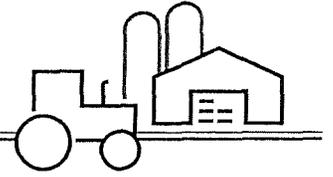




# ELIJAH BEHNKE

STATE REPRESENTATIVE • 89<sup>th</sup> ASSEMBLY DISTRICT



09/19/2023

## Testimony on Senate Bill 300 Senate Committee on Licensing, Constitution and Federalism

Chairman Jacque, Vice Chair Bradley, and Members of the Senate Committee on Licensing, Constitution and Federalism, thank you for holding a public hearing today and allowing me to testify in favor of Senate Bill 300, relating to prohibitions on the use of public employees and public property for activities relating to abortion.

I am, and always will be unapologetically pro-life. I consider it both an honor and a duty to defend those who are most vulnerable. It is unfortunate that we even need legislation like this. While current law prohibits killing the unborn, this bill is a necessary safeguard to ensure taxpayer funds and state resources are not used in relation to promoting or performing termination of the life of an unborn child. The bill also provides clarification that accidental or unintentional injury or death while performing all reasonable medical efforts to preserve the life of the mother and the child is not a violation. All human life is precious, and intentionally terminating a life is not health care. We need to encourage and support women and children both during and after pregnancy.

Thank you again for holding this hearing on Senate Bill 300 and allowing me to testify in favor of it. I am happy to answer any questions you may have.



## WISCONSIN CATHOLIC CONFERENCE

TO: Senator André Jacque, Chair  
Members, Senate Committee on Licensing, Constitution and Federalism

FROM: Tia Izzia, Associate Director for Human Life & Social Concerns

DATE: September 19, 2023

RE: Support for Senate Bills 300, 343, 344, 345, and 346

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The Wisconsin Catholic Conference (WCC), the public policy voice of the Catholic bishops of Wisconsin, urges you to support the five bills before your committee today that truly empower and protect the dignity of human life in Wisconsin: Senate Bills 300, 343, 344, 345, and 346.

### **Senate Bill 300 *Abortion Activity Prohibition***

SB-300 has a clear and straightforward objective – to ensure that public funds, employees, and assets do not assist in the taking of human life. All too often, abortion is seen as a quick solution to human problems and framed as health care. It bears repeating that taking a human life cannot and can never be considered health care, for it is neither healthy nor caring. Since 1919, the bishops of the United States have been vocal advocates of the idea that all Americans should enjoy access to affordable health care, especially those who are vulnerable or of limited means. As the U.S. bishops stated in 1993, “Health care is more than a commodity; it is a basic human right, an essential safeguard of human life and dignity.”

We affirm that Wisconsin must continue to seek improved access to comprehensive health care services for those in need, especially women. However, abortion, and activities that facilitate abortion, do not reflect the respect for human dignity that should be at the heart of everything a government does on behalf of its citizens. SB-300 does what government ought to do: protect the living.

### **Senate Bill 343 *Abortion Definition***

An abortion, or the intentional killing of a preborn child, is never medically necessary to save a woman’s life. SB-343 clarifies that a medical procedure designed to prevent the death of a pregnant woman, such as the removal of a miscarriage or ectopic pregnancy, is not an abortion. In rare instances, a medical procedure that saves a mother’s life has the unintended consequence of leading to a birth in which the child does not survive. In those cases, every effort is still made to save the child’s life, even though the child’s death may be an unintended consequence of the intervention. When the death of a preborn child is imminent, perinatal hospice and palliative care provide families with a nonviolent way to care for their child and grieve a premature death.<sup>1</sup> Catholic hospitals have led the way in caring for women and children in these very complicated cases and know how to care for both.

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<sup>1</sup> Perinatal Hospice and Palliative Care, [www.perinatalhospice.org/list-of-programs](http://www.perinatalhospice.org/list-of-programs).

### **Senate Bill 344 *Dependent Tax Exemption***

SB-344 increases the dollar amount taxpayers can claim as an exemption for every dependent from \$700 to \$1,000 and extends that coverage not only to children aged 0-17, but also to preborn children. As any parent can tell you, costs begin to add up long before a baby arrives, from the cost of healthcare to preparing their home to welcome their child. Further, a woman experiencing medical complications during her pregnancy may need to take time off of work, which will likely be unpaid. Childcare rates too have hit Wisconsin families especially hard. As costs continue to climb, Wisconsin must take steps to support the economic well-being of families. SB-344 is a commonsense bill that can provide real support to families right now.

