ROBIN J. VOS

SPEAKER OF THE WISCONSIN STATE ASSEMBLY

Testimony on AB 593 – A Woman's Right to Know

Thank you Chairman Sanfelippo and Assembly Health Committee Members for the opportunity to provide testimony on Assembly Bill 593, A Woman's Right to Know.

This legislation does two simple things:

- Requires certain information to be provided to a woman prior to receiving an abortion by an abortion-inducing drug regimen, and
- Increases the information reported to the state Department of Health Services after an induced abortion takes place

This bill strengthens and expands upon the safeguards of informed consent and the data collection requirements that already exist in state statute.

Specifically, this legislation would require a woman who is considering taking an abortion-inducing pill to be notified by her physician that the ingestion of the first drug in the regimen may not result in an abortion on its own, and that she should review the materials and consult a physician about her options to continue the pregnancy if she changes her mind.

An abortion-inducing medication known as "the abortion pill" consists of two pills, mifepristone and misoprostol, typically taken a few days apart. Mifepristone is taken first and acts as a hormone blocker, which does not always terminate the pregnancy on its own. The second pill misoprostol, causes the induced miscarriage and results in termination. We want to make sure women are, at the very least, aware of this information while making this important, life-altering decision. Even Planned Parenthood's website acknowledges that the "abortion pill" is less likely to be successful if the second pill in the regimen is not taken and encourages women to contact their doctor or nurse right away if they are having second thoughts.

In 2019, 33% of abortions in Wisconsin were chemically induced, and this percentage has been steadily climbing in Wisconsin and nationwide. With this increasing trend, it's imperative for the women receiving these types of chemically induced abortions to be informed, know their options, and the alternatives.

Additionally, the bill adopts the following induced abortion reporting requirements from Minnesota:

- The number of previous abortions, if any
- How the abortion was paid for
- What types of chemically induced abortions or surgical abortions were performed
- Reason for the abortion

Voluntary and informed consent laws are vital to ensuring women are aware of the medical risks associated with a procedure and any alternatives that exist. These laws become all the more important when dealing with procedures like abortions that are often made under stressful circumstances. This knowledge can provide an opportunity for a woman who may have doubts about having an abortion to potentially continue on with her pregnancy. Second thoughts could mean a second chance for an unborn child.

Thank you again for taking the time to hear this important legislation today.

CHRIS KAPENGA
WISCONSIN STATE SENATOR

AB 593
Assembly Committee on Health
October 7th, 2021

Thank you to Chairman Sanfelippo and committee members for hearing testimony today on Assembly Bill 593. I also want to thank Speaker Vos for authoring this bill in the Assembly.

The first section of the "Womens' Right to Know Act" makes an important addition to the already existing safeguards of informed consent regarding an abortion.

Many people do not realize that chemical abortions, often referred to as the "abortion pill" and prescribed during the first ten weeks of pregnancy, is actually a series of two different pills which are typically taken a few days apart. The first pill, mifepristone, is a hormone blocker that acts to inhibit development of the pregnancy. The second pill, misoprostol, is taken a day or two later, resulting in miscarriage of the baby.

It is important to note that a woman is already required to receive a set of information before receiving an abortion. This is consistent with the expectation that a patient should be informed about the medical risks associated with a procedure as well as any alternatives to a procedure. There are numerous examples already in statute where physicians or health care providers are required to provide designated information.

In this case, a woman has the right to know that if she has a change of heart after the first pill, she may be able to continue her pregnancy and choose life for her baby.

The second section of this bill adds to the information reported to the Wisconsin Department of Health Services after an abortion takes place. In comparing reporting requirements, we found that other states are asking similar questions as Wisconsin, but in a more specific way. For example, Wisconsin currently requires reporting on whether or not the abortion was chemical or surgical; however, 30 other states ask about the specific type of chemical or surgical procedure used.

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CHRIS KAPENGA
WISCONSIN STATE SENATOR

The new reporting requirements included in this bill are modeled after Minnesota, and will improve the quality of information that is provided to the public. In addition, the new requirements proposed in this bill exist in several other states, both red and blue.

This bill is about providing potentially life-saving information to women and more complete data to policymakers. We can enact legislation that could have immeasurable benefits in saving more lives and giving more second chances to mothers.

By ensuring that women considering a chemical abortion fully understand that they still have options, even after beginning the chemical abortion regimen, we could prevent an action she may regret for the rest of her life and more importantly save an innocent life.

Thank you again Chairman and committee members for accepting my testimony.

