



JULIAN BRADLEY
WISCONSIN STATE SENATOR

**Senate Committee on Government Operations,
Legal Review & Consumer Protection**
Tuesday, February 8, 2022

Senate Bill 923

Chairman Stroebel and committee members,

Life is the most precious gift each and every one of us has been given. So, I'm here today to say loudly and clearly — Unborn Lives Matter.

Thanks to advances in science, we can detect a heartbeat and listen to that beating sign of life between five and eight weeks of pregnancy. I'm sure you'll hear from opponents who do not believe that we should use a beating heartbeat from a baby in his or her mother's womb as a sign of life. Still, it's undeniable that a heartbeat is a definitive indicator of life. We know this because our hospitals use the moment a heart stops beating to mark the time of death.

Our relentless passion for protecting life is why Representatives Rozar and Callahan and I have authored this bill. We believe detecting a fetal heartbeat is clear, undeniable evidence that a baby's life exists in the womb, and we must do our work as a Legislature to focus on saving the lives of the most vulnerable — the voiceless, the unborn.

Senate Bill 923 requires an abortion provider to test for a fetal heartbeat, and if a baby's heartbeat is detected, it would prevent the physician from killing that life. Like a recent law in Texas, this bill creates a new enforcement method to protect unborn babies. Under the bill, citizens would be able to hold abortionists accountable through private lawsuits, a method of enforcement that the courts have upheld as legal within the current framework of *Roe v. Wade*.

We're doing everything we can to use our voices to help people understand how early a baby's heart starts beating and to protect those beating hearts in Wisconsin with this bill. Since a similar law was enacted in Texas, 10,000 lives have been saved. We must start that good work here in Wisconsin as soon as possible. Heartbeat bills have been signed into law in 13 states, and it's time that we join them.

Thank you for your time. I appreciate your consideration of Senate Bill 923 and encourage you all to stand up for the lives of the voiceless by supporting this bill.



DONNA M. ROZAR

STATE REPRESENTATIVE • 69TH ASSEMBLY DISTRICT

Office: (608) 267-0280
Toll Free: (888) 534-0069
Rep.Rozar@legis.wi.gov

P.O. Box 8953
Madison, WI 53708-8953

Testimony before the Senate Committee on Government Operations, Legal Review and Consumer Protection

SB 923

February 8, 2022

Thank you, Chair Strobel, Vice-Chair Felzkowski, and members of the Senate Committee on Government Operations, Legal Review and Consumer Protection for holding this hearing on Senate Bill (SB) 923, relating to: detection of and abortion after detection of a fetal heartbeat and providing a penalty. I would also like to thank Senator Bradley for championing this Bill in the Senate, as well as all those who co-sponsored it. As explained by the Legislative Reference Bureau, SB 923 requires that an abortion practitioner must attempt to detect a fetal heartbeat before inducing or performing an abortion. If the physician does not attempt to do so, or disregards the detection of a fetal heartbeat, they will be in violation of this Bill by performing prohibited conduct and liable for review by the Medical Examining Board as well as subject to a civil lawsuit. This legislation does not carry a penalty for the woman terminating her pregnancy.

As a medical/surgical cardiac nurse for almost 20 years, a large percentage of my job required the evaluation of the rhythm, rate, strength, and presence of a heartbeat. The procedure after an unsuccessful attempt to resuscitate a patient when a heartbeat was no longer detected, was that the physician leading the medical emergency stated to those in the room, "Being unable to detect a heartbeat, does anyone have any objections if this attempt to resuscitate the patient is discontinued?" If no objections were voiced, the resuscitation efforts stopped. The heartbeat is the medical measurement of life. It was always a solemn moment in the room as we all reflected on our attempts to resuscitate the individual who now had been pronounced dead. Life was no longer present as evidenced by the heartbeat no longer being detected.

If life ends when the heart stops beating, life should begin when the heart starts beating. A detectable heartbeat of the baby in utero is a sign that life exists. When an expectant mother tells someone about hearing their babies' heartbeat, they do not say, "I heard my embryonic cluster of cells emitting electrical signals". They say, "I heard my baby's heartbeat". They know this indicates life is present and time will permit this fearfully and wonderfully made new human being to grow and develop into the baby they will welcome months later.