### **Senate Bill 345 *Grants to Pregnancy Resource Centers***

For decades, Pregnancy Resource Centers (PRCs) have been on the ground helping to immediately respond to women's individual needs. A state that is committed to the welfare of women and children should assist these organizations that provide everything from material goods, parenting classes, and housing assistance. These organizations are adept at tailoring their assistance to the needs of each woman thus ensuring that no woman is left to shoulder her burdens alone. SB-345's critical funding will help countless women and families across Wisconsin.

### **Senate Bill 346 *Financial Assistance for Adoption***

If a woman chooses to place her child for adoption, there should be no doubt in her mind that there is a family that can welcome and raise her child. However, for the many families willing and eager to adopt, the cost of adoption is often a steep barrier. For this reason, SB-346 creates an Adoption Financial Assistance Grant Program to make adoption a more affordable option for all Wisconsin families. Awards are limited to \$10,000 per family and may only be awarded to or on behalf of families in this state who are adopting children in this state.

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Each of these bills does what we need at this moment in history: to truly embrace both woman and child, rather than pitting them against each other. In the words of Pope Francis, we can never “solve a problem by eliminating a person” (*Evangelii Gaudium*, 214). This is not a uniquely Catholic or even religious idea. This is just common sense.

And while these bills are crucial, much more needs to be done. Wisconsin must expand postpartum care, reduce costs for birth, eliminate racial disparities in maternal and infant mortality, support birth mothers, remove sales tax on feminine hygiene products and baby supplies, and more. Together, we can build an economy and society in Wisconsin where women and children can live safely and readily access the resources they need to thrive.

### **Testimony SB 300 Wisconsin Employees Forbidden to Perform Elective/Therapeutic Abortions**

My name is Dr. Cynthia Jones-Nosacek. I am a family physician and an ethicist. I am here to testify in favor of SB 300.

One thing that I have always been proud of is that I live in a state where the death penalty has been abolished. That we live in a state where a criminal, no matter how heinous the crime, cannot intentionally have his or her life taken with Wisconsin's blessing and with the involvement of Wisconsin employees. Instead, we chose mercy over justice, recognizing not only with humility that we have at times convicted the wrong person but more importantly, the inherent dignity of all human beings.

SB300 will recognize that for human beings before birth as well. It will say that, at a state level, we no longer allow state employees to intentionally take the life of these innocents. It will do what is one of the most vital duties of the state: protect the vulnerable. At the same time, it recognizes that there are instances where, regrettably and unintentionally, treatment of the mother results in the injury or death of her preborn child by clarifying when this could occur.

Thank you.

September 19, 2023

To: Members, Senate Committee on Licensing, Constitution and Federalism

From: James G. Linn, MD

Re: Support for SB 343 and SB 300

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Good afternoon Senator Jacque and committee members.

Thank you for the opportunity to testify in support of Senate Bills 343 and 300. My name is James Linn. I'm a board certified OB/GYN physician in my 40th year of practice in Wisconsin since completing residency training. In addition to my private practice, I teach medical students and residents as an Associate Clinical Professor of OB/GYN. Most importantly, I've had the privilege of caring for thousands of pregnant women and their unborn children.

I am testifying on behalf of AAPLOG, the American Association of Pro-Life Obstetricians and Gynecologists. AAPLOG is a nearly 7,000 member organization of medical professionals who affirm the scientific fact that human life begins at conception and that the lives of mothers and their preborn children should be protected.

As you know, after the Dobbs decision last year, Wisconsin's law prohibiting abortion except when the mother's life is at risk, is back in effect. Since then, concerns have been raised about this law. No matter where you get your news, you've undoubtedly heard unsubstantiated claims that abortion restrictions in this law will cause women to die by preventing physicians from caring for life-threatening pregnancy complications. These include miscarriages, ectopic pregnancies, molar pregnancies, and other serious conditions that can require ending a pregnancy early. I have encountered all of these complications, and can assure you that women don't die from any of these conditions due to abortion restrictions. The busy urban hospital I work at has always had policies restricting abortion essentially the same way that our state law does. These restrictions allow the best care for pregnant women and their babies. I have never had a woman die or had to transfer a woman to another facility because of these restrictions. Based on my experience, I am convinced that some people are deliberately making these specious claims hoping to overturn our state law. But I'm sure that other people have genuine concerns about the interpretation of the law. Therefore, I do believe our Wisconsin law will be improved with the clarifying language of SB 343.

