CHRIS KAPENGA
WISCONSIN STATE SENATOR

SB 591
Senate Committee on Health
October 12th, 2021

Thank you to Chairman Testin and committee members for hearing testimony today on Senate Bill 591. I also want to thank Speaker Vos for authoring this bill in the Assembly. Today, I will be testifying on the "Womens' Right to Know Act" which expands upon currently existing informed consent and data collection requirements law.

The first section of this bill makes an important addition to the already existing safeguards of informed consent regarding an abortion.

Many people do not realize that chemical abortions, often referred to as the "abortion pill" and prescribed during the first ten weeks of pregnancy, is actually a series of two different pills which are typically taken a few days apart. The first pill, mifepristone, is a hormone blocker that acts to inhibit development of the pregnancy. The second pill, misoprostol, is taken a day or two later, resulting in miscarriage of the baby.

It is important to note that a woman is already required to receive a set of information before receiving an abortion. This is consistent with the expectation that a patient should be informed about the medical risks associated with a procedure as well as any alternatives to a procedure. There are numerous examples already in statute where physicians or health care providers are required to provide designated information.

In this case, a woman has the right to know that if she has a change of heart after the first pill, she may be able to continue her pregnancy and choose life for her baby.

The second section of this bill adds to the information reported to the Wisconsin Department of Health Services after an abortion takes place. In comparing reporting requirements, we found that other states are asking similar questions as Wisconsin, but in a more specific way. For example, Wisconsin currently requires reporting on whether or not the abortion was chemical or surgical; however, 30 other states ask about the specific type of chemical or surgical procedure used.

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The new reporting requirements included in this bill are modeled after Minnesota, and will improve the quality of information that is provided to the public. In addition, the new requirements proposed in this bill exist in several other states, both red and blue.

This bill is about providing potentially life-saving information to women and more complete data to policymakers. We can enact legislation that could have immeasurable benefits in saving more lives and giving more second chances to mothers.

By ensuring that women considering a chemical abortion fully understand that they still have options, even after beginning the chemical abortion regimen, we could prevent an action she may regret for the rest of her life and more importantly save an innocent life.

Thank you again, Chairman and committee members for, listening to my testimony, and I am happy to answer your questions.

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WISCONSINRIGHTTOLIFE

Gracie Skogman, Legislative Director, Wisconsin Right to Life
Senate Committee on Health
SB 591, informed consent regarding a certain abortion-inducing drug regimen and reporting requirements for induced abortions
Tuesday, October 12, 2021

Thank you, Chairman Testin, for your time this morning and allowing us to testify in favor of SB 591. My name is Gracie Skogman and I am the Legislative Director of Wisconsin Right to Life.

When faced with making life-altering medical decisions, women should be made aware of all the consequences and options that come with the decision.

Recently, chemical abortions have become increasingly common. Abortion facilities profit from these abortions, promote them, and keep women in the dark regarding the full impact of the process. Women 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.

According to data recently released by Heartbeat International, over 2,500 children have been saved after their mothers chose to stop the chemical abortion process after the ingestion of mifepristone, and successfully followed the treatment plan.

Rebekah Hagen, who submitted written testimony, decided to save the life of her child after taking the first pill of the chemical abortion process. Her son just celebrated his fifth birthday and is alive today because she called a 24-hour hotline run through the Abortion Pill Reversal Network.

The reality is, most women who take the chemical abortion pills are unaware of the possibility to save their unborn child after starting the chemical abortion process. Testimony submitted from Pamela Whitehead and Kelly Lester, women who both had a chemical abortion, depict the harsh reality that countless women are not given full informed consent when given the chemical abortion pills. Neither woman was informed of the opportunity to reverse the process, and both deeply regret their decision.

Finally, I have included testimony from Dr. Matthew Harrison, who has presided over many lifesaving treatments after women decide to save their unborn baby after taking the first pill; and testimony from Th American Association of Pro-Life Obstetricians and Gynecologists, who represent over 4,000 OBGYNs in support of this legislation. Both provide further details surrounding the treatment process after women decided to save their unborn child, and the vital need for this legislation.

Women have a right to know about all the impacts of the chemical abortion procedure, and have full informed constant. They deserve transparency, honestly, and support if they chose life for their child. Wisconsin Right to Life strongly supports this bill, and thanks Speaker Vos and Senator Kapenga for bringing it forward.

Rebekah Hagan, Testimony in Favor of Wisconsin Senate Bill 591

I will never forget the day I found out I was pregnant with my second child. I sat alone, in a public grocery store bathroom stall staring at a positive pregnancy test thinking, *this cannot be happening to me again.* At the time, I was a month away from turning 19-years-old, a college freshman at Sacramento State University and a newly single mom to a 10-month-old little boy named Eli that I had as a 17-year-old high school senior. I had also just ended the relationship with my son`s father, one I had been in all my teenage years, because it was verbally and physically violent and getting worse. The thought of parenting another child by the same abusive ex-boyfriend that wanted nothing to do with our first child felt overwhelming.

To make the situation more complicated, my son, Eli, and I were living in my parent`s home and my dad`s cardinal rule was "do not get pregnant under my roof again. If you do, I will kick you out." I had just re-gained my parents trust after letting them down with my first pregnancy. Having grown up in a stable, Christian, middle-class home, my parents never thought I`d end up a teenage mother, and they certainly didn`t think I`d let it happen twice.

