



GAE MAGNAFICI

STATE REPRESENTATIVE • 28th ASSEMBLY DISTRICT

I am honored to present Senate Bill 343, a crucial piece of legislation aimed at providing a comprehensive definition of abortion. This bill is specially designed to distinguish between elective abortions and medical procedures that are essential to save the life of a pregnant woman. Our objective is to bring clarity to Wisconsin law, safeguard the sanctity of life, and ensure that medical professionals have clear guidance when treating pregnant women in emergency situations.

Bill Overview

The main crux of this bill is to revise the definition of abortion in the statutes so as to clearly exclude medical procedures such as the removal of a miscarriage or ectopic pregnancy that are designed to prevent the death of a pregnant woman. It ensures that any such procedure performed due to a medical emergency does not fall under the category of abortion, provided that reasonable medical efforts are made to preserve both the life of the woman and her unborn child.

Legislative Reference Bureau Analysis

The bill meticulously amends Section 253.10 (2) (a) and Section 940.04 (5) of the statutes to redefine abortion and delineate circumstances where life-saving medical procedures are not to be considered as an abortion. It further addresses prohibitions on funding for abortion-related activities and limitations on the use of abortion-inducing drugs, aligning them with the new definition.

Importance of Clarity in Law

The medical community requires clear legal guidelines to operate effectively. Physicians should not have to second-guess their actions when a woman's life is at stake. Senate Bill 343 provides that necessary clarity by explicitly stating which medical procedures are not to be categorized as abortions.

Comprehensive Approach to Support Mothers and Families

This bill is part of a broader legislative package that aims to support families at every stage of life. It dovetails with measures that relieve the tax burden on families, encourage adoption within Wisconsin, and allocate funding to pregnancy resource centers. Our comprehensive approach ensures that families receive the support they need, making Wisconsin a better place for everyone to live, work, and raise a family.

Conclusion

Ladies and Gentlemen, Senate Bill 343 is more than just a piece of legislation; it is a statement about who we are as a society and what we value. It ensures that medical professionals have the clear guidelines they need to save lives, and it protects the sanctity of life in all its forms. I urge this committee to recommend Senate Bill 343 for passage. Together, we can set a new standard for compassion, clarity, and care for the people of

Wisconsin.

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Rep.Magnafici@legis.wi.gov



WISCONSIN CATHOLIC CONFERENCE

TO: Senator André Jacque, Chair
Members, Senate Committee on Licensing, Constitution and Federalism

FROM: Tia Izzia, Associate Director for Human Life & Social Concerns

DATE: September 19, 2023

RE: Support for Senate Bills 300, 343, 344, 345, and 346

The Wisconsin Catholic Conference (WCC), the public policy voice of the Catholic bishops of Wisconsin, urges you to support the five bills before your committee today that truly empower and protect the dignity of human life in Wisconsin: Senate Bills 300, 343, 344, 345, and 346.

Senate Bill 300 *Abortion Activity Prohibition*

SB-300 has a clear and straightforward objective – to ensure that public funds, employees, and assets do not assist in the taking of human life. All too often, abortion is seen as a quick solution to human problems and framed as health care. It bears repeating that taking a human life cannot and can never be considered health care, for it is neither healthy nor caring. Since 1919, the bishops of the United States have been vocal advocates of the idea that all Americans should enjoy access to affordable health care, especially those who are vulnerable or of limited means. As the U.S. bishops stated in 1993, “Health care is more than a commodity; it is a basic human right, an essential safeguard of human life and dignity.”

We affirm that Wisconsin must continue to seek improved access to comprehensive health care services for those in need, especially women. However, abortion, and activities that facilitate abortion, do not reflect the respect for human dignity that should be at the heart of everything a government does on behalf of its citizens. SB-300 does what government ought to do: protect the living.

