



CHRIS KAPENGA

WISCONSIN STATE SENATOR

Testimony on Senate Bill 154

Senate Committee on Health and Human Services

October 17th, 2017

Thank you, Senator Vukmir and committee members, for holding a hearing today on Senate Bill 154. I also want to thank Representative Jacque for leading on this bill in the Assembly.

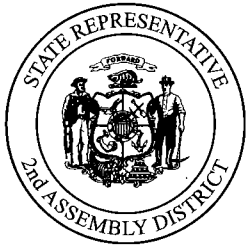
This bill reinforces our commitment to the taxpayers that no tax dollars or state resources are used to provide abortions by drawing a bold line between abortion providers and public funds. The UW System is currently operating under a memorandum of understanding that authorizes employees of the state to work at abortion clinics to receive training in providing elective abortions as well as other related health services. AB 206 would prohibit this activity during the scope of their employment. Simply put, under this bill, employees of the University System, or the University of Wisconsin Hospitals and Clinic Authority, while in the scope of his or her employment, may not perform or assist in the performance of an abortion, outside of a hospital. It is not fair to the taxpayers that oppose public funds for abortion, have their tax dollars and state resources being allocated to facilitate the employment of state employees at clinics to perform abortions.

This bill does not prevent students or employees from getting this training. Opportunities to get education or employment at these clinics would be permitted as long as it is not within the scope of their public employment. Also, students will still have access to this education in the classroom as well as in the hospital setting. This bill also does not jeopardize accreditation. A 2011 Arizona bill drew similar claims of lost accreditation and drastic revenue losses, which never materialized after passage. Arizona law specifically bars public money from being expended for abortions as well as tuition or fees to a state university or a community college for training to perform abortions. Given that the Arizona residency program has not lost its accreditation, there is no reason to believe that the UW program would be in jeopardy either.

A recent Politico/Harvard poll found that 58% of Americans oppose public funding for abortion, adding to the field of polling data that affirms that most of our constituents oppose this practice. Wisconsin Statute clearly intends to prohibit public funds from subsidizing abortions. Clearly, the UW memorandums of understanding that allow state employees to conduct abortions at abortion clinics, are not operating within the spirit of that law.

In conclusion, this bill would ensure that we end the unpopular practice of public employees being instrumental in the provision of clinic abortions once and for all.

Thank you Chairman and committee members for your time and consideration of this bill.



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TO: Members of the Senate Committee on Health and Human Services
FROM: Rep. André Jacque
DATE: Oct. 17, 2017
RE: Senate Bill 154

Chairwoman Vukmir and Senate Health & Human Services Committee Members,

Thank you for holding this hearing on Senate Bill 154 and the opportunity to appear before you on behalf of Sen. Kapenga and myself as the authors of this legislation to terminate the appalling arrangement between Planned Parenthood and the University of Wisconsin, under which UW has provided faculty members to serve as abortionists at Planned Parenthood's abortion facility in Madison (as well as previously at Planned Parenthood's recently closed Appleton North/Grand Chute abortion facility).

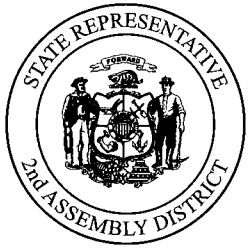
This reprehensible scheme was even referenced in the recent Final Report of the U.S. House of Representatives' Select Investigative Panel of the Energy & Commerce Committee:

"The University of Wisconsin School of Medicine and Public Health (UW SMPH) has deployed both faculty members of its Ob/Gyn department and medical residents (by way of the Ryan Fellowship) to work at a clinic designated by Planned Parenthood of Wisconsin (PPWI). This relationship appears to have been part of a broader plan that included the procurement and transfer of fetal tissue to UW SMPH for research. The school maintains it has not obtained fetal tissue from PPWI since November 2010. The deployments continue, however."

Consistent with intent of language adopted in the 2011-'13 state budget, SB 154 will even more clearly prohibit the performance of abortions at Planned Parenthood's Madison abortion facility by state employees acting within the scope of their state employment.

Under multiple Memoranda of Understanding between Planned Parenthood and the UW School of Medicine and Public Health, several full-time state employees have had thousands upon thousands of their faculty hours "purchased" by Planned Parenthood to perform abortions at Planned Parenthood facilities, during which time they contractually remain UW employees, though directly responsible to Planned Parenthood (former UW faculty member and abortionist Caryn Dutton actually served as Planned Parenthood's Medical Director on state time as a state employee under the terms of the contract)- there is no publicly known comparable relationship anywhere else in the country.

The above-referenced situation should not be happening, as the provisions of Wis. Stats. 20.927 prohibit the payment or subsidy of abortions (with certain rare exceptions outlined in the statute) by state agencies. In the 2011-'13 state budget, this was made explicitly clear with additional references of the



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UW and the UW Hospital and Clinics Authority within 20.927's definitions. This change was made to both clearly prevent the establishment of a proposed late term abortion clinic at the UW Surgery Center, which had been pushed by UW School of Medicine and Public Health Director Dean Robert Golden, former Governor Jim Doyle's administration and others, as well as stop UW doctors and medical residents from performing and training to perform abortions at Planned Parenthood's Madison abortion facility.

Currently, Planned Parenthood pays the UW for the provision of abortion by UW doctors (contractually acting as UW doctors) at Planned Parenthood's abortion facility. The UW puts these funds into a separate account then pays the UW employees their full salary and benefits from a different account (i.e. a shell game where payment to the UW is for abortions by UW employees, but payment to UW employees by the UW is magically not for their performance of those abortions). The language of SB 154 is thus quite necessary to provide a crystal clear prohibition. As the AG is obliged to defend state agencies, even though the UW's proffered legal defense of compliance is ridiculous, as long as it is put forth, the quickest way to ensure compliance is through this clarifying language.

The UW had used semantics to publicly claim that Meriter Hospital pays for the abortion portion of residents' training, yet the UW Hospital and Clinics Authority has responded to previous open records requests by admitting that the UWHCA pays its residents for taking part in the abortion rotation at Planned Parenthood.

Wisconsin's longstanding statutory prohibition on the state funding and subsidization of abortion provision found in Wis. Stat. 20.927, declares that no funds of this state or of any agency of this state "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." Prior to the 2011 law change, UWHCA claimed that it was not violating Wis. Stat. 20.927 because it claimed the phrase "agency of the state" in that section did not include UWHCA. That argument, to any reasonable person, should have been made moot by the enactment of 2011 Act 32 (the 2011-'13 state budget), which explicitly included "an authority created in Ch. 233," such as the UWHCA, as an "agency of the state." The UWHCA admittedly has continued using its funds (which are, by definition the funds of "an agency of this state") to pay residents to go to Planned Parenthood of Madison and perform abortions as part of their training, just as the UW is using its funds, also the funds of "an agency of this state," to pay UW Medical School faculty to go to Planned Parenthood of Madison and perform abortions.

The UWHCA then argued that it can continue its scheme of paying for abortion training because it alleged that UWHCA is reimbursed. There is no "reimbursement exception" in 20.927 that somehow makes it legal. Would we continually allow and pay state employees to run a strip joint on state time, or harvest organs from political prisoners for the Chinese government, as long as someone else eventually "reimburses" the state for their salary?

Let's take a look at the agreements between Planned Parenthood and the UW:



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Section 2.1- Supervision of Residents while at PPWI shall be by physicians who have UWSMPH faculty appointments AND are members of the medical staff at PPWI...

Section 3.2- Residents sent to PPWI from UWHC are UWHC employees. Each Resident retains his or her original employment status regardless of the site at which he or she receives training.

Crystal clear, right?

Section 10- Liability coverage. UWHC shall provide and maintain the primary liability coverage required by the Patients Compensation Fund in compliance with PCF requirements. UWHC shall make such payments as may be required to maintain PCF requirements.

From the UW and PP's faculty time purchase agreement:

The UW faculty members will be on detail to Planned Parenthood and solely responsible to Planned Parenthood for the performance of responsibilities and for adherence to Planned Parenthood's policies and procedures, but will remain employees of the sending agency – the UW – and subject to all appropriate and applicable university policies and procedures and will receive the salary and benefits to which entitled.

I would hope that the applicable university policies and procedures will eventually include direction to FOLLOW STATE LAW.

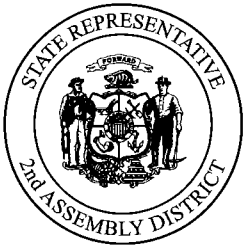
The UW's extremely disingenuous public defense for its exceptionally pro-abortion policies is that they are all somehow necessary to maintain accreditation through the ACGME, which can very easily be refuted.

The UW claims that St. Agnes Hospital lost its ACGME accreditation in 1990 due to its decision to not offer the "required optional (abortion) training". **The case cited actually proves the opposite.** In reality, while St. Agnes believed the withdrawal of accreditation was in retaliation for its refusal to provide abortion training, the decision in ST. AGNES HOSP. OF CITY OF BALTIMORE v. Riddick noted that ACGME withdrew accreditation from the St. Agnes program on the basis of *four* alleged deficiencies.

From the decision:

"The Hospital alleges that only the citation in family planning resulted from its religious beliefs. Plaintiff does not maintain that the remaining deficiencies were insignificant or that accreditation would not have been withdrawn had only the three other deficiencies been cited. St. Agnes contends that it cannot get the benefit of accreditation without giving up its religious tenets. However, it has not proven that its accreditation was withdrawn as a result of the citation in family planning."