This pregnancy wasn`t just inconvenient, it was devastating, and it was going to cost me everything. I pictured the sweet baby boy I already had and how having another child would ruin his life. I imagined the two of us being thrown out and disowned by my family, living in a rundown apartment, working a low-paying job, and having to throw away my dreams of finishing college as I knew I`d have to drop out and raise two children completely alone. It seemed impossible and selfish. In a moment of panic, abortion seemed like a compassionate choice and a way for me to spare my parents from shame and embarrassment and my son from any more struggling.

I instantly turned to my phone searching for a way to end my problem-pregnancy quickly and quietly, and that is when I found out about chemical/medication abortion. It was marketed as safe, convenient, more natural, and less invasive—all things I wanted to hear. It was as simple as taking a few pills and it also didn`t require surgery or sedation, which meant no one had to know and that I could complete the process at home.

Out of panic and a lack of choices, I began my chemical

abortion at a local Planned Parenthood in Sacramento, CA on March 13, 2013. After walking out of that appointment, however, I felt intense grief and regret. The weight of what I had just done hit me only after it was too late, and I also realized that the following day when I was supposed to take the second set of pills, the ones that would "expel my pregnancy" as the clinic worker explained, was March 14th and that was Eli`s first birthday. March 14th would forever be marked as a day that I brought one child into the world and took another one out and I couldn`t live with that thought.

I searched for what felt like an eternity for a way out of the biggest mistake I`d ever made, and when I was close to giving up, I found Abortion Pill Reversal on page 2 or 3 of Google. Others may give up before finding this information. A kind nurse answered my frantic call and found a doctor who prescribed the progesterone treatment that I remained on for several weeks. Planned Parenthood warned of a miscarriage or severe fetal anomalies and encouraged me to complete the abortion, but I didn`t listen.

On October 20, 2013, I delivered a healthy baby boy named Zechariah. Today, he is a happy, healthy, and smart little boy. His most recent report card read, "Zechariah is bright and charismatic and a joy to have in class." Zechariah didn`t ruin the life I had, he enhanced it. I graduated from college three years later, met and married my husband, and now have had two more children.

I will forever be grateful for my second chance at choice that Abortion Pill Reversal gave me and that it has now given 2,500 other women. I support Wisconsin Senate Bill 591 because I believe women in Wisconsin should have access to immediate information, they need to make a fully informed choice, even if that choice ends in reversing their abortion. I also believe access delayed is access denied and that no woman who no longer wants to complete an abortion should be delayed in finding crucial information about Abortion Pill Reversal.

AAPLOG

October 11, 2021

Chairman Testin, and Senators Kooyenga, Bradley, Erpenbach, and Carpenter
Senate Committee on Health
Re: Senate Bill 591 "Women's Right to Know"
SUPPORT

Dear Chairman Testin and Senators Kooyenga, Bradley, Erpenbach, and Carpenter,

I am Dr. Donna Harrison, a board-certified Obstetrician and Gynecologist, and Chief Executive Officer of the American Association of Pro-Life Obstetricians and Gynecologists. I submit this testimony on behalf of 88 Wisconsin reproductive health medical professionals as well as over six thousand reproductive health medical professionals across the United States.

I am writing to encourage passage of the Senate Bill 591 introduced by Kapenga and Speaker Vos. SB591 contains important safeguards for Wisconsin women who undergo the process of informed consent prior to abortion.

As you know, the process of informed consent is critical to women being able to make an informed choice for their medical care. It is universally accepted throughout the medical profession that all patients have a right to informed consent before any procedure or drug is administered to that patient. The basic requirements for informed consent are well stated by the Joint Commission:

"*Informed consent: Agreement or permission accompanied by full notice about the care, treatment, or service that is the subject of the consent. A patient must be apprised of the nature, risks, and alternatives of a medical procedure or treatment before the physician or other health care professional begins any such course. After receiving this information, the patient then either consents to or refuses such a procedure or treatment.*"

Similarly, the AMA Code of Medical Ethics Opinion 2.1.1 states that, in the process of informed consent,

"*The physician should include information about:*

The diagnosis (when known)

The nature and purpose of recommended interventions

The burdens, risks, and expected benefits of all options, including forgoing treatment."

Senate Bill 591 ensures that Wisconsin women are given these four elements required for informed consent: the diagnosis, the details about the abortion, the burdens, risks and expected benefits of all options including the option of not having the abortion and the option of attempting to reverse the effects of mifepristone with natural progesterone if the woman changes her mind after starting the abortion.

Senate Bill 591 ensures that women receive the truthful and relevant information which they need in order to understand the nature and purpose of the abortion procedure, the risks and the alternatives in order to make a free and uncoerced decision. The standard for informed consent is *what a woman wants to know*, not *what an abortion provider wants to tell her.* Withholding of vital information by abortion providers serves to increase the number of abortion procedures performed at the cost of robbing women of the autonomy of decision-making.

The specific requirements of Senate Bill 591 and the reasons for those requirements are listed here:

(A) "*Under current law, a woman upon whom an abortion is to be performed or induced must give voluntary and informed written consent to an abortion*". Coerced abortion is an

independent risk factor for adverse mental health outcomes after abortion. It is imperative that a woman not be forced into an abortion. Consent must be voluntary.