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TESTIMONY ON ASSEMBLY BILL 593
ASSEMBLY COMMITTEE ON HEALTH
THURSDAY, OCTOBER 7, 2021
JULAINE K. APPLING, PRESIDENT

Thank you, Chairman Sanfelippo and committee members, for holding this hearing on Assembly Bill 593. Wisconsin Family Council supports this bill. I would like to thank the authors of this bill for introducing this important legislation. We applaud this effort to better serve Wisconsin's children, mothers, and families. Assembly Bill 593 requires providing information that will allow for mothers to take potentially life-saving action for her child after having taken the first of a two-dose abortion inducing drug, as well as requiring the reporting of certain important demographic data related to abortions.

Abortifacient drugs are often pushed as an alternative to surgical abortion. The most common combination is a two-pill process where mifepristone is given as a first dose in order to block the necessary hormone, progesterone, from reaching the baby. This pill is commonly known as RU-486. When progesterone is administered by a medical professional after the first pill but before the second, it can counteract the mifepristone present in the womb and save the baby's life.

Studies suggest that this process is as high as 68% effective in reversing the abortion. It's important to note that neither mifepristone nor progesterone have been linked to birth defects or abnormalities. Studies have shown that children born after this reversal process have an equal or lesser birth defect rate compared to other pregnancies. Children born after a reversed abortion have every chance at living a successful and fulfilling life. If roughly 48 hours after taking the first pill, the mother decides to go through with the abortion, she will take a second round of medication containing misoprostol. This second pill causes contractions and completes the abortion.

We know that, after the first pill, many women change their mind about the abortion, and if equipped with the right resources may be able to save their baby. This bill ensures that mothers in crisis will at least know about this opportunity. It is only right that women receive this information and learn of the options available to them. AB 593 creates no costly mandates, and it does not limit access to abortions. This bill is about providing information. If AB 593 were to become law, mothers will be better informed of their options both verbally and in writing; and many of those mothers will choose life for their child.

One issue we have with the bill is that it permits the 24-hour waiting period to be exempted if the pregnancy has resulted from sexual assault or incest. According to the bill, the information must be provided to the woman, but she does not have to wait 24 hours before having the abortion. Regardless of the situation that resulted in pregnancy, as horrific as assault and incest are, that does not diminish the value of the human life that has been conceived. We would encourage an amendment to eliminate this provision so as to give the woman time to consider whether she wants to continue with the second step of the chemical abortion or take the "reversal" pill.

Another aspect of this bill that we support is the more rigorous reporting requirements around why babies are aborted in our state. This additional reporting does not raise privacy concerns. Anonymity is specifically provided for mothers who undergo an abortion as well as those who performed the abortion, as no identifying information can be reported. We appreciate that this bill does include a provision requiring the reporting of which facilities are performing abortions. Providing anonymity for the woman and for the provider is one thing; doing so for the facility is another matter. That, along with the other demographic information specified in the bill will help us better understand why mothers in Wisconsin choose abortion and how we can better serve them and their children, as well as determining how abortions are being paid for.

Thank you for your thoughtful and careful attention to our position on this bill. Once again, Wisconsin Family Action supports this legislation, and we urge you to vote in favor of AB 593.

Testimony in Support of Amending Assembly Bill 593: informed consent regarding a certain abortion-inducing drug regimen and reporting requirements for induced abortions.
Assembly Committee on Health
By Matt Sande, Director of Legislation

October 7, 2021

Good morning, Chairman Sanfelippo and Committee members. My name is Matt Sande and I serve as director of legislation for Pro-Life Wisconsin. Thank you for this opportunity to express our support for amending the informed consent provisions in Assembly Bill (AB) 593. Pro-Life Wisconsin supports requiring women seeking medical abortions (post-implantation chemical abortions) be informed of the ability of physicians to reverse the effects of mifepristone and be given materials informing them of the possibility of continuing a pregnancy after ingesting an abortion-inducing drug such as mifepristone.

Pro-Life Wisconsin supports removing the "medical emergency" (life and health of the mother) exception, contained in Wisconsin's current informed consent for abortion law, s.253.10(3)(c), that applies to the provision of abortion-inducing drug reversal information in AB 593. A true medical emergency necessitates not a surgical or chemical abortion but rather immediate transport to a hospital where trained ER physicians can care for mom and baby.

We also support fully restoring the 24-hour waiting period for victims of sexual assault and incest so that they have adequate time to read the materials on medical abortion reversal and discern whether they want to proceed. We want to ensure that all women seeking a medical abortion, in any circumstance, are fully informed of the possibility of the reversal of mifepristone, a physically dangerous abortion drug. Under the current informed consent for abortion law, a woman who conceives a baby resulting from incest has a 2-hour waiting period before an abortion and a woman who conceives a baby resulting from sexual assault has no waiting period before an abortion. Again, we would like to apply the full 24-hour waiting period to the provision of abortion-inducing drug reversal information in the bill.