When the Supreme Court issued its infamous Roe v. Wade decision along with its companion decision, Doe v. Bolton, the Court stated that if the "fetus" ever received "personhood" status the tenets of the decisions would need to be revisited.

Fetal medicine is an emerging field. Babies with abnormalities and illnesses are being treated in utero using a fetoscope. Babies born at 22, and even 20 weeks gestation are being treated in neonatal intensive care units and survive to lead full, productive lives. Scientists are currently seeking to develop an artificial placenta that would make 10 week old unborn babies viable. The science has changed significantly since 1973 and we are treating unborn babies as human beings, independent of their mothers.

Since 1973, 62 million abortions have taken place in our country. In 2019, 6372 women from Wisconsin had an abortion. It is estimated that 92% of those abortions were for social and economic reasons. 48% of abortions are repeat abortions performed on women who have had 1 or more previous abortions. We have been sacrificing unborn babies on the altar of convenience for almost 50 years.

As our nation begins to understand recent scientific advances in fetal medicine, popular opinion is changing in realizing that unborn babies are indeed persons. There are many groups committed to helping women who find themselves with an unplanned pregnancy. Those women need to be supported in bringing their babies to full term and educated about the options available to them upon delivery. These are difficult circumstances and we need to continue efforts with adequate support.

This Bill is an effort to show the injustice and inhumanity of abortion. If we continue to believe the unborn baby is simply a mass of tissue, it's easy to avoid the emotional attachment. If women knew their baby could kick, curl their toes, make facial expressions, and had a beating heart, most would not abort their babies. A woman might abort a tissue mass, but not a baby! Abortion procedures would be too gruesome to even think about if the object is a baby. This Bill seeks to educate the pregnant woman about the humanity of her unborn baby. It requires that she be informed that her baby has a heartbeat early in her pregnancy.

How appropriate that this Bill is being considered during February, American Heart Month. Every heart matters and abortion stops a beating heart. Let's follow the science and recognize the unborn baby for the person he/she is. It is our responsibility to protect the child who lives in a most dangerous place, its mother's womb. Thank you for supporting this Bill which will help save a vulnerable population, the future of our state. We may not be able to save all, but we can save some.

Thank you for your kind attention to my comments.



WISCONSIN FAMILY ACTION
Marriage|Family|Life|Liberty

PO Box 7486 • Madison WI 53707-7486
608-268-5074 (Madison) • 866-849-2536 (toll-free) • 608-256-3370 (fax)
info@wifamilyaction.org • www.wifamilyaction.org

**TESTIMONY IN SUPPORT OF SENATE BILL 923
SENATE COMMITTEE ON GOVERNMENT OPERATIONS,
LEGAL REVIEW & CONSUMER PROTECTION – TUESDAY, FEBRUARY 8, 2022
JULAIN K. APPLING, PRESIDENT**

Thank you, Chairman Stroebel and committee members, for the opportunity to testify on Senate Bill 923. I am Micah Pearce, Executive Vice President of Wisconsin Family Action. Wisconsin Family Action supports this bill with one caveat.

A heartbeat... a human heartbeat. Is there anything that bespeaks life more powerfully than a heartbeat? That is what this bill is about—human life, its dignity, its worth, its protection.

Because this bill is modeled quite closely after the very well-known Texas Heartbeat bill, little will be said today that is new. Suffice it to say that the bill creates a very bright line for when an abortion cannot happen—once a heartbeat is detected, which is indeed right and appropriate. Our current laws which both requires an ultrasound and also bans abortion after twenty-weeks' gestation certainly help protect babies from the indescribable pain and horror of an abortion; but we believe these unborn babies feel pain much earlier than 20 weeks. We know beyond a shadow of a doubt that at conception a baby is as human as it will ever be—it just needs time and the right environment to grow and develop. And, again, once a heartbeat is detectable, there is no doubt that the baby is alive, growing and developing.

As a state, we are always about—or should always be about—protecting our most vulnerable. An unborn baby with a detectable heartbeat qualifies as “most vulnerable.” Our law should reflect this priority of protecting our most vulnerable. This law, by and large, does that.