(B) *"a woman's consent to an abortion is considered informed only if, at least 24 hours before the abortion is performed or induced."* Time to consider the information provided is an essential part of voluntary informed consent. In any other area of surgery, other than abortion, at least 24 hours separation of the informed consent process from the surgery is considered standard of care. To rush the process of informed consent is to practice marketing style coercion and makes it more difficult for a woman to process her risks and alternatives. For example best practices in surgery regarding timing of informed consent includes:

"Complete consent documentation earlier in the process. To make consent a more powerful conversation instead of just a document, incorporate tools that empower providers to execute detailed consent forms remotely a week or two prior to surgery. This allows the physician to have a thoughtful and detailed conversation with the patient in a less stressful setting. The CMS Interpretive Guidelines note that the goal of the consent process is to ensure patients are given all the information they need to make "informed" decisions about their care. That process may be more effective when conducted outside the walls of the hospital and well in advance of the contemplated procedure. Perhaps that is why in malpractice cases alleging inadequate informed consent, consent forms executed in the preoperative holding area instead of the surgeon's office result in significantly higher legal expenses and indemnity payouts."

" For consent to be valid the patient must (1) be competent to take the particular decision; (2) have received sufficient information to make a decision; and (3) not be acting under duress.2,3 The last point may be an issue if consent is obtained upon the day of surgery. Most patients will have firmly decided to proceed before attending for surgery. However, a minority may develop doubts upon learning about the procedure in more detail, during the consent process. If these doubts arise on the day of surgery the patient may feel under duress to proceed, as all the arrangements have been made. Therefore it would be wiser to obtain informed consent at the time of listing in clinic, when the risks and benefits are often explained. The patient will feel under less pressure to proceed, and hence will not be acting under duress. "

(C.) Informed consent includes information about using progesterone to counteract the effects of the first abortion drug if the woman changes her mind.

"The bill requires a physician, as part of the information that must be provided, to inform the woman, if she is considering or planning to have an abortion induced by an abortion-inducing drug regimen that includes mifepristone, that the ingestion of the first drug in the abortion-inducing drug regimen may not result in an immediate abortion and that, if the woman changes her mind after ingesting the first drug, the woman may be able to continue the pregnancy but time is of the essence and she should contact a physician to discuss options or consult the information provided in the materials that she is required to be given to locate a health care professional that can assist in counteracting the effects of the drug. "

Mifepristone (Mifeprex) is the first drug of the chemical abortion regimen. Mifepristone blocks the action of a natural pregnancy hormone called progesterone. Mifepristone causes the mother's cells in the placenta stop functioning, which in turn eventually leads to the death of the embryo through, in essence, starvation. But death is not inevitable, mifepristone by itself fails to kill the fetus in a significant percentage of cases. This is why women are told to administer the drug misoprostol afterward, to make the procedure more effective. Thus, it appears to be undisputed that SB 591's initial requirement that doctors inform women that "*that the ingestion of the first drug in the abortion-inducing drug regimen may not result in an immediate abortion*" is entirely accurate.

Of course, SB 591 goes on to say that women should be told it "*if the woman changes her mind after ingesting the first drug, the woman may be able to continue the pregnancy but time is of the essence and she should contact aphysician to discuss options or consult the information provided in the materials that she is required to be given to locate a health care professional that can assist in counteracting the effects of the drug*" Based on the available scientific evidence, which tends to show that reversal is indeed possible, and given the lack of evidence demonstrating otherwise, this statement is entirely accurate. Attached to this testimony is the AAPLOG Practice Bulletin on Reversal of the Effects of Mifepristone by Progesterone.

The use of the word "may" is particularly notable in SB 591, as it is a measured term that calls to mind

scientific possibility rather than absolute scientific proof. Women are capable of understanding that counteracting their abortion may not be possible and that is clearly conveyed in the word "may". But it is also true that her chances of carrying the baby are increased by the use of natural progesterone, but time is of the essence. If one truly wants to increase a woman's reproductive choice then one must also give her all the options available, including the knowledge of abortion pill reversal as part of complete informed consent.

Senate Bill 591 also requires that DHS collect basic data about the numbers and types of abortion procedures performed in Wisconsin, and how those procedures are paid for. This information is essential in any meaningful evaluation of the fiscal and public health implications of elective abortion in the State of Wisconsin.

In summary, AAPLOG strongly supports the wording of SB 591 as evidence based and essential to ensure adequate informed consent for the women of Wisconsin as well as providing a meaningful database to evaluate the fiscal and public health impact of elective abortion policies in Wisconsin.

Respectfully submitted,

Donna J. Harrison M.D.

Donna J. Harrison M.D.

Chief Executive Officer

American Association of Pro-Life Obstetricians and Gynecologists

My name is Pamela Whitehead. I am a US Army veteran, former medical laboratory technologist, and currently serve as the executive director of ProLove Ministries. We run a crisis line called Loveline that serves women from all over the country who are pregnant or single with small children and facing a crisis with no solutions. I have also served as a case manager for former abortion workers who have sought help and healing from their work inside the clinics. I am submitting this testimony in support of Senate Bill 591 amending the informed consent regarding the medication abortion or "self-managed abortion" regimen.

Historically, we have heard that abortion should be between a woman and her doctor. The truth is that abortion providers believe that a woman has already made her decision when she walks into their clinic. I have heard from my clients that they were trained to simply affirm her decision. The patient only sees the doctor when it is time for her procedure to start.