In sum, **we urge the Committee to amend Section 5 of AB 593 to make this critical bill the most effective it can be by removing the current law exceptions that apply to it.** When a woman is facing an unplanned pregnancy, a toxic abortion drug is the last thing she needs. At the very least, the medical principle of informed consent demands that abortion-bound women be informed that the effects of mifepristone can be reversed by a large influx of progesterone into her system within 72 hours of ingestion. As AB 593 states, time is of the essence. The American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG) supports this procedure.

(OVER)

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Pro-Life Wisconsin strongly supports all the provisions in AB 593 that improve Wisconsin's annual induced abortion report by requiring more comprehensive and scientifically accurate information about abortions in our state. We especially support the bill's specificity concerning the types of chemically and surgically induced abortions to be reported and the removal of the anonymity of the hospital, clinic, or other facility in which the abortion was performed. It is critical that we know specifically where Wisconsin's abortions are being performed. If abortion is "health care," then individual Wisconsin hospitals performing late-term, "therapeutic" abortions should have no problem reporting it.

Thank you for your consideration, and I am happy to answer any questions committee member may have for me.

WISCONSINRIGHTTOLIFE

Gracie Skogman, Legislative Director, Wisconsin Right to Life
Assembly Committee on Health
AB 593, informed consent regarding a certain abortion-inducing drug regimen and reporting requirements for induced abortions
Thursday, October 7, 2021

Thank you, Chairman Sanfelippo, for your time this morning and allowing us to testify in favor of AB 593. My name is Gracie Skogman and I am the Legislative Director of Wisconsin Right to Life.

When faced with making life-altering medical decisions, women should be given as much information as available.

Chemical abortions are non-invasive, out-patient procedures that are comparatively inexpensive. Abortion facilities profit from these chemical abortions and promote them.

The recent growth of this procedure merits new protections for mothers everywhere. Women have a right to know about the drugs they ingest in a chemical abortion procedure.

In the chemical abortion process, a physician presides over a woman's ingestion of a drug, mifepristone, which stops the growth of the unborn child. Within 48 hours, the mother then must ingest a second drug, misoprostol, which induces expulsion. Studies have shown that the effects of the mifepristone regimen alone will not result in an immediate abortion and may in fact be counteracted to result in a healthy pregnancy. Should women change their mind in the process of a chemical abortion, there is a possibility of continuing the pregnancy if she seeks medical attention immediately.

According to data recently released by Heartbeat International, over 2,500 children have been saved after their mothers chose to stop the chemical abortion process after the ingestion of mifepristone, and successfully followed Abortion Pill Reversal Protocol. I have also included written testimony from Dr. Matthew Harrison, who has personally presided over many of these lifesaving treatments.

This legislation also protects through information. These additional reporting requirements would not expose the confidentiality of the women or physicians involved. Protecting women's privacy is important. These requirements would, however, provide the state with information that can lead to better serving its constituents. This information will help to find long-term solutions for those seeking abortions and better help other women before they're faced with a life-and-death situation.

Wisconsin Right to Life strongly supports this bill, and thanks Speaker Vos and Senator Kapenga for bringing it forward.

WISCONSIN CATHOLIC CONFERENCE

TO: Members, Assembly Committee on Health

FROM: Barbara Sella, Associate Director for Respect Life and Social Concerns

DATE: October 7, 2021

RE: AB 593, Abortion Pill Reversal and Reporting

The Wisconsin Catholic Conference (WCC), the public policy voice of the Catholic bishops of Wisconsin, urges you to support Assembly Bill 593, which requires that a woman seeking an abortion via medication be informed that she may be able to continue her pregnancy if she seeks immediate medical assistance to counteract the effects of the first administration of the abortion drug.

The bill updates Wisconsin's informed consent laws in response to new abortion practices. In the case of a medication abortion, there is growing evidence that it may be possible for a woman to reverse the effect of the first drug, mifepristone, by getting an injection of progesterone. Critics of this procedure say that it has not been scientifically proven to work. While more study may be needed to improve outcomes and better understand long-term impacts, the fact is that there are children alive in the world today because their mothers utilized this treatment option.

AB 593 also requires that abortion providers report additional information to the Wisconsin Department of Health Services (DHS). By understanding how and why women seek abortions, we can learn more about the emotional, economic, social, psychological, and physical challenges women, parents, families, and unborn children face. Armed with this data, we can better address the many needs of women and children, who sadly are still among the most vulnerable in the wealthiest nation on earth.

Some will object that asking women why they are choosing abortion is an unacceptable intrusion into their privacy. However, no one should dispute that a human life is being taken and that women deserve better than to have to endure aborting their unborn children. We must, as a civilized society, find ways to help both mother and child, so that each can thrive.