...



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It is undisputed that St. Agnes refused to perform abortions and sterilizations, except in limited circumstances. And, previously, this Court has held that withdrawal of accreditation *may* be a form of retaliation. *St. Agnes Hospital v. Riddick*, 668 F. Supp. 478, 483 (D.Md.1987). However, this Court also stated that:

The scope of the section [20-214] is limited to those situations in which the negative consequence complained about is *directly* related to the refusal to permit these procedures within its facilities. Thus, in the instant case, if it is shown that the withdrawal of accreditation was due to factors other than St. Agnes' refusal to permit sterilization and abortions to be performed within its facilities, plaintiff's claim will fail.

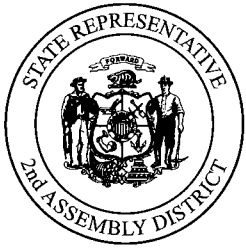
The plaintiff has failed to prove that the withdrawal of accreditation was directly related to its refusal to perform the religiously verboten procedures. Instead, the evidence established that the withdrawal was a result of a number of factors, one of which was inadequate training in family planning. In addition, plaintiff has not established that the withdrawal of accreditation was a recriminatory act.”

...

According to the Code, the plaintiff's refusal to perform the procedures or to refer to another source for the procedures must be "grounds for" the disciplinary action. The ACGME articulated the several deficiencies that were the basis for its decision to withdraw accreditation. Plaintiff did not prove that its refusal to permit or to refer to a source for abortions and sterilizations was grounds for the defendant's actions. Accordingly, the Court finds that defendant did not violate Section 20-214, and it will direct judgment in favor of the defendant on this Count.”

In fact, the state of Arizona has a legal restriction on the use of public funding for the provision of abortion or abortion training very similar to what is proposed in SB 154. It has been in place since 2011, and just as with SB 154, drew noisy assertions that it would result in a loss of accreditation for the OB/GYN residency programs of both of Arizona's two state university medical schools. But guess what? It didn't happen. Now the UW at first falsely claimed that Arizona has no statutory provision similar to SB 154 and in a document to legislators the UW curiously, and perhaps intentionally misleadingly identified a different statute, which has been subject to litigation, in a different area of Arizona's chapter 35 than where the language is actually found, as what it posited must have been referred to by myself. I have in fact not referred to that statute or its surrounding court cases, nor would it make any sense to, as they encompass an entirely different issue. The UW must not have been looking too hard.

But after the UW was directed to the very clear Arizona statutory language, the UW is now claiming that the Arizona language doesn't impact abortion training, but SB 154 does. Really? To quote the Arizona law: **“no public funds nor tax monies of this state or any political subdivision of this state nor any**



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federal funds passing through the state treasury or the treasury of any political subdivision of this state may be expended for payment to any person or entity for the performance of any abortion unless an abortion is necessary to save the life of the woman having the abortion.” And further, “public monies or tax monies of this state or any political subdivision of this state or any federal funds passing through the state treasury or the treasury of any political subdivision of this state or monies paid by students as part of tuition or fees to a state university or a community college shall not be expended or allocated for training to perform abortions.”

I would like to read from a letter I received earlier this year from the Center for Arizona Policy:

“Thank you for your inquiry as to whether and how Arizona has addressed the issue of taxpayer funding of abortion training.

Arizona twice has considered the issue of whether or not legislation or similar measures prohibiting taxpayer funding for abortion training would threaten accreditation status for medical residency programs.

First, in 2003, a joint obstetrics/gynecology residency program operated by Maricopa County and St. Joseph’s Hospital was found to be sending residents to an abortion facility for a family planning rotation that included abortion training. County supervisors, pursuant to legal advice based on state and county prohibitions on taxpayer funding of abortion, rescinded the program’s abortion training component.

At the time, proponents of the training alleged that the prohibition would threaten the program’s accreditation status by the Accreditation Council of Graduate Medical Education (“ACGME”).

Second, in 2011, the Arizona legislature passed legislation prohibiting the expenditure or allocation of public funds, including tuition dollars, for abortion training. Once again, proponents of taxpayer funding of abortion alleged that passage of the bill would jeopardize the accreditation of residency programs in the state.

In the years since Maricopa County rescinded their program and the legislature adopted the law described above, the various obstetrics and gynecology residency programs in Arizona have remained accredited by ACGME.

Therefore, the initial concerns that these actions by either the county or the state legislature would cause these programs to lose their accreditation have been unfounded.”

The UW has conceded that accreditation of the Medical School itself is not at risk and is now trying to imply that there is no evidence that there are other OB/GYN residency programs which do not provide abortion training that have retained accreditation, saying that it is the UW’s OB/GYN residency program



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that is at risk. In fact, there is ample public documentation to the contrary, **clearly affirmed by no less than abortionists themselves:**

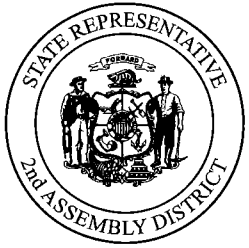
A 2005 questionnaire about abortion training in obstetrics and gynecology residency programs was mailed to all ACGME U.S. residency directors by a group of researchers. **Despite ACGME's stated OB/GYN training guidelines**, out of the 252 questionnaires mailed, 67 programs chose not to respond with any information, 72 programs reported optional training which would not meet ACGME guidelines, and 19 programs, of both public and private institutions, courageously proclaimed that they offer no abortion training opportunities whatsoever. This followed up a nearly identical 1998 survey of residency programs sponsored by the National Abortion Federation (NAF), the professional association of abortion providers, which found a similar response, and in which researchers noted "there is reason to be cautious in interpreting these results, including possible response bias and pressure to report the availability of abortion training because of new guidelines from the [ACGME]" - the response rate was significantly lower in 1998 and 2005 than the National Abortion Federation's 1991 survey. The **National Abortion Federation** researchers noted, "Pressure to affirm the presence of abortion training in residency programs may come from the new ACGME standard, which links abortion training with accreditation. **No residency program could lose its accreditation simply because it does not offer abortion training**; however, program directors may have exaggerated the existence and routine nature of abortion training, especially if they are under the misapprehension that NAF is a political watchdog organization." A study of fourth-year medical residents at US residency programs by the Bixby Center at UC-San Francisco published in the journal *Contraception* in 2014 indicated that 16% of residents were not offered any abortion training at all.

A National Public Radio story that aired last year noted, "In the end, I could only confirm that three out of the 18 programs in Texas had made arrangements for residents to spend time learning at an outpatient family planning clinic. Those types of clinics are where most abortions in Texas take place.

It's unclear how some of the residency programs are handling the training requirement. Some directors point to the difficult fact that the nearest abortion clinic is now closed...Most of his residents don't seem bothered by the situation, Wen said. "If this part of the training is very important to them, more likely they will probably rank and choose another residency program to go to, instead of come to Texas," he said."

A blog post on the Medical Students for Choice website from July 13th of this year stated, "This is especially needed at Georgetown, where we do not receive any abortion training unless students proactively request to rotate through a specific hospital for our Ob/Gyn rotation, and further, request abortion training at this hospital. Efforts to include abortion training in our curriculum have been stonewalled."

And on May 19th of this year, on the same site:



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“According to current Accreditation Council for Graduate Medical Education (ACGME) and American Congress of Obstetricians and Gynecologists (ACOG) guidelines, accredited OB-GYN residency programs must provide abortion training or the opportunity for abortion training to all residents. Yet medical students in Michigan are well aware that this standard is not being upheld across residency programs in their state.

Drawing from ACOG data on residency training, and conversations with residents at their schools’ hospital affiliates, these medical students determined that residents seeking adequate abortion training often have to do so on their own time, using their own resources to locate training and cover any expenses.

Many programs create barriers for residents to access training by requiring they seek out training elsewhere on personal time. Although the issue is common at religious institutions, the lack of abortion training permeates throughout non-religious hospitals as well, due to the stigma that surrounds abortion. According to a national survey from the Bixby Center at UCSF, only 54% of OB-GYN residents from 161 programs noted routine integrated abortion training and 16% reported that elective training was not available.”

There have even been public statements by the University of Wisconsin’s Dr. Doug Laube, the board chair for a pro-choice doctors’ group and one of the nation’s most vocal proponents for abortion training and one of the UW employees performing abortions at the Madison Planned Parenthood, conceding that not including abortion training for residency programs will not result in a loss of accreditation.

In an article noting that the Coats amendment overrides the ACGME’s ability to revoke the accreditation of a program that is not offering abortion training, **Dr. Laube, asserted that the ACGME has mechanisms of enforcement short of revocation of accreditation that it can utilize to put pressure on non-compliant residency programs, including issuing citations to programs not following the rule to stir peer pressure from other programs to comply, and flagging the institution to potential residents who might consequently decline to go there. Coupled with enough citations for other problems,** Laube said, citations related to abortion training could place a program in probationary status, which in turn **could lead to more site visits by the ACGME. Such site visits — essentially audits that are time- and resource-intensive for residency programs to undergo — could, Laube said, encourage more programs to comply.**

So we’ve dispensed with that false argument.