Some of the concern and confusion is a result of unclear terminology regarding the word abortion itself. The word "abortion" is commonly used in lay and legal language to refer to the intentional killing of an unborn child. However, in medical terminology, "abortion" is any pregnancy that ends before 20 weeks gestation. So medically speaking, a miscarriage is called a "spontaneous abortion" or a miscarriage that has partially passed is called an "incomplete abortion". The terms "induced abortion" or "elective abortion" refer to the intentional killing of the unborn child. SB 343 makes explicit that life saving care of pregnancy complications is allowed.

Here are examples of pregnancy complications where SB 343 makes explicit that treatment is allowed.

#### **Miscarriages:**

I care for women with miscarriages several times every month. Miscarriages occur in approximately 15% of all pregnancies. Many resolve on their own, but others require surgery or medication. The surgery commonly done for this is a suction curettage, which is the same procedure used in elective abortions. Even though 80 to 90% of OB/GYNs in the United States do not do elective abortions (1), they all treat miscarriages with this surgical procedure. Medications like misoprostol are sometimes used for miscarriages. These standard practices of treating miscarriages are not elective abortions and SB 343 clarifies that these treatments are not prohibited.

#### **Ectopic pregnancies:**

I treat several ectopic pregnancies every year. While less common than miscarriages, they are not rare. Ectopic pregnancies occur outside the uterus, usually in one of the fallopian tubes. They are dangerous because they can rupture and cause life-threatening internal hemorrhage. Treating ectopic pregnancies results in the unfortunate death of the embryo if it is still alive, but that is not the intent of the treatment, as it is in an elective abortion. Obviously, the intent of treating ectopics is to preserve the life of the mother. While the Wisconsin law has

never been interpreted to prevent treatment of ectopic pregnancies, this bill makes it crystal clear that such treatment is not restricted.

**Molar pregnancies:**

Molar pregnancies are genetic precancerous conditions in the placenta. They usually need to be treated surgically. SB 343 makes it explicit that treatment of molar pregnancies is allowed.

**Early delivery to save the life of the mother:**

There are complications where the mother and baby must be separated to save the mother's life. Examples include chorioamnionitis, an infection in the uterus; and early onset preeclampsia with severe features, a severe blood pressure disorder of pregnancy. These complications usually occur after viability, about 22 weeks, when the baby can survive outside the womb. Separation is accomplished by inducing labor or by Cesarean section and both mom and baby are saved. But if these complications occur before 22 weeks, delivery may be necessary to save the mother's life. If this is the doctor's best judgment, SB 343 allows it, even though it's too early for the baby to survive.

Claims have also been made that restricting abortion will increase maternal deaths. This is not borne out by the evidence. For over 20 years, the U.S. maternal mortality rate has risen despite having less restrictive abortion laws. The U.S. has had a higher maternal mortality rate than most other high resource countries with more abortion restrictions. Studies from a diverse range of countries suggest that more abortion is actually associated with higher maternal mortality rates and that abortion restrictions may lead to improved maternal health (2). Poland, for example, has some of the most restrictive abortion laws in the world and also has the lowest maternal mortality rate. Up until recently, abortion was illegal in Ireland and Chile except to save the life of the mother. Those 2 countries had the lowest maternal mortality rates in their respective continents of Europe and South America.

I also wish to speak in support of SB 300 which prohibits the use of public employees and public property for activities related to abortion training. The University of Wisconsin's OB/GYN faculty and residents are state employees. I anticipate opponents of SB 300 may make three false claims which I would like to refute.

**False Claim #1: Training in elective abortions is necessary to be a good OB/GYN.**

Opponents of SB 300 will likely claim OB/GYN residents at UW will be inadequately prepared if they cannot do elective abortions in their training. This is simply not true. Residents in training learn procedures to empty the uterus when caring for miscarriages and fetal death. The vast majority, 86% of OB/GYNs in the United States do not perform abortions (1). No OB/GYN resident in the United States is required to do any elective abortions to graduate from a residency program. I have been board certified and recertified for 38 years and have never done an elective abortion. Obviously, it follows that the American Board of Obstetrics and Gynecology, which certifies qualified specialists in this field, agrees that elective abortion is not an essential part of OB/GYN training and practice.