Senate Bill 343 *Abortion Definition*

An abortion, or the intentional killing of a preborn child, is never medically necessary to save a woman’s life. SB-343 clarifies that a medical procedure designed to prevent the death of a pregnant woman, such as the removal of a miscarriage or ectopic pregnancy, is not an abortion. In rare instances, a medical procedure that saves a mother’s life has the unintended consequence of leading to a birth in which the child does not survive. In those cases, every effort is still made to save the child’s life, even though the child’s death may be an unintended consequence of the intervention. When the death of a preborn child is imminent, perinatal hospice and palliative care provide families with a nonviolent way to care for their child and grieve a premature death.¹ Catholic hospitals have led the way in caring for women and children in these very complicated cases and know how to care for both.

¹ Perinatal Hospice and Palliative Care, www.perinatalhospice.org/list-of-programs.

Senate Bill 344 *Dependent Tax Exemption*

SB-344 increases the dollar amount taxpayers can claim as an exemption for every dependent from \$700 to \$1,000 and extends that coverage not only to children aged 0-17, but also to preborn children. As any parent can tell you, costs begin to add up long before a baby arrives, from the cost of healthcare to preparing their home to welcome their child. Further, a woman experiencing medical complications during her pregnancy may need to take time off of work, which will likely be unpaid. Childcare rates too have hit Wisconsin families especially hard. As costs continue to climb, Wisconsin must take steps to support the economic well-being of families. SB-344 is a commonsense bill that can provide real support to families right now.

Senate Bill 345 *Grants to Pregnancy Resource Centers*

For decades, Pregnancy Resource Centers (PRCs) have been on the ground helping to immediately respond to women's individual needs. A state that is committed to the welfare of women and children should assist these organizations that provide everything from material goods, parenting classes, and housing assistance. These organizations are adept at tailoring their assistance to the needs of each woman thus ensuring that no woman is left to shoulder her burdens alone. SB-345's critical funding will help countless women and families across Wisconsin.

Senate Bill 346 *Financial Assistance for Adoption*

If a woman chooses to place her child for adoption, there should be no doubt in her mind that there is a family that can welcome and raise her child. However, for the many families willing and eager to adopt, the cost of adoption is often a steep barrier. For this reason, SB-346 creates an Adoption Financial Assistance Grant Program to make adoption a more affordable option for all Wisconsin families. Awards are limited to \$10,000 per family and may only be awarded to or on behalf of families in this state who are adopting children in this state.

Each of these bills does what we need at this moment in history: to truly embrace both woman and child, rather than pitting them against each other. In the words of Pope Francis, we can never "solve a problem by eliminating a person" (*Evangelii Gaudium*, 214). This is not a uniquely Catholic or even religious idea. This is just common sense.

And while these bills are crucial, much more needs to be done. Wisconsin must expand postpartum care, reduce costs for birth, eliminate racial disparities in maternal and infant mortality, support birth mothers, remove sales tax on feminine hygiene products and baby supplies, and more. Together, we can build an economy and society in Wisconsin where women and children can live safely and readily access the resources they need to thrive.

Testimony SB 343 Amend, Repeal and Replace Abortion Laws

My name is Dr. Cynthia Jones-Nosacek. I am a family physician and an ethicist. I am here to testify in favor of SB 343.

While I am no longer in active practice here in the United States, I continue to practice part time in Uganda with a medical license in both countries. I delivered babies as part of my practice for over 4 decades during the time of Roe. At no time did I ever feel the need to refer for or perform a procedure with the intent of taking the life of the unborn child.

I am appalled at the attempts of my medical colleagues, with the help of the media, to confuse the general public and increase the distress in our patients after a miscarriage by trying to change what has been both legal and lay consensus as to the clear public definition of abortion, which is the intentional taking of the life of a human being before birth. One of the unintended consequences of obscuring the definition is that, when *Dobbs* was decided, pro-abortion physicians no longer knew how to treat patients. And yet, no pro-life obstetrician or family physician has changed the way he/she practices.

I firmly believe that women deserve the best possible medical care and the best information about their healthcare. I practice at the service of both of my patients: the mother and her preborn child. During my years of practicing in the U.S., there were times when the treatment I performed or the procedure I referred for would result in the unintentional injury or death of the unborn human being, be it fetus or embryo. But it was done with recognition that what had to be done was an unavoidable evil to save the mother's life. As the Jewish saying goes: to take a life is to destroy a universe.