Time and again, surveys have shown by an overwhelming margin that the public does not want to see taxpayer dollars used to subsidize abortions or abortion providers. I am very pleased that Dr. Cynthia Jones-Nosacek is here today to present testimony in support of this common-sense restriction, and to provide you with extensive written testimony from several other distinguished Wisconsin physicians (including medical school instructors) specializing in obstetrics and gynecology and family medicine who



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state very clearly that abortion training is thoroughly unnecessary for proper professional preparation in their field, inadvisable, and ideologically driven.

To quote Dr. Herbert Coussons: "As a practicing ObGyn, I can say the ACGME and ACOG's stand on the provision of abortion services is a smokescreen. All residents are exposed to first trimester pregnancy loss that results in a D and C (Dilation and Curettage) procedure. This procedure, the risks and the complications are identical to elective first trimester abortion. Busy residency programs will also see second trimester pregnancy loss and must evaluate and counsel the patients on a procedure known as D and E (Dilation and Evacuation) procedure.

Offering abortion training does not improve the training of residents. In fact, I would argue the opposite. It is contradictory to train physicians to care for the pregnancy as two unique patients and balance the best interest of both the mother and the child, counseling the mother on how to optimize the outcome of her pregnancy. And then in another clinic, on another day or in an adjacent room, ignore this training and counsel a mother on abortion. The message is not only contradictory but borders on lying to one patient.

Prenatal care matters and improves outcomes for the unborn child. If we care about that outcome, then offering abortion is neglecting our duty as ObGyns. This and the fact that D and C procedures are a daily occurrence in ObGyn train programs and provide the skills to care for abortion complications make it unnecessary to require abortions during residency training. Counting residency and private practice, I have over 25 years of ObGyn experience. I have never done an elective termination. I have done hundreds of D and C's and taken care of complications of abortions done by other providers."

The UW seeks to continue propping up Planned Parenthood and Madison's abortion facility by having state employees, on state time, within the scope of their state employment, paid by state taxpayers, and with state benefits, perform abortions, participate in abortion procedures and train to be abortionists. Senate Bill 154 will put a stop to it.

Thank you for your attention and your consideration of SB 154.

Written testimony from Dr. Herbert S Coussons MD

Chairwoman Vukmir and Members of the Senate Committee on Health and Human Services:

I am a board certified and practicing ObGyn in Green Bay. I have been in private practice for 21 years and currently serve as a clinical instructor for the Medical College of Wisconsin in Green Bay.

Thank you for allowing me to testify in writing as I am unable to attend in person today due to clinical responsibilities in Green Bay.

I would like to address the following two topics in support of SB 154:

1. The current violation of Wis. Stat. 20.927 by UWHC in the provision of abortions at Planned Parenthood.
2. The defense that the accreditation of the residency program is in jeopardy if the current department policies of providing abortions ceases.

As I understand it, the residents and faculty of UW are paid salaries and benefits through the UWHCA. Malpractice is covered by the state. The contract with Planned Parenthood specifies that medical supervision and malpractice is covered by the state. The contract expressly states that the residents are NOT employees of Planned Parenthood. Any payments from Planned Parenthood to the UW system are not directed to the individuals for performance of procedures, in fact in no way is the resident's or faculty's salary or stipend increased or changed based on the performance of abortions. UW would lead us to believe somehow that these abortions are a separate "moonlighting" service that is self-funded when in fact the agreements between UW and Planned Parenthood expressly state these providers are state employees and are to be treated as such.

Secondly, the ACGME does not "require" abortion training. The mandate from 1996 specifies for ObGyn residents that access to experience with induced abortion must be a part residency education and this education can be provided outside of the institution. The mandate also offered that if the residency program has religious moral or legal restrictions, the program must ensure the residents have training in the complication of abortions.

The ACGME does not require abortion training and it therefore cannot decline or restrict accreditation if the program has legal restrictions of offering abortions.

As a practicing ObGyn, I can say the ACGME and ACOG's stand on the provision of abortion services is a smokescreen. All residents are exposed to first trimester pregnancy loss that results in a D and C (Dilation and Curettage) procedure. This procedure, the risks and the complications are identical to elective first trimester abortion. Busy residency programs will also see second trimester pregnancy loss and must evaluate and counsel the patients on a procedure known as D and E (Dilation and Evacuation) procedure. Offering abortion training does not improve the training of residents. In fact, I would argue the opposite. It is

contradictory to train physicians to care for the pregnancy as two unique patients and balance the best interest of both the mother and the child, counseling the mother on how to optimize the outcome of her pregnancy. And then in another clinic, on another day or in an adjacent room, ignore this training and counsel a mother on abortion. The message is not only contradictory but borders on lying to one patient. Prenatal care matters and improves outcomes for the unborn child. If we care about that outcome, then offering abortion is neglecting our duty as ObGyns. This and the fact that D and C procedures are a daily occurrence in ObGyn train programs and provide the skills to care for abortion complications make it unnecessary to require abortions during residency training. Counting residency and private practice, I have over 25 years of ObGyn experience. I have never done an elective termination. I have done hundreds of D and C's and taken care of complications of abortions done by other providers.

In summary, I support SB 154 and believe that UW is currently in violation of the law regarding the use of public funds to pay the salaries and stipends of UW residents and faculty to perform abortions. Also, UW is misleading in its attempt to defend these actions by stating they could lose accreditation, when in fact all that is required is to offer access and training in the complication of abortions, and exceptions are provided in the case of legal barriers to abortions, such as currently with Wis. Stat. 20.927.

Thank you again for the opportunity to testify on this important topic.

Dr. Herbert S. Coussons, MD FACOG

I am expressing my support for SB 154, to prevent further funding of resident training for induced abortions in Wisconsin. I am currently a board certified family physician who includes obstetrics in my practice in a small town/rural area of Wisconsin. I graduated from Beloit College, double majoring in anthropology and chemistry. I have a Master's Degree in Forensic Science from the University of Alabama at Birmingham. After working in a crime laboratory for several years in Illinois, I went to medical school at Kansas City University, then completed a family medicine residency at the University of Wisconsin Department of Family Medicine-Fox Valley in Appleton, Wisconsin. I am currently a preceptor for University of Wisconsin medical students, and have been a preceptor for physician assistant students through Marquette University. I am a member of the Wisconsin Medical Society, American Osteopathic Association, and American College of Osteopathic Family Physicians.

No medical indication exists for elective induced abortion. Attaching an elective procedure to residency training should at least be preceded by well documented, valid science that such a procedure will benefit patients. With elective abortion, the opposite is true. Increased suicidality, depression, anxiety, substance abuse, and preterm birth are all long term risks in women who have had induced abortions. Often, these side effects occur years later.

To take one example, 12.5 % of all births in the United States are preterm. This is a 30% increase since 1981, and is the leading cause of infant morbidity and mortality in the United States. While the causes of preterm birth are numerous and often unknown in many cases, at least 49 studies have shown a causal link between induced abortion and subsequent increased risk of premature births. No studies have shown a benefit between induced abortion and preterm birth. Preterm birth is known to increase the risks of mental handicaps, autism, cerebral palsy, blindness, deafness, respiratory distress, and seizure disorders. Most admissions for a preterm baby in a neonatal intensive care unit will cost more than the \$58,000 estimate that has been spent training residents to perform abortions with public money. In short, if less induced abortions occur in Wisconsin, less preterm births will occur in Wisconsin. This effect was observed in Poland, when induced abortion rates decreased after communism was defeated in 1989, the rate of preterm birth decreased several years afterwards.

Nevertheless, the American College of Obstetricians and Gynecologists recommend, in their 2014 Committee opinion on Abortion Training and Education, to "[i]mplement the Accreditation Council for Graduate Medical Education (ACGME) requirement that all obstetrics and gynecology residency programs provide training in comprehensive women's reproductive health care, including opt-out abortion training, in which training is routinely integrated into residency but residents with religious or moral objections can opt out of participation." In light of the increased harm of induced abortion to women, the above recommendation is not based on science, but on ideology, as it denies the copious research over the last several decades. One definition of a fundamentalist is one who will not change their opinion in full view of contrary evidence. Hence, the statement does not allow opting out for scientific reasons, for to do so would jeopardize total obedience to Accreditation.

Finally, resident training requirements for induced abortion present a conflict of Hippocratic duties. For example, initial clinic visits to set up prenatal care often include congratulatory remarks to the mom, and discussions of how best to care for herself and her unborn child throughout the pregnancy. Residents will become proficient at such care. To simultaneously train residents to do the opposite of this creates a healing-killing conflict (elucidated by psychiatrist Robert Jay Lifton), from which physicians can suffer. To accept and care for one healthy 10 week old fetus and then the next day learn to reject

another healthy 10 week old fetus by clamping forceps on her skull will create physicians who feel like they have to do the dirty-work for everyone else who refers to them. Wisconsin needs to employ healthy physicians. It is time to end public funding for residents to learn how to perform abortions.

Sincerely,

Dr. Thaddeus Whiting

Portage, WI

Dear Senate Committee on Health and Human Services,

My name is Dr. Melissa Weidert, and I am an OB/GYN working at St. Gianna Clinic in Green Bay, WI. I completed medical school at UW School of Medicine and Public Health and graduated in 2011. I then went to residency at Sisters of Charity in Buffalo, NY. I then underwent additional training at the Pope Paul VI Institute in Omaha, NE to further establish how to treat women's health and fertility concerns in a dignified, moral and ethical manner.

