



BARBARA DITTRICH

STATE REPRESENTATIVE • 38th ASSEMBLY DISTRICT

October 7, 2021

Assembly Committee on Health

RE: Rep. Dittrich Testimony on AB 493 - certification of abortion providers under the Medical Assistance program.

Good Morning Committee Chair Sanfelippo and members of the committee. I appreciate the opportunity to speak to you today on this incredibly important topic, providing actual health care for women under Wisconsin's Medical Assistance Program, including to the lives of pre-born women. Currently, our Wisconsin BadgerCare dollars are flowing to organizations like Planned Parenthood, which neither consistently provide mammograms or other actual health care to Wisconsin women.

A reoccurring statement the committee will hear from me today as I testify on this bill and two other pieces of legislation will be the importance of doing the right thing, even when the right thing is met with strong opposition. Candidly, this specific bill along with several others, were vetoed by Governor Evers last session. However, the fight for life is just as worthy this session as it was last session. I, along with my colleagues, will continue to take up this issue to ensure that women have a wide array of healthcare options that are not exclusively dedicated to taking the life of a child.

AB 493 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.



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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! A cursory look from my own office discovered that there are now 12 Federally Qualified Health Clinics (FQHC's) in Wisconsin for every Planned Parenthood facility. That is 24 Planned Parenthood Facilities to 197 delivery sites for FQHC's in our state. Most of the Planned Parenthood Clinics are located in urban centers whereas Wisconsin's FQHC's are distributed throughout the state. It is absolutely a false narrative that we need tax dollars to fund Planned Parenthood in order to assure women's health throughout Wisconsin. According to the Susan B. Anthony List, Planned Parenthood's own annual report reveals that 95% of women leave their clinics without their babies, so their main function is clear. As a woman, I can resoundingly affirm that women need far more comprehensive health care, and these abortion clinics fail to meet those needs.

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. Taxpayers are clear, while abortion is legal, it should not be paid for with taxpayer dollars. Decertifying these clinics will assure those funds will be allocated to where they accomplish the most good for women. I ask for your support in this legislation and welcome your questions.



DUEY STROEBEL

STATE SENATOR • 20TH DISTRICT

Testimony on AB 493

October 7, 2021

Chairman Sanfelippo, members of the Assembly Committee on Health, thank you for hearing AB 493 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 associated with the intentional destruction of human life.

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.

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. This hefty sum dwarfs the amount of money they once received through such programs as Title V and Title X.

AB 493 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.

Because modifying qualified provider status will require the state to submit a waiver to the federal government, AB 493 and contains legislative pre-approval of such a waiver.

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.



ProLife
LOVE. FOR LIFE. WI.

**Testimony in Opposition to Assembly Bill 493: decertifying abortion providers in the
Medical Assistance program
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 opposition to Assembly Bill (AB) 493 as currently written, legislation that would remove abortion providers, including Planned Parenthood of Wisconsin, from the state Medical Assistance (MA) program.

Specifically, AB 493 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, 2022, 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).**

During the Walker Administration, the state of Wisconsin 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 493. 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 493 so that we can support**

(OVER)

this otherwise excellent legislation. Specifically, we urge you to adopt Assembly Amendment (AA) 1 to AB 493 authored by Rep. Wichgers.

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.

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

Decertifying abortion providers in the MA program respects the consciences of Wisconsin taxpayers who oppose the use of public funds to subsidize abortion directly or indirectly. 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.



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**TESTIMONY ON ASSEMBLY BILL 493
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 493. Wisconsin Family Action supports this bill with a significant concern.

Wisconsin Family Action has a long and solid history of supporting efforts to stop public funding of abortion providers, and we are grateful Representative Dittrich continues working to find ways to accomplish that. As a matter of long-standing principle, we have always preferred that bills dealing with abortion not include exceptions and have encouraged authors to draft bills accordingly.

However, upon occasion we have ended up supporting a bill with exceptions, while making it clear that we object to the exceptions. Such is the case with this bill. Assembly Bill 493's highly laudable intent is to ultimately prevent Medicaid/Medical Assistance funding from going to entities that provide abortions or that are an affiliate of an entity that provides abortion.

Unfortunately, the bill provides a significant carve-out for hospitals that perform abortions in certain situations: 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.

While we realize hospitals pose some unusual challenges, we believe this bill could and should be amended to include hospitals in its decertifying requirement. While we support the bill in general concept, we cannot give a wholesale endorsement of the bill with this express exemption for hospitals. Should the authors agree to such an amendment of this bill, we would be more than happy to give full and unequivocal support.

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

**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRBa0842/1dn
TJD:amn

October 5, 2021

Representative Wichgers:

2021 Assembly Bill 493 exempts from its prohibition on certification of an abortion services provider under the Medical Assistance program any hospital that performs abortions under circumstances of sexual assault or incest, when saving the life of the woman, or when preventing health damage to the woman. This amendment (LRBa0842) eliminates this exemption for hospitals, and therefore, if amended, Assembly Bill 493 would prohibit all private providers or affiliates of a provider of abortion services from obtaining reimbursement under the Medical Assistance program.

Tamara J. Dodge
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State of Wisconsin
2021 - 2022 LEGISLATURE

LRBa0842/1
TJD:amn

**ASSEMBLY AMENDMENT ,
TO ASSEMBLY BILL 493**

1 At the locations indicated, amend the bill as follows:

2 **1.** Page 2, line 6: delete lines 6 to 8 and substitute:

3 "49.45 (2) (c) 1. In this paragraph, "abortion" has the meaning given in s. 253.10

4 (2) (a).".

5 **2.** Page 2, line 12: delete lines 12 and 13.

6 **3.** Page 2, line 16: delete lines 16 to 18 and substitute:

7 "(a) In this subsection, "abortion" has the meaning given in s. 253.10 (2) (a).".