And yes, whether it be an intentional embryo/feticide or the medically-indicated maternal-fetal separation when the unborn child is previsible, this results in the same result—death. The difference is in the intent.

Intent matters. If one of you, out of the kindness of your heart, would give a sandwich to someone begging for food, I think we all would agree that that is different than alerting the press so that they can advertise what a great person you are by doing it. So it is that there is a difference when you save a woman's life by intentionally taking the life of her preborn child versus unintentionally doing so.

By passing this bill, it clarifies what is and what is not intentional feticide or, legally, what is not an abortion. It states what we all used to agree upon: that there is a difference between intentional feticide and unintentional death. It reassures pro-abortion physicians that removing an unborn child already dead or never formed is not what is called an induced abortion and performing treatments or procedures to save the life of the mother knowing that this treatment will, regrettably and unintentionally, injure or kill the unborn child is not what is called a therapeutic abortion.

Pro-abortion physicians claim that more women will die post-*Dobbs*. Yet even pre-*Dobbs*, when they were trying to prove that intentional feticide is needed, all they had was anecdotal evidence, no evidence-based studies that pro-life physicians were more likely to harm women in the way they practiced. Pro-abortion physicians point to a study that stated there are higher maternal mortality rates in those states that have restricted abortion. But even the authors of that study admit that this is merely association, not cause and effect. Other factors may be involved. I can show an association that more

people have died in car accidents since corn flakes were invented, because corn flakes and cars were invented at the same time. Association is not causation.

We all want to do our best for both our patients. All of us should want to give mother and preborn child the best evidence-based care. We need to remember that with expectant management, recent studies show over 60% of babies survive if the membranes rupture before 24 weeks. While at the same time, continue to monitor to prevent the mother becoming the less than 1/10,000 who die. We need research looking at the outcomes of both mother and baby.

Wouldn't it be wonderful to be in a state that shows care for both? That we do not devalue the life of a person, including before birth, based on their disability and the fact that their death might save us some money? That, unlike what studies have shown, we do not treat the preborn and newborn less aggressively than a 3-month-old with the same prognosis or the child of a fertile couple less compared to one born to an infertile couple? That we recognize when a woman conceives after rape, we now have 2 innocent victims of a horrendous crime? No longer will babies be left to die alone in a soiled utility room because they survived the attempt to take their life.

We must tell women the truth. Studies run by people who support the intentional feticide show that 97% of women, after being denied elective abortion and who delivered their babies, were glad that they had their baby. They were able to catch up financially within a few years after the birth of their child with those who did undergo it, even though the women who delivered their babies were poorer, younger, less educated, and had less of a work history.

Change is scary. Having relied so long on one way of looking at problems and treatment, there are those in medicine who have become dependent on intentional feticide. If they are still concerned that there is no other option, I would urge them to reach out to their pro-life colleagues who, as I stated before, have not felt the need to change their way of practicing obstetrics pre- or post-*Dobbs*.

Thank you.

September 19, 2023

To: Members, Senate Committee on Licensing, Constitution and Federalism

From: James G. Linn, MD

Re: Support for SB 343 and SB 300

1

Good afternoon Senator Jacque and committee members.

Thank you for the opportunity to testify in support of Senate Bills 343 and 300. My name is James Linn. I'm a board certified OB/GYN physician in my 40th year of practice in Wisconsin since completing residency training. In addition to my private practice, I teach medical students and residents as an Associate Clinical Professor of OB/GYN. Most importantly, I've had the privilege of caring for thousands of pregnant women and their unborn children.

I am testifying on behalf of AAPLOG, the American Association of Pro-Life Obstetricians and Gynecologists. AAPLOG is a nearly 7,000 member organization of medical professionals who affirm the scientific fact that human life begins at conception and that the lives of mothers and their preborn children should be protected.

