



BARBARA DITTRICH

STATE REPRESENTATIVE • 38th ASSEMBLY DISTRICT

October 7, 2021

Assembly Committee on Health

RE: Rep. Dittrich Testimony on AB 594 - Relating to: congenital condition educational resources.

Hello, Committee Chair Sanfelippo and members of the committee. I appreciate the opportunity to speak to you on a topic that is extremely close to my heart and personal to me, providing information to parents who receive a prenatal diagnosis for their child. As stated in the analysis, this bill requires physicians who administer a prenatal or a postnatal test for a congenital condition and then receive a positive test result to ensure the parent or expectant parent of the child with the positive test result receives certain educational resources on the congenital condition made available by the Department of Health Services.

According to the National Down Syndrome Society, 22 states, both blue and red, have signed such legislation into law. This legislation should provide those building families in Wisconsin great hope, and should equip and empower parents to live a full life with their exceptional child.

Let me walk you through first-hand the story of a couple who would benefit from legislation like this. The mother knew that a certain genetic illness, affecting mostly males, ran in her family of origin. With that in mind, she and her husband decided it was best for them to receive a genetic ultrasound for each pregnancy to determine if she would be delivering a boy. She still remembers having such an ultrasound for the second time and her husband's ashen, gray face when the doctor announced that they would be welcoming a son into the world. The father was afraid, knowing that this son had a 50% chance of being born with this life-altering genetic illness. That mother was me. That father was my husband.

Thankfully, we were well-connected to organizations that could equip us for the son we would be expecting. We were able to prepare for a more gentle delivery, for the safety of that child. We were quickly connected to information that would help us make medical decisions on behalf of our son. And we were connected with another family to mentor us in the early years. That helped us to find our "new normal" and adjust to life with a serious diagnosis more quickly and joyfully than if we had not had that support.

But most expectant or new parents are not as fortunate as my husband and I were. Thus, the need for this legislation. Without such a centralized conduit for information and resources, families can easily become overwhelmed and hopeless. "Dr. Google," as some of my medical professionals have described, can engender fear with inaccurate or incomplete information. Furthermore, fear of the unknown can steal parents' joy, lead to needless despair, and give false expectations of a grim future for their family.



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While medical information can and does definitely keep expectations low for diagnostic outcomes, at least it sets a floor under those in the free-fall of a journey they may not have anticipated. It puts forth a starting line for families to reach higher and make the best decisions for their child. And it lets families know that a life with challenges is still very much a life worth living. There IS hope, and it is incumbent upon us as legislators to make certain our citizens have the opportunity to connect to that hope lest they unnecessarily head down a desperate path.

Let's make certain we join the 22 other states that have adopted this sound legislation. I thank you for your time, and welcome any questions you may have.



PATRICK TESTIN

STATE SENATOR

DATE: October 7, 2021

RE: **Testimony on Assembly Bill 594**

TO: The Assembly Committee on Health

FROM: Senator Patrick Testin

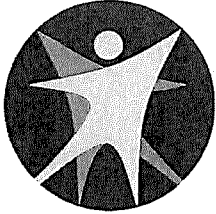
Thank you Chairman Sanfelippo and members of the Assembly Committee on Health for accepting my testimony in support of Assembly Bill 594.

Representative Dittrich and I introduced this legislation to provide critical resources to parents of a child diagnosed with a congenital condition such as Down syndrome. When a prenatal or postnatal test yields a positive diagnosis for a congenital condition for a baby, parents can face unexpected concern and uncertainty about what the future holds for their child.

Assembly Bill 594 requires the Department of Health Services to compile educational materials and contact information for organizations that focus on congenital conditions and provide that material to physicians. We then direct a physician who administers a prenatal or postnatal test that identifies a congenital condition to make sure the parents are provided these resources. Further, this bill directs the DHS to periodically review and update these materials as needed to reflect new research or information. Because the March of Dimes reports one of the most common congenital conditions, Down syndrome, occurs more frequently in our Hispanic and Asian populations, the bill also directs DHS to translate these materials into Spanish and Hmong.

