimony on AB 183

May 7, 2019

Chairman Sanfelippo, members of the Assembly Committee on Health, thank you for hearing AB 183 today. This bill is a continuation of the work the legislature did in previous sessions to protect taxpayer dollars by ensuring that state and federal family planning funds are not given to abortion providers. The last remaining source of taxpayer money flowing to Wisconsin's largest abortion provider is the Medical Assistance program. Under this proposal, Medical Assistance funds would no longer be used to subsidize abortion providers, firmly and completely ensuring that taxpayer funds are not funding abortion providers.

The Medical Assistance program, better known as Medicaid or BadgerCare, reimburses qualified healthcare providers for care given to individuals participating in the program. BadgerCare is jointly funded by the state and federal government. Federal law generally prohibits these funds from covering abortion procedures. However, abortion providers have in the past been considered qualified healthcare providers and reimbursed for health care services as long as those services were not the actual abortion itself.

In January of 2018, the federal Centers for Medicare and Medicaid Services sent out a letter to state Medicaid directors advising them that states have flexibility in determining whether or not a specific healthcare provider is a "qualified provider" under the Medicaid program.[1] This was an important development because prior to this letter a federal appellate court determined that states could not act unilaterally in determining qualified provider standards.[2] The letter clarified the ambiguity surrounding the issue and affords state policymakers the justification they need to consider reforms to provider qualifications.

According to data from the Department of Health Services, between July 2011 and July 2018, Planned Parenthood of Wisconsin's status as a qualified provider for the BadgerCare program allowed them to receive over $94 million in taxpayer money.

AB 183 would end this subsidy for abortion providers by requiring DHS to decertify any abortion provider that is currently a qualified provider under the Medical Assistance program. Further, any future entity or affiliate of an entity that provides abortions would be prohibited from receiving qualified provider status.

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[1] SMD #18-003, Rescinding SMD #16-005 Clarifying "Free Choice of Provider" Requirement: https://www.medicaid.gov/federal-policy-guidance/downloads/smd18003.pdf

Capitol Office: PO Box 7882 • Madison, WI 53707-7882 • (608) 266-7513 • (800) 662-1227 • Fax: (608) 282-3560 • Sen.Stroebel@legis.wi.gov
District: (262) 343-2764

Because modifying qualified provider status will require the state to submit a waiver to the federal government, this bill is consistent with that process and includes legislative pre-approval for a waiver request.

Last year, Tennessee passed legislation directing that state's Medicaid administrator to apply for a Section 1115 waiver to protect taxpayer funds from going to abortion providers.[3] They now join South Carolina and Missouri in seeking waivers to determine qualified provider status at the state level.[4] Drawing from lessons learned from Missouri's experience, AB 183 includes an effective date that coincides with the start of a future state fiscal year.

In closing, let me emphasize that this legislation is an important statement about who we are as a state, what we value and what we prioritize. State taxpayers should not subsidize abortion providers, facilitating their ability to terminate unborn human life. Standing in support of the right to life for all Wisconsinites is always the correct thing to do.

Thank you for your time.

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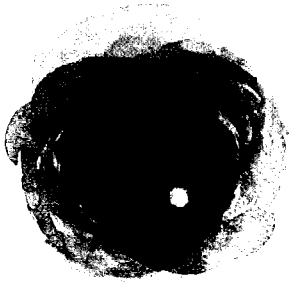
[3] Tennessee enacted Public Chapter No. 682 in 2018 (https://publications.tnsosfiles.com/acts/110/pub/pc0682.pdf)
[4] Summary of South Carolina's Section 1115 waiver application: http://www.statehousereport.com/wp-content/uploads/2018/04/2018-03-29-Family-Planning-1115-v14.pdf



Pro Life WI.
LOVE. FOR LIFE.

Testimony in Opposition to Assembly Bill 183: decertifying abortion providers in the Medical Assistance program
Assembly Committee on Health
By Matt Sande, Director of Legislation

May 7, 2019

Good morning Chairman Sanfelippo and Committee members. My name is Matt Sande and I serve as director of legislation for Pro-Life Wisconsin. Thank you for this opportunity to express our opposition to Assembly Bill (AB) 183 as currently written, legislation that would remove abortion providers, including Planned Parenthood of Wisconsin, from the state Medical Assistance (MA) program.

