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Testimony in Support of Senate Bill 201
Senate Committee on Health and Human Services
Julaine K. Appling, WFA President
June 5, 2013

Thank you, Chairman Vukmir and committee members, for the opportunity to testify today in support of Senate Bill 201. I am Julaine Appling, president of Wisconsin Family Action, an organization dedicated to strengthening, preserving and promoting marriage, family, life and liberty in The Badger State.

I had to remind myself as I prepared this brief testimony and as I deliver it that this is America; that we are not a developing country. That we don't kill our babies based on their sex—or at least historically we haven't. Apparently, that is no longer a given.

Some today may point out that other countries have put in place anti-sex-selection protections, while America has not. I contend that for the most part people really didn't think we needed them. After all, this is America. We are supposed to be exceptional. Apparently and tragically, being America doesn't make much difference anymore. We do need such laws.

Some will allege a bill such as SB 201 is a solution looking for a problem, that the statistics don't support such a bill, that this is not an "effective" method. After all, isn't sex-selection abortion primarily a problem with certain immigrant groups? The truth is this bill is one action that can be taken—and the action that you as legislators can take. Certainly other measures and actions must be taken in the culture, but those measures do not mean we do not need a clear law outlawing sex-selective abortions.

Some will accuse us and others of "going after" certain ethnic groups. That is simply not true. What difference does it make as to the ethnicity or nationality of the woman having a sex-selected abortion? The answer to that is it should make no difference whatsoever. All women and their baby girls matter. These women are seeking an abortion just as non-immigrant women would here in this state, in this country, and they must all abide by the law. In this case, the law needs to prevent their choosing to kill their baby simply because of its sex.

We all know this is the real war on women. We know this bill is necessary primarily because baby girls have been the ones selected for these abortions. This is the horrific result of "abortion on demand" that Planned Parenthood and others have sought for years. Abortion on demand apparently really does come with no restraint. The slippery slope that we are frequently mocked for mentioning has once again proven to be deadly real and once again has taken us farther than we ever dreamed it would or could.

Since Congress cannot see its way clear to enact a national ban on sex-selection abortion,¹ it is imperative that the states take this unbelievable matter in hand. Our thanks to Sen. Leibham and Rep. Kestell for doing just that for Wisconsin. Whether this bill is reactive in that it would criminalize such abortions taking place in our state right now or whether it is strictly proactively preemptive, it is right that we pass it. This is the war on women that must be stopped. You are in a position to do just that, and we urge you to pass this bill out of committee quickly and get it to the full Assembly for a vote.

Thank you for your time and attention.

¹ U.S. House of Representatives fails to pass Prenatal Nondiscrimination Act of 2012, 5/31/2012. <http://thomas.loc.gov/cgi-bin/bdquery/z?d112:h.r.03541>: (accessed 5/29/13)



WISCONSIN CATHOLIC CONFERENCE

TESTIMONY ON SENATE BILL 201: PROHIBITING SEX-SELECTIVE ABORTIONS

Presented to the Senate Committee on Health and Human Services

By Barbara Sella, Associate Director

June 5, 2013

The Wisconsin Catholic Conference (WCC) strongly supports Senate Bill 201, which would prohibit knowingly performing sex-selective abortions.

In 2012, the Guttmacher Policy Review issued a paper on sex-selective abortions, (“A Problem-and-Solution Mismatch: Son Preference and Sex-Selective Abortion Bans”), which recognized the widespread use of such abortions in Asian countries. The paper concluded that the real way to stop sex-selection abortions is not to prohibit such abortions but to address the underlying conditions that can lead to them, namely an end to poverty and violence, and an increase in access to health care and education for women.

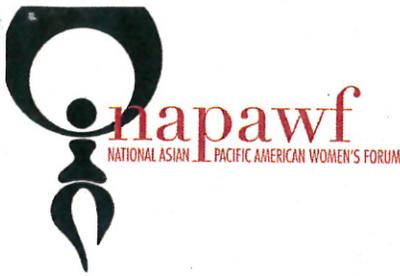
We agree that there is much work to be done on these underlying issues. The Catholic Church runs charities, hospitals, schools, and prison ministries precisely to assist the most vulnerable. Here in Wisconsin, the bishops have long supported efforts to expand educational opportunities, increase access to health care, rein in predatory lenders, increase the minimum wage, reform criminal justice, improve immigration laws, combat human trafficking – to name a few.