We urge you to pass AB 593.

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DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRBa0843/1dn
TJD:emw

October 6, 2021

Representative Wichgers:

Under 2021 Assembly Bill 593, the requirement that a physician provide certain information regarding an abortion-inducing drug regimen that includes mifepristone is subject to an exception if a medical emergency exists. When there is no medical emergency, a woman must receive this information at least 24 hours before obtaining an abortion, except that a woman whose pregnancy is the result of incest has a 2-hour waiting period before an abortion and a woman whose pregnancy is the result of sexual assault does not need to wait before obtaining an abortion.

This amendment (LRBa0843) requires that the information in Assembly Bill 593 regarding the abortion-inducing drug regimen be provided regardless of whether or not there is a medical emergency. Also, under the amendment, the waiver and reduction of the 24-hour period under circumstances of sexual assault or incest do not apply to the information on the abortion-inducing drug regimen, meaning that the information must be provided at least 24 hours before the woman obtains an abortion.

Tamara J. Dodge
Senior Legislative Attorney
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State of Wisconsin
2021 - 2022 LEGISLATURE

LRBa0843/1
TJD:emw

ASSEMBLY AMENDMENT ,

TO ASSEMBLY BILL 593

At the locations indicated, amend the bill as follows:

1. Page 4, line 15: after that line insert:

"**SECTION 4r.** 253.10 (3) (c) (intro.) of the statutes is amended to read:

253.10 **(3)** (c) *Informed consent.* (intro.) Except if a medical emergency exists, except for subd. 1. hr., and subject to sub. (3g), a woman's consent to an abortion is informed only if all of the following first take place:".

2. Page 4, line 24: after "drug." insert "The physician shall provide the information under this subd. 1. hr. regardless of whether or not a medical emergency exists.".

3. Page 5, line 5: after that line insert:

"**SECTION 7m.** 253.10 (3m) (d) of the statutes is created to read:

October 7, 2021

Re: Assembly Bill 593

Dear Members of the Assembly Committee on Health:

In the emergency department, I am often the first person to see patients with life-threatening conditions, whether these are the result of underlying medical conditions, a trauma or accident or some other cause. I will never be the physician prescribing medications for a medical abortion or obtaining consent for one, but I could very well be the doctor who sees a woman with life-threatening bleeding after trying to reverse an abortion. Currently, the only study conducted on the efficacy of giving progesterone to reverse a medical abortion had to be stopped due to patient harm. There is no evidence to support its use, and the practice appears to cause life-threatening hemorrhage.

As a physician, I believe strongly in informed consent. This involves making sure that a patient knows what procedure is to be done, why it is being done, any potential risks, and alternative treatments. It does NOT involve informing patients of experimental, potentially dangerous reversal treatments. Requiring that physicians inform women that there is an unproven reversal agent for a medical abortion is not only bad medicine but could also be potentially dangerous.

Lauren Ramm, MD

Testimony of Matthew Harrison, M.D. to Assembly Committee on Health

October 6, 2021

Dear Chairperson Joe Sanfelippo and Members of the Assembly Committee on Health,

I am Dr. Matthew Harrison and I am writing to ask for your support of Assembly Bill 593.

Abortion Pill Reversal is supported by real science and is **SAFE** and **EFFECTIVE**, and proper informed consent is **NECESSARY** for women to understand that a second chance is available. I hope that my credentials will convince you that I am not a peddler of "junk science."

Abortion Pill Reversal is SAFE

- Progesterone is a bioidentical, natural hormone, which is FDA approved Category B safe for pregnant women, in the same category as Tylenol. It has been used for 50 years in fertility care for pregnant women, and is deemed safe and effective (1).
- In our case study of over 500 women using progesterone, we have had a birth defect rate of less than or equal to the national average of 3%. These are mainly minor issues such as birthmarks.
- The main side effect reported with injected progesterone use is pain at site of injection.
- The unsafe medications involve the two pills used for abortion. Mifepristone causes death and the second pill, misoprostol, can cause facial nerve paralysis and limb abnormalities if the fetus survives (2). Under our protocol, the second pill has not been taken, and children that survive the abortion pill show no other birth defects (3).

