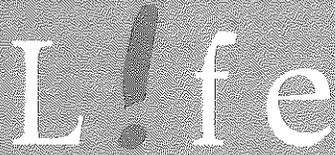


Assembly Bill 217 – Sex-Selective Abortions

- By definition, a sex-selective abortion is the abortion of a child on the basis of its gender. In all other areas, we prohibit gender-based discrimination.
- Countries with longstanding experience with sex-selection abortion like India, the United Kingdom, and China as well as other industrialized nations like Australia have enacted restrictions on sex-selective abortion. The United States is a noteworthy exception.
- The American public supports a prohibition of sex-selective abortion. A March 2006 Zogby poll indicated 86% of Americans agreed that sex-selective abortion should be illegal.
- The American medical community opposes sex selective abortion. The American Congress of Obstetricians and Gynecologists stated in a 2007 Ethics Committee Opinion, # 360, that sex-selective abortion is inappropriate because it “ultimately supports sexist practices”.

- A 2008 National Academy of Sciences study of 2000 U.S. Census found evidence of sex-selective abortion in the United States particularly among Chinese, Korean and Asian Indian populations in the U.S.
- This bill establishes compensatory **civil** damages for the mother, father, or grandparent of an unborn child that is subject to a sex-selective abortion.
- This proposal stipulates that the names of plaintiffs be kept confidential, unless the plaintiffs request that the proceedings be held in open court.
- Other states that ban sex-selective abortions include Illinois, Pennsylvania, Oklahoma, and Arizona.



WISCONSINRIGHTTOLIFE

Testimony of Barbara Lyons
Wisconsin Right to Life

in support of
Assembly Bill 217

Before the Assembly Health Committee
Wednesday, May 29, 2013

WISCONSIN RIGHT TO LIFE TESTIMONY

The Prenatal Nondiscrimination Act -- AB 217

Under the *Prenatal Nondiscrimination Act* "No person shall intentionally perform or attempt to perform an abortion with knowledge that the pregnant woman is seeking the abortion on account of the sex of the unborn child." Sex-selection abortion is used to prevent the birth of a child solely based on the gender of the unborn child. The victims of these abortions are overwhelmingly female.

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

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

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

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

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Original Paper

Distortions of sex ratios at birth in the United States; evidence for prenatal gender selection[†]

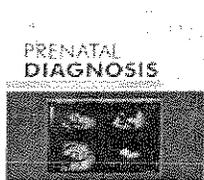
1. James F. X. Egan^{1,*},
2. Winston A. Campbell¹,
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4. Alireza A. Shamshirsaz¹,
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Issue



Prenatal Diagnosis

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† An abstract with some of the data contained in this article was presented as a poster at the 31st Annual Meeting of the Society of Maternal–Fetal Medicine, February 11, 2011 in San Francisco, CA, USA.

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Keywords:

male sex selection; prenatal diagnosis; ultrasound

Abstract

Objective

The normal male to female livebirth sex ratio ranges from 1.03 to 1.07. Higher ratios in China, India and Korea reflect prenatal sex selection. We reviewed sex ratios for US births to investigate potential prenatal sex selection.

Methods

We reviewed all US livebirths from 1975 to 2002 using National Center for Health Statistics birth certificates in 4-year intervals. We compared the sex ratios of Blacks, Chinese, Filipinos, Asian Indians and Koreans relative to Whites. We also compared the sex ratios by birth order for first, second and third and more births (third+) from 1991 to 2002.



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Testimony in Support of Assembly Bill 217
Assembly Committee on Health
Julaine K. Appling, WFA President
May 29, 2013

Thank you, Chairman Severson and committee members, for the opportunity to testify today in support of Assembly Bill 217. I am Julaine Appling, president of Wisconsin Family Action, an organization dedicated to strengthening, preserving and promoting marriage, family, life and liberty in The Badger State.

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

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

Some allege a bill such as AB 217 is a solution looking for a problem. That the statistics don't support such a bill. After all, isn't sex-selection abortion primarily a problem with certain immigrant groups? The truth is that while we argue over the statistics, we run a real risk of more baby girls being marked for abortion just because they are girls. It's not a risk I'm willing to take and you as lawmakers should not either.