Our one caveat has to do with the medical emergency exception. Admittedly, the authors have done a far better than average job of narrowing the definition of “medical emergency” than we typically encounter in pro-life bills that include exceptions. That said, fundamentally we do not believe it is ever necessary to kill the baby to save the mother. Medical professionals tell us it is no longer “either-or,” but “both-and”—meaning, with medical advancements, it is possible to save both the mother and the baby. If the baby dies as a result of doing medical treatments designed to save the life of the mother, that is far different from intentionally killing the baby in an effort to save the mother. We would prefer to see this bill without this exception. However, we understand the intention of the bill and believe it will save many babies, as it has in Texas, even with this medical emergency exception. Our hope is that the wording is tight enough to not allow crafty abortion providers a way to work around this wording and deem many situations where a baby's heartbeat has been detected as a “medical emergency” and thus the baby is aborted..

Other than this caveat, we support the provisions in this bill, including allowing any citizen who is knowledgeable about an abortion being illegally done under the prohibitions of this proposal, to bring a lawsuit against the provider. We also agree with the requirement that an allegation that a physician violated either prohibition in the bill is considered an allegation of unprofessional conduct, and the Medical Examining Board is required to investigate allegations of unprofessional conduct. We believe that is appropriate given that we are talking about taking a human life that has a detectable heartbeat.

We urge the committee to pass this bill and move it soon to the full Senate for a vote.

Thank you for your time today and for your careful consideration of our position on this bill.

Brian Westrate

TO: Members of the Senate Committee on Government Operations, Legal Review and Consumer Protection

FROM: Brian Westrate, Citizen

DATE: February 7th, 2022

RE: SB 923, relating to: detection of and abortion after detection of a fetal heartbeat and providing a penalty.

Thank you for the opportunity to submit this written testimony on SB 923 in addition to my public testimony given in person.

Since March of 2020 the entire world has made much of “science”, and the need to “follow it”. Let’s pursue that narrative as it relates to the unborn.

There is no question that an organic lifeform that has a heartbeat is scientifically alive. There is also no question that an organism with a heartbeat is significantly more complex and substantial than an organism such as an amoeba which while alive, many would not think of as “a life”. In short, scientifically speaking a heartbeat is something that is unique to complex lifeforms that are universally agreed to be alive, both by laymen, and those employed in the scientific community.

What is also scientifically indisputable is that an entity with a heartbeat is scientifically a life. There is simply no scientific question about this, if an entity has a heartbeat, it is by definition alive. In point of fact this is an area where the rule of law, and science agree. A near universal definition of legal death is the cessation of a heartbeat, once a person’s heartbeat ends, they are both legally, and scientifically dead. So, by following the science it is unequivocal that an unborn baby that has a heartbeat is alive making it a life separate and distinct from the mother who has her own heartbeat, and thus clearly her own separate life. Where two hearts beat, two lives exist.

Now that we have followed the science to the inescapable truth that a baby inside of a womb that has a heartbeat is a life, let’s continue our scientific quest by asking what sort of life it must be. Again, using science we can determine that a new life with a separate and distinct heartbeat naturally growing inside the womb of a mother, must scientifically be the same species as the mother. So, we can see that science (and honestly, common sense) would dictate that if a human mother has a new life growing in her womb, that new life by definition is scientifically a human life. And if this common sense approach is not enough for those who are skeptical we can follow the science even further and we will find that an unborn baby developing inside of a human female is genetically human.

So, by following the science it is an inescapable scientific fact that an unborn baby inside of a human female that has its own heartbeat is a human life.

Now, I will delve into the far more subjective realm of good governance. What is undisputed is that in the United States of America the preservation of innocent human life is a legitimate function of government. In a nation whose people often agree on very little, it is universally accepted that the



Brian Westrate

Brian Westrate

protection of human life is a legitimate function of government be it at the municipal, state, or federal level. Whether a Democrat or a Republican, a conservative or a liberal, and regardless of one's faith, or lack thereof, it is an accepted truth that life is to be protected by the rule of law. No less than the Declaration of Independence which made us a new nation makes this clear when it declares, "We hold these Truths to be self-evident, that all Men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty, and the Pursuit of Happiness."

So, the science is clear that an unborn baby with a heartbeat is a human life, and the rule of law is clear that a legitimate, and necessary function of government is to protect human life. Given these realities it is very clear that you, the members of the Wisconsin State Senate, and your colleagues in the State Assembly not only have a scientific duty to pass this bill, but you also have an ethical obligation to do so based on the Rule of Law you have sworn to uphold. You all do not need to delve into the "politics" of the matter, and you do not need to debate the "morality" of it. If you simply follow the science, and acknowledge one of the foundational core obligations of your office, you will vote "Aye" on Senate Bill 923, and ensure legal protection for innocent human life from the moment a person's heart starts beating, to the moment that it stops.