Specifically, AB 183 prohibits the Department of Health Services (DHS) from certifying as a provider under the MA program any private entity that provides abortion services or is an affiliate of an entity that provides abortion services. The bill further directs DHS to decertify by July 1, 2020, any private entity, as a provider under the MA program, that provides abortion services or is an affiliate of an entity that provides abortion services. **Regrettably, the bill exempts from both requirements any hospital that provides abortions in the exceptional cases of sexual assault, incest, life and health of the mother, as referenced in our current law abortion funding prohibition s. 20.927(2).**

Over the last eight years the state of Wisconsin has consistently and substantially defunded abortion providers of taxpayer dollars, including Title V and Title X family planning monies. Title XIX (Medical Assistance) is the last and largest public funding stream propping up Planned Parenthood of Wisconsin, our state's largest abortion provider. Pro-Life Wisconsin has championed these efforts, and we thank Representative Dittrich for working to remove Medicaid funding from abortion providers.

However, Pro-Life Wisconsin strongly opposes the explicit exemption for hospitals in AB 183. We want to fully remove our MA tax dollars from *all* abortion providers, not just some. It matters little to the preborn baby where he or she is intentionally being killed, whether at an outpatient abortion facility or an inpatient hospital. It matters little to the preborn baby under what circumstances or for what reasons he or she is being intentionally killed, whether for convenience or for a sexual assault.

If the goal of this legislation is to extract our tax dollars from the grisly abortion business, then it should do so without exception. It is morally inconsistent to outlaw public funding of one type of abortion provider, but specifically allow it for another. It is a denial of equal protection to defund the killing of most preborn babies, but specifically fund it for some. Accordingly, **we encourage the committee to amend out the hospital exemption in AB 183 so that we can support**

this otherwise excellent legislation.

Decertifying abortion providers in the MA program respects the consciences of Wisconsin taxpayers who oppose the use of public funds to directly or indirectly subsidize abortion. All money is fungible. Family planning funds undeniably free up resources within receiving organizations, like Planned Parenthood, to engage in the surgical/medical abortion business. Government must not force us to participate in the killing of our preborn brothers and sisters with our federal and state tax dollars.

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

NOTE: Planned Parenthood of Wisconsin (PPWI) receives MA funding through BadgerCare Plus and the Family Planning Only Services Program. DHS reports that from July 1, 2010 through December 31, 2017, PPWI received $94.7 million in BadgerCare MA reimbursements. DHS also reports, through numerous audits over the past 10 years, consistent overbilling of the MA program by multiple PPWI clinics. The legislature and governor moved to address this fraud and abuse in the last biennial budget by requiring a comprehensive audit of PPWI family planning clinics to uncover the actual extent of MA overpayments.

BARBARA DITTRICH

STATE REPRESENTATIVE • 38th ASSEMBLY DISTRICT

May 7, 2019

Assembly Committee on Health

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

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

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

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

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

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

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

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

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

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

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

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

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

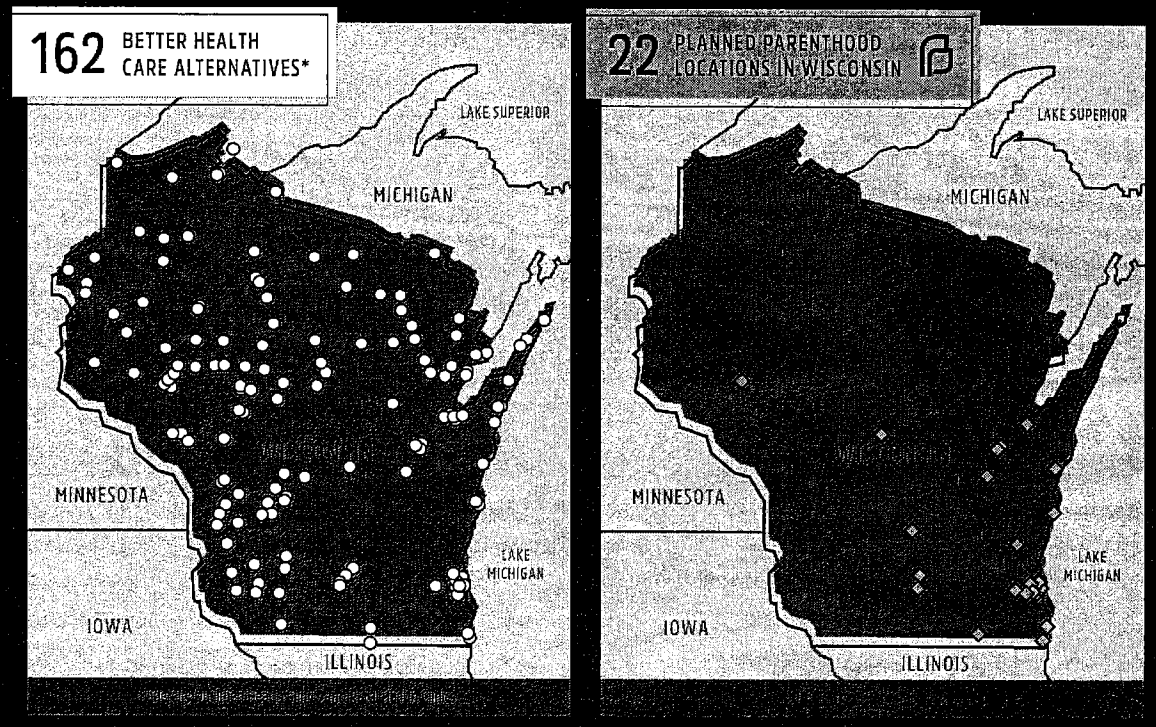
These steps are not unprecedented as South Carolina, Tennessee, Texas, Missouri, and Iowa are also pursuing similar plans to deny Planned Parenthood Medicaid reimbursement dollars.

