



CHUCK WICHGERS

STATE REPRESENTATIVE • 83rd ASSEMBLY DISTRICT

Assembly Committee on Health

October 7, 2021

Assembly Bill 262

State Representative Chuck Wichgers, 83rd Assembly District

Chairman Sanfelippo and Committee Members,

Thank you for hearing my testimony today on Assembly Bill 262 relating to reporting of sex and fetal anomalies and facilities following induced abortion.

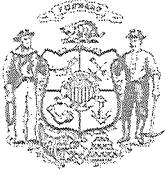
I am co-authoring this legislation with Sen. Jacque to provide more data and more transparency to the citizens of Wisconsin. We are requesting that abortion providers submit more information to the Department of Health Services (DHS) to include in their annual report. In addition, DHS must include this new data in the birth defect registry.

The bill adds to the report the sex of the aborted preborn child, whether the preborn child had a fetal anomaly, the nature of the fetal anomaly, the type of contraceptive used by the woman prior to the pregnancy, and the method of disposal of the remains following the induced abortion, among other detailed information.

The defense and protection of human life is the fundamental purpose of a government to its citizens. To abort a baby because it is a girl when parents were wanting a boy, or because a baby may be disabled, when parents were hoping for a healthy baby, treats human life as a commodity rather than the miracle that it is.

I oppose discrimination in our laws, including discrimination based on sex or disability. This bill will help us know whether Wisconsin babies are being aborted because of their gender or health condition. As a humane society, we must reject abortion for any reason, but particularly when it is done in discrimination.

Thank you for your consideration of my testimony.



ANDRÉ JACQUE

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*Testimony before the Assembly Committee on Health
State Senator André Jacque
October 7, 2021*

Chairman Sanfelippo and Committee Members,

While Wisconsin is among many states which provide annual reports on induced abortions, the data currently collected is less comprehensive than what is provided in several other states. We introduced AB 262 to update Wisconsin's abortion reporting to accurately reflect both scientific and more specific information about abortions taking place in Wisconsin.

Assembly Bill 262 requires:

1. The additional reporting of the gender of a child killed by abortion if a determination can be made by visual inspection, properly reflecting that these are little girls and boys that are taken from our midst. Reporting of gender in abortion statistics in the United Kingdom also provided evidence of the occurrence of gender selection abortion.
2. The additional reporting of known fetal anomalies, such as Down Syndrome, of children killed by abortion, and requiring that their occurrence be recorded within our state's birth defect registry, as is currently done in at least 18 of the states which maintain such a registry. Information on fetal anomalies in Wisconsin is presently only recorded for live births, stillbirths, and miscarriages. This will both increase accuracy in the known occurrence of fetal anomalies, and insight into the extent that children are aborted for a medical condition beyond their control.
3. The additional reporting of the hospital, clinic, or other facility that reports performing an induced abortion, while retaining anonymity for the patient and the individual health care provider.

Thank you for your consideration of Assembly Bill 262.



WISCONSIN FAMILY ACTION
Marriage|Family|Life|Liberty

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**TESTIMONY ON ASSEMBLY BILL 262
ASSEMBLY COMMITTEE ON HEALTH
THURSDAY, OCTOBER 7, 2021
JULAIN K. APPLING, PRESIDENT**

Thank you, Chairman Sanfelippo and committee members, for holding this hearing on Assembly Bill 262. Wisconsin Family Action supports this bill.

In comparison to other states, Wisconsin requires very little in the way of specific data related to abortions. Earlier this month, Guttmacher Institute, a research organization that has long been identified as pro-abortion and is seen as being, in reality, the research arm of Planned Parenthood, updated its Abortion Reporting Requirements for all 50 states. Out of the 6 abortion reporting items that Guttmacher tracks, Wisconsin currently has only 3 of them: requiring reporting, complications, and meeting state requirement for parental involvement. The other 3 datapoints that Guttmacher believes are important are method of payment, patient's reason for abortion, and fetus viability.