I manage a site called Check My Clinic, a comprehensive database of inspection reports with deficiencies for abortion facilities around the country. There are countless deficiencies cited surrounding informed consent. The policies and procedures at abortion clinics are not tailored to inform women or assist women in deciding.

By law, failing to obtain proper informed consent is considered battery. It is assault. If a woman believes she has no other choice but abortion, then a proper informed consent was not obtained. Many women have feelings they cannot reconcile following their abortion based on this fact. What you don't know ***can*** hurt you.

Women have a right to know all the information concerning a treatment or procedure, including all possible risks, benefits, AND alternatives BEFORE giving consent. Women seeking abortions deserve the same standard of care as a person seeking any other medical procedure. The standard of care should be based not only on what is customary, but also what is reasonable. A violation of this standard is a breach of duty of the medical professionals providing care.

I have fallen victim to this failure. I had an abortion and left the clinic in an ambulance. My health diminished greatly following this "common" procedure. But no one informed me of the risks, and no one gave me the alternatives or offered me anything other than abortion. No one tried to talk me out of having an abortion. Instead, they made sure that it was done regardless of the risk. I was 13 weeks and 4 days pregnant.

Women who procure a medication abortion don't have the benefit of medical personnel to provide immediate care. Her bathroom literally becomes the products of conception lab. In an abortion clinic, this is where the pieces of the little babies are accounted for to ensure that the abortionist go every part of the baby's little body out of the mother's womb. A mother who has a medication abortion must look at her dead baby and flush it, put it in a Ziploc bag, or wash it down the drain. No one tells her this in the abortion clinic. And no one tells her that she could avoid this traumatic experience.

The first pill in the medication abortion regimen is mifepristone (also known as Mifeprex). Simply put, this medication blocks progesterone. Progesterone is important in maintaining a healthy pregnancy. If a woman takes this progesterone blocker and then changes her mind and decides she does not want to take the second pill to complete this abortion, she can be given a high dose of progesterone and she will have a >60% chance of saving her baby with no increased risk of birth defects. It is a cutting-edge application of a time-tested, FDA-approved treatment used for decades to prevent miscarriage. For a woman who may be undecided and regret taking that first pill, this gives her hope that she can cling to.

The interest of abortion providers is in direct conflict with the interests of their patients, not in alignment with them. In this case, abortion providers are omitting information because of bias, not because of science. This is in the interest of the abortion provider, not the patient. In no way can these providers know what is best for these patients and advocate for them when they do not have a doctor/patient relationship. Most of these women are seeing this provider for the first time and only briefly.

There were 6,372 abortions in the state of Wisconsin at last reporting according to the ITOP on your Department of Health website and 33% of those (2,130) were chemical abortions. There was a 10.5% reported complication rate with 687 women that we know of suffering a complication from this "common" procedure. Abortion has killed more human lives in your state than unintentional injury, diabetes, suicide, all other causes of death except heart disease and cancer.

The information that this bill requires women to receive may cause her to forego her planned abortion and save her from the trauma that abortion inflicts on her . If that occurs, the abortion providers would receive less income than they would if they were free from the requirements of the law. In this way, their interests' conflict with hers. She did not give up the right to know the truth just because she is seeking an abortion.

Failing to obtain a proper informed consent is battery and women deserve better than the assault perpetuated on them by an industry who thrives on misinformation and profits from the death of Wisconsin's most helpless residents, these unborn babies.

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TESTIMONY ON SENATE BILL 591
SENATE COMMITTEE ON HEALTH
TUESDAY, OCTOBER 12, 2021
JULAINE K. APPLING, PRESIDENT

Thank you, Chairman Testin and committee members, for holding this hearing on Senate Bill 591. Wisconsin Family Council supports this bill. I would like to thank the authors of this bill for introducing this important legislation. Senate Bill 591 requires providing information that will allow for mothers to take potentially life-saving action for her child after having taken the first of a two-dose abortion inducing drug, as well as requiring the reporting of certain important demographic data related to abortions.

Abortifacient drugs are often pushed as an alternative to surgical abortion. The most common combination is a two-pill process where mifepristone is given as a first dose in order to block the necessary hormone, progesterone, from reaching the baby. This pill is commonly known as RU-486. When progesterone is administered by a medical professional after the first pill but before the second, it can counteract the mifepristone present in the womb and save the baby's life.

Studies suggest that this process is as high as 68% effective in reversing the abortion.[1] It's important to note that neither mifepristone nor progesterone have been linked to birth defects or abnormalities. Studies have shown that children born after this reversal process have an equal or lesser birth defect rate compared to other pregnancies. Children born after a reversed abortion have every chance at living a successful and fulfilling life. If roughly 48 hours after taking the first pill, the mother decides to go through with the abortion, she will take a second round of medication containing misoprostol. This second pill causes contractions and completes the abortion.

We know that, after the first pill, many women change their mind about the abortion, and if equipped with the right resources may be able to save their baby. This bill ensures that mothers in crisis will at least know about this opportunity. It is only right that women receive this information and learn of the options available to them. AB 593 creates no costly mandates, and it does not limit access to abortions. This bill is about providing information. If AB 593 were to become law, mothers will be better informed of their options both verbally and in writing; and many of those mothers will choose life for their child.