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

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

WOMEN HAVE REAL CHOICES

There are 7 health care clinics for every Planned Parenthood.



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

Brought to you by

Donum Vitae Institute - for Nascent Human Life

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

Executive Director & Co-Founder

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

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

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

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

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

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

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

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

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

Thank you for your time and consideration,

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

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

Members, Assembly Committee on Health

Support for Assembly Bill 181

May 7, 2019

Greetings Chairman Sanfelippo and Committee Members,

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

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

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

Sincerely,

Ken Pientka

7511 Oak Circle Drive

Middleton, WI 53562

Ken.pientka@gmail.com

608 220 8022

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

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

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

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

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

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

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

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

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

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

ACOG
The American College of Obstetricians and Gynecologists
Wisconsin Section

May 7, 2019

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

Chairman Sanfelippo and Committee Members,

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

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

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

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

ACOG
The American College of Obstetricians and Gynecologists
Wisconsin Section

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

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

Respectfully Submitted,

Kathy D. Hartke, MD
WI Section ACOG

LEAGUE OF WOMEN VOTERS®
OF WISCONSIN

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

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

May 7, 2019

To: Assembly Health Committee

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

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

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

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

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

---

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

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

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

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

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

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

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

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

Daniel Degner
Graduate Student: MA Bioethics
Trinity Graduate School

417 Austin Lane
Fond du Lac, Wisconsin 54935

AB 181 Certification of Abortion Providers in Medical Assistance Program Testimony

Assembly Committee on Health

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

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

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

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

For the following reasons you should support AB 181:

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

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

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

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

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

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

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

Daniel Degner
Graduate Student: MA Bioethics
Trinity Graduate School

417 Austin Lane
Fond du Lac, Wisconsin 54935

AB 183 Abortion Provider Reimbursement Prohibition Testimony

Assembly Committee on Health

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

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

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

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

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

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

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

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Daniel Degner
Graduate Student: MA Bioethics
Trinity Graduate School

417 Austin Lane
Fond du Lac, Wisconsin 54935

SB 187 Abortion Provider Reimbursement Prohibition Testimony

Senate Committee on Government Operations, Technology and Consumer Protection

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

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

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

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

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

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

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WISCONSIN CATHOLIC CONFERENCE

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

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

Assembly Bill 179, "Born Alive Protection Act"

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Assembly Bill 182, Selective Abortions

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

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

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

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

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

Assembly Bills 181 & 183, Medical Assistance Certification

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

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

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

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

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

Conclusion

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

Thank you for the opportunity to testify today.

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

AB 182 / SB 173 Anti-Discrimination Abortion Ban Bill

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

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

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

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

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

Informed consent

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

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

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

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

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

AB 179 / SB 175 Born Alive Protection

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

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

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

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

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

A Necessary Statute

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

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

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

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

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

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

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

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

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

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

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

Recommended Amendment:

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

References:

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

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

AB 183 / SB 187 Medicaid Funding for Abortion Providers

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Testimony of

Heather Weininger

Executive Director, Wisconsin Right to Life

Kristen Nupson

Legislative Director, Wisconsin Right to Life

Assembly Health Committee

AB 179/SB 175 The Born Alive Survivors Protection Act

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

AB 182/SB 173 The Anti-Discrimination Abortion Act

Tuesday, May 7, 2019

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Heather Weininger
Executive Director, Wisconsin Right to Life

Kristen Nupson
Legislative Director, Wisconsin Right to Life