Several years ago, the Charlotte Lozier Institute published a report on the subject of abortion reporting. *Abortion Reporting: Toward a Better National Standard*, found that basically the states pretty much report what is right in their own eyes. The report advocates for standardizing abortion data that gets collected and reported to the Centers for Disease Control, which is the national authority vested with collecting and disseminating the national data as derived from the data sent by the states. Not having the reporting standardized gives an incomplete picture of abortion nationally and therefore prohibits robust, helpful analysis.¹ While the report was published in 2015, an overview of the states and their reporting requirements shows that nothing substantive has changed in most states. Certainly, there has not been a federal law passed that requires standardized abortion reporting and in Wisconsin we have not changed our reporting law in the years following this report.

One of the states with excellent reporting requirements is Minnesota. The Lozier Institute recommends the Minnesota requirements and some added requirements as the standard. A comparison of the Minnesota required reporting, along with the additional Lozier recommendations and the items Assembly Bill 262 would require reveals that there is a great deal of overlap, which we view very positively.

In the years subsequent to this report, a number of states began adding that the abortion facility report how the induced abortion is paid for—by private health coverage, public assistance coverage or self-pay. This seems to us to be both a reasonable and helpful piece of information as we seek to get a better understanding of this life-taking procedure, that most assuredly is not health-care.

¹ <https://s27589.pcdn.co/wp-content/uploads/2016/08/Abortion-Reporting-Toward-a-Better-National-Standard-FINAL.pdf>

One important aspect of Assembly Bill 262 is that the name of the hospital, clinic or other facility where an abortion is performed must be reported. For too long, some of these facilities have been able to hide behind the anonymity our current law provides them. The public should know where abortions are taking place.

Regarding the sex of the baby and fetal anomalies, right now we have no way of knowing if baby girls, for instance, are being aborted in disproportionate numbers or if, for instance, babies diagnose with Down Syndrome, or another fetal anomaly are being disproportionately aborted. Collecting this information when a baby is aborted is critically important to ensure we are not wantonly discriminating against unborn children because of innate characteristics.

Understanding what impacts a woman's decision to have an abortion is critical, where the abortion is taking place (as in the facility), whether a fetal anomaly was present, and more adds considerably to the ability of both those who want fewer abortions and those who want to make them more widely accessible to make their case strategically.

Wisconsin is by no means the worst of the states when it comes to abortion reporting, but we can do much better. Assembly Bill 262 goes a long way in improving in this critical area. We support this bill and urge passage.

Thank you for your thoughtful and careful attention to our position on this bill.

Members, Assembly Committee on Health

Support for Assembly Bill 262

October 7, 2021

Greetings Chairman Sanfelippo and Committee Members,

My name is Ken Pientka, I am resident of Montello and support AB 262, which requires improved information reporting on the abortions performed in Wisconsin.

I have been active in Vigil for Life, a peaceful and prayerful witness for an end to intentional destruction of all innocent human lives. I have been praying at Planned Parenthood and counseling couples seeking services since 2009. During that time, I have witnessed firsthand:

- The great joy of couples that have chosen to keep their child;
- The appreciation of women who did not know where to turn until they were made aware of the life affirming services provided by the pro-life community;
- And, the pain and sorrow of those that have just had an abortion

I support the passage of AB 262 because, as the Charlotte Lozier Institute has written, that this data is needed to develop abortion policy which will affect future access and protect women.

Thank you for this opportunity to share my views on this important legislation. I urge you to recommend passage of AB 262.

Thankfully,

Ken Pientka

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**Gracie Skogman, Legislative Director, Wisconsin Right to Life
Assembly Committee on Health
AB 262, induced abortion reporting
Thursday, October 7, 2021**

Thank you to Chairman Sanfelippo, and members of the Assembly Committee on Health for your time today.

My name is Gracie Skogman, and I am the Legislative Director of Wisconsin Right to Life, testifying in favor of AB 262.