As you know, after the Dobbs decision last year, Wisconsin's law prohibiting abortion except when the mother's life is at risk, is back in effect. Since then, concerns have been raised about this law. No matter where you get your news, you've undoubtedly heard unsubstantiated claims that abortion restrictions in this law will cause women to die by preventing physicians from caring for life-threatening pregnancy complications. These include miscarriages, ectopic pregnancies, molar pregnancies, and other serious conditions that can require ending a pregnancy early. I have encountered all of these complications, and can assure you that women don't die from any of these conditions due to abortion restrictions. The busy urban hospital I work at has always had policies restricting abortion essentially the same way that our state law does. These restrictions allow the best care for pregnant women and their babies. I have never had a woman die or had to transfer a woman to another facility because of these restrictions. Based on my experience, I am convinced that some people are deliberately making these specious claims hoping to overturn our state law. But I'm sure that other people have genuine concerns about the interpretation of the law. Therefore, I do believe our Wisconsin law will be improved with the clarifying language of SB 343.

never been interpreted to prevent treatment of ectopic pregnancies, this bill makes it crystal clear that such treatment is not restricted.

Molar pregnancies:

Molar pregnancies are genetic precancerous conditions in the placenta. They usually need to be treated surgically. SB 343 makes it explicit that treatment of molar pregnancies is allowed.

Early delivery to save the life of the mother:

There are complications where the mother and baby must be separated to save the mother's life. Examples include chorioamnionitis, an infection in the uterus; and early onset preeclampsia with severe features, a severe blood pressure disorder of pregnancy. These complications usually occur after viability, about 22 weeks, when the baby can survive outside the womb. Separation is accomplished by inducing labor or by Cesarean section and both mom and baby are saved. But if these complications occur before 22 weeks, delivery may be necessary to save the mother's life. If this is the doctor's best judgment, SB 343 allows it, even though it's too early for the baby to survive.

Claims have also been made that restricting abortion will increase maternal deaths. This is not borne out by the evidence. For over 20 years, the U.S. maternal mortality rate has risen despite having less restrictive abortion laws. The U.S. has had a higher maternal mortality rate than most other high resource countries with more abortion restrictions. Studies from a diverse range of countries suggest that more abortion is actually associated with higher maternal mortality rates and that abortion restrictions may lead to improved maternal health (2). Poland, for example, has some of the most restrictive abortion laws in the world and also has the lowest maternal mortality rate. Up until recently, abortion was illegal in Ireland and Chile except to save the life of the mother. Those 2 countries had the lowest maternal mortality rates in their respective continents of Europe and South America.

False Claim #3: The University of Wisconsin OB/GYN residency will have trouble attracting high quality residents if it does not have elective abortion training.

You may hear from strongly pro-choice faculty, residents, and students that they will leave if the program doesn't provide abortion training. With all due respect, they will be replaced by prospective OB/GYNs for whom abortion training is not a priority. The vast majority of OB/GYNs don't do elective abortions. Highly regarded OB/GYN residencies like UW's have no trouble filling their positions.

In conclusion, elective abortion always and intentionally takes the life of an innocent unborn human being. There is evidence that unrestricted abortion is associated with higher maternal mortality rates (1). Wisconsin law protects the lives of pregnant women and their children by prohibiting elective abortion. Please keep it that way by supporting Senate Bills 343 and 300.

Thank you for your time and attention.

(1) Debra B Stulberg MD et al. Abortion Provision Among Practicing Obstetrician-Gynecologists, *Obstet Gynecol.*, 2011;118(3):609-614.doi:10.1097/AOG.0b013e31822ad973

(2) Hogan MC, Foreman KJ, Naghavi M, et al. Maternal mortality for 181 countries, 1980–2008: a systematic analysis of progress towards Millennium Development Goal 5. *Lancet* 2010; 375: 1609–23

(3) Steinauer JE, Turk JK, Pomerantz T, et al. Abortion training in US obstetrics and gynecology residency programs. *Am J Obstet Gynecol* 2018;219:86.e1-6



Romaine Robert Quinn

STATE SENATOR • 25TH SENATE DISTRICT

From: Senator Romaine Robert Quinn
To: Senate Committee on Licensing, Constitution and Federalism
Re: Testimony on Embrace Them Both: Senate Bills 343, 344, 345, 346
Date: September 19, 2023

Thank you Senator Jacque and committee members for receiving my testimony today on this important package of bills that reaffirms the pro-life position of embracing both the mother and child. I could not be prouder to work on these bills with some amazing pro-life legislators and advocacy groups. Taken together, the bills demonstrate a clear commitment to families throughout the state and begin to build back the culture of life that is slowly eroding from our state's cultural discourse.