**False Claim #2: The OB/GYN residency program at UW will lose its accreditation if residents don't do elective abortions.**

It will be pointed out that the Accreditation Council of Graduate Medical Education, ACGME, has a mandate that OB/GYN residency training programs provide abortion training as a part of their standard curriculum. That's true. They made the mandate in 1994 in an effort to promote abortion, but the mandate is unenforceable. Accreditation is not denied to programs that do not provide elective abortion training. In a 2018 survey of program directors of all the accredited United States OB/GYN residencies, 36% of the residency directors reported that they were not in compliance with the abortion training mandate (3). None of them lost their accreditation. Why? Because federal law protects students, residents, and institutions from being forced to participate in abortion. Federal law also prohibits accrediting bodies such as ACGME from denying accreditation to a residency that does not provide abortion training. While ACGME has this mandate, they can't enforce it. That would violate federal law.

**False Claim #3: The University of Wisconsin OB/GYN residency will have trouble attracting high quality residents if it does not have elective abortion training.**

You may hear from strongly pro-choice faculty, residents, and students that they will leave if the program doesn't provide abortion training. With all due respect, they will be replaced by prospective OB/GYNs for whom abortion training is not a priority. The vast majority of OB/GYNs don't do elective abortions. Highly regarded OB/GYN residencies like UW's have no trouble filling their positions.

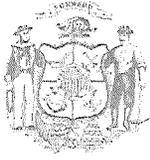
In conclusion, elective abortion always and intentionally takes the life of an innocent unborn human being. There is evidence that unrestricted abortion is associated with higher maternal mortality rates (1). Wisconsin law protects the lives of pregnant women and their children by prohibiting elective abortion. Please keep it that way by supporting Senate Bills 343 and 300.

Thank you for your time and attention.

(1) Debra B Stulberg MD et al. Abortion Provision Among Practicing Obstetrician-Gynecologists, *Obstet Gynecol.*, 2011;118(3):609-614.[doi:10.1097/AOG.0b013e31822ad973](https://doi.org/10.1097/AOG.0b013e31822ad973)

(2) Hogan MC, Foreman KJ, Naghavi M, et al. Maternal mortality for 181 countries, 1980–2008: a systematic analysis of progress towards Millennium Development Goal 5. *Lancet* 2010; 375: 1609–23

(3) Steinauer JE, Turk JK, Pomerantz T, et al. Abortion training in US obstetrics and gynecology residency programs. *Am J Obstet Gynecol* 2018;219:86.e1-6



**ANDRÉ JACQUE**

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*Testimony before the Senate Committee on Licensing, Constitution, and Federalism*

*Senator André Jacque*

*September 19, 2023*

Thank you Vice Chair Bradley and fellow Committee Members for hearing my testimony on Senate Bill 300, the Taxpayer Abortion Subsidy Prevention Act. This legislation will ensure that taxpayer dollars are not utilized to subsidize abortions, either through the use of public employees or public facilities.

This issue is especially timely in light of last week's announcement by Planned Parenthood that it would resume performing abortions in Wisconsin again, beginning with yesterday. Liberal public officials across Wisconsin government have long participated in the procurement, and even performance of, abortion procedures within their taxpayer-funded employment. This includes attempts to open abortion clinics on public property and even the longstanding arrangement between Planned Parenthood and the University of Wisconsin under which UW provided faculty members to serve as abortionists at Planned Parenthood's former abortion facilities in Madison and Grand Chute with state salary and benefits. A former UW faculty member and abortionist actually served as Planned Parenthood's Medical Director on state time as a state employee under the terms of a contract between the UW and Planned Parenthood- there is no publicly known comparable relationship anywhere else in the country.

It is presently unclear to what extent Wisconsin public employees, while being paid with taxpayer funds, are still involved in the performance of abortions outside of Wisconsin that would be clearly illegal if performed in-state. As stated by the Legislative Reference Bureau, "the legality of out-of-state abortion training is still unclear because public funds are not allowed to be used in abortion training." It has also been suggested that government funds in Wisconsin could be used to purchase or lease actual facilities for abortions in surrounding states and take an active role in transporting women across state lines to receive abortions. This legislation will provide crystal clarity that such initiatives would be unlawful.