Abortion Pill Reversal is EFFECTIVE

- Mifepristone, the abortion pill, is a progesterone receptor antagonist. It blocks the action of progesterone by blocking the receptor. This prevents the formation of healthy blood vessels to the developing embryo and the mother's body is tricked into thinking there is no progesterone. The lining of the uterus sloughs off just like in a normal menstrual cycle and the embryo dies. The second pill is taken 24-48 hours later and induces contractions, expelling the embryo (4). Mifepristone is like a key that fits into a lock but cannot open it. By adding more functional keys, we are able to outcompete the mifepristone and turn the lock, activate the progesterone receptor, and sustain the life of the embryo.
- Animal models have shown that the effects of mifepristone on rats are reversed and nullified by progesterone supplementation (5).
- Our initial case study published in 2012 had a 67% successful reversal rate with 6 cases (6). An Australian study just published had similar results (7). Our next series that was published in April 2018 (12) had 547 patients with an overall reversal success rate of 48% but 68% success rate with high dose oral progesterone and 64% with injectable progesterone through first trimester. This is in comparison to 23.3% at best if nothing is done after ingesting the abortion pill (8). To date, we have seen over 2500 babies born healthy with over 150 mothers currently pregnant and going through the protocol. We have over 800 providers available for reversals and we have assisted with reversals in 15 countries and are backed by the 2500 member AAPLOG. Since

Heartbeat International has taken over the Hotline, we now have a much further reach since they have affiliations with over 2500 pregnancy care centers and many more countries.

- Even the pro-choice director of the reproductive and placental research unit at Yale School of Medicine, Dr. Harvey Kliman, said, "I think this is actually totally feasible…I bet you it would work," and said that he would give his daughter progesterone if she wanted to reverse her abortion (9).

Assembly Bill 593 is NECESSARY

- Women that regret their abortions and have returned to the clinics have been given incorrect and unscientific answers when asked if there is anything to be done to save their babies. They have been coerced into completing their abortions with scare tactics that their babies will be malformed or developmentally delayed without any evidence of these results. Even mothers who have not been successful with reversal have expressed gratitude and relief that they tried to save their children. Without AB593, abortion providers will continue to provide false information and delay or prevent potentially life saving treatments.

One of the main attacks on this science is from physicians saying that if a woman takes the first pill but not the second one that induces labor, that the chance of failed abortion is between 20%-50%. I have coauthored a paper with Dr. Mary Davenport that carefully reviews the literature regarding pregnancy termination by mifepristone alone (8). We reviewed hundreds of papers to find out the true survival rate of embryos after exposure to the abortion pill without exposure to the labor inducing pill. Our review shows that the true survival rate of embryos to be between 10% and 23.3% when they are only exposed to the abortion pill at the common 200mg dose. This is significantly lower than the 55%-68% survival rate that we see after progesterone rescue. So where are their 50% failed abortion rates coming from? In the literature sited by opponents, they define "failed abortion" as the failure of the mother to expel a dead embryo or fetus. So, many of the "failed abortions" actually have resulted in a dead embryo, but it has remained in the uterus and was not expelled when the labor inducing pill was not taken.

A salient point to remember is that the same physicians that seem to be upset about using progesterone "off label" are the same physicians that used the abortion pill "off label" for years! Mifepristone was approved for use in America in the year 2000 at the dose of 600mg and up to 49 days gestation. But shortly thereafter, doctors realized that the 600mg dose was more expensive and caused more side effects so they decreased the dose to 200mg and they also expanded the gestational age to 70 days. This "off label" use of progesterone was not approved by the FDA until 16 years later. Recently, I was contacted by a patient who was given the abortion pill at 13 weeks gestation, so they continue to push the boundaries of "off label" use.

Again, I appreciate your concern for the women of Ohio and their children. I think we should trust women when they say they regret their mistakes and are asking for help, and **AB593** offers this help.

Thank you, Chairperson Sanfelippo and members of the Assembly Committee on Health for your consideration of this important and life saving legislation.

Credentials:

- B.S. Biology/M.A. Biology - The College of William and Mary
- Post graduate research at Johns Hopkins, Duke, Medical College of Virginia
- Coauthored 3 peer-reviewed journals (8), (10), (11)
- Doctorate Allopathic Medicine M.D. – The Medical College of Virginia
- Chief Resident – Family Medicine Residency Program – University of South Alabama
- Board Certified Diplomate – American Academy of Family Practice
- Full Time Hospitalist – Novanthealth Rowan Regional Medical Center, maintaining admitting privileges at 3 hospitals and active medical license in North Carolina and Virginia
- Assistant Professor – Campbell School of Osteopathic Medicine
- Medical Director – Student Health Center Belmont Abbey College
- Medical Director – Stanton Women' Center, Charlotte, NC
- Medical Director – HELP Crisis Pregnancy Center Medical Clinic
- Assistant Medical Director – Abortion Pill Reversal

