



State of Wisconsin
2021 - 2022 LEGISLATURE

LRBs0158/1
TJD:cdc

**ASSEMBLY SUBSTITUTE AMENDMENT 1,
TO ASSEMBLY BILL 262**

May 25, 2021 - Offered by Representative WICHGERS.

1 **AN ACT** *to amend* 69.186 (2) (intro.) and (a), 253.12 (3) (a) 1. (intro.), 253.12 (3)
2 (a) 1. a. and 253.12 (4) (a); and *to create* 69.186 (1) (am), 69.186 (1) (m), 69.186
3 (1) (n), 69.186 (1) (o) to (w) and 253.12 (3) (a) 5. of the statutes; **relating to:**
4 reporting of sex and fetal anomaly and facility following induced abortion.

Analysis by the Legislative Reference Bureau

This bill requires a hospital, clinic, or other facility in which an induced abortion is performed to report additional information in its required annual report to the Department of Health Services. Under current law, the report must include, among other pieces of information, for each patient, the state, and county if Wisconsin, of residence; certain demographic information; the month and year in which the abortion was performed; the number of weeks since the patient's last menstrual period; whether the abortion was chemically or surgically induced or surgically induced following a failed chemical abortion; any resulting complications; and certain information for abortions of an unborn child capable of experiencing pain. To the information required in the report this bill adds the sex of the aborted unborn child if the sex can be determined by visual inspection, whether the aborted unborn child had a fetal anomaly, and the nature of the fetal anomaly if the aborted unborn child had one. The bill also adds all of the following to the information required in the report: whether the induced abortion was paid for by private health

coverage, public assistance coverage, or self-pay; the number of previous induced abortions, if any; the reason for the induced abortion, including any of the reasons specified in the bill; the number of induced abortions performed or induced by the physician by month in the previous calendar year; the medical specialty of the physician who performed or induced the abortion and the rate of complications that physician has in performing or inducing abortions; whether the infant was born alive following a failed attempt at an induced abortion, including medical actions taken to preserve the infant's life; and the type of contraceptive used by the woman before the pregnancy and abortion. Under the bill, DHS must incorporate information reported regarding an aborted unborn child's fetal anomaly in the birth defect registry that currently exists.

Under current law, DHS is required to collect the reported information in a manner that ensures anonymity of the patient who obtained the abortion, the health care provider who performed the abortion, and the facility in which the abortion was performed. DHS is also required to publish annual demographic summaries of the reported information except what reveals the identity of a patient, provider, or facility. The bill eliminates the anonymity for the facility in which the abortion was performed while retaining anonymity for the patient and the individual health care provider. The bill requires reporting summaries of the information by hospital, clinic, or other facility that reports performing an induced abortion and requires DHS to publish the summaries by March 1 of each year following the calendar year for which the information is reported.

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

1 **SECTION 1.** 69.186 (1) (am) of the statutes is created to read:

2 69.186 (1) (am) The name of the hospital, clinic, or other facility at which the
3 induced abortion was performed.

4 **SECTION 2.** 69.186 (1) (m) of the statutes is created to read:

5 69.186 (1) (m) The sex of the aborted unborn child, if the sex can be determined
6 by visual inspection.

7 **SECTION 3.** 69.186 (1) (n) of the statutes is created to read:

8 69.186 (1) (n) Whether the aborted unborn child had a fetal anomaly and, if so,
9 the nature of the fetal anomaly.

10 **SECTION 4.** 69.186 (1) (o) to (w) of the statutes are created to read:

1 69.186 (1) (o) Whether the induced abortion was paid for by private health
2 coverage, public assistance coverage, or self-pay.

3 (p) The number of previous induced abortions, if any.

4 (q) The reason for the induced abortion, including any of the following reasons:

5 1. The pregnancy was the result of rape.

6 2. The pregnancy was the result of incest.

7 3. Economic reasons.

8 4. The woman does not want children or another child at this time.

9 5. The woman's emotional health is at stake.

10 6. The woman's physical health is at stake.

11 7. The woman will suffer substantial and irreversible impairment of a major
12 bodily function if the pregnancy continues.

13 8. The pregnancy resulted in fetal anomalies.

14 9. The reason is unknown or the woman refused to provide a reason.

15 (r) The number of induced abortions performed or induced by the physician in
16 the previous calendar year, reported by month.

17 (s) The medical specialty of the physician who performed or induced the
18 induced abortion.

19 (t) The rate of complications that the physician who performed or induced the
20 abortion has in the performance or induction of induced abortions.

21 (u) Whether the infant was born alive following a failed attempt at an induced
22 abortion, including the medical actions taken after the birth to preserve life.

23 (v) The type of contraceptive used by the woman before the pregnancy and
24 abortion.

25 (w) The method of disposal of the remains following the induced abortion.

1 **SECTION 5.** 69.186 (2) (intro.) and (a) of the statutes are amended to read:

2 69.186 **(2)** (intro.) The department shall collect the information under sub. (1)
3 in a manner which the department shall specify and which ensures the anonymity
4 of a patient who receives an induced abortion, ~~a~~ and any individual health care
5 provider who provides an induced abortion ~~and a hospital, clinic or other facility in~~
6 ~~which an induced abortion is performed. The. By March 1 of each year following the~~
7 calendar year for which the information is reported, the department shall publish
8 annual demographic summaries of the information obtained under this section,
9 including summaries of the information by hospital, clinic, or other facility that
10 reports performing an induced abortion, except that the department may not disclose
11 any information obtained under this section that reveals the identity of any patient,
12 or any individual health care provider ~~or hospital, clinic or other facility~~ and shall
13 ensure anonymity in all of the following ways:

14 (a) The department may use information concerning the patient number under
15 sub. (1) (b) ~~or concerning the identity of a specific reporting hospital, clinic or other~~
16 ~~facility~~ for purposes of information collection only and may not reproduce or
17 extrapolate this information for any purpose.

18 **SECTION 6.** 253.12 (3) (a) 1. (intro.) of the statutes is amended to read:

19 253.12 **(3)** (a) 1. (intro.) Establish and maintain an up-to-date registry that
20 documents the diagnosis in this state of any unborn child who has a fetal anomaly
21 or any infant or child who has a birth defect, regardless of the residence of the infant
22 or child. The department shall include in the registry information that will facilitate
23 all of the following:

24 **SECTION 7.** 253.12 (3) (a) 1. a. of the statutes is amended to read:

1 253.12 (3) (a) 1. a. Identification of risk factors for fetal anomalies and birth
2 defects.

3 **SECTION 8.** 253.12 (3) (a) 5. of the statutes is created to read:

4 253.12 (3) (a) 5. Incorporate information reported under s. 69.186 (1) (n) into
5 the registry and into any reports and analyses created from the registry.

6 **SECTION 9.** 253.12 (4) (a) of the statutes is amended to read:

7 253.12 (4) (a) Make recommendations to the department regarding the
8 establishment of a registry that documents the diagnosis in the state of an unborn
9 child who has a fetal anomaly or an infant or child who has a birth defect, as required
10 under sub. (3) (a) 1., the specific birth defects for which a report is required under sub.
11 (2) on which the council unanimously decides, the rules that the department is
12 required to promulgate under sub. (3) (a) 3., and on the general content and format
13 of the report under sub. (2) and procedures for submitting the report. The council
14 shall also make recommendations regarding the content of a report that, because of
15 the application of sub. (2) (d), does not contain the name of the subject of the report.

16 (END)