Under current state law, abortion providers must report certain information to the state each year, yet Wisconsin reporting requirements do not include many key pieces of information that other states require and does not currently have a deadline for the Department of Health to publish the annual Induced Abortion Report.

This information is vital in increasing transparency in abortion practices in Wisconsin. While we know that abortions have been increasing and children with disabilities are aborted at shockingly high numbers, without timely and comprehensive abortion reporting, our understanding of abortion trends remains incomplete.

Women and the public deserve transparency surrounding the reality of abortion, including the complications that can arise in an abortion, and the tragic reality that infants can be born alive following a failed attempt at an induced abortion and are often not provided with the necessary lifesaving medical care.

Furthermore, we are aware that nearly 70% of children with down syndrome are aborted in Wisconsin, as well as children diagnosed with other disabilities. These numbers are heartbreaking and unacceptable. Yet, without accurate data it is nearly impossible to fully confront the reality facing unborn children with disabilities. We must ensure that these children are protected, and fully valued both in the womb and beyond.

Wisconsin Right to Life thanks Representative Wichgers and Senator Jacque for bringing AB 262 forward to increase transparency surrounding abortion.



**Testimony in Support of Assembly Bill 262: reporting of sex and fetal anomaly and facility following induced abortion
Assembly Committee on Health
By Gwen Finnegan, Director of Vigil for Life, Madison**

October 7, 2021

Thank you Chairman Sanfelippo and Committee members for allowing me to speak in support of Assembly Bill 262. My name is Gwen Finnegan. I am the Director of Vigil for Life, Madison. We keep a peaceful, prayerful presence outside of Planned Parenthood, the known abortion facility in Madison. We offer women in crisis pregnancies compassionate and life-saving alternatives to abortion.

Vigil for Life, Madison supports Assembly Bill 262 because:

1. More comprehensive and scientifically accurate information about abortions in our state will help us know how to better serve women who are experiencing a crisis pregnancy.
2. We would like to be able to inform people in support of LIFE issues in regards to exactly where abortions are being performed in our state as they would want to avoid being a customer/client/patient at such locations where abortions are performed.
3. On September 20th, 2021 at about 4:07p.m. an ambulance arrived at Planned Parenthood in Madison to transport a woman who had an abortion to a hospital for needed care that resulted from a complication of having a surgical abortion. Abortion is never medically safe for the baby and often not for the mother as we saw on that day. Knowing the medical specialty of the abortionist and his or her rate of complications in the performance of induced abortions will help shine a light on the dangers of abortion to the women seeking to have one.
4. We love to see the joy on a woman's face when she chooses life for her baby.
5. We are heart-broken when we see how women and men are wounded by abortion in so many devastating ways.

We urge you to recommend Assembly Bill 262 to the full Assembly for passage.

Thank you again!

Gwen Finnegan
Vigil for Life, Madison
P.O. Box 499
Baraboo, WI. 53913

AB 262

October 7, 2021

My name is **Dr. Cynthia Jones-Nosacek**. And I am here to testify in favor of AB 262. I am representing myself and the **Milwaukee Catholic Medical Guild**.

I am a family physician. In fact, I like to think of myself as an old-fashioned family doc. While I am now retired, I did a traditional practice that includes inpatients and hospice. I also delivered babies for over 30 years.

One group of pregnant patients I particularly enjoyed caring for were those from India. They were so excited about being pregnant. In fact, they wanted to get pregnant so badly that if they didn't get pregnant within a few months of the wedding, they were coming in requesting infertility workups.

One day, an Indian couple came into my office. They were thinking of having another baby, already having a son. The reason for the appointment was that they had heard that there was a genetic test that could be performed in the first trimester that could determine the sex. There is one, cell free DNA, which can be used for that purpose. I asked why. They had 2 reasons. The first was that they wanted a playmate for their son who was several years old at the time. The other reason was that "a boy belongs to his parents' family, but a girl belongs to her husbands." Therefore, they didn't want any girls and would abort one if they found out that was the sex.