As of January this year, 22 other states have passed similar congenital condition informational legislation. With the passage of this bill, Wisconsin has an opportunity to provide parents welcome context and support to utilize during their child's formative years and beyond. Parents can be reassured with the knowledge that having a child with a congenital condition does not need to be thought of as their child's sole defining characteristic. A positive diagnosis for a congenital condition does not equate to a life without purpose, promise, happiness, or intrinsic value.

Thank you for taking the time to listen to my testimony today, and I respectfully ask that you join me in supporting Assembly Bill 594.



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Karen E. Timberlake, Interim Secretary

TO: Members of the Assembly Committee on Health

FROM: HJ Waukau, Deputy Legislative Director

DATE: October 7, 2021

RE: AB 594, relating to: congenital condition educational resources

The Department would like to take the opportunity to submit written testimony for information only on Assembly Bill 594 (AB 594) regarding congenital condition education resources. AB 594 would require the Department to make available on its website, and update appropriately, educational resources for parents or expectant parents of a child who tests positive for a congenital condition. Specified educational resources would also need to be available in English, Spanish, and Hmong translations.

Under s. 253.12, the Wisconsin Birth Defects Registry (Registry) collects information on infants diagnosed with a birth defect. Information provided to the registry is confidential and comprised of birth defects found in children from birth to two years of age, and who are diagnosed or treated in Wisconsin by a physician, pediatric specialty clinic, or hospital. The Registry collects information on 87 specified birth defects and syndromes. Detailed information on which birth defects are reported can be found in DHS 116 Appendix A, a copy which is attached for the Committee's reference. Determinations regarding which conditions are added to or deleted from the Registry are made by unanimous vote of the Council on Birth Defect Prevention and Surveillance. The Council is comprised of medical professionals, a parent/guardian of a child with a birth defect, a representative of a local public health department, and representatives of specified stakeholder groups. Per s. 253.12 (4) (a) the Council is statutorily required to meet four times a year and provide biannual reports to Assembly and Senate Committees on Health, and the Assembly Committee on Children and Families. The Council's most recent report on the Registry and its activities was provided to the Committee on June 18, 2020. The Department is currently able to carry out its statutory requirements related to the Registry, however any additional requirements would necessitate additional financial and staffing resources.

The information provided to the Registry allows regional entities to connect families to support services in their geographic area and provide them with additional information. These activities are accomplished by the Regional Centers for Children and Youth with Special Health Care Needs (CYSHCN). These Centers provide families with information, training, and referrals; including for children with diagnosed birth defects. Along with providing information, the Regional Centers conduct intakes to identify the needs of a family and connects them with the appropriate agencies. The Regional Centers also provide follow-ups to ensure that the needs of the family are being met. There are five Regional Centers in Wisconsin (Northern, Northeast, Southeast, Southern, and Western), and the contact information for each Regional Center is listed on the Department's site:
<https://www.dhs.wisconsin.gov/cyshcn/regionalcenters.htm>.

The Department is happy to provide any additional information regarding the Registry or the Regional Centers as needed.

Chapter DHS 116 APPENDIX A

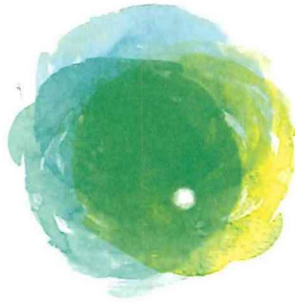
Birth Defects and Syndromes for Which Reporting is Mandatory