But serving the needs of the poor – as vital as it is – is not enough to halt the spread of sex-selective abortions or abortions in general. For that to happen, a cultural shift has to take place and the law can play an important part in that shift. The law signals what is and is not acceptable behavior. Choosing to abort based on gender (or ability, or some other trait) is simply wrong.

Abortion rights logic rests on the premise of freedom or absolute choice – a choice that by definition has no limits. This, however, is not what defines true liberty or freedom. True freedom involves living in such a way that one does not deny freedom to others.

Human history is fraught with the errors of allowing absolute freedom to go unchecked. SB 201 forces us to confront once again the question of what truly furthers respect for women: absolute freedom that would deny the right to life to a girl because she is not a boy, or an affirmation that her life is worthy of respect both inside and outside the womb.

Senate Bill 201 is a sensible bill that ensures that sex discrimination will not be cloaked in the liberty of choice. We urge you to support it. Respect for women begins in the womb.



**National Asian Pacific American Women's Forum
Statement of Opposition to Wisconsin AB 217/SB 201**

June 4, 2013

Dear Members of the Wisconsin Senate and Assembly Health Committees:

The National Asian Pacific American Women's Forum (NAPAWF) joins numerous women's rights leaders in calling on you to oppose AB 217 and SB 201, which are thinly veiled attempts to limit abortion access.

NAPAWF is the only national, multi-issue Asian American and Pacific Islander (API) women's organization in the country. Our mission is to build a movement to advance social justice and human rights for API women and girls. Since 1996, we have represented API women, who are overwhelmingly pro-choice,¹ in pushing back against abortion bans that disproportionately impact women of color. Our community in Wisconsin is quickly growing: from 2000 to 2010, the number of APIs in Wisconsin grew by forty seven percent.² Therefore, we are compelled to express concern over this dangerous and duplicitous legislation.

This bill is a wolf in sheep's clothing. Its proponents co-opt the language of equality and human rights to be purposely misleading in an effort to pass an anti-choice measure without a fight. We see clearly that this bill is an attack on our right to self-determine whether and when to have children. Although this bill purports to support gender equity, it does not. The legislative priority of those putting forth this legislation is to take away the rights of women, not to help us.

This bill discriminates against API women. It places an unfair burden on us that other women do not have to face—increased scrutiny around our motives for seeking abortion care. This scrutiny exploits racial stereotypes and encourages racial profiling by pushing doctors to assume API women are seeking abortions because of the sex of the fetus. Threatening providers with criminal and civil penalties also has a chilling effect; it can mean providers are less likely to serve API women.

¹ Nearly 70% of APA women support a woman's decision to have an abortion. Another 20% stated that they would support a woman's decision to have an abortion in certain cases such as rape or incest. National Asian Women's Health Organization, Expanding Options: A Reproductive and Sexual Health Survey of Asian American Women (Jan. 1997).

² Asian American Center for Advancing Justice, A Community of Contrasts: Asian Americans in the United States: 2011, 60, available at http://www.advancingjustice.org/pdf/Community_of_Contrast.pdf

selective abortion.”⁸ For him, sex-selection was the next logical battleground in the abortion wars; not because it hurts women, but because it is a cloak to hide under that might gain sympathy and support from individuals who are uninformed on this topic.

In closing, I encourage you to find the right solutions to the right problem. This bill will exacerbate the stereotypes and inequity the API community faces, and limit the health and dignity of women by restricting their access to reproductive health care. If legislators want to support women, we look forward to your support of items that address pay equity, access to healthcare, freedom from violence, fair and humane immigration policies, and the ability to control our bodies and our futures. Abortion bans do nothing of the sort.