1. **The use of isomolecular progesterone in the support of pregnancy and fetal safety,** Thomas W. Hilgers, Catherine E. Keefe, Kristina A Pakiz, *Issues in Law and Medicine*, 2015.
2. **Use of Misoprostol during Pregnancy and Moebius Syndrome in Infants,** A. Patuszak, L. Schuler, C. Speck-Martins, K. Coelho, et al. *The New England Journal of Medicine*, June 1998.
3. **Continuation of pregnancy after first-trimester exposure to mifepristone: an observational prospective study,** N Bernard, E. Elefant, P Carlier, M Tebacher, CE Barjhoux, MA Bod-Thompson, E Amar, J Descotes, T Vial, *BJOG: An International Journal of Obstetrics & Gynecology,* April 2013.
4. **RU486 (mifepristone): mechanisms of action and clinical uses.** Cadepond, F. et al. *Annu Rev Med.* 1997.
5. **The effect of RU486 and progesterone on luteal function during pregnancy,** Yamabe, S; Katayama, K; Mochizuki, M, *Nihon Naibunpi Gakkai Zasshi.* May 1989.
6. **Progesterone Use to Reverse the Effects of Mifepristone,** George Delgado, Mary L. Davenport, *The Annals of Pharmacotherapy,* Dec. 2012.
7. **Progesterone for preventing pregnancy termination after initiation of medical abortion with mifepristone,** Deborah Garratt, Joseph V. Turner, *The European Journal of Contraception & Reproductive Health Care.* Dec 2017.
8. **Embryo survival after mifepristone: a systematic review of the literature,** M Davenport, G Delgado, MP Harrison, V Khauv, *Issues in Law and Medicine*, 2017.

9. **A New Front in the War Over Reproductive Rights: 'Abortion-Pill Reversal,'** Ruth Graham, *The New Your Times Magazine*, July 2017.
10. **Red blood cell methotrexate and folate levels in children with acute lymphoblastic leukemia undergoing therapy: a Pediatric Oncology Group pilot study**, Michael L Graham, Jonathan J. Shuster, Barton A. Kamen, David L. Cheo, Matthew P. Harrison, Brigid G. Leventhal, D. Jeanetter Pullen, V. Michael Whitehead, *Cancer Chemotherapy and Pharmacology*, May 1992.
11. **Immunohistochemical localization of the neural cannabinoid receptor in rat brain**, Denise A. Dove Pettit, Matthew P. Harrison, John M. Olsen, Robert F. Spencer, Guy A. Cabral, *Journal of Neuroscience Research*, Feb 1998.
12. **A Case Series Detailing the Successful Reversal of the Effects of Mifepristone Using Progesterone**, George Delgado, M.D., Steven J. Condly, Ph.D, Mary Davenport, M.D., M.S., Thidarat Tinnakornsrisuphap, Ph.D., Jonathan Mack, Ph.D., N.P, R.N., Veronica Khauv, B.S., Paul Zhou, *Issues in Law and Medicine*. April 2018.

October 7, 2021

To whom it may concern:

I've been a physician in Wisconsin for 15 years, and it has been my privilege to serve the remarkable women in this community. As I reviewed the bills before this committee today, I became afraid for their wellbeing. Many of these bills do nothing to improve access to safe and affordable health care for women, rather they increase interference between women and their healthcare providers.

I am ardently opposed to **2021 Assembly Bill 493**. The idea of withholding Medical Assistance payments to penalize providers of abortion services is mean spirited and hurtful to women. This dangerous bill would necessitate that providers choose between caring for low-income women and providing comprehensive health care for those same women. At a time where access in our rural and urban communities is in crisis, this bill threatens to worsen the problem.

2021 Assembly Bill 593 seeks to place limitations on why women may receive abortions. I am particularly opposed to the concept of preventing an abortion for a fetus with a congenital disease or defect. Having guided several couples through the grief of a diagnosis of severe birth defects, these situations require compassion and nuance without further external constraints on care. These diagnoses generally occur following a 20-week anatomical ultrasound. Women must then meet with a perinatology specialist to clarify the diagnosis and discuss neonatal prognosis. Additional consultations with pediatric specialists may be necessary. Women have a very brief window to understand the status of their child and what their future may look like. Existing legal barriers already compound this challenging time. Further legislation would make it worse.

Earlier this year, I cared for a couple whose fetus was found to have partial VACTRL syndrome. The ultrasound showed a fetus with no anus and a sealed esophagus. Surgeries exist to treat these anomalies, however lifelong feeding and stooling difficulties are common. Furthermore, these infants are usually affected by severe cognitive abnormalities. Our ability to provide accurate prognosis can be limited, and the full scope of an infant's needs may not be fully understood for years. I feel strongly that complicated scenarios like this preclude a one size fits all approach. This family needed compassionate counseling and a full range of treatment options to determine the best outcome for their needs.