Achondroplasia	Microphthalmia and Anophthalmia
Ambiguous Genitalia	Microtia/Anotia
Amniotic Bands	Multicystic or Dysplastic Kidney
Anencephaly	Noonan Syndrome
Angelman Syndrome	Obstructive Urinary Tract Defect [not posterior valves; not urethral stenosis/atresia]
Arthrogryposis Multiplex Congenita	Oculoauriculovertebral Association (including Goldenhar Association and Hemifacial Microsomia)
Atrial Septal Defect	Omphalocele
AV Canal/Endocardial Cushion Defect	Osteogenesis Imperfecta
Beckwith–Wiedemann Syndrome	Other Chromosomal Anomaly (not +13, +18, +21, XXY, Turner S., 22q–)
Biliary Atresia	Polycystic Kidney Disease, Autosomal Dominant Form
Bone Dysplasia/Dwarfism, Other (not Achondroplasia)	Polycystic Kidney Disease, Autosomal Recessive Form
Cardiac Arrhythmia (Congenital)	Polycystic Kidney Disease, Uncertain Form
Cataract (Congenital or Early)	Porencephaly
CHARGE Association	Posterior Urethral Valves
Choanal Atresia	Prader–Willi Syndrome
Cleft Lip with or without Cleft Palate	Pyloric Stenosis
Cleft Palate	Rectal/Colonic Atresia/Stenosis
Clubfoot (Congenital)	Reduction Deformity, Arm or Hand
Coarctation of the Aorta	Reduction Deformity, Leg or Foot
Coloboma	Renal Agenesis/Hypoplasia
Craniosynostosis	Robin Malformation Sequence (Pierre Robin Sequence)
Cystic Fibrosis	Scoliosis or Kyphosis/Hemivertebra (Infantile)
De Lange Syndrome (Cornelia De Lange Syndrome)	Small Bowel Atresia/Stenosis
Diaphragmatic Hernia	Smith–Lemli–Opitz Syndrome
Down Syndrome	Sotos Syndrome
Encephalocele	Spina Bifida
Epispadias	Spinal Muscular Atrophy (Infantile)
Exstrophy of the Bladder/Cloaca	Stickler Syndrome
Gastroschisis	Tetralogy of Fallot
Glaucoma (Congenital)	Total Anomalous Pulmonary Venous Return
Hemivertebra	Tracheo–Esophageal Fistula/Esophageal Atresia
Hemophilia	Transposition of the Great Vessels
Hereditary Spherocytosis	Trisomy 13
Hip Dislocation (Congenital)/Developmental Dysplasia of Hip (Congenital)	Trisomy 18
Hirschsprung Disease	Trisomy 21
Holoprosencephaly	Truncus Arteriosus
Hydranencephaly	Turner Syndrome
Hydrocephalus (Congenital or Early)	Urethral Stenosis/Atresia
Hypoplastic Left Heart	Valvular Heart Disease (Congenital)
Hypospadias	VATER Association
Hypothyroidism (Congenital)	Velocardiofacial Syndrome (22q Deletion Syndrome)
Klinefelter Syndrome	Ventricular Septal Defect
Marfan Syndrome	Von Willebrand Disease
Microcephaly (Congenital or Early)	Williams Syndrome

Note: Definitions can be found in the *Birth Defects Encyclopedia: The Comprehensive, Systematic, Illustrated Reference Source for the Diagnosis, Delineation, Etiology, Biodynamics, Occurrence, Prevention, and Treatment of Human Anomalies of Clinical Relevance*, Volumes I and II, Centers for Birth Defects Information Services, Inc. 1990.

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ProLife
LOVE. FOR LIFE. WI.

**Testimony in Support of Assembly Bill 594: congenital condition educational resources
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 strong support for Assembly Bill (AB) 594, legislation requiring physicians who administer prenatal or postnatal tests for congenital conditions provide parents, upon a positive test result, with informative and supportive educational resources made available by the Department of Health Services.

Expectant or new parents can often view a diagnosis of congenital disease or defect almost as if it were death itself. Not a physical death, but a death of hopes and dreams. Visions of a normal childhood vanish in a flash. Studies demonstrate that following a prenatal diagnosis, close to 70% of Down Syndrome babies are aborted in the United States. Parents need to be reassured that there exists detailed information and valuable resources and organizations that can greatly assist them in learning about, caring for, and raising their child.

Assembly Bill 594 will go a long way toward encouraging and empowering parents to provide optimal care for their child in such challenging circumstances. Specifically, the legislation requires DHS to provide parents with current, evidence-based information about their child's congenital condition that has been reviewed by medical experts and organizations specializing in that condition. Such information would include the following and more:

- Intellectual and functional development for individuals with a diagnosis of the congenital condition;
- Treatment options for the congenital condition;
- Informational hotlines specific to the congenital condition;
- National and local organizations with a focus on the congenital condition;
- Educational and support programs / Relevant resource centers.