One issue we have with the bill is that it continues to exempt the 24-hour waiting period if the pregnancy has resulted from sexual assault or incest. According to the bill, the information must be provided to the woman, but she does not have to wait 24 hours before beginning the drug regimen. Regardless of the situation that resulted in pregnancy, as horrific as assault and incest are, that does not diminish the value of the human life that has been conceived. We would encourage an amendment to eliminate this provision so as to give the woman time to consider the information and her next steps.

Another aspect of this bill that we do support is the more rigorous reporting requirements around why babies are aborted in our state. This additional reporting does not raise privacy concerns. Anonymity is specifically provided for mothers who undergo an abortion as well as those who performed the abortion, as no identifying information can be reported. We appreciate that this bill does include a provision requiring the reporting of which facilities are performing abortions. Providing anonymity for the woman and for the provider is one thing; doing so for the facility is another matter. That, along with the other demographic information specified in the bill, including reporting how abortions are paid for, will help us better understand why mothers in Wisconsin choose abortion and how we can better serve them and their unborn children.

Thank you for your thoughtful and careful attention to our position on this bill. Once again, Wisconsin Family Action supports this legislation, and we urge you to vote in favor of SB 591.

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[1] https://aaplog.org/wp-content/uploads/2019/02/2019-AAPLOG-Statement-on-Abortion-Pill-Reversal.pdf

Good morning. My name is Kelly Lester and I represent And Then There Were None. I am submitting this testimony in support of Senate Bill 591 amending the informed consent regarding the medication abortion or "self-managed abortion" regimen.

When I was 15, I walked into my first abortion clinic alone and terrified. When I went in, I was a nationally ranked tennis player, a straight A student and a regular church attender. When I left, I quit playing tennis, barely finished high school, and turned to drugs and alcohol to seek refuge from the pain I felt from my first abortion.

Several years later I found out I was pregnant again. This time I chose chemical abortion by pill because it seemed more natural, and it was a bit cheaper. I was told it was more private and discreet and I could do it in the comfort of my home. While the first abortion changed my life immensely the trauma from my second abortion was unlike any I had experienced before. Having to relive the "scene of the crime' every time I went to the bathroom, remembering scooping the clumps of blood containing my child, the excruciating nausea, and the feelings that I was going to die from the pain that lasted for days were not worth the $200 that I saved choosing this method. This was not private. It felt secretive, isolating and shameful. None of this was described to me when I went to my appointment to receive the abortion pills. The mental, emotional, or physical effect that it would have on me was not explained to me, instead, I was told it would be basically like a heavy period. I was also not told that there were options on ways to reverse this process if I changed my mind.

I later started working as a receptionist at the clinic where I had received these pills. My job was to set appointments, check women in, oversee the waiting room, release patients from the recovery room and on days where we gave out the abortion by pill drugs, hand the patient a bag after having her sign a release form with instructions. These women were like me, terrified and looking for help. We did not offer help. We rushed to get them in and out and with as little commotion as possible. I assumed my experience was an isolated one and my supervisor confirmed this for me. I quickly learned that not only was my

experience not unique, but it was also common for women who had a medication abortion. Countless women left and went home to bloody scenes that were out of their control and when they called for help seeking guidance on what to do, our cold response was "take an aspirin, get a heating pad and sleep it off".

I deserved better than this. I deserved to know the truth about what I was going to witness and experience. I deserved to know that I could change my mind and save my baby. Instead, I live with this feeling that I was betrayed by people I trusted to help me. Why would you lie to me? Why would you withhold the truth?

I have decided to share the truth so that other women don't have to experience what I did if they don't want to. If this is her decision, then she needs all the information. Protect women from the ongoing assault of the abortion industry by passing this bill today.

Testimony of Matthew Harrison, M.D. to Senate Committee on Health

October 6, 2021

Chairperson Testin and Members of the Senate Committee on Health,

I am Dr. Matthew Harrison and I am writing to ask for your support of Senate Bill 591. Abortion Pill Reversal is supported by real science and is SAFE and EFFECTIVE, and proper informed consent is NECESSARY for women to understand that a second chance is available. I hope that my credentials will convince you that I am not a peddler of "junk science."

Abortion Pill Reversal is SAFE

- Progesterone is a bioidentical, natural hormone, which is FDA approved Category B safe for pregnant women, in the same category as Tylenol. It has been used for 50 years in fertility care for pregnant women, and is deemed safe and effective (1).
- In our case study of over 500 women using progesterone, we have had a birth defect rate of less than or equal to the national average of 3%. These are mainly minor issues such as birthmarks.
- The main side effect reported with injected progesterone use is pain at site of injection.
- The unsafe medications involve the two pills used for abortion. Mifepristone causes death and the second pill, misoprostol, can cause facial nerve paralysis and limb abnormalities if the fetus survives (2). Under our protocol, the second pill has not been taken, and children that survive the abortion pill show no other birth defects (3).