And what difference does it make as to the ethnicity or nationality of the woman having a sex-selected abortion? The answer to that is it should make no difference whatsoever. All women and their baby girls matter. These women are seeking an abortion just as non-immigrant women would and they must all abide by the law. In this case, the law needs to prevent their choosing to kill their baby simply because she is female.

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

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

Thank you for your time and attention.

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



Planned Parenthood Advocates of Wisconsin

To: Chairman Severson and Members of the Assembly Health Committee
From: Nicole Safar, Public Policy Director
Date: May 29, 2013
Re: Testimony Opposing Abortion Restrictions AB 216 and AB 217

Planned Parenthood of Wisconsin is the state’s oldest and largest reproductive health care provider serving the state for 78 years. Every day our front line staff are providing access to the very health care services members of this legislature continuously attempt to demonize and restrict—including birth control, cancer screenings, STD testing and treatment and well woman exams. Every day our team of board members, donors, activists and 300,000 supporters are fighting to keep clinic doors open and services available to men and women in Wisconsin who need basic health care.

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

In 2012 70,000+ patients

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

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

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

Ninety-nine percent of what we do at PPWI is prevention based care. We also provide abortion services at three centers in Madison, Milwaukee and Appleton. Last year, that accounted for about 1% of our services. Planned Parenthood is one of two abortion providers in the state where 63% of women in live a county with an abortion provider.

Many members of this committee, who have signed on to sponsor both bills that are up today, and many members of the majority caucus seem to be overly focused on the personal decision a woman and her family make when faced with an unintended or life threatening pregnancy. Yet these same members have failed to address the actual causes of discrimination, gender or otherwise, the women and girls in Wisconsin face every single day.

Assembly Bill 217

Assembly Bill 217, which was introduced and scheduled for a hearing less than one week, claims to address the serious issue of gender discrimination that women in Wisconsin face. The bill provides for a civil cause of action against a physician who performs a “sex selective” abortion and allows either the woman or her partner or her parents to sue the

physician. There appears to be no limitations on this open-ended civil liability for physicians and it calls for both compensatory and exemplary damages, including attorney fees.

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

Planned Parenthood opposes sexism in all forms and unlike the bill’s sponsors we work to advance equity and human rights in the delivery of health care every day. We urge leaders to challenge the underlying conditions that lead to these beliefs, including addressing the social, legal, economic, and political conditions that promote these biases.

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

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

Assembly Bill 216

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

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

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

Assembly Bill 216 repeals Wisconsin’s Contraceptive Equity law that ensures all prescription drug plans include contraceptive coverage. It attempts to thwart steps forward in insurance coverage for birth control under the Affordable Care Act. And, it takes away existing insurance coverage for abortion services from some state employee health plans.

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

The sponsors of this bill have taken every opportunity to thwart implementation of the Affordable Care Act, which provides some of the greatest benefits to women’s health in a generation. Women use more medical services than men, face more affordability issues and are more likely to experience inconsistent coverage. The ACA remedied so many of these problems that women face throughout our lives—from preventing diseases, planning healthy pregnancies,

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covering maternity care and post-partum supports, ensuring access to mental health and domestic abuse services and stopping discrimination in cost of coverage. Yet, many of you try to block our access to this basic care with every single new bill that is introduced.

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

Under federal law, an existing accommodation provides protection for religious entities that are staffed and serve predominately Catholic institutions like churches and places of worship, to refuse to provide contraceptive coverage for their employees. This accommodation made by the Department of Health and Human Services applies to more than 300,000 entities nationwide. These religiously affiliated entities are allowed to refuse to provide comprehensive coverage to their employees; however, the insurance companies must fill the gap and provide the coverage to directly to women.

This bill also takes away existing coverage in health plans that are used by state employees. It is restricting existing coverage that is very important for many families in Wisconsin. Obviously, we purchase health insurance to protect from the unexpected. And we rely on that insurance to be there for us if we experience unanticipated health conditions. For many women and families who currently have insurance, this ban will significantly impact the unanticipated consequences of a pregnancy gone terribly wrong. Most pregnant women do not plan for developing severe preeclampsia, a life threatening blood disorder. Most pregnant woman do not anticipate being diagnosed with cancer during a pregnancy. Most pregnant women do not plan on finding out their baby does not have a brain at week 14. These women are the ones who will suffer under this needless and mean-spirited bill.