I told them I wouldn't do it. So, they found someone in my group who would. The reason I know is that I was asked to sign for this couple's testing while my partner was on vacation. I refused, much to the relief of the lab staff.

After that, my number of Indian pregnant patients dropped substantially.

We don't know how often this happens. We can't know how often this happens. But I can tell you that it does happen. And SB 261 may be able to help us see the extent of the problem by requiring the abortionist determine and report the sex of the fetus when possible.

It will also keep track of obvious fetal anomalies, even those that are compatible with life, such as Down Syndrome, or even correctable, such as cleft palate.

Finally, if abortion is "health care" as its proponents state, why not determine where they are being done. It is only the name of the facility that is being recorded, not the name of the patient or abortionist.

Thank you for your time to listen.



ProLife
LOVE. FOR LIFE. WI.

Testimony in Support of Assembly Bill 262: reporting of sex and fetal anomaly and facility following induced abortion
Assembly Committee on Health
By Matt Sande, Director of Legislation

October 7, 2021

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 support for Assembly Substitute Amendment (ASA) 1 to Assembly Bill (AB) 262, legislation that improves Wisconsin's annual induced abortion report by requiring more comprehensive and scientifically accurate information about abortions in our state.

ASA 1 to AB 262 adds to the report the sex of the aborted preborn child, if it can be determined by a visual inspection, whether the preborn child had a fetal anomaly, and if so, the nature of the fetal anomaly. It also removes the anonymity of the hospital, clinic, or other facility in which the abortion was performed, while retaining anonymity for the patient and the abortionist. Thus, abortion statistics will be listed/broken out by facility rather than only in aggregate.

Why does this matter? What impact will it have?

Reporting the sex of the unborn child will help humanize abortion victims, revealing them as the little boys and girls, sons and daughters, brothers and sisters, that they are. It will also help determine the extent to which gender selection abortions are occurring in Wisconsin. Reporting fetal anomalies, such as Down Syndrome, will reveal the extent to which preborn children are being killed for medical conditions beyond their control. Studies demonstrate that following a prenatal diagnosis, close to 70% of Down Syndrome babies are aborted in the United States. It should be zero. These are the most vulnerable of the vulnerable.

And it is critical that we know specifically where Wisconsin's abortions are being performed. If abortion is "health care," then individual Wisconsin hospitals performing late-term, "therapeutic" abortions should have no problem reporting it. The State of Minnesota requires each facility in the state where abortions are performed to file a report for each procedure. Like Minnesotans, Wisconsinites also deserve to be informed. We believe that if people knew for certain which hospitals were aborting babies, many would strenuously avoid them and pressure them to stop.

ASA 1 to AB 262 will help pro-lifers enhance their sidewalk counselling skills, giving them a more accurate understanding of why women in Wisconsin are choosing abortion. And it will shine a light and expose the evil of abortion wherever it occurs – whether it be a dingy abortion center in the big city or a state-of-the-art hospital in the suburbs.

(OVER)

Importantly, ASA 1 to AB 262 adds even more detailed information to the induced abortion report, including the following:

- How the abortion was paid for, whether by private health coverage, public assistance coverage, or self-pay;
- The number of previous induced abortions, if any, and the reason given for the abortion;
- The medical specialty of the abortionist and his or her rate of complications in the performance of induced abortions;
- The type of contraceptive used by the woman prior to the pregnancy and abortion; and
- The method of disposal of the remains following the induced abortion.

In August of 2016, the Charlotte Lozier Institute published a report entitled, "Abortion Reporting: Toward a Better National Standard." The summary of findings states,

Because abortion and abortion policies impact thousands of women's and families' lives every day, abortion policy must be grounded on the most accurate, comprehensive and up-to-date statistical information and health data [...] Data about abortion incidence is of interest not only to policy makers but to courts that are asked to review legislation designed to affect or indirectly affect abortion rates or abortion "access" in one direction or another. Making this data timelier, more comprehensive, and more accessible is a basic responsibility that is within reach and that only government agencies can equably fulfill.