In addition, this legislation provides the commonsense explanation that it is not a violation of the prohibitions established in the bill for a physician to perform a medical intervention designed or intended to prevent the death of a pregnant woman if the physician makes all reasonable medical efforts under the circumstances to preserve both the life of the woman and the life of the unborn child. Consistent with conventional medical practice, the bill references the existing abortion definition in state statute that makes clear that the removal of an already deceased child that is miscarried or stillborn is not considered an abortion, contrary to what has been claimed publicly by abortion advocates.

This legislation is formally supported by Pro-Life Wisconsin, Wisconsin Family Action, Wisconsin Right to Life and Wisconsin Catholic Conference. Thank you for your consideration of Senate Bill 300. I'd be happy to answer any questions.



Date: September 19, 2023  
To: Members of the Senate Committee on Licensing, Constitution and Federalism  
From: Dr. Leslie Abitz, Legislative Chair  
Re: In opposition to Senate Bill 300, Senate Bill 343, and Senate Bill 345

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The American College of Obstetricians and Gynecologists (ACOG) represents over 60,000 obstetrician-gynecologists and works to improve the lives of all people seeking obstetric and gynecologic care. Access to the full spectrum of medical care, including abortion, is essential for people's health, safety, and well-being. Physicians must be able to provide medical care to people without outside interference. I write to you today on behalf of the Wisconsin Section in opposition of several proposals before the committee.

**Senate Bill 300** is a serious threat to the OB/GYN residency training program at UW Health and at a time when the shortage of OB/GYNs available to serve Wisconsinites regardless of zip code is already at crisis levels. According to data from the American Medical Association nearly half of all counties in Wisconsin have only one OB/GYN or none at all and at a time when Wisconsin is seeing an increase in maternal and infant morbidity and mortality. Senate Bill 300 will worsen the number of residents trained.

**Senate Bill 343** is ideologically driven and uses non-medically appropriate language to codify restrictions to patients being able to access needed abortion care. WI ACOG has long affirmed that laws must not interfere with a patient's ability to be treated by a physician according to the best currently available medical evidence and the physician's professional medical judgement. There is no one-size-fits-all law that can take every individual, family, or medical conditions into account, making legislative interference in the practice of medicine incredibly dangerous. Reasons why it is not feasible to create an inclusive list of conditions that qualify as "medical emergencies" include: a patient may experience a combination of medical conditions or symptoms that, together, become life-threatening; pregnancy often exacerbates conditions or symptoms that are stable in nonpregnant individuals; patients may be lucid and appear to be in stable condition but demonstrate deteriorating health; and no single patient's condition progresses at the same pace.

Further, this legislation sets us backwards to restore meaningful access to abortion care services. Distinguishing what does and does not classify as a felony will almost certainly result in refusal and denial of appropriate medical care, and it does not center on clinicians' ability to make and act upon unique medical situations. Conflating abortion care services with murder stigmatizes lifesaving health care and defames physicians who provide critical care, and attacks people who are already suffering the loss of a wanted pregnancy. Decisions around needed reproductive medical care belong between a patient and their physician. Attempts to stipulate when, why or how a physician can provide care to their patient represents legislative interference. Patients have the right to be counseled and treated by their physician according to the best available medical evidence and their physician's professional medical judgement. Ultimately, Senate Bill 343 weakens the patient-physician relationship.

(OVER)



**Senate Bill 345** would provide financial support to Pregnancy Resource Centers (PRC), also known as Crisis Pregnancy Centers (CPC). These organizations represent themselves as legitimate reproductive health care clinics but in fact function to dissuade people from accessing abortion. Many CPCs are not in fact medical clinics, but rather unregulated and nonmedical organizations. Staff members at these unregulated facilities have no legal obligation to provide pregnant people with accurate information and are not subject to HIPAA or required by law to maintain client confidentiality. As these Centers do not provide comprehensive care and information, WI ACOG cannot support Senate Bill 345.

In closing, on behalf of WI ACOG I proudly stand behind our members who provide comprehensive health care 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. I urge you to oppose.



**Gracie Skogman, Legislative Director, Wisconsin Right to Life  
Senate Committee on Licensing, Constitution and Federalism  
SB 300, SB 343, SB 344, SB 345, SB 346  
Tuesday, September 19<sup>th</sup>, 2023**

Thank you, Chairman Jaque and members of the committee, for your time today. My name is Gracie Skogman, and I am the Legislative Director of Wisconsin Right to Life, testifying in favor of SB 300, SB 343, SB 344, SB 345, and SB 346.