Under this bill:

- If a pregnant woman learned she had cancer and needed chemotherapy to save her life, insurance still wouldn't cover her abortion
- If a woman discovers that her pregnancy has a severe fetal anomaly, where the baby could not survive, insurance would not cover her abortion and may not cover related care
- If a woman has severe seizures that can only be treated with medication known to cause severe fetal deformities and she accidentally becomes pregnant, insurance would not cover her abortion
- If a pregnant woman with Lupus learns that continuing the pregnancy puts her health at risk, insurance wouldn't cover her abortion

Many times, when a woman's health is at risk, abortion services and related medical care can cost thousands or tens of thousands of dollars. Without insurance coverage, many women and families would be saddled with enormous medical debt due to an unexpected health complication in addition to losing a wanted pregnancy.

We encourage this legislature to address the serious issues of gender equality in our state. We call on all lawmakers to support:

- Reinstating Wisconsin's Equal Pay protections (which were repealed in 2011).
- Provide sexual harassment protections in the workplace.
- Ensure that pregnant women receive adequate accommodations in the work place.
- Strengthen human trafficking laws in Wisconsin.
- End family status discrimination (prohibit employer's from denying work or promotion to workers simply because they have children).
- Stop housing discrimination for victims of domestic violence.



WISCONSIN CATHOLIC CONFERENCE

TESTIMONY ON ASSEMBLY BILL 217: PROHIBITING SEX-SELECTIVE ABORTIONS

Presented to the Assembly Committee on Health

By Barbara Sella, Associate Director

May 29, 2013

The Wisconsin Catholic Conference (WCC) strongly supports Assembly Bill 217, which would prohibit knowingly performing sex-selective abortions.

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

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

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

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

Human history is fraught with the errors of allowing absolute freedom to go unchecked. AB 217 forces us to confront once again the question of what truly furthers respect for women: absolute freedom that would deny the right to life to a girl because she is not a boy, or an affirmation that her life is worthy of respect both inside and outside the womb.

Assembly Bill 217 is a sensible bill that ensures that sex discrimination will not be cloaked in the liberty of choice. We urge you to support it. Respect for women begins in the womb.



To: Assembly Committee on Health
From: Sara Finger, Executive Director
Re: Testimony in Opposition to AB 217
Date: May 29, 2013

As Wisconsin's Women's Health Policy leader, I'm submitting this testimony on behalf of the Wisconsin Alliance for Women's Health (WAWH) and the women of Wisconsin. WAWH is a broad and diverse coalition that works to raise the status of Wisconsin women's health. Our vision is an environment in which all women at every stage of life can realize their optimal health and well-being which in turn will support healthy families and communities in our state. WAWH supporters include those from the faith, health care, public health, and business communities.

We are weighing in to oppose Assembly Bill 217 as it is unnecessary, it interferes with the patient-doctor relationship, and it would do nothing to truly curtail existing gender inequities and could even exacerbate current gender discrimination.

AB 217 is unnecessary and, if enacted, would be ineffective at reducing sex-selective abortions in Wisconsin. This bill proposes to prevent the presumed issue of sex-selective abortions in Wisconsin. However, there is no evidence that this is a legitimate issue in our state. In the United States as a whole there are about 1.05 males to 1.00 females which is precisely within normal biological standards (males are more likely to die within the first year of life thus are born at a slightly higher rate). In other words, males are not being born at an abnormally high rate when compared to females and thus there is no a significant sex-selection bias occurring among U.S. abortions and Wisconsin is no exception to this.

Not only is this bill unnecessary since the problem it attempts to solve is non-existent, bills like AB 217 have been proven ineffective at reducing sex-selective abortions even in countries where it's occurring. The experience of other countries has clearly demonstrated that similar bills are not only ineffective at reducing sex inequities, but in fact such bills actually *increase* gender discrimination due to the undermining of women's autonomy and the additional obstacles to women's health care.