Abortion Pill Reversal is EFFECTIVE

- Mifepristone, the abortion pill, is a progesterone receptor antagonist. It blocks the action of progesterone by blocking the receptor. This prevents the formation of healthy blood vessels to the developing embryo and the mother's body is tricked into thinking there is no progesterone. The lining of the uterus sloughs off just like in a normal menstrual cycle and the embryo dies. The second pill is taken 24-48 hours later and induces contractions, expelling the embryo (4). Mifepristone is like a key that fits into a lock but cannot open it. By adding more functional keys, we are able to outcompete the mifepristone and turn the lock, activate the progesterone receptor, and sustain the life of the embryo.
- Animal models have shown that the effects of mifepristone on rats are reversed and nullified by progesterone supplementation (5).
- Our initial case study published in 2012 had a 67% successful reversal rate with 6 cases (6). An Australian study just published had similar results (7). Our next series that was published in April 2018 (12) had 547 patients with an overall reversal success rate of 48% but 68% success rate with high dose oral progesterone and 64% with injectable progesterone through first trimester. This is in comparison to 23.3% at best if nothing is done after ingesting the abortion pill (8). To date, we have seen over 2500 babies born healthy with over 150 mothers currently pregnant and going through the protocol. We have over 800 providers available for reversals and we have assisted with reversals in 15 countries and are backed by the 2500 member AAPLOG. Since Heartbeat International has taken over the Hotline, we now have a much further reach since they have affiliations with over 2500 pregnancy care centers and many more countries.
- Even the pro-choice director of the reproductive and placental research unit at Yale School of Medicine, Dr. Harvey Kliman, said, "I think this is actually totally feasible...I bet you it would work," and said that he would give his daughter progesterone if she wanted to reverse her abortion (9).

Senate Bill 591 is NECESSARY

• Women that regret their abortions and have returned to the clinics have been given incorrect and unscientific answers when asked if there is anything to be done to save their babies. They have been coerced into completing their abortions with scare tactics that their babies will be malformed or developmentally delayed without any evidence of these results. Even mothers who have not been successful with reversal have expressed gratitude and relief that they tried to save their children. Without AB593, abortion providers will continue to provide false information and delay or prevent potentially life saving treatments.

One of the main attacks on this science is from physicians saying that if a woman takes the first pill but not the second one that induces labor, that the chance of failed abortion is between 20%-50%. I have coauthored a paper with Dr. Mary Davenport that carefully reviews the literature regarding pregnancy termination by mifepristone alone (8). We reviewed hundreds of papers to find out the true survival rate of embryos after exposure to the abortion pill without exposure to the labor inducing pill. Our review shows that the true survival rate of embryos to be between 10% and 23.3% when they are only exposed to the abortion pill at the common 200mg dose. This is significantly lower than the 55%-68% survival rate that we see after progesterone rescue. So where are their 50% failed abortion rates coming from? In the literature sited by opponents, they define "failed abortion" as the failure of the mother to expel a dead embryo or fetus. So, many of the "failed abortions" actually have resulted in a dead embryo, but it has remained in the uterus and was not expelled when the labor inducing pill was not taken.

A salient point to remember is that the same physicians that seem to be upset about using progesterone "off label" are the same physicians that used the abortion pill "off label" for years! Mifepristone was approved for use in America in the year 2000 at the dose of 600mg and up to 49 days gestation. But shortly thereafter, doctors realized that the 600mg dose was more expensive and caused more side effects so they decreased the dose to 200mg and they also expanded the gestational age to 70 days. This "off label" use of progesterone was not approved by the FDA until 16 years later. Recently, I was contacted by a patient who was given the abortion pill at 13 weeks gestation, so they continue to push the boundaries of "off label" use.

Again, I appreciate your concern for the women of Wisconsin and their children. I think we should trust women when they say they regret their mistakes and are asking for help, and SB 591 offers this help.

Thank you, Chairperson Testin and members of the Senate Committee on Health for your consideration of this important and life saving legislation.

Credentials:
- B.S. Biology/M.A. Biology - The College of William and Mary
- Post graduate research at Johns Hopkins, Duke, Medical College of Virginia
- Coauthored 3 peer-reviewed journals (8), (10), (11)
- Doctorate Allopathic Medicine M.D. – The Medical College of Virginia
- Chief Resident – Family Medicine Residency Program – University of South Alabama • Board Certified Diplomate – American Academy of Family Practice
- Full Time Hospitalist – Novanthealth Rowan Regional Medical Center, maintaining admitting privileges at 3 hospitals and active medical license in North Carolina and Virginia
- Assistant Professor – Campbell School of Osteopathic Medicine
- Medical Director – Student Health Center Belmont Abbey College
- Medical Director – Stanton Women' Center, Charlotte, NC
- Medical Director – HELP Crisis Pregnancy Center Medical Clinic

• Assistant Medical Director

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To: Senate Committee Health
From: American College of Obstetricians and Gynecologists – Wisconsin Section
Date: October 12, 2021
Re: Legislation to Restrict Access to Women's Health Care

ACOG
The American College of Obstetricians and Gynecologists
Wisconsin Section

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. Senate Bills 591, 592 and 593 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.

Senate Bill 591 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.

Senate Bill 592 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 **Senate Bill 593** 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.

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.

2021 Senate 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 VACTRL 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 Senate Bill 592**. 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.

This is my first-time submitting testimony to this committee, 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

October 12, 2021

Re: Senate Bill 591

Dear Members of the Senate Committee on Health:

In the emergency department, I am often the first person to see patients with life-threatening conditions, whether these are the result of underlying medical conditions, a trauma or accident or some other cause. I will never be the physician prescribing medications for a medical abortion or obtaining consent for one, but I could very well be the doctor who sees a woman with life-threatening bleeding after trying to reverse an abortion. Currently, the only study conducted on the efficacy of giving progesterone to reverse a medical abortion had to be stopped due to patient harm. There is no evidence to support its use, and the practice appears to cause life-threatening hemorrhage.