8 **4.** Page 2, line 19: delete that line.

9 **5.** Page 3, line 1: delete "1." and substitute "(b)".

10 **6.** Page 3, line 4: delete lines 4 and 5.

11 (END)

To: Members of the Assembly Committee on Health
From: Dr. Sreevalli Atluru
Date: October 7, 2021
Re: Assembly Bill 493 and Assembly Bill 528

As a family medicine doctor who works primarily with a rural population, Assembly Bills 493 and 528 severely restricts the ability for marginalized patients, both economically and socially, from accessing critical preventive services. These bills would limit and interfere with my ability to provide comprehensive, evidence based, safe care. I care for families including pregnant people, from grandparents to great grandchildren and see the devastating effects of restricting access to high quality care. Preventive services are instrumental in my ability to care for patients and help Wisconsin stay healthy. Unfortunately, our health outcomes, birth outcomes and death rates have risen disproportionately to our neighboring states due to already limited access to high quality, evidence-based care. Further limiting my ability with this legislation will lead to increased morbidity and mortality for patients who are already marginalized from access care due to distance, cost and lack of access. I am strongly opposed to this bill.

To: Members of the Assembly Committee on Health
From: Dr. Shannon Rush
Date: October 7, 2021
Re: Assembly Bill 528 and 493

My name is Shannon Rush and I am a physician trained in obstetrics & gynecology and am completing further training in gynecologic oncology. I am writing in opposition to Assembly Bills 493 and 528. These bills seek to limit abortion access, but instead will limit access to preventative health care for women seeking care at these clinics. We should be able to agree that we want our family members, neighbors and loved ones to be able to access the health care they need.

Regardless of feelings about abortion or even Planned Parenthood, specifically, the reality is in some communities these clinics are the only available option for women who are uninsured, underinsured or on Medicaid to seek preventative health care at all stages of life. These are places for women to access breast and cervical cancer screening, maternity services, safe family planning, contraception, management of infections and infertility. Excluding these clinics from the Medicaid program will not result in restricting access to abortion care, but will result in fewer women being able to access the basic health care.

I regularly see women in my gynecology oncology clinic who present with advanced cervical cancer because they could not access medical care sooner. I have witnessed women in their 30s and 40s say goodbye to their children and families as they succumb to an entirely preventable cancer. It is well-documented that we have a healthcare provider shortage in Wisconsin. Many counties don't even have an OB/GYN. Who is going to provide breast and cervical cancer screenings, maternity care, and basic preventative healthcare if the provider network continues disappear? These bills will further erode access to high-quality providers and preventative healthcare.

I ask the legislature to support women's health physicians who care for our mothers, wives, sisters, daughters, girlfriends, and friends. I'm calling on the legislature to take a step back and on Assembly Bills 493 and 528. They do not serve the women of Wisconsin well and only reduce access to women's health care.

October 7, 2021

To whom it may concern:

I've been a physician in Wisconsin for 15 years, and it has been my privilege to serve the remarkable women in this community. As I reviewed the bills before this committee today, I became afraid for their wellbeing. Many of these bills do nothing to improve access to safe and affordable health care for women, rather they increase interference between women and their healthcare providers.

I am ardently opposed to **2021 Assembly Bill 493**. The idea of withholding Medical Assistance payments to penalize providers of abortion services is mean spirited and hurtful to women. This dangerous bill would necessitate that providers choose between caring for low-income women and providing comprehensive health care for those same women. At a time where access in our rural and urban communities is in crisis, this bill threatens to worsen the problem.

2021 Assembly Bill 593 seeks to place limitations on why women may receive abortions. I am particularly opposed to the concept of preventing an abortion for a fetus with a congenital disease or defect. Having guided several couples through the grief of a diagnosis of severe birth defects, these situations require compassion and nuance without further external constraints on care. These diagnoses generally occur following a 20-week anatomical ultrasound. Women must then meet with a perinatology specialist to clarify the diagnosis and discuss neonatal prognosis. Additional consultations with pediatric specialists may be necessary. Women have a very brief window to understand the status of their child and what their future may look like. Existing legal barriers already compound this challenging time. Further legislation would make it worse.

Earlier this year, I cared for a couple whose fetus was found to have partial VACTERL syndrome. The ultrasound showed a fetus with no anus and a sealed esophagus. Surgeries exist to treat these anomalies, however lifelong feeding and stooling difficulties are common. Furthermore, these infants are usually affected by severe cognitive abnormalities. Our ability to provide accurate prognosis can be limited, and the full scope of an infant's needs may not be fully understood for years. I feel strongly that complicated scenarios like this preclude a one size fits all approach. This family needed compassionate counseling and a full range of treatment options to determine the best outcome for their needs.

For similar reasons, I am opposed to **2021 Assembly Bill 594**. Although I fully support patients being well educated and providing the best possible resources to aid decision making, I believe providers should have the flexibility to determine what resources are most appropriate to emphasize. Mandated forms quickly become outdated and usually provide too little or irrelevant information. There is no combination of patient education documents that could exactly apply to my above patient's situation. I think this Assembly Bill is an example of a laudable concept turned bureaucratically unhelpful.

Additionally, I am opposed to **2021 Assembly Bill 6**. The verbiage of this legislation is inflammatory and seeks to correct a scenario that I have never seen nor heard of happening in my 15 years of clinical practice.

This is my first-time submitting testimony, but I felt that the topics above are so important for women's health that I could not stay silent. I feel strongly that legislative interference into how patients and providers approach their health care are inappropriate. I proudly stand with the women of this state and wholeheartedly believe that with comprehensive compassionate counseling, they can make the best choices for their health care. Thank you for considering my remarks.

Respectfully,

Ryan McDonald, MD FACOG

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.