Thank you for your time and attention to this important issue.

⁸ Hvistendahl, Mara. *Unnatural Selection: Choosing Boys Over Girls and the Consequences of a World Full of Men*. (New York: Public Affairs, 2011), 240.



WISCONSINRIGHTTOLIFE

TESTIMONY OF SUSAN ARMACOST
WISCONSIN RIGHT TO LIFE
in support of
The Prenatal Nondiscrimination Act -- SB 201

Under the *Prenatal Nondiscrimination Act* "No person shall intentionally perform or attempt to perform an abortion with knowledge that the pregnant woman is seeking the abortion on account of the sex of the unborn child." Sex- selection abortion is used to prevent the birth of a child solely based on the gender of the unborn child. The victims of these abortions are overwhelmingly female who face the ultimate form of discrimination – they cannot be allowed to live simply because they are girls.

Sex-election abortion is rampant in some Asian nations, especially China and India, where male children are widely preferred over females. But it has spread to other continents and is now practiced here in the United States. Multiple academic papers have put forward evidence that the practice of sex-selection abortion is increasing in the United States especially, although not exclusively, within communities of immigrants from Asia.

For example, a study by researchers at the University of Connecticut, published in *Prenatal Diagnosis* in March 2011, concluded "The male to female live birth sex ratio in the United States exceeded expected biological variation for third+ births to Chinese, Asian Indians and Koreans, strongly suggesting prenatal sex selection."

Dr. Sunita Puri and three other researchers at the University of California interviewed "65 immigrant women in the United States who had pursued fetal sex selection." They wrote, "We found that 40% of the women interviewed had terminated prior pregnancies with female fetuses and 89% of women carrying female fetuses in their current pregnancy pursued an abortion."

The United States is the only industrialized country that has not banned abortions based solely on the sex of a child. Polling shows that 85% of Americans believe sex-selective abortions should not be legal. Wisconsin must reject the notion that it is acceptable to abort a little unborn girl, merely because she is a girl. The escalating war on baby girls must be stopped in its tracks.



Planned Parenthood Advocates of Wisconsin

To: Chairwoman Vukmir, Senators Lazich, Moulton, Erpenbach and Carpenter
From: Nicole Safar, Public Policy Director
Date: June 5, 2013
Re: Testimony Opposing Abortion Restrictions SB 201, 202 & 206

Planned Parenthood of Wisconsin is the state's oldest and largest reproductive health care provider serving the state for 78 years. Every day our staff are providing access to the very health care services members of this legislature continuously attempt to ban—including birth control, cancer screenings, STD testing and treatment and well woman exams. Every day our team of board members, donors, activists and advocacy staff are fighting to keep health center doors open and services available to men and women in Wisconsin who need basic health care.

PPWI operates 23 health centers across the state of Wisconsin and provides basic prevention health care education and services to over 70,000 Wisconsinites, including:

In 2012 70,000+ patients

377,475 birth control methods
61,058 STD tests & treatment
27,631 annual patient exams
22,015 pregnancy tests
14,443 HIV tests & counseling
8,028 breast & cervical cancer screens
4,167 abortions

**Education for over 8,000 teens,
parents, professionals & young
adults**

1,669 hours of education programs
39% of participants were ages 18 or younger
24% of participants were 19-30
31% of participants were 31 or older

Ninety-nine percent of what we do at PPWI is prevention based care. We also provide abortion services at three centers in Madison, Milwaukee and Appleton.

Many members of this committee, who have signed on to sponsor all three bills that are being fast-tracked today, and many members of the majority caucus seem to be overly focused on the personal decision a woman and her family make when faced with an unintended or life threatening pregnancy. Yet these same members do little to address the actual causes of discrimination, gender or otherwise, the women and girls in Wisconsin face every single day. Including discrimination and access to prevention based health care, which would help many women avoid an unintended pregnancy in the first place.