For similar reasons, I am opposed to **2021 Assembly Bill 594**. Although I fully support patients being well educated and providing the best possible resources to aid decision making, I believe providers should have the flexibility to determine what resources are most appropriate to emphasize. Mandated forms quickly become outdated and usually provide too little or irrelevant information. There is no combination of patient education documents that could exactly apply to my above patient's situation. I think this Assembly Bill is an example of a laudable concept turned bureaucratically unhelpful.

Additionally, I am opposed to **2021 Assembly Bill 6**. The verbiage of this legislation is inflammatory and seeks to correct a scenario that I have never seen nor heard of happening in my 15 years of clinical practice.

This is my first-time submitting testimony, but I felt that the topics above are so important for women's health that I could not stay silent. I feel strongly that legislative interference into how patients and providers approach their health care are inappropriate. I proudly stand with the women of this state and wholeheartedly believe that with comprehensive compassionate counseling, they can make the best choices for their health care. Thank you for considering my remarks.

Respectfully,

Ryan McDonald, MD FACOG

October 7, 2021

To whom it may concern:

I've been a physician in Wisconsin for 15 years, and it has been my privilege to serve the remarkable women in this community. As I reviewed the bills before this committee today, I became afraid for their wellbeing. Many of these bills do nothing to improve access to safe and affordable health care for women, rather they increase interference between women and their healthcare providers.

I am ardently opposed to **2021 Assembly Bill 493**. The idea of withholding Medical Assistance payments to penalize providers of abortion services is mean spirited and hurtful to women. This dangerous bill would necessitate that providers choose between caring for low-income women and providing comprehensive health care for those same women. At a time where access in our rural and urban communities is in crisis, this bill threatens to worsen the problem.

2021 Assembly Bill 593 seeks to place limitations on why women may receive abortions. I am particularly opposed to the concept of preventing an abortion for a fetus with a congenital disease or defect. Having guided several couples through the grief of a diagnosis of severe birth defects, these situations require compassion and nuance without further external constraints on care. These diagnoses generally occur following a 20-week anatomical ultrasound. Women must then meet with a perinatology specialist to clarify the diagnosis and discuss neonatal prognosis. Additional consultations with pediatric specialists may be necessary. Women have a very brief window to understand the status of their child and what their future may look like. Existing legal barriers already compound this challenging time. Further legislation would make it worse.

Earlier this year, I cared for a couple whose fetus was found to have partial VACTRL syndrome. The ultrasound showed a fetus with no anus and a sealed esophagus. Surgeries exist to treat these anomalies, however lifelong feeding and stooling difficulties are common. Furthermore, these infants are usually affected by severe cognitive abnormalities. Our ability to provide accurate prognosis can be limited, and the full scope of an infant's needs may not be fully understood for years. I feel strongly that complicated scenarios like this preclude a one size fits all approach. This family needed compassionate counseling and a full range of treatment options to determine the best outcome for their needs.

For similar reasons, I am opposed to **2021 Assembly Bill 594**. Although I fully support patients being well educated and providing the best possible resources to aid decision making, I believe providers should have the flexibility to determine what resources are most appropriate to emphasize. Mandated forms quickly become outdated and usually provide too little or irrelevant information. There is no combination of patient education documents that could exactly apply to my above patient's situation. I think this Assembly Bill is an example of a laudable concept turned bureaucratically unhelpful.

Additionally, I am opposed to **2021 Assembly Bill 6**. The verbiage of this legislation is inflammatory and seeks to correct a scenario that I have never seen nor heard of happening in my 15 years of clinical practice.

This is my first-time submitting testimony, but I felt that the topics above are so important for women's health that I could not stay silent. I feel strongly that legislative interference into how patients and providers approach their health care are inappropriate. I proudly stand with the women of this state and wholeheartedly believe that with comprehensive compassionate counseling, they can make the best choices for their health care. Thank you for considering my remarks.

Respectfully,

Ryan McDonald, MD FACOG

To: Assembly Committee on Health
From: American College of Obstetricians and Gynecologists – Wisconsin Section
Date: October 7, 2021
Re: Legislation to Restrict Access to Women's Health Care

ACOG
The American College of Obstetricians and Gynecologists
Wisconsin Section

The Wisconsin Section of American College of Obstetrician Gynecologists (ACOG), an organization focused on providing quality, compassionate and often life-saving health care to women, strongly denounces the rhetoric that is being used to promote the bills before you today. Assembly Bills 6, 262, 493, 528, 593, 594 and 595 spread false, dangerous information and undermine the public's trust in OB/gyns. These bills insert legislative interference in the patient-physician relationship and decrease access to preventative health care and constitutionally protected women's health care, namely abortion care.