Senate Bill 343

It has always been the pro-life position to protect both the life of the mother and her unborn child during pregnancy. Though I join many others in saying that the current laws in Wisconsin already provide for these safeguards, pro-abortion groups have sadly sowed doubt on the matter. Whether you say you are pro-life or pro-choice, I think we can all agree that clarity is a good thing. This bill provides that clarity by stating that the medical procedures of an early induction or cesarean section performed due to a medical emergency, the removal of a miscarriage, or the removal of an ectopic, anembryonic, or molar pregnancy, are not abortions. However, in all of these cases, a physician must make reasonable medical efforts to preserve *both* the life of the mother and her unborn child. Pregnancy is a miracle, and every life, beginning at conception, is a gift from God. But we don't live in a perfect world, and we have to face that things can go wrong during pregnancy. This bill would affirm that, in that event, Wisconsin's laws protect the medical professional, the mother's life, and the baby.

Senate Bill 344

Under current law, people filing Wisconsin income taxes can claim a \$700 tax exemption for each dependent. Thirty-one percent of all filers with a net tax liability will claim this exemption for 2023, with over 1.5 million such claims expected. This is a simple way our current laws financially benefit families through our tax code. This bill increases that exemption from \$700 to \$1,000. The Department of Revenue estimates this change will benefit Wisconsin families \$19.5 million annually.

A child's life begins at conception. We know, too, that expenses for families begin long before birth. Under this bill, a claimant can submit proof of a heartbeat with their taxes and be eligible to claim the dependent exemption. This policy change, which acknowledges the importance of all children, is estimated by the Department of Revenue to benefit Wisconsin families \$700,000 annually.

Senate Bill 345

Pregnancy Resource Centers provide critical services such as crisis pregnancy counseling, unwed mother support, abstinence programs, care of mothers and babies, and safe haven housing. These centers have also provided post-abortion healing. There are more than 60 of these centers throughout the state, and I am proud to say that I have some great ones in my district. These Pregnancy Resource Centers are phenomenal assets to our community, open to anyone who finds themselves worried or anxious about an expected or unexpected, planned or unplanned, or wanted or unwanted pregnancy. There is already a mechanism in place to financially support these centers without any overhead costs – through the Choose Life license plate fund administered by Choose Life Wisconsin. This bill would provide an annual grant to that organization for the purposes of better supporting these amazing resource centers for even more families in the future.

Senate Bill 346

Private adoptions can cost in the tens of thousands of dollars. Families considering adoption sometimes stop the process or withdraw from consideration because they cannot afford it. This is wrong – we should continue to support all families (both birth families and adoptive families) for whom adoption is their path.

There are a few organizations in Wisconsin that offer financial assistance to adoptive families once they have reached a certain point in the process. For those curious to learn more, a list can be found at the website for the Coalition for Children, Youth & Families. Again, in an effort to reduce overhead, this bill creates a competitive grant program to be awarded to an organization already operating a financial assistance program to supplement their work.

Under the bill, families can receive up to \$10,000 to defray adoption expenses. The bill allocates \$5 million for the competitive grant program and limits the amount that can be used for administrative expenses. Furthermore, to ensure this is lifting up Wisconsin birth and adoptive families, this grant is available for Wisconsin families who are adopting Wisconsin children.

It has been a great honor and uplifting experience to work on bills that reinforce the sanctity of life and the dignity of the whole family. These bills enter a political arena fraught with deep emotions. However, I ask that you all step back from those swirling winds and examine these bills for what they represent on their own. No matter where you stand on the issue of abortion, these bills simply provide clarity and support for growing families. These bills are about mothers, children, fathers, and families. Please join me in supporting this Embrace Them Both package of bills.





