

State of Misconsin 2021 - 2022 LEGISLATURE

LRB-2135/1 TJD:cdc

2021 SENATE BILL 261

March 31, 2021 – Introduced by Senators JACQUE, BALLWEG, BERNIER, BRADLEY and NASS, cosponsored by Representatives WICHGERS, GUNDRUM, ALLEN, ARMSTRONG, BRANDTJEN, BROOKS, CABRAL-GUEVARA, DITTRICH, EDMING, HORLACHER, MOSES, PETERSEN, RAMTHUN, ROZAR, SANFELIPPO, SCHRAA, THIESFELDT, TITTL and TUSLER. Referred to Committee on Human Services, Children and Families.

AN ACT *to amend* 69.186 (2) (intro.) and (a), 253.12 (3) (a) 1. (intro.), 253.12 (3) (a) 1. a. and 253.12 (4) (a); and *to create* 69.186 (1) (am), 69.186 (1) (m), 69.186 (1) (n) and 253.12 (3) (a) 5. of the statutes; **relating to:** reporting of sex and fetal anomaly and facility following induced abortion.

Analysis by the Legislative Reference Bureau

This bill requires a hospital, clinic, or other facility in which an induced abortion is performed to report additional information in its required annual report to the Department of Health Services. Under current law, the report must include, among other pieces of information, for each patient, the state, and county if Wisconsin, of residence; certain demographic information; the month and year in which the abortion was performed; the number of weeks since the patient's last menstrual period; whether the abortion was chemically or surgically induced or surgically induced following a failed chemical abortion; any resulting complications; and certain information for abortions of an unborn child capable of experiencing pain. To the information required in the report this bill adds the sex of the aborted unborn child if the sex can be determined by visual inspection, whether the aborted unborn child had a fetal anomaly, and the nature of the fetal anomaly if the aborted unborn child had one. Under the bill, DHS must incorporate information reported regarding an aborted unborn child's fetal anomaly in the birth defect registry that currently exists.

Under current law, DHS is required to collect the reported information in a manner that ensures anonymity of the patient who obtained the abortion, the health

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care provider who performed the abortion, and the facility in which the abortion was performed. DHS is also required to publish annual demographic summaries of the reported information except what reveals the identity of a patient, provider, or facility. The bill eliminates the anonymity for the facility in which the abortion was performed while retaining anonymity for the patient and the individual health care provider. The bill requires reporting summaries of the information by hospital, clinic, or other facility that reports performing an induced abortion.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1	SECTION 1. 69.186 (1) (am) of the statutes is created to read:
2	69.186 (1) (am) The name of the hospital, clinic, or other facility at which the
3	induced abortion was performed.
4	SECTION 2. 69.186 (1) (m) of the statutes is created to read:
5	69.186(1) (m) The sex of the aborted unborn child, if the sex can be determined
6	by visual inspection.
7	SECTION 3. 69.186 (1) (n) of the statutes is created to read:
8	69.186(1)(n) Whether the aborted unborn child had a fetal anomaly and, if so,
9	the nature of the fetal anomaly.
10	SECTION 4. 69.186 (2) (intro.) and (a) of the statutes are amended to read:
11	69.186 (2) (intro.) The department shall collect the information under sub. (1)
12	in a manner which the department shall specify and which ensures the anonymity
13	of a patient who receives an induced abortion , a <u>and any individual</u> health care
14	provider who provides an induced abortion and a hospital, clinic or other facility in
15	which an induced abortion is performed. The department shall publish annual
16	demographic summaries of the information obtained under this section, including
17	summaries of the information by hospital, clinic, or other facility that reports
18	performing an induced abortion, except that the department may not disclose any

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1 information obtained under this section that reveals the identity of any patient, or $\mathbf{2}$ any individual health care provider or hospital, clinic or other facility and shall 3 ensure anonymity in all of the following ways:

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(a) The department may use information concerning the patient number under 5sub. (1) (b) or concerning the identity of a specific reporting hospital, clinic or other 6 facility for purposes of information collection only and may not reproduce or 7 extrapolate this information for any purpose.

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SECTION 5. 253.12 (3) (a) 1. (intro.) of the statutes is amended to read:

9 253.12 (3) (a) 1. (intro.) Establish and maintain an up-to-date registry that 10 documents the diagnosis in this state of any unborn child who has a fetal anomaly or any infant or child who has a birth defect, regardless of the residence of the infant 11 12 or child. The department shall include in the registry information that will facilitate 13 all of the following:

14 **SECTION 6.** 253.12 (3) (a) 1. a. of the statutes is amended to read:

15253.12 (3) (a) 1. a. Identification of risk factors for fetal anomalies and birth 16 defects.

17**SECTION 7.** 253.12 (3) (a) 5. of the statutes is created to read:

18 253.12 (3) (a) 5. Incorporate information reported under s. 69.186 (1) (n) into the registry and into any reports and analyses created from the registry. 19

20 **SECTION 8.** 253.12 (4) (a) of the statutes is amended to read:

21253.12 (4) (a) Make recommendations to the department regarding the 22establishment of a registry that documents the diagnosis in the state of an unborn 23child who has a fetal anomaly or an infant or child who has a birth defect, as required 24under sub. (3) (a) 1., the specific birth defects for which a report is required under sub. 25(2) on which the council unanimously decides, the rules that the department is

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1	required to promulgate under sub. (3) (a) 3., and on the general content and format
2	of the report under sub. (2) and procedures for submitting the report. The council
3	shall also make recommendations regarding the content of a report that, because of
4	the application of sub. (2) (d), does not contain the name of the subject of the report.

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(END)