I thank the authors of this bill, and I thank each of you for giving me the opportunity to share my testimony on this issue.



ProLife
LOVE. FOR LIFE. WI.

Testimony / Senate Bill 923: detection of and abortion after detection of a fetal heartbeat and providing a penalty
Senate Committee on Government Operations, Legal Review and Consumer Protection
By Matt Sande, Director of Legislation, Pro-Life Wisconsin

February 8, 2022

Good afternoon, Chairman Stroebel 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 concerns with Senate Bill (SB) 923, legislation that would 1) require detection of a fetal heartbeat prior to the performance of an abortion, and 2) prohibit performance of an abortion if a fetal heartbeat is so detected.

Pro-Life Wisconsin supports legislation banning abortion once a fetal heartbeat is detected. Although we know human life does not begin at fetal heartbeat, but rather at embryonic fertilization, it is manifestly clear that a fetus with a beating heart is a human being deserving of full protection under the law. A fetal heartbeat can be detected at 6.5 to 7 weeks gestation with 90 to 110 beats per minute at normal range. Abortion bound women given the opportunity to hear their baby's heartbeat, as this bill requires, have a good chance of reconsidering their decision to abort their child, avoiding physical, emotional, and spiritual trauma.

While we appreciate the noble intentions of the authors of SB 923, we cannot support the legislation in its current form because each of its two operative parts – requiring detection of a fetal heartbeat prior to an abortion and prohibiting an abortion if a heartbeat is in fact detected – allow an explicit exception for a “medical emergency.”

Abortion in the bill is defined as the direct intentional killing of an unborn child. As described in Wisconsin Statute 253.10(2)(a), “abortion” means “the use of an instrument, medicine, drug or other substance or device *with intent to terminate* the pregnancy of a woman known to be pregnant or for whom there is reason to believe that she may be pregnant and *with intent other than to increase the probability of a live birth*, to preserve the life or health of the infant after live birth or to remove a dead fetus.” Current law makes clear what abortion is and is not, centering on the intention of the actor.

However, the definition of medical emergency in SB 923 (page 4, lines 9-17) and the description of how a medical emergency is applied (page 5, lines 16-22) do not constitute an exception for “abortion” as defined in the bill. Performing a “medical intervention designed or intended to prevent the death of a pregnant woman” and “making reasonable medical efforts under the circumstances to preserve both the life of the woman and the life of the unborn child” is not an abortion. Thus, it is not an exception for abortion. It is equal care for mom and baby. Requiring equal care for mother and child in a medical emergency is the antithesis of intentionally killing an unborn child. So why call it that, as the bill explicitly does by using the phrase, “Except when a medical emergency exists,[...]” on pages 4 and 5, prior to the bill’s two operative parts? This makes the bill internally inconsistent and therefore confusing, if not incoherent.

(OVER)

We fear the exceptions in SB 923 will allow a physician to make a credible argument that, in a medical emergency, his or her performance of a direct abortion after a detected fetal heartbeat is legally permissible. Abortionists are quite adept at exploiting loopholes in otherwise pro-life legislation to continue their killing. They look for exceptions and contradictory or ambiguous language in pro-life bills. Accordingly, pro-life bills, particularly ones banning abortion, must have simple, clear, and airtight language.

Pro-Life Wisconsin would support an amendment to SB 923 that simply removes *all* reference to “medical emergency” throughout the legislation, especially the exceptions for it, and retains the requirement for fetal heartbeat detection and the prohibition of abortion if a fetal heartbeat is in fact detected.

And if the Committee wishes to address the mother’s life in SB 923, there is a clear, moral, and effective way to do so. The excerpted language from 2006 South Dakota House Bill (HB) 1215 provides a good example of requiring equal protection for mother and child and granting the physician immunity if he or she follows the requirement. The language reads:

No licensed physician who performs a medical procedure designed or intended to prevent the death of a pregnant mother is guilty of violating section 2 of this Act. However, the physician shall make reasonable medical efforts under the circumstances to preserve both the life of the mother and the life of her unborn child in a manner consistent with conventional medical practice. Medical treatment provided to the mother by a licensed physician which results in the accidental or unintentional injury or death to the unborn child is not a violation of this statute. (Section 4, 2006 South Dakota HB 1215)

As you can see, some of this language was incorporated into SB 923. We do appreciate that. But regrettably, it was used as an exception for direct abortion, which it most definitely is not.