Date: September 19, 2023
To: Members of the Senate Committee on Licensing, Constitution and Federalism
From: Dr. Leslie Abitz, Legislative Chair
Re: In opposition to Senate Bill 300, Senate Bill 343, and Senate Bill 345

The American College of Obstetricians and Gynecologists (ACOG) represents over 60,000 obstetrician-gynecologists and works to improve the lives of all people seeking obstetric and gynecologic care. Access to the full spectrum of medical care, including abortion, is essential for people's health, safety, and well-being. Physicians must be able to provide medical care to people without outside interference. I write to you today on behalf of the Wisconsin Section in opposition of several proposals before the committee.

Senate Bill 300 is a serious threat to the OB/GYN residency training program at UW Health and at a time when the shortage of OB/GYNs available to serve Wisconsinites regardless of zip code is already at crisis levels. According to data from the American Medical Association nearly half of all counties in Wisconsin have only one OB/GYN or none at all and at a time when Wisconsin is seeing an increase in maternal and infant morbidity and mortality. Senate Bill 300 will worsen the number of residents trained.

Senate Bill 343 is ideologically driven and uses non-medically appropriate language to codify restrictions to patients being able to access needed abortion care. WI ACOG has long affirmed that laws must not interfere with a patient's ability to be treated by a physician according to the best currently available medical evidence and the physician's professional medical judgement. There is no one-size-fits-all law that can take every individual, family, or medical conditions into account, making legislative interference in the practice of medicine incredibly dangerous. Reasons why it is not feasible to create an inclusive list of conditions that qualify as "medical emergencies" include: a patient may experience a combination of medical conditions or symptoms that, together, become life-threatening; pregnancy often exacerbates conditions or symptoms that are stable in nonpregnant individuals; patients may be lucid and appear to be in stable condition but demonstrate deteriorating health; and no single patient's condition progresses at the same pace.

Further, this legislation sets us backwards to restore meaningful access to abortion care services. Distinguishing what does and does not classify as a felony will almost certainly result in refusal and denial of appropriate medical care, and it does not center on clinicians' ability to make and act upon unique medical situations. Conflating abortion care services with murder stigmatizes lifesaving health care and defames physicians who provide critical care, and attacks people who are already suffering the loss of a wanted pregnancy. Decisions around needed reproductive medical care belong between a patient and their physician. Attempts to stipulate when, why or how a physician can provide care to their patient represents legislative interference. Patients have the right to be counseled and treated by their physician according to the best available medical evidence and their physician's professional medical judgement. Ultimately, Senate Bill 343 weakens the patient-physician relationship.

(OVER)



Senate Bill 345 would provide financial support to Pregnancy Resource Centers (PRC), also known as Crisis Pregnancy Centers (CPC). These organizations represent themselves as legitimate reproductive health care clinics but in fact function to dissuade people from accessing abortion. Many CPCs are not in fact medical clinics, but rather unregulated and nonmedical organizations. Staff members at these unregulated facilities have no legal obligation to provide pregnant people with accurate information and are not subject to HIPAA or required by law to maintain client confidentiality. As these Centers do not provide comprehensive care and information, WI ACOG cannot support Senate Bill 345.

In closing, on behalf of WI ACOG I proudly stand behind our members who provide comprehensive health care 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. I urge you to oppose.



Gracie Skogman, Legislative Director, Wisconsin Right to Life
Senate Committee on Licensing, Constitution and Federalism
SB 300, SB 343, SB 344, SB 345, SB 346
Tuesday, September 19th, 2023

Thank you, Chairman Jaque 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 300, SB 343, SB 344, SB 345, and SB 346.

As pro-life advocates, we care deeply about protecting children and their mothers, to ensure that both are offered comprehensive care and support. Through our advocacy, we work with the many Pregnancy Resource Centers in our state that provide medical care and support to women during pregnancy and beyond, often meeting women in their moments of most need. We also hear firsthand from potential adoptive parents, regarding the financial struggles they may face when hoping to adopt.