My practice focuses on surgical treatments for endometriosis and polycystic ovarian disease, natural approaches to infertility, prenatal care and routine GYN care. I believe that women deserve the best care by diagnosing their underlying medical conditions and treating them to heal their bodies and fertility.

Abortion procedures do not offer women a dignified, moral or ethical solution for health care. In fact, abortions can damage women's bodies physically, mentally and spiritually. Physicians need to be taught how to care for women and not harm them by killing their babies.

I fully support the testimonies of Dr. Linn and Representative Jacque. More training should be provided to OB/GYN physicians so that they feel equipped to diagnose and treat women's health conditions instead of covering them up with a band-aid approach. By encouraging physicians to learn about fertility based awareness methods and ways to treat endometriosis, polycystic ovaries, abnormal uterine bleeding, for example, women will receive the best health care and fully heal their bodies.



April 6, 2017

Representative André Jacque
Room 212 North
State Capitol
PO Box 8952
Madison, WI 53708

Dear Rep. Jacque,

Thank you for your inquiry as to whether and how Arizona has addressed the issue of taxpayer funding of abortion training.

Arizona twice has considered the issue of whether or not legislation or similar measures prohibiting taxpayer funding for abortion training would threaten accreditation status for medical residency programs.

First, in 2003, a joint obstetrics/gynecology residency program operated by Maricopa County and St. Joseph's Hospital was found to be sending residents to an abortion facility for a family planning rotation that included abortion training. County supervisors, pursuant to legal advice based on state and county prohibitions on taxpayer funding of abortion, rescinded the program's abortion training component.

At the time, proponents of the training alleged that the prohibition would threaten the program's accreditation status by the Accreditation Council of Graduate Medical Education ("ACGME").

Second, in 2011, the Arizona legislature passed legislation prohibiting the expenditure or allocation of public funds, including tuition dollars, for abortion training. The statute reads as follows,

Notwithstanding any other law, public monies or tax monies of this state or any political subdivision of this state or any federal funds passing through the state treasury or the treasury of any political subdivision of this state or monies paid by students as part of tuition or fees to a state university or a community college shall not be expended or allocated for training to perform abortions.

Arizona Revised Statutes ("A.R.S.") section 35-196.02(C).

Once again, proponents of taxpayer funding of abortion alleged that passage of the bill would jeopardize the accreditation of residency programs in the state.



Residency programs are accredited by ACGME. ACGME requires that programs in obstetrics and gynecology provide training or access to training in the provision of abortions; however, there is an exception for residency programs that have religious, moral, or legal restrictions that prohibit the residents from performing abortions.¹ A.R.S. § 35-196.02(C) falls within the legal restriction exception.

In the years since Maricopa County rescinded their program and the legislature adopted the law described above, the various obstetrics and gynecology residency programs in Arizona have remained accredited by ACGME.

Therefore, the initial concerns that these actions by either the county or the state legislature would cause these programs to lose their accreditation have been unfounded.

Sincerely,

A handwritten signature in cursive script that reads "Cathi Herrod".

Cathi Herrod
President

¹ACGME Program Requirements for Graduate Medical Education in Obstetrics and Gynecology IV.A.6.d).(1).

2200321025 - UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE-TUCSON PROGRAM

Obstetrics And Gynecology - Tucson, AZ

[< Back To Search](#)

Accreditation Council for Graduate Medical Education (ACGME) - Public

Accreditation History Reports

Academic Year	Status	Effective Date
2000 - 2001	Continued Full Accreditation	10/8/1998
2001 - 2002	Continued Full Accreditation	10/8/1998
2002 - 2003	Continued Full Accreditation	10/3/2002
2003 - 2004	Continued Full Accreditation	10/3/2002
2004 - 2005	Continued Full Accreditation	10/3/2002
2005 - 2006	Continued Full Accreditation	10/3/2002
2006 - 2007	Continued Accreditation	5/25/2006
2007 - 2008	Continued Accreditation	5/25/2006
2008 - 2009	Continued Accreditation	5/25/2006
2009 - 2010	Continued Accreditation	5/25/2006
2010 - 2011	Continued Accreditation	10/21/2010
2011 - 2012	Continued Accreditation	10/21/2010
2012 - 2013	Continued Accreditation	10/21/2010
2013 - 2014	Continued Accreditation	3/6/2014
2014 - 2015	Continued Accreditation	2/12/2015
2015 - 2016	Continued Accreditation with Warning	2/11/2016
2016 - 2017	Continued Accreditation	2/9/2017
2017 - 2018	Continued Accreditation	2/9/2017



2200321024 - UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE-PHOENIX PROGRAM

Obstetrics And Gynecology - Phoenix, AZ

[< Back To Search](#)

Accreditation Council for Graduate Medical Education (ACGME) - Public

Accreditation History Reports

Academic Year	Status	Effective Date
2000 - 2001	Continued Full Accreditation	6/3/1999
2001 - 2002	Continued Full Accreditation	6/3/1999
2002 - 2003	Continued Full Accreditation	10/3/2002
2003 - 2004	Continued Full Accreditation	10/3/2002
2004 - 2005	Continued Full Accreditation	10/3/2002
2005 - 2006	Continued Full Accreditation	10/3/2002
2006 - 2007	Continued Accreditation	5/17/2007
2007 - 2008	Continued Accreditation	5/17/2007
2008 - 2009	Continued Accreditation	5/17/2007
2009 - 2010	Continued Accreditation	5/17/2007
2010 - 2011	Continued Accreditation	5/17/2007
2011 - 2012	Continued Accreditation	1/26/2012
2012 - 2013	Continued Accreditation	1/26/2012
2013 - 2014	Continued Accreditation	1/26/2012
2014 - 2015	Continued Accreditation	2/12/2015
2015 - 2016	Continued Accreditation	2/11/2016
2016 - 2017	Continued Accreditation	2/9/2017
2017 - 2018	Continued Accreditation	2/9/2017



Senate Committee on Health and Human Services
Testimony in opposition to SB-154
Provided by Robert N. Golden, MD
Dean, University of Wisconsin School of Medicine and Public Health
October 17, 2017

Dear Chairperson Vukmir and members of the committee:

Thank you for the opportunity to appear before you today. I am representing the University of Wisconsin School of Medicine and Public Health where I serve as the dean. I am also representing the UW Hospitals and Clinics Authority (known as "UW Health") where I serve as vice-chair of the board. I am joined by Dr. Laurel Rice, Chair of our Department of Obstetrics & Gynecology, Lisa Wilson, Senior University Legal Counsel at UW-Madison and Kelly Wilson, Senior Vice President and Chief Legal Officer for UW Health. We strongly oppose Senate Bill 154 (SB-154). Our goal is to explain the direct impact Senate Bill 154 would have on our ability to train future OB/GYN physicians. We hope the facts we share will encourage you to join us in opposing the bill.

According to the Legislative Reference Bureau's analysis, SB-154 prohibits any UW System employee or employee of UW Hospitals and Clinics Authority, within the scope of their employment, from performing abortions; from providing or receiving training in abortions outside of a hospital; and from performing any services at a private facility where abortions are performed. The legislation also prohibits the UW System and the Authority from using any resources to make arrangements or to contract with other facilities for employees to participate in those activities at those facilities.

The legislation before you is a serious threat to the future of our OB/GYN residency training program. If the bill is passed, the program will be forced to become non-compliant with the national accreditation requirements of the Accreditation Council for Graduate Medical Education (ACGME) – the nation's only accrediting body for OB/GYN residency training programs. Failure to comply with their requirements will lead quickly to a citation, and then to the loss of accreditation.

Proponents of SB-154 argue there is no proof that we will lose our national accreditation. The examples they offer might appear to be credible, until one examines the actual facts. We vehemently disagree with their assertion that our accreditation is not at-risk under the terms of SB-154. We have repeatedly shown that the examples they use to make the case for SB-154 are factually inaccurate. We offer the following for your consideration.

Arizona law does not mirror SB-154 as some will contend.

- Arizona law does not mirror the statutory change outlined in SB-154. While the two states both currently prohibit the use of state resources for performing abortions, SB-154 would exceed the prohibitions in AZ law by prohibiting the *activity* of providing training or receiving training by state or public authority employees, regardless of whether state funds are used or not.
- If Arizona did pass a law similar to SB-154, it would not impact the Arizona program because their OB/GYN residents and most of their faculty physicians are employed by a private health system, Banner Health, for their clinical care activities. Banner Health's privately employed physicians could still train Banner Health's privately employed residents IF Arizona passed a law as restrictive as SB-154.

Georgetown University does not have an accredited OB/GYN residency program, contrary to the assertions of some proponents of SB-154.

- Some have questioned why Georgetown University, a Catholic institution, has been able to maintain an accredited program while not providing abortion training services to OB/GYN residents. In fact, Georgetown University does not have an OB/GYN residency program.

The Coats amendment does not override the ACGME's ability to revoke the accreditation of a program that is not offering the required training.

- It has been stated that the Coats amendment would override the ACGME's ability to revoke our accreditation. This is not the case. ACGME is not bound by the Coats/Snowe amendment (42 USC ss238n). Coats/Snowe is directed at federal and state governments that receive federal funding, not at private, non-governmental accreditation organizations such as the ACGME. Coats/Snowe does not give the federal government or any state government the ability to require a private organization such as the ACGME, to accredit a program that does not meet the standards of that private organization. The statute specifically states that it does not prohibit accrediting bodies from setting their own competency standards.