We want SB 923 to be effective in banning *all* abortions after a fetal heartbeat is detected, thus securing equal protection for *all* preborn babies whose heartbeats are detected. Ultimately, we want to ban abortion from the moment of conception, establishing equal protection for all preborn babies from the beginning of their lives. But banning abortion after heartbeat is a bold start. We fully support the bill’s novel enforcement mechanism, empowering private citizens to sue, that has proved effective in stopping most abortions in Texas by confounding the efforts of those trying to obstruct it.

Pro-Life Wisconsin also opposes the exceptions that apply to the informed consent provisions in SB 923, and we urge you to amend them out of the legislation. Specifically, we oppose the “medical emergency,” “sexual assault,” and “incest” exceptions in Wisconsin’s current informed consent for abortion law, Wisconsin Statutes 253.10(3)(c) and 253.10(3g), that apply to the bill’s requirements that the pregnant woman undergo a method to detect a fetal heartbeat and that, if detected, the heartbeat be made audible for the woman and that she be told of these requirements. We want to ensure that every pregnant woman seeking an abortion, in any circumstance, is fully informed of her preborn child’s detected fetal heartbeat and is given the opportunity to hear that heartbeat.

Under the current informed consent for abortion law, “medical emergency” means “a condition, in a physician’s reasonable medical judgment, that so complicates the medical condition of a pregnant woman as to *necessitate the immediate abortion* of her pregnancy to avert her death or for which a 24-hour delay in performance or inducement of an abortion will create serious risk of substantial and irreversible impairment of one or more of the woman’s major bodily functions.” Because the term “medical emergency” is defined in current law to allow direct abortion, it constitutes a clear and unacceptable life and health of the mother exception in SB 923’s informed consent requirements. A true medical emergency necessitates not an immediate surgical or chemical abortion but rather immediate transport to a hospital where trained ER physicians can care for both mom and baby.

In sum, we remain hopeful that we can lend our support to this critical legislation if properly amended. Thank you for your consideration, and I am happy to answer any questions committee members may have for me.



Gracie Skogman, Legislative Director, Wisconsin Right to Life
Senate Committee on Government Operations, Legal Review and Consumer Protection
SB 923, Re: detection of and abortion after detection of a fetal heartbeat and providing a penalty
Tuesday, February 7th, 2022

Thank you Chairman Stroebel, and members of the committee for your time today. My name is Gracie Skogman, and I am the Legislative Director of Wisconsin Right to Life, testifying in favor of SB 923.

The presence of a heartbeat in an unborn child is a powerful sign of life- and life that is worth protecting. Advancements in science and medicine now allow expectant mothers to hear their baby's heartbeat as early as six weeks. Additionally, the baby's brain and the spinal cord have started to develop and blood vessels begin forming into the circulatory system.

Yet, the heartbreaking reality is that 85% of abortions in the United States are performed after this state of development, stopping a beating heart. The Heartbeat Act relies on indisputable scientific reality and ensures unborn children are spared from abortion once a heartbeat can be detected.

This legislation is lifesaving and lifechanging, as evidenced by its passage in Texas where over 10,000 babies have been saved in less than six months. Women are able to hear the beating hearts of their unborn children, and are given a chance at life without the pain and trauma of abortion.

Texas lawmakers also took the vital step of creating a vast support system for women facing challenging or unexpected pregnancies, and we must do the same here in Wisconsin. Abortion providers promise women easy solutions, yet all they offer is procedures that end in death for the child and potentially life long despair and pain for the expectant mother. Women must instead be offered support, compassion, and the knowledge that they have options and resources available to them.

The message of the Heartbeat Act is one of hope, and is a powerful reaffirming of the humanity of unborn children. It is founded in indisputable scientific reality and the necessity of protecting and valuing all human life. Wisconsin Right to Life thanks Senator Bradley and Representative Rozar for bringing SB 923 forward and urge support of this legislation.