Assembly Bill 6 comprises inflammatory language that intentionally mischaracterize the provision of health care. This bill is irresponsible and dangerous. In the rare case that a woman undergoes an abortion via induction of labor during the periviable period and a baby is born alive, all decisions regarding possible resuscitation are made between herself and a multidisciplinary team of doctors who use compassion, ethics, and evidence-based expertise to help navigate what are often difficult decisions. These decisions are complex, nuanced, often heart wrenching and are quite simply not conducive to a one-size-fits-all law that all but ignores not only the scientific facts at hand, but also the individual circumstances that a woman and her family are faced with. We oppose this bill in the strongest terms.

The reporting of certain vital statistics information is generally important and useful to furthering legitimate public health interests. However, **Assembly Bill 262** is motivated by animus to abortion and exploits reporting that exists for public health purposes to shame women and intimidate health care providers. Alarmingly, this bill attempts to create and maintain a public list of medical practices that provide abortion care. Such a public registry would be an invitation for intimidation, threats, and even violence against women's health care providers and their patients. There is real fear that providers could be targeted using this information. In this way, abortion is distinct from other types of health care procedures and vital health statistics about which the state collects information. Stigma, harassment, and violence discourage abortion access and provision and harm patients. Acts of harassment include picketing, picketing with physical contact or blocking, vandalism, picketing of homes of staff members, bomb threats, harassing phone calls, noise disturbances, taking photos or videos of patients and staff, tampering with garbage, placing glue in locks or nails on the driveway of clinics, breaking windows, interfering with phone lines, approaching cars, and recording license plates.

Instead of increasing health care access for patients who already suffer disproportionately poor health outcomes – including high rates of breast and cervical cancer, sexually transmitted infection, premature birth, infant mortality, and maternal mortality – **Assembly Bills 493 and 528** further restrict access to basic health care for women in our state. As is well known, there is already a shortage of primary care physicians in Wisconsin and many providers limit the number of uninsured, underinsured, and Medicaid patients they serve. At a time when we should be focused on improving the health of ALL Wisconsinites, it is unconscionable to cut off access to preventive care for women at highest risk. The best way to reduce costly public health problems is to provide preventative healthcare, health education, prenatal and postpartum care, and reliable contraception, not further restrict access to basic health care for women.

Assembly Bill 593 would mandate that physicians provide information to patients which is not based on rigorous scientific evidence. If this bill becomes law physicians would be required to misled patients into believing that evidence-based treatment is available to "reverse" the effects of mifepristone. So-called "abortion reversal" regimens have not been adequately studied or evaluated for the safety of the mother or the fetus, and do not meet clinical standards of care. Legislative mandates based on unproven, unethical research are dangerous to women's health. Politicians should never mandate treatments or require that physicians tell patients inaccurate information. Requiring doctors to offer a medical therapy that lacks the requisite evidence base is unethical at best and harmful at worst. We cannot allow political interference to compromise the care and safety of our patients.

Assembly Bill 594 would require physicians to give legislatively mandated information regarding a fetal condition to a patient. It is the ethical responsibility of a physician, and indeed we take an oath, to provide patients with medically correct information to help them make their own informed choices regarding their diagnosis and based on their individual prognosis. It is not the place of politicians to interfere into the patient-physician relationship. Physicians have open, honest, and confidential discussions with their patients about the diagnosis, prognosis, and appropriate treatment options a patient may be faced with. Politicians should be looking to scientific data and the knowledge and experience of our excellent and compassionate physicians to be providing evidence-based, safe, and quality care to our patients.

We are additionally opposed to **Assembly Bill 595** which represents gross interference in the patient-physician relationship. People seek abortion for many different reasons, which can be complex, and reflect a variety of considerations including her health, her family, and her future. Ob-gyns will tell you that some of the most difficult decisions are made by women whose pregnancies are affected by genetic disorders, and they are not taken lightly. This proposed bill stigmatizes women who seek abortion care by

questioning the motivation behind their decisions; invites discriminatory profiling by doctors against our own patients; and discourages honest, confidential conversations between patients and their doctors. When health care providers must question their patients' motivations for obtaining an abortion, some patients may feel forced to withhold information or lie to their provider—or they may be dissuaded from seeking care from a provider altogether. Such legislation not only restricts a woman's constitutional right to access safe abortion, but it jeopardizes her ability to access accurate medical information and safe, timely and compassionate health care.

In closing, as the largest organization of women's health care providers, ACOG proudly stands behind our members who provide comprehensive health care for women, delivered with quality, safety, integrity, and compassion. The bills before us today create a dangerous and hostile environment for physicians and patients, and ultimately prevent doctors from providing a patient with the best possible health care.