OB/GYN residency programs are not allowed to develop work-arounds to the required training opportunities. We do not set the standards but we must adhere to them.

- OB/GYN residents must be provided access to training in the provisions of abortions as part of a planned curriculum in order for a program to maintain national accreditation. This is clearly stated in section IV.A6.d of the ACGME's core requirements.
- Some have suggested residents can moonlight and get the required training on their own time. This is not an option because it does not meet the ACGME's definition of "planned curriculum."
- We cannot ignore the requirements of the ACGME without facing the consequences. We have already been notified by the ACGME in writing that those programs that fail to comply with ACGME program requirements will be cited, and if corrective action is not taken, are at-risk for withdrawal of accreditation.
- The ACGME standards respect those OB/GYN residents with a moral or religious objection to abortion by allowing for an Opt-Out of the training. The ACGME does not allow for an "Opt-In," which some have suggested we consider as a work around to the requirements.

The threat SB-154 poses to our OB/GYN residency program's accreditation is real. If passed, we will lose our accreditation and we will be forced to stop training OB/GYN residents, since no graduating medical student would be interested in training in an unaccredited residency program. Faculty will also leave our unaccredited program. Under this scenario, the shortage of OB/GYNs will grow as the number of residents trained in this specialty is reduced by more than one-third in Wisconsin. This is exactly the last thing Wisconsin needs. As evidence of this need to protect our OB/GYN training program, data released by the American Medical Association on July 6, 2017 indicates 29 of Wisconsin's 72 counties have only one OB/GYN or none at all. This includes Clark, Jackson and Trempealeau counties among others.

It is worth noting our faculty, who have played a pivotal role over the past two decades in keeping approximately 40 percent of UW Health's OB/GYN residents here in our state following the completion of their residency training, are dedicated physicians treating patients from all walks of life. Dr. Rice, for example, works directly with residents helping to shape the physician workforce of tomorrow, while pursuing her primary focus in treating cancer patients. In fact, she came to this hearing directly from the clinic where she spent the morning treating cancer patients and serving as a dedicated role model for our residents and students.

In closing, I would like to clarify a point of confusion that has emerged during discussions of this bill. Our concerns about the loss of accreditation apply to the national accreditation requirements for our OB/GYN residency program and not to

our medical student program. We made an institutional decision not to provide training experience in abortion services to our medical students, although we do offer lectures and information on this and related topics as part of their classroom learning. Training experience in abortion services is not required for medical student program accreditation, in contrast to OB/GYN residency programs. This difference helps explain some of the survey data proponents of SB-154 have used to argue that “students” are not trained in abortion services at other peer institutions. That observation does not apply to the issue at-hand.

Thank you for your time and your interest in our opposition to SB-154. We are happy to respond to questions.

FREEDOM FROM RELIGION *foundation*

P.O. BOX 750 · MADISON, WI 53701 · (608) 256-8900 · WWW.FFRF.ORG

Testimony of Sam Grover, Associate Counsel, Freedom From Religion Foundation Comments before Senate Committee on Health and Human Services – SB 154

October 17, 2017

Thank you Chairwoman Vukmir, Vice-Chair Moulton, and members of the Committee. My name is Sam Grover and I am an attorney for the Wisconsin-based Freedom From Religion Foundation. I appreciate having the opportunity to submit testimony to the Committee.

Senate Bill 154 came to FFRF's attention because it has no legitimate secular justification. In July, when the companion bill to SB 154 came before the Assembly Committee on Science and Technology, the record contained extensive testimony on why this bill should not be passed. It proposes to undermine the education of students at the UW School of Medicine and Public Health, jeopardize that school's accreditation, and potentially exacerbate the shortage of qualified obstetrics and gynecology providers in the state. But the only argument in favor of the bill appears to be based on a vague and contrived belief that abortion is "evil." This bill is little more than a religiously motivated attack on one of our state's most desperately needed secular institutions. We ask that you put an end to that attack.

Since the time of Copernicus, when the Catholic Church suppressed his heliocentric model of our solar system, religious institutions have had a long and fraught history of undermining science education that conflicts with church doctrine. To this day, including fourteen times this year alone, FFRF receives complaints about public schools teaching creationism in science class in an effort to undermine students' understanding of evolution. But the religious patriarchy's attacks on the teaching of abortion—a safe and widely needed medical procedure—are particularly troubling, as these attacks not only impact our quest for knowledge, but also real women's bodily autonomy.

This bill is religion at its worst. It advances the Church's agenda, with no perceivable public benefit, through a two-pronged assault on science education and women. Shortly after the launch of the organized women's movement almost 170 years ago, Elizabeth Cady Stanton noted how the "bible was hurled at us on every side." It was churches—Catholic, fundamentalist Protestant, and Mormon—that marshaled opposition to defeat the Equal Rights Amendment in the 1970s and 80s. And it has been religious voices that have decried the "evils" of granting women that most important and basic of rights: the right to choose if and when to become a mother.

As elected legislators, FFRF asks you to divorce yourselves from this most shameful church history. For government officials to advocate a biblical viewpoint on matters of family planning and women's rights is a disregard for the enshrined principle of state governance free of religion as well as a woman's right to govern her own body. You have each taken an oath to support the Constitution of the United States and the constitution of the state of Wisconsin. FFRF, on behalf of its more than 1,200 Wisconsin members, encourages the Committee, in furtherance of that oath, to legislate based on facts, data, and scientific consensus. It is not legislators' prerogative to advance their personal religious beliefs through bills that impact all citizens, many of whom practice a minority religion or no religion at all.

Thank you for considering this testimony. I am happy to provide further information to the Committee as needed.

Joseph Lalli
860-670-6111
101 Carillon Dr.
Madison, WI 53705

SB154 Testimony
10/17/2017

Senator Vukmir, members of the committee,

Good morning. My name is Joseph Lalli. I'm an MD/PhD student at the University of Wisconsin Madison, and I will be entering the clinic in January. I'm not here on behalf of anyone other than myself. I'm here today to encourage you to vote no on Senate Bill 154, because I am concerned that this bill will leave me unprepared to take care of my patients in the future.

Many people are going to come before you today and talk about the terrible effects of this bill on patients and providers in the state of Wisconsin. Out of state students like myself come to Wisconsin in order to learn the most up to date methods of keeping people alive. That includes OB/GYN residents. You have heard how this bill threatens our graduate education accreditation. If my school loses its graduate accreditation, OB/GYN residents will be forced to abandon their education halfway through. Even if we retain our accreditation, student recruitment will suffer, furthering rural Wisconsin's physician shortage.

Others more knowledgeable than myself have testified to that point.

But today I want to focus on one point that I don't think is getting enough attention today. Many common medical complications that arise during pregnancy can only be treated by delivering the fetus. This is true for mothers with cancer who need radiation therapy, mothers with severe heart disease or kidney disease who are too weak to survive childbirth, and for mothers with HELLP syndrome.

HELLP syndrome is a severe form of preeclampsia. You might have heard of preeclampsia - 3-5% of pregnant women will develop it during the course of their pregnancy. My mother in law had HELLP syndrome when she was pregnant with my wife. One of my classmates had HELLP syndrome during her first pregnancy. HELLP syndrome and preeclampsia are poorly understood diseases in which mom's blood pressure skyrockets for seemingly no reason. This sudden increase in blood pressure results in systemic organ damage, and eventual organ shutdown - first the liver, then the kidneys. Eventually, brain damage results in grand mal seizures, leading to coma and, eventually, death.

Luckily, there is a very simply treatment for HELLP syndrome. Terminate the pregnancy - either through an early birth, or, if necessary, by abortion. Often the pregnancy must be ended immediately, as permanent organ damage is taking place.

Preeclampsia is only one of many medical illnesses for which the only treatment is to end the pregnancy - sometimes knowing that the fetus will die. As a future OB/GYN resident, I need to know how to do this, and I don't see how I'm going to be able to learn how if this bill is passed. The school has made it clear that if this bill passes, I will be unable to observe or perform an abortion outside of the chaos of an ER setting during my graduate medical training. Indeed, as Dean Golden made clear, there is no way

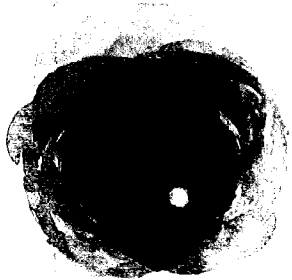
under this bill for me to learn the skills necessary to perform abortions that are required to save the life of the mother.

I've heard arguments that I should go to Planned Parenthood during my free time to learn these techniques. I don't know what kind of free time you think I will have when I'm in a 90 hour a week residency program, but I can tell you that it is not much. I don't know how I'm supposed to learn how to perform a medically required abortion if I've never seen one before. Do you?

The point I want to leave you with is this. At some point soon, I am going to be the one who you or your wife sees when you come in for your 2nd trimester physical. I'm going to be the one who puts that blood pressure cuff on you. I'm going to be the one who tells you that your blood pressure is 210/150, and that your organs are shutting down. I will be the one who will be frantically calling the attending physician, trying to find someone, anyone who knows the proper procedure to help you. And if the attending can't come fast enough, I might even be the one who has to induce labor or perform an abortion to save your life.