As pro-life advocates, we care deeply about protecting children and their mothers, to ensure that both are offered comprehensive care and support. Through our advocacy, we work with the many Pregnancy Resource Centers in our state that provide medical care and support to women during pregnancy and beyond, often meeting women in their moments of most need. We also hear firsthand from potential adoptive parents, regarding the financial struggles they may face when hoping to adopt.

Women in Wisconsin are deserving of comprehensive support and resources through pregnancy and beyond, and this legislation takes another step towards achieving that goal. Additionally, families in our state who are looking to adopt or would like to choose life for their children deserve to be fully supported. This is fundamental to creating a culture of life in our state.

Additionally, this bill package provides necessary clarity that medically necessary and lifesaving procedures, such as treatment for an ectopic pregnancy, do not constitute an abortion. In a culture that increasingly refers to abortion as "healthcare," it is a vital reminder that abortion is the opposite, as healthcare is focused on the saving of life, and abortion takes innocent human life.

Wisconsin Right to Life urge support of this legislation, to further create a culture of life and support for both preborn children and mothers in our state.

Thank you very much for your time,  
Gracie Skogman



**Wisconsin Family Action**

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**TESTIMONY ON SENATE BILL 300**

**PUBLIC HEARING – COMMITTEE ON LICENSING, CONSTITUTION AND FEDERALISM**

**TUESDAY, SEPTEMBER 19, 2023**

**JACK HOOGENDYK, LEGISLATIVE AND POLICY DIRECTOR**

**WISCONSIN FAMILY ACTION**

Thank you, Chairman Jacque and committee members, for the opportunity to testify regarding Senate Bill 300.

I am Jack Hoogendyk, Legislative and Policy Director for Wisconsin Family Action. Wisconsin Family Action promotes and defends life, family, marriage and religious freedom and supports the passage of SB 300.

State statute 20.927 clearly states that “no funds of this state or of any county, city, village, town or long-term care district under s. 46.2895 or of any subdivision or agency of this state, or of any subdivision or agency of any county, city, village or town and no federal funds passing through the state treasury shall be authorized for or paid to a physician or surgeon or a hospital, clinic or other medical facility for the performance of an abortion.”

This statute seems pretty clear and straightforward. Unfortunately, abortion providers have skirted this statute by proposing that it would not apply to out-of-state abortion training or the opening of abortion facilities outside the state that would be funded and manned by Wisconsin taxpayer dollars or employees who are paid with Wisconsin government funds.

Senate Bill 300, Mr. Chairman, would indeed ensure that taxpayer dollars are not utilized to subsidize abortions, either through the use of Wisconsin public employees or Wisconsin public facilities, regardless of where they may be located. It would further ensure against surrounding states transporting Wisconsin residents across state lines to obtain an abortion.

Mr. Chairman, as you and everyone on this committee knows, abortion is illegal in Wisconsin. It has been since 1849 when state statute 940.04 was passed. Unfortunately, it was struck down by a decision made by the Supreme Court in 1973, but was finally reinstated last year when the Supreme Court returned the jurisdiction over abortion to the states. We believe that human life – personhood, begins at the moment of conception; the point at which the sperm and the egg are united and new, unique DNA is created. This new human is unique from her mother or her father. She is afforded all the rights and protections of every other living citizen of the United States and the state of Wisconsin.

We fully support the intent of Senate Bill 300 to strengthen the protections of the unborn which was intended in state statutes 940.04 and 20.927, and we urge its passage.



Contact: Connie Schulze  
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Madison, WI 53703  
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Senate Committee on Licensing, Constitution and Federalism  
Testimony opposing SB300  
Submitted by Robert N. Golden, M.D.  
Dean, UW School of Medicine and Public Health  
September 19, 2023

Dear Chairman Jacque and Members of the Committee:

I write today to communicate our strong opposition to Senate Bill 300 (SB300). The legislation prohibits any individual employed by the state, a state agency, or a local government unit, including any employee of the University of Wisconsin (UW) System or the University of Wisconsin Hospitals and Clinics Authority (d/b/a UW Health) from, while in the scope of his or her employment, providing abortion services, promoting, encouraging, or counseling in favor of abortion services, making abortion referrals, or training others or receiving training in performing abortions. The bill also prohibits the use of public property, including property owned, leased, or controlled by the UW System or the UW Hospitals and Clinics Authority, to provide abortion services, promote, encourage, or counsel in favor of abortion services, make abortion referrals, or train individuals in performing abortions.