Senate Bill 201

Senate Bill 201 claims to address the serious issue of gender discrimination that women in Wisconsin face. The bill provides for a civil cause of action against a physician who performs a “sex selective” abortion and allows either the woman or the man who impregnates her or her parents to sue the physician. There appears to be no limitations on this open-ended civil liability for physicians and it calls for both compensatory and exemplary damages, including attorney fees.

This bill is nothing but yet another abortion restriction couched in the language of equality—a bill designed to further impede women’s access to abortion services that does nothing to address the underlying discrimination women face—in wages, employment, health care costs, housing and career advancement every single day.

Planned Parenthood opposes sexism in all forms and unlike the bill’s sponsors we work to advance equity and human rights in the delivery of health care every day.

Planned Parenthood condemns selection motivated by race or gender bias, and urges leaders to challenge the underlying conditions that lead to these beliefs, including addressing the social, legal, economic, and political conditions that promote these biases.

The world’s leading human rights organizations, including the World Health Organization, have issued a joint statement concluding that curtailing access to abortion services is not a legitimate means of addressing sex selection, and that gender bias can only be resolved by addressing the underlying conditions that lead to it.

This bill fails to address the real causes of inequality and health disparities. Restricting access to abortion does nothing to address the root of these complex problems related to gender inequality.

Senate Bill 202

Women have long faced discrimination when it comes to health insurance coverage. Over the years, insurance companies in Wisconsin have been required to cover basic women's health care like mammograms, maternity care and, in 2009, birth control. In addition, the Affordable Care Act (ACA) put in place federal protections to ensure that all women had access to preventative services under their health plans—including birth control. Organizations from the National Institute of Medicine to the World Health Organization to the American Congress of Obstetricians and Gynecologists tell us that access to birth control is the single greatest investment in women's health that a community can make.

A fall 2012 study released by the Center for Disease Control (The Contraceptive CHOICE Study) demonstrated that access to no co-pay birth control coverage leads to significantly lowered unintended pregnancy and abortion rates. Access to affordable birth control benefits women and their families:

- Birth control has contributed to the advancement of women in the workplace by allowing them to plan for their futures and invest in their careers.
- Research finds that availability of the pill is responsible for a third of women's wage increases relative to men.
- By the 1980s and '90s, the women who had early access to the pill were making eight percent more each year than those who did not.

Senate Bill 202 repeals Wisconsin's Contraceptive Equity law that ensures all prescription drug plans include contraceptive coverage. It attempts to thwart steps forward in insurance coverage for birth control under the Affordable Care Act. And, it takes away existing insurance coverage for abortion services from some state employee health plans.

Banning abortion *and* birth control access in one bill shows how incredibly out of touch Republican politicians are when it comes to women's health. Decades of significant peer reviewed research clearly tells us that women's health is a determinant of our state's health and the health of our future generations. This continual limitation of basic women's health services under the guise of political opposition to abortion will not fly with WI women.

SB 202 is once again, legislators playing politics with women's health. This bill thwarts the intent of the ACA and repeals existing patient protections in for Wisconsinites, including Wisconsin's Contraceptive Equity law.

For too long women have faced discrimination in health care plans, the Affordable Care Act was designed to strengthen access to women's health care and address these discriminations women face.

- Women face many challenges when accessing health care; women use more medical services, face more affordability challenges, and are more likely to experience inconsistent care as they move throughout the workforce.

- Women face lower lifetime earnings overall, due in part to pay inequities. Women also face higher medical related expenditures. These financial barriers have a more prominent impact on women including here Wisconsin.
- Under the ACA, insurance companies will no longer be able to charge women higher premiums, just because they are a woman. It requires insurers to cover health care services that women need to stay healthy, including birth control and other preventative health care services.

The sponsors of this bill have taken every opportunity to thwart implementation of the Affordable Care Act, which is the greatest benefit for women's health in a generation. Women use more medical services than men, face more affordability issues and are more likely to experience inconsistent coverage. The ACA remedied so many of these problems that women face throughout our lives—from preventing diseases, planning healthy pregnancies, covering maternity care and post-partum supports, ensuring access to mental health and domestic abuse services. Yet, Republicans try to block our access to this basic care with every single new bill they put out.