Don't you want me to know what I'm doing?

Thank you, and I'm prepared to take any questions you might have.



ProLife
LOVE. FOR LIFE. WI.

Testimony in Support of Senate Bill 154: prohibiting UW System and UW Hospital & Clinics Authority employees from performing or assisting in the performance of abortions while in the scope of their employment
Senate Committee on Health and Human Services
By Matt Sande, Director of Legislation

October 17, 2017

Good afternoon Chairwoman Vukmir 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 strong support for Senate Bill (SB) 154, legislation that would prohibit both UW System and UW Hospital & Clinics Authority employees from performing or assisting in the performance of abortions while in the scope of their employment.

Senate Bill 154 would effectively end UW medical resident abortion training and UW faculty performance of abortions at the Madison Planned Parenthood abortion facility, a grisly arrangement that stains the reputation of Wisconsin's public university system and flagship hospital.

In 2010, an open records request by Pro-Life Wisconsin and Alliance Defending Freedom revealed that since 2007, more than \$58,000 of UW hospital authority funds had been used for abortion training at the Madison Planned Parenthood. The UW hospital authority paid physician medical residents in the UW School of Medicine and Public Health Ob/Gyn Department for two four-week rotations at Planned Parenthood, where they viewed and performed abortions with the oversight and assistance of department faculty.

In 2011, Gov. Scott Walker signed Act 32, the state biennial budget, which amended Wis. Stat. 20.927 to explicitly include the UW hospital authority as a "state agency" prohibited from funding abortions. The enactment of this provision was a focused effort to end the UW hospital authority's continuing payments for medical residents performing abortions at the Madison Planned Parenthood.

However, the contractual agreement between the UW and Planned Parenthood of Wisconsin was renewed in a 2012 memorandum of understanding (MOU) in which payment for abortion services continued to flow from Planned Parenthood to UW. **Regardless of who is paying for these abortions, this contractual relationship should be completely severed.** Senate Bill 154 accomplishes this goal.

Importantly, the 2012 Planned Parenthood/UW MOU does more than merely pay for UW medical resident abortion training, as if that were not bad enough. It goes further by purchasing UW faculty hours to perform routine abortions at the abortion-only Madison Planned Parenthood facility and the now closed Appleton North/Grand Chute abortion facility. **Planned Parenthood**

is paying or, according to the UW, “reimbursing” UW employees to do their abortions at a rate of \$150/hour between 16 and 20 hours per week. If this arrangement does not technically violate Wisconsin’s current law abortion funding prohibition (and we believe it does), it most certainly violates the spirit of it.

Regarding the UW’s specious claim that SB 154 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).

Abortion - the direct, intentional killing of a preborn child - is not health care. And in poll after poll, Americans overwhelmingly say they oppose taxpayer-funded abortion. Politico and the Harvard T.H. Chan School of Public Health conducted a poll in September 2016 showing that a majority of likely voters, 58 percent, opposed the use of Medicaid funds to pay for abortion. Similarly, a July 2016 Marist poll found that 62 percent of Americans oppose taxpayer funding of abortion.

University of Wisconsin faculty members should not be spending their paid time providing abortions, or any services, at private abortion facilities. They can help Planned Parenthood on their own time, sadly – but not on taxpayers’ time!

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*.

Pro-Life Wisconsin thanks Senator Kapenga and Representative Jacque for introducing a bill that finally and fully ends the scandal of Wisconsin’s public employees doing Planned Parenthood’s dirty work. This has gone on far too long, and should never have occurred at all.

Senate Bill 154 incorporates the exceptions for rape, incest, and the life-of-the mother found in Wisconsin’s abortion funding prohibition (Wis. Stat. 20.927). Pro-Life Wisconsin opposes these exceptions, but when it comes to public funding of abortion, any proactive step to restrict the use of public funds or property for abortion is welcomed. Accordingly, we strongly urge you to recommend SB 154 to the full Senate for prompt debate and passage.

Thank you for your consideration.

Members, Senate Committee on Health and Human Services

Support for Senate Bill 154 / October 17, 2017

Good afternoon Chairwoman Vukmir and Committee Members. My name is Ken Pientka. I am a resident of the Middleton area and strongly support SB 154 that would prohibit both UW System and UW Hospital & Clinics Authority employees from performing or assisting in the performance of abortions while in the scope of their employment. I support this bill for the following reasons:

1. I believe that God is the author of life and thus I oppose abortion in all cases because abortion is an intentional destruction of a human life.
2. I strongly oppose the use of any of my tax dollars to fund any services that are in any way connected to abortion. And because I believe that allowing UW System and UW Hospital and Clinics employees, who are paid by the state, to perform abortions is a use of my tax dollars for abortion.
3. I find it inconsistent that UW System and UW Hospital and Clinics are training medical students on how to "take a life" when the mission of medical doctors is to save lives.
4. I was at the meeting when UW and Meriter Hospital voted to allow late term abortions at the Madison Surgery Center on Park Avenue and was deeply saddened by the decision. Later that decision was reversed due to prayer and public pressure. I believe that allowing abortions to be performed by UW System and UW Hospital and Clinics employees at Planned Parenthood substantially tarnishes UW's reputation. I am not proud to have my family members attending the University.
5. I support SB 154 because it is consistent with both enacted state law, which prohibits the use of state funding of abortion, and my personal views of using tax dollars to fund abortion.

Thank you for this opportunity to share my views on this important legislation.

Sincerely,

Ken Pientka
7511 Oak Circle Drive
Middleton, WI 53562
Ken.pientka@gmail.com
608 220 8022

My name is **Dr. Cynthia Jones-Nosacek**. And I am here to testify in favor of SB 154. I am representing myself and the **Milwaukee Catholic Medical Guild**.

I am a family physician. In fact, I like to think of myself as an old fashioned family doc. I do a traditional practice that includes inpatients and hospice. I also deliver babies and have done so for over 30 years. While I do not do surgical deliveries including D&C, I do medical treatments for women whose babies have died and yet have not delivered them at any stage of pregnancy including the first 3 months.

I went into medicine to help people live as full a life as possible with the time they have been given. Upon graduation, I took the Hippocratic oath in which I vowed never to intentionally take the life of another human being. And while there are times when a treatment for a disease, such as a scarred fallopian tube, results also in the death of the embryo, I am proud to say that I have kept that vow.

While we all tend to call the procedures involved in the intentional destruction of a human life an abortion, the word abortion is really more of a diagnosis than a procedure. Their true names are vacuum aspiration, dilation and extraction, and dilation and evacuation. As a physician who does obstetrics and works with pro-life obstetricians, I can tell you that there is never an indication where a human being must be dismembered before it is delivered.

Thus I obviously support legislation that would prevent state employees who represent me and who are paid by my tax dollars from deliberately taking the life of another human being, be it through abortion procedures, the death penalty or doctor assisted suicide. And I was surprised to find that state employees were actually going to Planned Parenthood clinics to perform abortion procedures as state employees. Yes, they were paid via a shell game with nontaxpayer monies, but they are still state employees when they go there.

There is a concern that there are many counties in this state that do not have an obstetrician / gynecologist. I would submit that, even with an overflow, that there would still be counties that could not support one. In fact, when I first left residency, I practiced in a rural area when the ob/gyne had left for that very reason. We also did not have a neonatal intensive care unit, requiring us to send sick newborns and premature babies to the nearest tertiary hospital over 30 minutes away. We also did not do cardiac catheterizations, do surgery for head trauma or radiation therapy for cancer patients. One of the prices of living in a rural area, is that you sometimes have to go further than someone who lives in an urban area, even in an emergency.

I can understand the fear of the UW system that they would lose accreditation. This fear is unfounded. Other than their one example where the residency lost its accreditation due to 4 deficiencies, the other 3 that did not include their refusal to offer abortion procedure training were serious enough in themselves to cause the loss. In a survey representing 2/3 of ob/gyne residencies who responded, 16% of accredited programs in 2013 do not do abortion procedure training and another 30% have opt-in where it is available but not routinely offered. And I would think that it would be newsworthy if 46% of ob/gyne residencies were under review.

This law does not prevent those residents who wish to do abortion procedures at Planned Parenthood from doing so. And if state employees wish to do so in their free time, that is allowed as well. But don't say you represent me as a state employee at a Planned Parenthood clinic while you do your bloody business.

In point of fact, only 1 out of 6 of gynecologists even do abortion procedures after residency. Abortion training is considered so nonessential that it is not even a requirement to graduate from residency or for board certification. So why the push to make residents do a rotation that very few of them will actually do after leaving residency? ACOG has been very open about the reason. As their president-elect Dr. Pamela Smith stated in 1995, the mandate "has the clear purpose of 'mainstreaming' abortion procedures." I would put it another way. It has the purpose of desensitizing residents to the deliberate and violent taking of a human life.

It is a fact that these embryos and fetuses meet all of the biological qualifications of being alive. As the common reference Wikipedia states "Life is a characteristic distinguishing physical entities having biological processes, such as signaling and self-sustaining processes, from those that do not, either because such functions have ceased, or because they never had such functions... The current definition is that organisms maintain homeostasis, are composed of cells, undergo metabolism, can grow, adapt to their environment, respond to stimuli, and (eventually) reproduce ". And genetically, they are undeniably human. Otherwise, we could not take their parts for human research.