This bill, like the earlier iterations introduced by Sen. Jacque, would almost certainly result in the OB/GYN residency training program at UW Health losing its national accreditation. The national accreditation organization for residency training programs, the Accreditation Council for Graduate Medical Education (ACGME), requires that OB/GYN residency programs provide the option for training in abortion procedures. If that option is not available, a program receives a citation, and if the deficiency is not corrected, it loses its accreditation.

Without accreditation, there will be a steep, and perhaps total decline in graduates seeking OB/GYN residency training here because training at an unaccredited program is associated with extremely limited career prospects. Without residents, academically oriented OB/GYN faculty will leave. Replacement of academically oriented faculty will be challenging without an accredited residency program, especially in the context of a restriction that would preclude physicians from practicing medicine safely and in a manner consistent with long accepted standards of care. The financial impact on the UW School of Medicine and Public Health would be significant. The loss of the academically oriented faculty would result in the loss of approximately \$21M in current grants and clinical trials receipts. The costs associated with efforts to replace our academic faculty with private practitioners would also be significant. The search, recruitment, and start-up support for a new cohort of 22 private practice OB/GYN physicians would approximate \$3,300,000.

A devastating consequence of the loss of the accredited OB/GYN residency training program will be the loss of our pipeline of future OB/GYN physicians practicing in Wisconsin. The single greatest predictor of where a physician will practice is the state in which they complete their residency. The loss of the UW Health OB/GYN residency training program will significantly diminish the pipeline for new OB/GYN

practitioners in the state, leading to limited access to OB/GYN physicians in many Wisconsin communities as well as increased costs for the state's health systems as they face additional challenges in recruiting out of state OB/GYN physicians rather than in-state residency graduates.

In addition, the loss of the residency training program will have a destructive impact on the OB/GYN department's national reputation, which will spread to other areas and departments. Without a strong OB/GYN education and research program, residents and faculty in areas that interact with OB/GYN would have diminished interest in coming to or staying at UW-Madison. For example, a wide range of residents in other fields interact with OB/GYN residents and academic faculty while completing their own training experience, including anesthesiology residents, pathology residents, family medicine residents, internal medicine residents, and pediatric residents.

Furthermore, the broader fiscal impact on physician turnover could be significant. The prohibition that this bill places on counseling in favor of abortion services or making referrals would certainly be viewed as a serious infringement on the doctor-patient relationship, which is central to the practice of medicine. It would also be viewed as impairing a physician's ability to practice medicine consistent with accepted standards of care. The UW School of Medicine and Public Health and UW Health would be perceived as unfavorable working environments, particularly for specialties such as family medicine, internal medicine, OB/GYN, and others involving women's health care. Providers would be motivated to leave UW if they felt they could not practice safe, comprehensive medicine because this would unnecessarily jeopardize patients' safety and expose providers to medical malpractice risk. It is worth noting that faculty and students in the family nurse practitioner (FNP) program may be affected by the bill, since that program engages them in the full spectrum of women's health services.

It is a well-known fact that the national demand for physicians is high. According to the [2022 annual report of the Association for Advancing Physician and Provider Recruitment](#) (AAPPR), the percentage of unsuccessful physician recruitments by health systems has increased for the past four years. Across the U.S., only 48% of primary care physician and 42% of specialty care physician recruitments successfully filled in 2021, signaling the intensity of competition for attracting a physician workforce. Studies have indicated that the cost to replace a physician is two to three times the physician's annual salary.

Finally, I must draw your attention to the potential negative impact of SB300 on Wisconsin's rural communities. Rural health systems often refer patients with complex OB/GYN care needs to our physicians. Notably, in some cases counseling "in favor of" an abortion is required by the standard of care for these patients, but these referrals will likely end if providers feel our health system cannot provide comprehensive counseling or referral options to patients. This will place tremendous strain on rural health systems and any alternative referral health centers to which they might turn, which will ultimately contribute to discontent and departures of OB/GYN physicians statewide, aggravating the current shortage of OB/GYN doctors in Wisconsin. A [2021 analysis](#) by the U.S. Department of Health and Human Services Health Resources and Services Administration Bureau of Health Workforce concluded that by 2030, the supply adequacy of OB/GYN physicians in Wisconsin would be 91.9%, which is worse than the low adequacy for the overall Midwest region (95%).