Thank you very much for your time,
Gracie Skogman



WISCONSIN CATHOLIC MEDICAL GUILDS

Upholding the Principles of the Catholic Faith in the Science and Practice of Medicine

February 8, 2022

To: Members, Committee on Government Operations, Legal Review and Consumer Protection

FROM: Elizabeth Anderson, MD, Assistant State Director – Wisconsin Catholic Medical Guilds; President - Madison Catholic Medical Guild

RE: *Senate Bill 923 – detection of and abortion after detection of a fetal heartbeat*

Good afternoon Chairman Stroebel and Committee members. My name is Elizabeth Anderson. I am an emergency medicine physician here in Madison. I graduated from the Medical College of Wisconsin in 2005 and completed my residency at Froedtert Hospital in Milwaukee in 2008. I have been an ER physician here in Madison since then. I am also the current president of the Catholic Medical Guild of the Diocese of Madison and the Assistant Director of the Wisconsin Catholic Medical Guilds. I am here today on behalf of the Wisconsin Catholic Medical Guilds *which represents the six guilds of the Catholic Medical Association throughout Wisconsin*, with more than 100 physician and healthcare provider members.

The Wisconsin Catholic Medical Guilds (WCMG) supports Senate Bill (SB) 923 and strongly urges you pass this bill out of committee.

As you know, SB 923 would prohibit an abortion unless determination has been made as to whether the woman's unborn child has a detectable heartbeat; and prohibit an abortion if fetal heartbeat is detected. We believe that an unborn baby's life begins at conception and should be protected from that moment on. However, this bill is a step in the right direction.

An unborn baby's heart begins to beat as early as 3-4 weeks after conception and can be detected by vaginal ultrasound at about 5 weeks gestational age. The heartbeat is a key medical predictor of whether human life exists. An unborn baby's heartbeat is separate and distinct from its mother's, just as their DNA is separate and distinct from their mother's. In other words, they are a unique and distinct human life. As an ER physician, the heartbeat/pulse is the first thing we assess when we look for "signs of life" for a patient. This includes our assessment of an unborn child when a pregnant woman comes in with concerns about her pregnancy.

This bill also seeks to care for the pregnant female in providing for her health both medically and psychologically and in providing her with true informed consent. A pregnant woman has a right to know all the information regarding her pregnancy including the gestational age of her child, the heartbeat of her child; as well as the medical and psychological risks of any procedure. She has a right to know the above information about the fetal development of her child as well as the

documented risks and effects of abortion, including increased suicide risk following an abortion and complications of the abortion including incomplete abortion and infection.

WCMG testimony (SB 923) – page 2

The unborn child, as a distinct human being, with unique DNA and heartbeat, also has the right to live.

Therefore, for the physical and psychological health of the pregnant mother and the well-being of her unborn child, WCMG urges you to support SB 923.

Thank you for hearing my testimony and I am happy to answer any questions from the committee.

References:

Decreased Suicide after induced abortion after Current Care Guidelines in Finland. *Scan J Public Health*. 2015 Feb;43(1): 99-101

Complications related to induced abortion: a combined retrospective and longitudinal study. Carlson et al. *BMC Health*. 2018 Sept;18:158.



Planned Parenthood Advocates of Wisconsin

TO: Senate Committee on Government Operations, Legal Review and Consumer Protection
FROM: Mike Murray, Executive Director, Planned Parenthood Advocates of Wisconsin
RE: PPAWI opposition to 2021 SB 923 – Proposed 6-week abortion ban
Date: February 8, 2022

Members of the Senate Committee on Government Operations, Legal Review and Consumer Protection, thank you for considering this written testimony in opposition to SB 923, legislation that would ban most abortions after 6 weeks of pregnancy in Wisconsin and deputize private citizens to act as legal bounty hunters to sue physicians who provide abortion care. My name is Mike Murray and I am the Executive Director of Planned Parenthood Advocates of Wisconsin (PPAWI). PPAWI is the advocacy arm of Planned Parenthood of Wisconsin and advocates for public policies that ensure everyone in Wisconsin has access to the sexual and reproductive health care they need, when they need it.

SB 923 is an extreme proposal. It would ban abortion in Wisconsin before most people even know they are pregnant. For most people with a regular menstrual cycle, six weeks of pregnancy would occur just two weeks after their first missed period. This legislation also contains no exceptions for rape or incest and only very limited exceptions for the health of a pregnant person.