Women in Wisconsin are deserving of comprehensive support and resources through pregnancy and beyond, and this legislation takes another step towards achieving that goal. Additionally, families in our state who are looking to adopt or would like to choose life for their children deserve to be fully supported. This is fundamental to creating a culture of life in our state.

Additionally, this bill package provides necessary clarity that medically necessary and lifesaving procedures, such as treatment for an ectopic pregnancy, do not constitute an abortion. In a culture that increasingly refers to abortion as "healthcare," it is a vital reminder that abortion is the opposite, as healthcare is focused on the saving of life, and abortion takes innocent human life.

Wisconsin Right to Life urge support of this legislation, to further create a culture of life and support for both preborn children and mothers in our state.

Thank you very much for your time,
Gracie Skogman



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**TESTIMONY ON SENATE BILL 343
PUBLIC HEARING – COMMITTEE ON LICENSING, CONSTITUTION AND FEDERALISM
TUESDAY, SEPTEMBER 19, 2023
JACK HOOGENDYK, LEGISLATIVE AND POLICY DIRECTOR
WISCONSIN FAMILY ACTION**

Thank you, Chairman Jacque and committee members, for the opportunity to testify regarding Senate Bill 343 (SB 343). I am Jack Hoogendyk, Legislative and Policy Director for Wisconsin Family Action. Wisconsin Family Action supports Senate Bill 343.

Since the Supreme Court made its decision in the *Dobbs* case in June of 2022 to return the question of the legality of abortion back to the states, there has been much rhetoric that has been at best, confusing and at worst, misleading.

The medical community generally refers to any interruption of pregnancy as “abortion” regardless of whether the mother chooses it or whether the unborn child is viable. In fact, there are cases where the medical profession has used the term “abortion” when there is not even a fetus involved. An example of that is the “anembryonic pregnancy,” which is characterized by a gestational sac that forms and grows while an embryo fails to develop. This is one of the most common forms of miscarriage, but sometimes it requires medical intervention, which a doctor might refer to as an abortion.

Another example would be an ectopic pregnancy. An ectopic pregnancy most often occurs in a fallopian tube, which carries eggs from the ovaries to the uterus. An ectopic pregnancy can't proceed normally. The fertilized egg can't survive, and the growing tissue may cause life-threatening bleeding if left untreated. Thus, an “abortion” is indicated, where the doctor must surgically remove the embryo to save the health or life of the mother.

After *Roe* was overturned last year, some were saying that now doctors cannot perform these procedures because they are “abortions.” This is simply not true. SB 343 makes it very clear that abortion is the intentional killing of an unborn child and specifically points out that these other procedures are not doing that.

We believe this bill is essential in providing clarity on the question of what is an abortion and what is not. We believe that because life begins at conception, as settled by the medical and scientific community. As the unborn child is a living person from the point of conception, we will support and defend their constitutional right to life at all times. For these reasons, we urge the passage of SB 343.



ProLife
LOVE. FOR LIFE. WI.

**Testimony in Support of SB 343, SB 344, SB 345, & SB 346 (Embrace Them Both)
Senate Committee on Licensing, Constitution and Federalism
By Matt Sande, Director of Legislation**

September 19, 2023

Good afternoon, Chairman Jacque 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 of a comprehensive bill package, entitled *Embrace Them Both*, that protects and supports pregnant mothers and their preborn children.

Pro-Life Wisconsin is proud to advocate for these bills that, together, maintain and strengthen our current law abortion ban and provide the necessary resources for both moms and babies to survive and thrive in a post-Roe Wisconsin. We thank Senator Quinn and Assembly co-authors Gae Magnafici, Amanda Nedweski, Donna Rozar, and Patrick Snyder for their vision and compassion in introducing this life-affirming bill package.

Growing Wisconsin's population and finding ways to attract and keep talent in the state to increase the tax base is a bipartisan concern. Abortion will always have the effect of decreasing the population. This legislation provides attractive incentives for families to not only choose life but to choose Wisconsin as a state that protects human life and encourages the growth of healthy families.