For the above reasons, we respectfully request you join us in opposing SB300. Thank you for your consideration. Any questions regarding my testimony should be directed to Connie Schulze, Director of Government Affairs at [cschulze@uwhealth.org](mailto:cschulze@uwhealth.org).



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**Testimony in Support of Senate Bill 300: relating to prohibitions on the use of public employees and public property for activities relating to abortion.**

**Senate Committee on Licensing, Constitution and Federalism**

**By Matt Sande, Director of Legislation**

**September 19, 2023**

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Good afternoon, Chairman Jacque 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 Senate Bill (SB) 300, legislation entitled the *Taxpayer Abortion Subsidy Prevention Act* that would prohibit the use of public employees and public property for activities relating to abortion. Should legal abortion ever return to Wisconsin, either by judicial ruling or statutory enactment, it is critical that we have laws on the books that shield taxpayers from subsidizing the killing of their preborn brothers and sisters with their state tax dollars.

Specifically, Senate Bill 300 would do the following:

- 1) prohibit persons employed by the state, a state agency, or a local governmental unit from providing abortion services, promoting or encouraging abortion services, making abortion referrals, or training others or receiving training in performing abortions while acting within the scope of their public employment, whether located within or without the state; and
- 2) prohibit the use of public property to provide abortion services, promote or encourage abortion services, make abortion referrals, or train individuals in performing abortions, whether located within or without the state.

The *Taxpayer Abortion Subsidy Prevention Act* would outlaw attempts for University of Wisconsin (UW) employees to plan and erect abortion centers on public property, as occurred with the Madison Surgery Center in 2009 prior to the plan's abandonment. It would also outlaw public funding of UW medical resident abortion training, and UW faculty performance of abortions at the Madison Planned Parenthood abortion facility, a grisly contractual arrangement that has stained the reputation of Wisconsin's public university system and its flagship hospital.

University of Wisconsin faculty members should not be spending their paid time providing abortions, or any services, at private abortion facilities. And Planned Parenthood of Wisconsin should not be an abortion-training ground for UW medical residents. These residents need to be instructed in how to save, preserve, and respect life, not how to kill preborn children at our state's number-one abortion provider. And as you will hear from expert medical testimony today, Ob/Gyn medical residents can be effectively trained in addressing the complications of abortion *without actually performing abortions*.

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As for the UW's specious claim that SB 300 would strip their Ob/Gyn medical residency program of its ACGME accreditation, federal law is crystal clear on this matter. The Hoekstra-Coats Medical Training Nondiscrimination Act of 1995 (42 U.S.C § 238n) declares that an entity that forces individuals or programs to participate in abortions is discriminatory. Accordingly, the ACGME abortion training mandate has never been enforced (nor can it be).

Importantly, the bills' prohibitions do not apply to a physician who performs a medical intervention designed or intended to prevent the death of a pregnant woman (i.e.; a medical emergency early induction or C-section and the removal of a miscarriage or an ectopic pregnancy) if the physician makes all reasonable medical efforts under the circumstances to preserve both the life of the woman and the life of the unborn child in a manner consistent with conventional medical practice.

Such a medical intervention is not a legal abortion because it does not involve: 1) *intent to terminate the pregnancy*, and 2) *intent other than to increase the probability of a live birth*, as defined in Wisconsin's current law abortion statute, s.253.10(2)(a), included in the legislation. Therefore, any medical treatment provided to a pregnant woman by a physician that results in the *unintentional injury or death* of her unborn child is not a violation of the bills' prohibitions. Abortion, statutorily defined as the *intentional* killing of a preborn child, is never medically necessary to save the life or improve the health of the mother.

**Abortion 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 18, 2023, showed 78% of respondents opposing the use of tax dollars to pay for abortions overseas and 60% opposing the use of tax dollars to fund abortions in the United States. The proposed *Taxpayer Abortion Subsidy Prevention Act* respects the consciences of Wisconsin taxpayers who oppose the use of public funds to subsidize abortion directly or indirectly.

Pro-Life Wisconsin will fight for this legislation every legislative session until it becomes law. We thank Senator Jacque for introducing SB 300, and we urge Committee members to recommend it to the full Senate for prompt debate and passage. Thank you for your consideration, and I am happy to answer any questions committee members may have for me.