As human beings, we are not just valuable for what we can do, but for who we are. As God's image bearers, we have intrinsic worth, inestimable value, and inviolable dignity. Caring for and loving a child with disabilities allows us to serve someone other than ourselves. It fosters patience, understanding and gratitude for the gifts we have been given. And it allows us to experience the joy of Christ whose life and death was total self-giving, unconditional love for each one of us. We thank Representative Dittrich for introducing this much needed legislation. It will save and transform lives. Thank you for your consideration, and I would be happy to answer any questions committee members may have for me.



**Gracie Skogman, Legislative Director, Wisconsin Right to Life
Assembly Committee on Health
AB 594, Congenital Condition Educational Resources
Thursday, October 7, 2021**

Thank you to Chairman Sanfelippo, and members of the Assembly Committee on Health for your time today. My name is Gracie Skogman, and I am the Legislative Director of Wisconsin Right to Life, testifying in favor of AB 594.

Each child's life is valuable and worthy of protection, especially unborn children who are diagnosed with a congenital condition, such as down syndrome.

This legislation would require physicians who administer a prenatal or postnatal test for a congenital condition and receive a positive test result to ensure the parent or expectant parent of the child with the positive test result receive certain educational resources on the congenital condition. This would include current, evidence-based information on possible physical, developmental, educational, and psychosocial outcomes of the congenital condition, life expectancy, clinical course of the congenital condition, and intellectual and functional development for individuals with a diagnosis of the congenital condition.

It would also include information regarding treatment options and supportive information such as a local and national organizations with a focus on the congenital condition, information hotlines, and resource centers.

At Wisconsin Right to Life, we too often hear heartbreaking firsthand accounts of expectant parents who are given a diagnosis of a congenital condition in their unborn child and simply told they should terminate the life of their child. They are left with questions and doubts, and little support. Furthermore, we hear from pregnancy support centers that this often disproportionately affects women in poverty, single mothers, and women of color.

Women deserve better than this. Their unborn children deserve better than this. Our community of amazing individuals with congenital conditions deserves better than this. Parents need to feel supported and equipped to bring a child into the world with a congenital condition. There are resources available to them, individuals willing and able to help, and vital information that gives them a clearer picture of what to expect.

Assembly bill 594 is simply a requirement for education, in the hope of providing much needed support for expectant parents. It is not a determination of how the parents should choose to proceed. However, we hope that the information and resources provided will empower them to choose life.

Wisconsin Right to Life is strongly in support of AB 594 and thank Representative Dittrich and Senator Testin 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 594, Congenital Condition Educational Resources

The Wisconsin Catholic Conference (WCC), the public policy voice of the Catholic bishops of Wisconsin, urges you to support Assembly Bill 594, which requires that physicians who administer a prenatal or postnatal test for a congenital condition ensure that the parent or expectant parent of the child with a positive test result receives current and evidence-based educational resources on the congenital condition as made available on the Wisconsin Department of Health Services (DHS) website.

We think physicians will want to share these resources with expectant parents, many of whom will be distressed when they receive an unwanted diagnosis. Parents deserve to know the full scope of their unborn children's condition and should be reassured that medical staff and the larger community are there to support them as they care for them or choose to find others to care for them.

We are especially pleased that the bill requires the DHS to list all the supports that exist for specific congenital conditions. Listing these will not just help parents but will also reveal any gaps in resources and supports – gaps that concerned citizens, as well as public and private entities, can work to fill.

AB 594 brings hope and sends the important message that Wisconsin values all human life, no matter what condition it is in.

To: Members of the Assembly Committee on Health
From: Dr. Kara Hoppe
Date: October 7, 2021
Re: Assembly Bill 594 relating to congenital condition educational resources

Maternal Fetal Medicine or Perinatology is a subspecialty of Obstetrics & Gynecology. A large component of my practice is fetal diagnosis. This involves a fetal ultrasound and extensive clinical expertise (obtained in an extra 3-year fellowship) in an unlimited list of abnormal fetal findings. Oftentimes there may be multiple findings that indicate a larger diagnostic condition or syndrome. Going for fetal ultrasound evaluation is a special time for all and receiving unexpected news of an abnormal finding is very emotional and a devastating time for many. Many patients that I see are referred in because providers are not able to adequately counsel women. Many individuals have tried to do reading or understand the information prior to arriving to our diagnostic unit. This leaves many with the wrong information as the information they are reading are obtained from non-medically approved sites.