I could write pages of testimony about why this proposal is riddled with violations of existing constitutional law, other dangerous legal precedents, and concepts that represent a direct attack on the practice of medicine. All of these points are important and valid, and I am sure will be persuasively articulated by others who testify against this bill. However, this committee's primary focus should be the human tragedy that this legislation would inflict on people we all care about in communities across Wisconsin—our family members, our friends, our neighbors—who will be denied the ability to safely access time-sensitive health care. As with any health care restriction, SB 923 will also disproportionately harm those who already must navigate marginalization in our health care systems: Black and brown people; people with low incomes; and, people who live in rural communities.

One need only look to the experience of Texas to get a glimpse of Wisconsin's future should this legislation pass. SB 923 closely mirrors the infamous "SB 8" from Texas, a law that unfortunately went into effect in September 2021 and has caused devastation and lasting harm to thousands of real people who have been either denied access to abortion care or forced to desperately rearrange their lives to travel a great distance under crushing personal financial cost to access care. There is no need to take me at my word. Many patients and health care providers [have courageously shared stories of the harm they have experienced or witnessed during litigation to challenge SB 8](#). Please take a moment to carefully read and consider these stories and ask yourself whether this is the future you want for your constituents and for our state.

"A.D.", a patient denied abortion under S.B. 8:

A.D. is a 35-year-old social worker and doula. The soonest she could be seen after a positive home pregnancy test was 'a week out, which put [her] at eight weeks.'...A.D. said, 'I felt guilt and shame as this

Planned Parenthood Advocates of Wisconsin

legislation is intended' and emphasized, '[I]t's important that this is cruel by design. Targeted toward working moms, Black women and women of color. The ripple effect due to generational trauma.'

"C.N.", a patient denied abortion under S.B. 8:

C.N. and her husband live in East Texas with their five children, the youngest of whom is an infant. She knew she wanted an abortion "[t]he second [she] saw the positive test."...Even though C.N. was less than six weeks pregnant, an ultrasound revealed embryonic cardiac activity. She was incredibly disappointed and frustrated, having already driven over two hours to the appointment with her children, who waited in the car while she was in the clinic...She said, 'I used to love living in Texas. Now I hate it. It feels like we're prisoners...I never thought I would ever have to have an abortion, but I have my own reasons and...it's not fair that I can't have that right.'

S.A., a patient denied abortion under S.B. 8:

S.A. learned she was 6 weeks pregnant while she was in the hospital battling Covid-19, which 'hit [her] hard.' She has a 5-year-old daughter, and also cares for her ailing parents and her grandmother who is 'near death.' S.A. 'knew right away' she wanted to have an abortion. She said 'I'm not anywhere prepared financially, mentally or physically' to have a baby...S.A. said S.B. 8 'literally sickens' her, explaining, 'People don't have to agree with what you have to do, but you should have a choice. As women we are getting more and more held back to not making a choice. I would be forced to have a child that I don't feel like would have the best life.'

A.P., patient rushed into decision under S.B. 8:

Because of the extreme time constraints set by S.B. 8, A.P. felt pressured to quickly decide whether to have an abortion. A.P. said, 'Everybody's situation is different, and I think maybe that they really only focused on certain aspects of the law. They didn't look at every single individual that's ever had an abortion. There's millions of reasons to have one, and I don't think they took that all into consideration.'"

"H.R.", health center staff in Oklahoma:

H.R., a nurse in Oklahoma, said many patients are 'coming [to Oklahoma] with a sense of desperation.' She recalls a patient who suggested she had been so desperate for the abortion that she would have undergone an abortion performed by someone who was not a 'real' healthcare professional if she had not secured care at the Oklahoma clinic."

After reading and thinking about these stories, it is hard for me to imagine how anyone entrusted with elected office would believe that the tragedy that continues to unfold every day in Texas is the future that women in Wisconsin deserve. As members of this committee, you have the choice to support a different vision of Wisconsin's future, which is also supported by the vast majority of Wisconsinites. That vision is the opposite of SB 923 and represents a future where everyone has the ability to make their own health care decisions and access the health care they need – including abortion. On behalf of Planned Parenthood Advocates of Wisconsin, I respectfully request that you oppose SB 923.