Think of what it must be like to see for the first time a dismembered arm or leg, a torn torso, a crushed skull. Or to grab a piece of the fetus and to pull on it until you tear off a limb, seeing that arm/that leg in your clamp. To watch the reflexive flailing of the fetus when you stick a needle into its chest before injecting either digoxin or potassium chloride into its heart to end its life. To learn how to crunch a fetus just so to prevent damage to valuable organs that will be delivered in less than a day to researchers. The first time must be difficult. But after awhile it becomes--normal. Psychologists call it habituation. Its where "a particular stimulus elicits a response, repeated applications of the stimulus result in decreased response". That is why soldiers and police officers shoot at human shaped targets. And as the mobster Fat Vinney Theresa was purported to have said, "The hardest thing you'll ever do is kill your first person. The easiest is to kill your second."

Thank you for your time and attention.

October 17, 2017

To: Members, Senate Committee on Health and Human Services
FROM: James G. Linn, MD
RE: Support for SB 154

Good morning Chairwoman Vukmir and Members of the Committee,

My name is James Linn. I am a physician board certified in Obstetrics and Gynecology. I've been in practice for 33 years, and have cared for thousands of pregnant women, many with high risk conditions. In addition to a busy clinical practice, I am an Associate Clinical Professor of OB/GYN at the Medical College of Wisconsin and have taught OB/GYN residents and medical students for all those 33 years.

I am here to offer my support for SB 154.

First I'll explain why I support this bill. Then I'll explain why you should not be swayed by objections raised by opponents of this bill.

The reason I support this bill is that elective abortion deliberately kills an innocent human person. Elective abortions are not an essential part of healthcare and training in them is not an essential part of the training of OB/GYN physicians. Elective abortion violates the Hippocratic Oath. It denies the most basic of the "unalienable" rights "endowed" on all men "by their creator" listed in our Declaration of Independence - the right to life. Roe versus Wade made abortion legal in Wisconsin by over-riding our state law. However, Roe v Wade did not require that abortion be supported or funded by Wisconsin taxpayers. In fact, the democratically elected US congress and the Wisconsin state legislature have voted not to fund abortion. It follows that the faculty and OB/GYN residents who are state employees in the UW system should not be doing elective abortions as part of their employment.

Opponents of this bill will likely claim that OB/GYN residents at the UW will be inadequately trained if they can't do elective abortions at Planned Parenthood or elsewhere. This is simply not true. Most board-certified OB/GYN physicians both in the state of Wisconsin and in the entire United States do not do elective abortions. No OB/GYN resident in the United States is required to do any elective abortions to graduate from her or his residency program. Obviously, this is evidence that elective abortions are not an essential part of OB/GYN training. However, the fact is, that by the time they finish their residency, all OB/GYN residents are qualified to do abortion procedures, even if they don't do any elective abortions. How so? They learn how to do the same procedures when taking care of pregnant women who suffer naturally occurring fetal deaths or spontaneous abortions, commonly called miscarriages, that occur in approximately 15% of pregnancies. The same procedures used to induce abortion electively, are used to treat fetal deaths or spontaneous abortions.

The opponents of this bill will also likely claim that OB/GYN residents need to learn to take care of the complications of abortion, even if they choose not to do them. Of course, they need to learn how to take care of abortion complications. But they don't need to participate in elective abortions to learn about the complications or how to treat them. My experience has been that patients with complications from abortion frequently come to the emergency room of the local hospital rather than going back to the abortion clinic for care of their complications. They are taken care of by the OB/GYN attending physician and OB/GYN resident who are on call at that hospital, not by the one who did the abortion. Believe me, I know this from being on call at a hospital located 1.4 miles from a Milwaukee abortion clinic.

Like the majority of OB/GYNs in Wisconsin and in the rest of the United States, I do not do elective abortions. I never have and I never will do an elective abortion. Yet I graduated from a fully accredited, non-religiously affiliated residency, and I have been board certified and re-certified yearly through the American Board of Obstetrics and Gynecology for over 30 years. Obviously, it follows that the American Board of OB/GYN which certifies OB/GYNs as qualified specialists in the field, does not think that doing elective abortions is an essential part of OB/GYN training or practice.

Another objection to the bill that may be raised, is that OB/GYN residents need to be trained to do abortions in order to take care of women who have life-threatening conditions requiring abortion. The fact is that such conditions are exceedingly rare, accounting for a miniscule fraction of induced abortions (0.006 percent of abortions in the UK from 1968-2011 were done to save the mother's life or prevent grave permanent injury). For those rare cases, as previously pointed out, OB/GYN residents learn to do these procedures while taking care of naturally occurring fetal deaths or miscarriages.

Opponents of this bill may also point out that the Accreditation Council for Graduate Medical Education (ACGME) has a mandate that OB/GYN residency training programs provide training in induced abortion. That's true. They've had that mandate since 1994. But it's also true that accreditation has not been denied to programs that don't provide elective abortion training. That's because of the Hoekstra-Coats Medical Training Nondiscrimination Act of 1995 which prohibits forcing individuals or residency programs to participate in abortions if they choose not to.

In closing, as a Wisconsin citizen and physician, I urge you to support SB 154. Our State of Wisconsin, its employees, and taxpayers, should not be complicit in the deliberate killing of innocent human beings.



Wisconsin Medical Society

Your Doctor. Your Health.

TO: Senate Committee on Health and Human Services
Senator Leah Vukmir, Chair

FROM: Mark Grapentine, JD
Senior Vice President, Government Relations

DATE: October 17, 2016

RE: Opposition to Senate Bill 154

On behalf of more than 12,500 members statewide, the Wisconsin Medical Society thanks you for this opportunity to share our testimony opposing Senate Bill 154.

The University of Wisconsin System's fiscal note for SB 154 highlights the Society's concern that the bill could exacerbate the current shortage of obstetricians/gynecologists in Wisconsin by harming the UW Hospital OB/GYN residency training program's national accreditation. The fiscal note lays out the threat quite succinctly:

This bill may result in the OB/GYN residency training program at UW Hospital 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 notable decline in graduates seeking OB/GYN residency training, and without residents, academically oriented OB/GYN faculty will leave.

A lack of accreditation would make the UW's OB/GYN residency program a much less attractive option for OB/GYNs to receive training. And because where a physician has a residency often leads to where that physician will establish a professional practice, SB 154 could be a direct threat to attracting OB/GYNs to Wisconsin. Fewer OB/GYNs means less access to top-quality care for Wisconsin's pregnant moms and their babies.

Thank you again for this opportunity to provide the Society's testimony on Senate Bill 154. Please feel free to contact the Society on this and other health-related issues.

ACOG

THE AMERICAN CONGRESS
OF OBSTETRICIANS
AND GYNECOLOGISTS
WISCONSIN SECTION

To: Members of the Senate Committee on Health & Human Services

From: Sheldon A. Wasserman, MD, Chair *Sheldon Wasserman, MD, FACOG*
Wisconsin Section, American College of Obstetricians and Gynecologists

Date: October 17, 2017

Subject: Opposition to Senate Bill 154

The American College of Obstetricians and Gynecologists – WI Section opposes Senate Bill 154. The legislation will threaten the accreditation of the OB/Gyn residency program at the UW School of Medicine and Public Health resulting in closure of the program, which would contribute to the growing physician shortage in Wisconsin and also close the first rural-track OB/Gyn program in the nation.

Wisconsin is already experiencing a shortage of OB/Gyns. According to the American Medical Association, nearly 1/3 of counties in Wisconsin do not have a single practicing OB/Gyn¹. Some of the counties included in that statistic are Washburn, Jackson, Waupaca, Adams, Buffalo, Marquette, and Vernon counties. Counties with only one OB/Gyn include Monroe, Waushara, Douglas, Green Lake, Lincoln, and Langlade counties, among others. If the OB/GYN residency program is closed at the UW School of Medicine and Public Health, residency training for OB/Gyn physicians will be reduced by 1/3 in the State of Wisconsin.

The proportion of OB/Gyns retiring is rising while the female population is expected to increase 36% by 2050; ACOG projects an OB/Gyn shortage of 18% by 2030. One third of OB/Gyns are aged 55 years or older, which is similar to other physician groups. A customary age range of retirement from clinical practice is 59 years to 69 years (median 64 years). Male and especially female OB/Gyns retire at slightly younger ages than those in other medical specialties².

Substantial geographic imbalances exist in the current supply of OB/Gyns in the United States, and demand is projected to increase nationally at a rate of 6%. The number of OB/Gyns in general practice has decreased in relation to the adult female population as a whole, or that of reproductive age, and an increased number of OB/Gyns are joining large practices.³ The uneven distribution of OB/Gyns will increase if OB/Gyns continue to cluster in urban and suburban areas and are not encouraged to practice in underserved areas, such as rural areas.

¹ American Medical Association, Health Workforce Mapper, July 2017

² The Obstetrician – Gynecologist Workforce in the United States: Facts, Figures, and Implications, William F. Rayburn, MD, MBA, FACOG, 2017

³ The Obstetrician – Gynecologist Workforce in the United States: Facts, Figures, and Implications, William F. Rayburn, MD, MBA, FACOG, 2017

If we look closely at the shortage of OB/Gyns in Wisconsin, the most severe shortage is in the rural areas of our state. We know that there is strong correlation between where a physician completes his or her training and where they ultimately establish a clinical practice. That is why the launch of the UW School of Medicine and Public Health's OB/Gyn rural-residency program is so critical to our state. Giving residents an opportunity to train in underserved areas will make it more likely that they will choose to practice in similar settings.