Furthermore, AB 217 would be very difficult to enforce. The bill would allow a woman or her parents to sue a doctor who supposedly performs a sex-selective abortion. However, the bill neglects to detail how it could be proved that the procedure was a sex-selective abortion or how the physician knew of this gender bias prior to performing the procedure. Nonetheless, the bill allows for significant legal and financial punishment on physicians convicted of this difficult to enforce crime.

AB 217 intrudes on the doctor-patient relationship and puts physicians at risk for significant punitive measures.

The bill provides for a civil cause of action against a physician who performs a "sex selective" abortion and allows either the woman or her partner or her parents to sue the physician. Therefore, under this bill, a relative who disagreed with a woman's choice – would be able to sue a doctor simply alleging that the woman had an impermissible reason. The doctor would face years of litigation at great expense proving what he did or did not know, or what the woman may have been thinking at the time.

This bill interferes with the doctor-patient relationship by requiring doctors to become investigators rather than health care providers thereby making Wisconsin women their suspects instead of patients. Wisconsin lawmakers should respect and protect the critical doctor-patient relationship to ensure excellent

communication, trust and health care for all Wisconsinites. Wisconsin should be working to advance judgment-free, high-quality health care for women and families and *protecting* the patient-physician relationship, not the other way around.

In addition to the impact on the doctor-patient relationship and health care delivery overall, Wisconsin's many well-respected and well-trained doctors would be at risk of law suits with significant monetary civil penalties. Increasing the risk of lawsuits and the need for high insurance rates for physicians would only further aggravate the existing high costs of health care in our state and nation. This is not the direction we want to be going, yet AB 217 would certainly put physicians at further risk of such lawsuits.

AB 217 puts the health of women at risk, does nothing to legitimately challenge gender bias, would further increase health and social disparities, and represents a purely political maneuver to restrict health care access.

The World Health Organization, along with other leading human rights organizations, has stated that decreasing access to abortion services is not an effective means of addressing sex selection and that gender bias can only be resolved by addressing the underlying social conditions that lead to it. Despite being used as a political wedge issue, abortion is really a women's health issue. The American College of Obstetricians and Gynecologists, the American Public Health Association, and the World Health Organization all acknowledge a direct link between access to abortion services and maternal health. Despite this well-documented link, AB 217 would further restrict access to basic and comprehensive reproductive health care for Wisconsin women.

Proponents of this measure claim that the bill is an attempt to address gender inequality and sex discrimination. However, this bill will do nothing to change the underlying problems of gender preference and sex discrimination. This bill will simply make doctors less likely to provide abortion care to the women who need it, and will disproportionately affect Asian Pacific Islander women, who already face significant barriers to accessing reproductive health care.

This bill is designed to increase barriers for women seeking safe and legal medical care and it does nothing to address the underlying discrimination women face every single day—in wages, employment, health care costs, housing, and career advancement. Recent attempts like this one to restrict or deny access to safe abortion under the guise of preventing gender bias is primarily a political tactic of groups working to make abortion illegal and harmful to women's health.

If the authors and supporters of this bill were truly interested in women's health and equity they would not have supported the successful repeal of Wisconsin's Equal Pay Law last session and would instead be focused on workplace protections for pregnant women, stronger human trafficking laws and increasing access to family planning services to reduce the number of unintended pregnancies and abortions in our state.

The Wisconsin Alliance for Women's Health supports measures to address the underlying causes of gender discrimination. Abortion restrictions are not the solution to the complex problems of gender selection and son preference. We welcome and would strongly support measures that would take positive steps to address the underlying causes of gender discrimination. Such evidence-based measures include:

- Wisconsin's Equal Pay Law (that was repealed in 2011)
- Strong human trafficking laws in Wisconsin
- Protection and accommodations for pregnant women in the workplace
- Sexual harassment protections in the workplace
- Prohibition of family status discrimination
- Ending housing discrimination for victims of domestic violence

Please vote NO on Assembly Bill 217 to protect the health of women and the integrity of Wisconsin's health care delivery system.