As a physician, I believe strongly in informed consent. This involves making sure that a patient knows what procedure is to be done, why it is being done, any potential risks, and alternative treatments. It does NOT involve informing patients of experimental, potentially dangerous reversal treatments. Requiring that physicians inform women that there is an unproven reversal agent for a medical abortion is not only bad medicine but could also be potentially dangerous.

Lauren Ramm, MD

To: Members of the Senate Committee on Health
From: Dr. Kara Hoppe
Date: October 12, 2021
Re: Senate Bill 592 relating to congenital condition educational resources

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Maternal Fetal Medicine or Perinatology is a subspecialty of Obstetrics & Gynecology. A large component of my practice is fetal diagnosis. This involves a fetal ultrasound and extensive clinical expertise (obtained in an extra 3-year fellowship) in an unlimited list of abnormal fetal findings. Oftentimes there may be multiple findings that indicate a larger diagnostic condition or syndrome. Going for fetal ultrasound evaluation is a special time for all and receiving unexpected news of an abnormal finding is very emotional and a devastating time for many. Many patients that I see are referred in because providers are not able to adequately counsel women. Many individuals have tried to do reading or understand the information prior to arriving to our diagnostic unit. This leaves many with the wrong information as the information they are reading are obtained from non-medically approved sites.

It is at this time having a comprehensive evaluation is revealing and helpful to understand the big picture. However, at times we are not able to make "the" diagnosis without further genetic diagnostic testing or until after birth. We do objectively discuss all findings and the "differential diagnosis," A differential diagnosis is a list of possible conditions the baby may have. Furthermore, each fetal abnormality has individual risks or ability to effect the babies chance of survival or long-term outcomes (for example a severe cardiac abnormality vs perhaps a mild birth defect have and will require very different care and services before and after birth).

Referring patients to a government based/required resource is not adequate to discuss and educate families on the individual nature or findings for each fetus (their baby). The necessary counseling often requires a multi-disciplinary care team and ultimately any and all necessary medical resources/reading/websites to understand what their fetus has and will need during the pregnancy/long-term. I ask that Senate Bill 592 **not be approved**. We need to allow for patient/medical autonomy to provide families with the most comprehensive medical care and knowledge to make decisions and develop care plans for their pregnancy. We also hope that all women have access to a Perinatologist or high-level of ultrasound and diagnostics to also allow for proper diagnosis, counseling and coordination of care. We all want the highest level of care, knowledge and support for our mothers, families and unborn babies- so please allow for every mother to receive this knowledge from the right medical provider and not a government-based website.

Thank you,

Dr. Kara Hoppe

To: Members of the Senate Committee on Health

From: Dr. Jacquelyn Adams, Maternal Fetal Medicine

Date: October 12, 2021

Re: Senate Bill 592 relating to congenital condition educational resources

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The specific challenges of my job put me in a uniquely apt position to voice the threat Senate Bill 592 poses to patients.

Often as a maternal-fetal-medicine physician, I work with patients experiencing a terrible day—days when they find out something is wrong with their health, or the health of their fetus. My specialty is often made more difficult by the fact that I have two patients to consider instead of just one. We seek to make or confirm a diagnosis through imperfect means such as ultrasounding a fetus that is moving, out of position, or otherwise inaccessible for evaluation.

After many years of study and specialization, a prenatal diagnosis can still be difficult and provide only a range of outcomes. There are abnormal presentations of common findings and common presentations of extraordinarily rare syndromes. It is not uncommon for me to have several textbooks, articles, and case reports open on my desk trying to piece together information to help families understand, find the appropriate specialists, and figure out the "next best step".

For all these reasons and more, relying on a centralized database would be neither a feasible nor a logical option. For patients needing information quickly to make a decision about their pregnancies, this would be a step backward from relying on their relationship with me and my team of experts. For many women, it would be impossible to offer an appropriate "search" to give them answers. The key to moving medicine forward is highly specialized and personalized care, not working to fit all fetuses and conditions into a user-dependent, one-size-fits-all database.

Further, pragmatic problems such as language barriers and lack of interactivity also impose insurmountable issues. Any attempt to provide reference materials in other languages would create both financial and resource burdens that no medical system could manage. Materials would need multiple dialects of the same language. Interpreters would still be needed to answer higher-level-reasoning questions that could not be answered by mere database printouts. More importantly, no printed material could replace the physician-patient dialogue and relationship. Often, I find a patient's concerns are not what I anticipated. So much of complex counseling in my field is based on a patient's previous experiences, values, cultural background, and other intangibles that could not be captured by written materials or an entry in a large system. I fear an inadvertent effect would be a patient understanding only the negative potential consequences without the potential for a positive outcome and vice versa.

That is why I have spent the better part of my education and life preparing to help pregnant people through complex decision making.

For all of these reasons and more, Senate Bill 592 will do a disservice to Wisconsin patients. While on its surface it proposes standardizing the information patients receive, a dangerous undercurrent threatens to undermine the fundamental physician-patient relationship and discredit patients' concerns and questions for the good or bad.

We will look back on this era and undoubtedly mark those who listened to the logic of science and those who did not. Wisconsin needs its legislators to act with that future in mind.