Pro-Life Wisconsin could not agree more. Assembly Bill 262 makes great progress toward a more robust and informative induced abortion report for our state. It will save lives. We thank Representative Wichgers for authoring the bill and Chairman Sanfelippo for hearing it today. And we strongly urge the Committee to recommend ASA 1 to AB 262 to the full Assembly for swift debate and passage.

Thank you for your consideration.



WISCONSIN CATHOLIC CONFERENCE

TO: Members, Assembly Committee on Health

FROM: Barbara Sella, Associate Director for Respect Life and Social Concerns

DATE: October 7, 2021

RE: AB 262, Induced Abortion Reporting

The Wisconsin Catholic Conference (WCC), the public policy voice of the Catholic bishops of Wisconsin, urges you to support Assembly Bill 262, which requires hospitals, clinics, and facilities that induce abortions to report additional information to the Wisconsin Department of Health Services (DHS), as regards sex and fetal anomaly of the aborted child. The DHS must also collect the names of the facilities in which abortions take place.

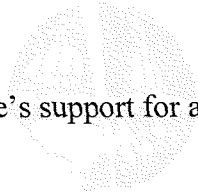
We think it is essential that women, the public, and lawmakers have complete access to all the relevant information involving abortions, while at the same time protecting the identity of the mother.

The research arm of Planned Parenthood, the Guttmacher Institute, agrees that induced abortion reporting requirements are essential:

The incidence of induced abortion is an important public health indicator. On its own, the understanding of abortion levels, rates and trends is key to documenting the success of efforts to help women avoid unintended pregnancy, the precursor to most abortions. As a component of other statistics, abortion incidence data are essential to calculating levels and rates of pregnancy overall, teen pregnancy and unintended pregnancy.

Data from ongoing abortion surveillance also inform public health in two other key areas. Data on basic demographic characteristics of abortion patients (e.g., age, race and ethnicity, and marital status) are needed to identify disparities in reproductive health outcomes and help tailor public health interventions to groups at particular risk of having an unintended pregnancy. Also, surveillance of factors such as gestational age and abortion procedure used provides important insights into the safety of abortion and changes in clinical practice.¹

¹ Joerg Dreweke, "Abortion Reporting: Promoting Public Health, Not Politics," Guttmacher Policy Review, Volume 18, Issue no. 2 (Spring 2015), <https://www.guttmacher.org/gpr/2015/06/abortion-reporting-promoting-public-health-not-politics>.



While we oppose the Guttmacher Institute's support for abortion, we think it makes a good case for collecting abortion data.

We therefore urge you to support Assembly Bill 262.

To: Assembly Committee on Health
From: American College of Obstetricians and Gynecologists –
Wisconsin Section
Date: October 7, 2021
Re: Legislation to Restrict Access to Women's Health Care



The Wisconsin Section of American College of Obstetrician Gynecologists (ACOG), an organization focused on providing quality, compassionate and often life-saving health care to women, strongly denounces the rhetoric that is being used to promote the bills before you today. Assembly Bills 6, 262, 493, 528, 593, 594 and 595 spread false, dangerous information and undermine the public's trust in OB/gyns. These bills insert legislative interference in the patient-physician relationship and decrease access to preventative health care and constitutionally protected women's health care, namely abortion care.

Assembly Bill 6 comprises inflammatory language that intentionally mischaracterize the provision of health care. This bill is irresponsible and dangerous. In the rare case that a woman undergoes an abortion via induction of labor during the periviable period and a baby is born alive, all decisions regarding possible resuscitation are made between herself and a multidisciplinary team of doctors who use compassion, ethics, and evidence-based expertise to help navigate what are often difficult decisions. These decisions are complex, nuanced, often heart wrenching and are quite simply not conducive to a one-size-fits-all law that all but ignores not only the scientific facts at hand, but also the individual circumstances that a woman and her family are faced with. We oppose this bill in the strongest terms.