All women should have access to comprehensive health care coverage, including birth control, no matter where they work.

- Ninety-nine percent of women use birth control at some point in their lifetime.
- Fifty-eight percent of women use birth control for noncontraceptive health care reasons including treating painful conditions like endometriosis and polycystic ovary syndrome.
- Women should have access to a full range of medical coverage, no matter who their employer or insurer is. This includes access to all contraceptives that are FDA approved to prevent pregnancy.

The existing accommodation under federal law provides protection for religious entities that are staffed and serve predominately Catholic institutions.

A refusal provision is included in the ACA allowing certain religiously-based employers like churches and places of worship, to refuse to provide contraceptive coverage for their employees. This accommodation made by the Department of Health and Human Services applies to more than 300,000 entities. These religiously affiliated entities are allowed to refuse to provide comprehensive coverage to their employees; however, the insurance companies must fill the gap and provide the coverage to directly to women.

Senate Bill 206

Senate Bill 206 is yet another piece of legislation up for discussion today that has one simple goal: make abortion access more difficult in Wisconsin. The bill is vigorously opposed by the mainstream medical establishment, including the physicians and physicians groups who actually provide women's health care. You likely will not be able to see that on the Government Accountability Board lobbying website today, however, because since this bill has moved so quickly it is unavailable to register a position with the GAB.

In Wisconsin, abortion is extremely limited and heavily restricted. Ninety-three percent of Wisconsin counties have no abortion provider and 63 percent of Wisconsin women live in those counties. Planned Parenthood is one of only two abortion providers in the state—there are a total of four locations that offer abortion services currently.

Compounding the geographic problem many women in Wisconsin face are more than a dozen state laws restricting access to abortion. These laws apply equally to medication and surgical abortion. Wisconsin laws include some of the strictest regulations in the nation:

- Wis. Stat. § 253.10 requires a 24 hour waiting period prior to an abortion;
- Wis. Stat. § 253.10 requires state directed counseling for every woman;
- Wis. Stat. § 940.15 prohibits abortion after viability unless a woman will die or her health will be severely complicated;
- Wis. Stat. § 940.04 Criminal abortion statute, held unenforceable under *Roe v. Wade* (1973);
- Wis. Stat. § 48.375 requires mandatory parental consent;
- Wis. Stat. § 20.9275 prohibits any public funding for abortion services or related activity.

Current Wisconsin Statute Section 253.10 dictates an informed consent procedure that all physicians providing abortion services must follow. As a part of complying with this statute, abortion providers certify that all elements of the statute have been followed and patients sign off on a state created form. It should be noted that this statute adds consent requirements in addition to Wisconsin's general informed consent statute section 448.

In addition, current law requires that all women deciding on abortion be offered an ultrasound:

Wis. Stat. sec. 253.10 (3)(c)1. g. That fetal ultrasound imaging and auscultation of fetal heart tone services *are available* that enable a pregnant woman to view the image or hear the heartbeat of her unborn child. In so informing the woman and describing these services, the physician *shall advise the woman as to how she may obtain these services if she desires to do so.*

SB 206 repeals this section of the statutes and replaces it with a forced ultrasound requirement, mandating that physicians tell a woman that she must obtain an ultrasound and then dictating the terms of that ultrasound. SB 206 forces a woman to listen to a state scripted oral explanation of the ultrasound in real time. SB 206 forces the physician to turn the ultrasound screen towards the woman so she is forced to view the screen, all the while listening to the physician's state scripted speech.

This is political interference at its absolute worst. Politicians forcing doctors to use an ultrasound for *political*, not medical, reasons, is the very definition of government intrusion. SB 206 serves no medical purpose but is simply designed to shame and coerce women who are seeking abortion services in Wisconsin. This is state sanctioned coercion pure and simple.

When the legislature mandates medical practice it puts politicians, not doctors, in charge of an individual woman's medical care. SB 206, and quite frankly all the bills you are hearing today, prevents physicians from providing patients with the highest quality and most compassionate health care based on their individual needs.