Obstetrics and gynecology is a surgical discipline encompassing a wide variety of procedures, acquiring sufficient surgical skills during residency and maintaining those skills has become increasingly important as medicine continues to advance. Safe and timely access to prenatal and perinatal care from a woman's health care provider is essential to positive outcomes for both mother and baby. Shortages of maternity care providers can force women to endure long wait times for routine visits or to travel long distances – in some cases, many hours – to access prenatal care, and makes it harder for them to receive adequate care for serious medical conditions during pregnancy. The public health implications of these barriers to access are dire—babies born to mothers who received no prenatal care are three times more likely to be low birth weight and five times more likely to die than babies whose mothers received prenatal care.⁴ And when a woman is in labor, distance can be more than burdensome – it can be dangerous.

For these reasons the American College of Obstetricians and Gynecologists – WI Section respectfully requests committee members oppose Senate Bill 154. The bill will undermine much-needed resident training, exacerbate Wisconsin's existing physician shortage, and negatively affect the health outcomes of patients in our state. These impacts will be felt the most in rural communities.

⁴ Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services. Prenatal services.



TO: Members of the Senate Committee on Health and Human Services

FROM: Kenneth B. Simons, MD

Senior Associate Dean for Graduate Medical Education and Accreditation

Executive Director and Designated Institutional Official, MCWAH

Professor of Ophthalmology and Pathology, Department of Ophthalmology & Visual Sciences

Kathryn Kuhn

Vice President, Government and Community Relations

DATE: October 17, 2017

RE: Please Oppose Assembly Bill 206 / Senate Bill 154 – Prohibiting performance, funding, or providing property for abortions and other services by certain employees and entities

The Medical College of Wisconsin (MCW) has long been committed to its partnership with the State of Wisconsin in building a stronger physician workforce pipeline for our state's patients. These efforts have included new medical schools at MCW-Green Bay and MCW-Central Wisconsin, as well as creating and expanding new graduate medical education (GME) programs across Wisconsin.

MCW is proud to partner with the state, as well as numerous other private entities, to ultimately improve access to quality care for Wisconsin's residents. In particular, MCW deeply appreciates the strong and continuous support the State of Wisconsin has provided for these initiatives, and our institution looks forward to continuing these strong collaborations.

With this background as context, MCW opposes Assembly Bill 206 / Senate Bill 154, as it would likely result in the University of Wisconsin Hospitals and Clinics Authority's (UW Health) Obstetrics and Gynecology (OB-GYN) residency program losing its national accreditation under the Accreditation Council for Graduate Medical Education (ACGME). To maintain ACGME accreditation, OB-GYN residencies must provide training or access to training in the provision of abortions, and this must be part of the planned curriculum. However, residents with a religious or moral objection may opt-out, and must not be required to participate in training in or performing induced abortions.

MCW is concerned that the loss of UW Health's residency program would worsen an already significant shortage of OB-GYN physicians. According to the American Congress of Obstetrics and Gynecology's Distribution Atlas, 26 of Wisconsin's 72 counties do not have an OB-GYN, and another third have less than two per 10,000 women.

As an institutional policy, MCW also opposes any legislation that interferes with private accreditation requirements. Private accreditation is carefully and continuously updated to ensure physicians are educated and trained with standards that set the context to learn to appropriately care for individual patients. In short, accreditation has a significant and direct impact on the quality of care Wisconsin patients receive each day, and MCW is concerned with any proposal that potentially supersedes this process.

MCW respectfully requests your opposition to Assembly Bill 206 / Senate Bill 154. Thank you for your time and consideration, and please contact Kathryn Kuhn, Vice President of Government and Community Relations at 414.955.8217, or kkuhn@mcw.edu, if you have any questions or need additional information.



WISCONSIN CATHOLIC CONFERENCE

TO: Senate Committee on Health and Human Services

FROM: Barbara Sella, Associate Director

DATE: October 17, 2017

RE: SB 154 – Abortion Prohibitions for UW Employees

The Wisconsin Catholic Conference, the public policy voice of Wisconsin's bishops, strongly supports Senate Bill 154.

This bill would prohibit the University of Wisconsin (UW) System or the University of Wisconsin Hospitals and Clinics Authority from allowing their employees to perform or assist in the performance of an abortion outside of a hospital setting. In short, the bill would put an end to Wisconsin taxpayer support for elective abortions.

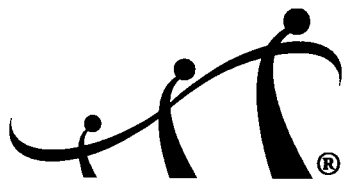
By paying employees to work at Planned Parenthood, the UW is, in essence, jointly operating an abortion facility, which violates both the letter and the spirit of Wisconsin Statutes s. 20.927. At a minimum, public authorities should not be facilitating the unjust taking of human life.

Pope Francis has captured the world's attention for embracing the most marginalized people; for warning against a "throwaway culture" that discards unwanted persons as though they were consumer goods; and for insisting that we can never "solve a problem by eliminating a person." These are not uniquely Catholic or even religious ideas. They are reflections of the deepest humanity and should inspire all of us to set our sights higher.

As the state's leading medical research and teaching institution, the UW is called to solve problems in a way that upholds human dignity and protects human life. Elective abortion, even if legal, denies the life and dignity of the unborn child. That is not what the Wisconsin Idea is about. Rather than taking human lives, the tradition of our state and the mission of the UW are best served by exclusively healing and saving lives.

Senate Bill 154 does what government ought to do: protect the living. It upholds and strengthens Wis. Stat. s. 20.927.

We strongly urge you to support this reasonable bill.



WISCONSIN AFFILIATE *of the*
AMERICAN COLLEGE
of **NURSE-MIDWIVES**

With women, for a lifetime®

October 17, 2017

Members of the WI Senate Committee on Health and Human Services:

The Wisconsin Chapter of the American College of Nurse-Midwives would like to submit this letter to publically state our opposition to SB 154.

As nurse-midwives, we are concerned with the shortage of obstetric providers of all types across our state. Currently, the state of Wisconsin is without obstetric & gynecological providers in one out of three counties. This is projected to worsen over time. The American College of Obstetricians and Gynecologists estimate there will be between 6,000-8,800 fewer ob/gyn physicians than needed in the United States by 2020.

Wisconsin has only two OB/GYN residency programs and a condition of their accreditation by ACGME is to provide residents with medical training in comprehensive women's health care including management of terminations. By limiting educational settings available to ob/gyn residents in the state of Wisconsin, the University of Wisconsin School of Medicine and Public Health's OB/GYN program would lose its accreditation and would be unable to attract new ob/gyn residents to the state. It is also likely that current residents would transfer out of state.

This concerns us as fellow providers of women's health care as it could severely decrease the number of OB/GYN physicians that end up practicing in Wisconsin. We strongly oppose any measure designed to limit educational opportunities that provided evidence-based care to the ob/gyn residents in our state.

Because we believe the passage of this bill would have a devastating impact on the accessibility of all types of obstetric and gynecologic education & ultimately the care for women across the state; and because we feel that women should have access to comprehensive healthcare, we strongly oppose it.

Sincerely,

American College of Nurse-Midwives, Wisconsin Affiliate

**Testimony of Elise Dihlmann-Malzer, Medical Student
University of Wisconsin School of Medicine and Public Health
Comments against SB 154 for the Senate Health and Human Services Committee**

October 17, 2017

Thank you to Chairwoman Vukmir and the members of the committee. My name is Elise Dihlmann-Malzer and I am a third year medical student at the University of Wisconsin School of Medicine and Public Health. I appreciate your consideration of my testimony.

Before I even entered medical school, I've known that I want to be an Obstetrician Gynecologist (OB/GYN), and take care of girls and women across all life stages. But as with many careers, getting to that endpoint is a very long, competitive path.

I'm a Wisconsin native who was fortunate to be accepted to the University of Wisconsin School of Medicine and Public Health in pursuit of my goal to become an OB/GYN. Because I knew I would be applying to OB/GYN residencies, UW has always been a top choice. I'm an excellent student and a passionate healthcare provider. I thought that UW's competitive program would give me the best shot of securing a job where I want to practice – in my home state of Wisconsin. I have been so committed to this idea, in fact, that my fiancé and I recently purchased a home in Madison, with the intention to stay here throughout my residency and to stay in-state for my entire career.

Hearing about this bill was a shock, as it puts in jeopardy the plan I've spent the last 10 years of my education working on—a plan that I know many of my classmates, and students at other medical schools share. This bill would jeopardize the accreditation of UW's OB/GYN residency. That risk makes it impossible for me to stay in-state for my residency.

Even if the residency manages to maintain its accreditation despite this bill, I will not be able to apply to the program if the bill passes. My job prospects as an OB/GYN depend on my training at a quality program. Medicine is an incredibly competitive field. There is no way I could risk matching into a program that does not offer me a comprehensive education. Many other future OB/GYNs will be in this same position. This bill will force me and other qualified candidates out of state.

Please do not pass this bill. It will severely undermine Wisconsin's OB/GYN residency program and send future Wisconsin doctors like me out of state to practice.

Sincerely,

Elise Dihlmann-Malzer
Student