It is at this time having a comprehensive evaluation is revealing and helpful to understand the big picture. However, at times we are not able to make “the” diagnosis without further genetic diagnostic testing or until after birth. We do objectively discuss all findings and the “differential diagnosis,” A differential diagnosis is a list of possible conditions the baby may have. Furthermore, each fetal abnormality has individual risks or ability to effect the babies chance of survival or long-term outcomes (for example a severe cardiac abnormality vs perhaps a mild birth defect have and will require very different care and services before and after birth).

Referring patients to a government based/required resource is not adequate to discuss and educate families on the individual nature or findings for each fetus (their baby). The necessary counseling often requires a multi-disciplinary care team and ultimately any and all necessary medical resources/reading/websites to understand what their fetus has and will need during the pregnancy/long-term. I ask that Assembly Bill 594 **not be approved**. We need to allow for patient/medical autonomy to provide families with the most comprehensive medical care and knowledge to make decisions and develop care plans for their pregnancy. We also hope that all women have access to a Perinatologist or high-level of ultrasound and diagnostics to also allow for proper diagnosis, counseling and coordination of care. We all want the highest level of care, knowledge and support for our mothers, families and unborn babies- so please allow for every mother to receive this knowledge from the right medical provider and not a government-based website.

Thank you,

Dr. Kara Hoppe

To: Members of the Assembly Committee on Health

From: Dr. Jacquelyn Adams, Maternal Fetal Medicine

Date: October 7, 2021

Re: Assembly Bill 594 relating to congenital condition educational resources

The specific challenges of my job put me in a uniquely apt position to voice the threat Assembly Bill 594 poses to patients.

Often as a maternal-fetal-medicine physician, I work with patients experiencing a terrible day—days when they find out something is wrong with their health, or the health of their fetus. My specialty is often made more difficult by the fact that I have two patients to consider instead of just one. We seek to make or confirm a diagnosis through imperfect means such as ultrasounding a fetus that is moving, out of position, or otherwise inaccessible for evaluation.

After many years of study and specialization, a prenatal diagnosis can still be difficult and provide only a range of outcomes. There are abnormal presentations of common findings and common presentations of extraordinarily rare syndromes. It is not uncommon for me to have several textbooks, articles, and case reports open on my desk trying to piece together information to help families understand, find the appropriate specialists, and figure out the “next best step”.

For all these reasons and more, relying on a centralized database would be neither a feasible nor a logical option. For patients needing information quickly to make a decision about their pregnancies, this would be a step backward from relying on their relationship with me and my team of experts. For many women, it would be impossible to offer an appropriate “search” to give them answers. The key to moving medicine forward is highly specialized and personalized care, not working to fit all fetuses and conditions into a user-dependent, one-size-fits-all database.

Further, pragmatic problems such as language barriers and lack of interactivity also impose insurmountable issues. Any attempt to provide reference materials in other languages would create both financial and resource burdens that no medical system could manage. Materials would need multiple dialects of the same language. Interpreters would still be needed to answer higher-level-reasoning questions that could not be answered by mere database printouts. More importantly, no printed material could replace the physician-patient dialogue and relationship. Often, I find a patient’s concerns are not what I anticipated. So much of complex counseling in my field is based on a patient’s previous experiences, values, cultural background, and other intangibles that could not be captured by written materials or an entry in a large system. I fear an inadvertent effect would be a patient understanding only the negative potential consequences without the potential for a positive outcome and vice versa.

That is why I have spent the better part of my education and life preparing to help pregnant people through complex decision making.

For all of these reasons and more, Assembly Bill 594 will do a disservice to Wisconsin patients. While on its surface it proposes standardizing the information patients receive, a dangerous undercurrent threatens to undermine the fundamental physician-patient relationship and discredit patients' concerns and questions for the good or bad.

We will look back on this era and undoubtedly mark those who listened to the logic of science and those who did not. Wisconsin needs its legislators to act with that future in mind.

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 VACTERL 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



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. Alarming, 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.