Testimony in Support of Amending Senate Bill 591: informed consent regarding a certain abortion-inducing drug regimen and reporting requirements for induced abortions.
Senate Committee on Health
By Matt Sande, Director of Legislation

October 12, 2021

Good morning, Chairman Testin 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 amending the informed consent provisions in Senate Bill (SB) 591. Pro-Life Wisconsin supports requiring women seeking medical abortions (post-implantation chemical abortions) be informed of the ability of physicians to reverse the effects of mifepristone and be given materials informing them of the possibility of continuing a pregnancy after ingesting an abortion-inducing drug such as mifepristone.

Pro-Life Wisconsin supports removing the "medical emergency" (life and health of the mother) exception, contained in Wisconsin's current informed consent for abortion law, s.253.10(3)(c), that applies to the provision of abortion-inducing drug reversal information in SB 591. A true medical emergency necessitates not a surgical or chemical abortion but rather immediate transport to a hospital where trained ER physicians can care for mom and baby.

We also support fully restoring the 24-hour waiting period for victims of sexual assault and incest so that they have adequate time to read the materials on medical abortion reversal and discern whether they want to proceed. We want to ensure that all women seeking a medical abortion, in any circumstance, are fully informed of the possibility of the reversal of mifepristone, a physically dangerous abortion drug. Under the current informed consent for abortion law, a woman who conceives a baby resulting from incest has a 2-hour waiting period before an abortion and a woman who conceives a baby resulting from sexual assault has no waiting period before an abortion. Again, we would like to apply the full 24-hour waiting period to the provision of abortion-inducing drug reversal information in the bill.

In sum, **we urge the Committee to amend Section 5 of SB 591 to make this critical bill the most effective it can be by removing the current law exceptions that apply to it.** Specifically, we urge adoption of the language in Assembly Amendment (AA) 1 to AB 593, the Assembly companion bill. AA 1 to AB 593 removes the medical emergency exception from, and applies the full 24-hour waiting period to, the requirement to provide abortion-inducing drug reversal information in the bill.

When a woman is facing an unplanned pregnancy, a toxic abortion drug is the last thing she needs. At the very least, the medical principle of informed consent demands that abortion-bound

(OVER)

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women be informed that the effects of mifepristone can be reversed by a large influx of progesterone into her system within 72 hours of ingestion. As SB 591 states, time is of the essence. The American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG) supports this procedure.

Pro-Life Wisconsin strongly supports all the provisions in SB 591 that improve Wisconsin's annual induced abortion report by requiring more comprehensive and scientifically accurate information about abortions in our state. We especially support the bill's specificity concerning the types of chemically and surgically induced abortions to be reported and the removal of the anonymity of the hospital, clinic, or other facility in which the abortion was performed. 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.

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. Senate Bill 591 makes great progress toward a more robust and informative induced abortion report for our state. It will save lives. Thank you for your consideration, and I am happy to answer any questions committee members may have for me.

State of Wisconsin
2021 - 2022 LEGISLATURE

LRBa0843/1
TJD:emw

ASSEMBLY AMENDMENT 1,

TO ASSEMBLY BILL 593

October 6, 2021 - Offered by Representative WICHGERS.

At the locations indicated, amend the bill as follows:

1. Page 4, line 15: after that line insert:

"**SECTION 4r.** 253.10 (3) (c) (intro.) of the statutes is amended to read:

253.10 **(3)** (c) *Informed consent.* (intro.) Except if a medical emergency exists, except for subd. 1. hr., and subject to sub. (3g), a woman's consent to an abortion is informed only if all of the following first take place:".

History: 1985 a. 56, 176; 1991 a. 263; 1993 a. 27 s. 378; Stats. 1993 s. 253.10; 1995 a. 309; 1997 a. 27; 1999 a. 9; 2005 a. 155, 277, 387; 2007 a. 20; 2009 a. 28; 2011 a. 217; 2013 a. 37, 114, 335; 2015 a. 56.

2. Page 4, line 24: after "drug." insert "The physician shall provide the information under this subd. 1. hr. regardless of whether or not a medical emergency exists.".

3. Page 5, line 5: after that line insert:

"**SECTION 7m.** 253.10 (3m) (d) of the statutes is created to read:

253.10 **(3m)** (d) The waiver of the 24-hour period and the reduction of the 24-hour period under this subsection do not apply to information that a physician is required to provide under sub. (3) (c) 1. hr.".

(END)

WISCONSIN CATHOLIC CONFERENCE

TO: Members, Senate Committee on Health

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

DATE: October 12, 2021

RE: SB 591, Abortion Pill Reversal and Reporting

The Wisconsin Catholic Conference (WCC), the public policy voice of the Catholic bishops of Wisconsin, urges you to support Senate Bill 591, which 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 response to new abortion 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.

SB 591 also requires that abortion providers report additional information to the Wisconsin Department of Health Services (DHS). By understanding how and why women seek abortions, we can learn more about the emotional, economic, social, psychological, and physical challenges women, parents, families, and unborn children face. Armed with this data, we can better address the many needs of women and children, who sadly are still among the most vulnerable in the wealthiest nation on earth.

Some will object that asking women why they are choosing abortion is an unacceptable intrusion into their privacy. However, no one should dispute that a human life is being taken and that women deserve better than to have to endure aborting their unborn children. We must, as a civilized society, find ways to help both mother and child, so that each can thrive.

We urge you to pass SB 591.

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