The reporting of certain vital statistics information is generally important and useful to furthering legitimate public health interests. However, **Assembly Bill 262** is motivated by animus to abortion and exploits reporting that exists for public health purposes to shame women and intimidate health care providers. Alarming, this bill attempts to create and maintain a public list of medical practices that provide abortion care. Such a public registry would be an invitation for intimidation, threats, and even violence against women's health care providers and their patients. There is real fear that providers could be targeted using this information. In this way, abortion is distinct from other types of health care procedures and vital health statistics about which the state collects information. Stigma, harassment, and violence discourage abortion access and provision and harm patients. Acts of harassment include picketing, picketing with physical contact or blocking, vandalism, picketing of homes of staff members, bomb threats, harassing phone calls, noise disturbances, taking photos or videos of patients and staff, tampering with garbage, placing glue in locks or nails on the driveway of clinics, breaking windows, interfering with phone lines, approaching cars, and recording license plates.

Instead of increasing health care access for patients who already suffer disproportionately poor health outcomes – including high rates of breast and cervical cancer, sexually transmitted infection, premature birth, infant mortality, and maternal mortality – **Assembly Bills 493 and 528** further restrict access to basic health care for women in our state. As is well known, there is already a shortage of primary care physicians in Wisconsin and many providers limit the number of uninsured, underinsured, and Medicaid patients they serve. At a time when we should be focused on improving the health of ALL Wisconsinites, it is unconscionable to cut off access to preventive care for women at highest risk. The best way to reduce costly public health problems is to provide preventative healthcare, health education, prenatal and postpartum care, and reliable contraception, not further restrict access to basic health care for women.

Assembly Bill 593 would mandate that physicians provide information to patients which is not based on rigorous scientific evidence. If this bill becomes law physicians would be required to misled patients into believing that evidence-based treatment is available to “reverse” the effects of mifepristone. So-called “abortion reversal” regimens have not been adequately studied or evaluated for the safety of the mother or the fetus, and do not meet clinical standards of care. Legislative mandates based on unproven, unethical research are dangerous to women’s health. Politicians should never mandate treatments or require that physicians tell patients inaccurate information. Requiring doctors to offer a medical therapy that lacks the requisite evidence base is unethical at best and harmful at worst. We cannot allow political interference to compromise the care and safety of our patients.

Assembly Bill 594 would require physicians to give legislatively mandated information regarding a fetal condition to a patient. It is the ethical responsibility of a physician, and indeed we take an oath, to provide patients with medically correct information to help them make their own informed choices regarding their diagnosis and based on their individual prognosis. It is not the place of politicians to interfere into the patient-physician relationship. Physicians have open, honest, and confidential discussions with their patients about the diagnosis, prognosis, and appropriate treatment options a patient may be faced with. Politicians should be looking to scientific data and the knowledge and experience of our excellent and compassionate physicians to be providing evidence-based, safe, and quality care to our patients.

We are additionally opposed to **Assembly Bill 595** which represents gross interference in the patient-physician relationship. People seek abortion for many different reasons, which can be complex, and reflect a variety of considerations including her health, her family, and her future. Ob-gyns will tell you that some of the most difficult decisions are made by women whose pregnancies are affected by genetic disorders, and they are not taken lightly. This proposed bill stigmatizes women who seek abortion care by

questioning the motivation behind their decisions; invites discriminatory profiling by doctors against our own patients; and discourages honest, confidential conversations between patients and their doctors. When health care providers must question their patients’ motivations for obtaining an abortion, some patients may feel forced to withhold information or lie to their provider—or they may be dissuaded from seeking care from a provider altogether. Such legislation not only restricts a woman’s constitutional right to access safe abortion, but it jeopardizes her ability to access accurate medical information and safe, timely and compassionate health care.

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.