The *Embrace Them Both* legislation does the following:

Senate Bill 343 (Quinn/Magnafici) clarifies that medical procedures intended to save the life of a pregnant mother, and not intended to kill her preborn baby, are not abortions. Such procedures include medical emergency early induction or C-section, removal of a miscarriage, or removal of an ectopic, molar, or anembryonic pregnancy. Abortion, statutorily defined as the *intentional* killing of a preborn living human being, is never medically necessary to save the life or improve the health of the mother.

To be clear, Wisconsin's statutory definitions of abortion center on the intention of the actor. Wisconsin Statute 940.04 reads "Any person, other than the mother, who *intentionally* destroys the life of an unborn child is guilty of a Class H felony." And 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."

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However, following the U.S Supreme Court ruling in *Dobbs* in June 2022, much confusion has ensued about what medical procedures are permitted or proscribed under our current abortion ban. Wisconsin Statute 940.04 contains a massive loophole – a broad and undefined “life-of-the-mother” exception – through which to drive abortion on demand. The term “therapeutic abortion” in the statute is not defined.

Senate 343 provides definitional clarity in Wisconsin abortion law. In s.940.04, it does so by eliminating the therapeutic abortion exception and specifying that the statute’s abortion prohibitions do not apply to a physician’s performance of a medical procedure or treatment designed or intended to prevent the death of a pregnant woman and not designed or intended to kill her unborn child, which results in injury to or death of the woman’s unborn child when the physician makes reasonable medical efforts under the circumstances to preserve both the life of the woman and the life of her unborn child in a manner consistent with conventional medical practice. Under the bill, such medical procedures or treatments immune from prosecution include an early induction or cesarean section performed due to a medical emergency or the removal of a miscarriage or an ectopic, anembryonic, or molar pregnancy.

Senate Bill 343 provides the same definitional clarification in s.253.10(2)(a), a definition of abortion used in numerous Wisconsin abortion regulations over the last thirty years, including our voluntary and informed consent for abortion law, prohibitions on funding for abortion-related activities, limitations on the prescription and use of abortion-inducing drugs, and our 20-week abortion ban.

Equal care for mother and unborn baby in a health emergency is the antithesis of intentionally killing a preborn, living human being. Medical emergency early inductions and cesarean sections seek to *separate* baby from mom in a concerted effort to save both lives. They are not legal abortions. Removal of a miscarriage, or the loss of an unborn baby before 24 weeks gestation, is not an abortion. Sadly, and obviously, the preborn baby is already dead. Removal of an ectopic pregnancy, where a fertilized ovum lodges in the fallopian tube and grows there, is not an abortion. The damaged portion of the tube containing the embryonic baby may be removed where it is clearly necessary to prevent rupture and save the mother’s life. Such an operation is justified by the principle of double effect, because the death of the child is an unintended effect of an operation independently justified to save the mother’s life. It does not involve the intentional killing of an unborn child. Someday, medical science may be capable of transferring the embedded embryo directly into the uterine wall.

Legally, the above-described medical operations are not considered abortions and have never been prosecuted in this country, even when the mother’s life was not immediately threatened. But to remove *any* doubt, Senate Bill 343 is needed, and we strongly support its passage. Physicians must make their best effort to save both patients, giving equal care to mother and child. We are fortunate to have with us today medical experts in the field of obstetrics who will help us better understand the difference between intentional killing and equal care.

I would like to share some quotes from the American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG) concerning abortion and the mother’s life:

Abortion is the purposeful killing of the unborn in the termination of a pregnancy. AAPLOG opposes abortion. When extreme medical emergencies that threaten the life of the mother arise (chorioamnionitis or HELLP syndrome could be examples), AAPLOG believes in “treatment to save the mother’s life,” including premature delivery if that is indicated — obviously with the patient’s informed consent. This is NOT “abortion to save the mother’s life.” We are treating two patients, the mother and the baby, and every reasonable attempt to save the baby’s life would also be a part of our medical intervention. We acknowledge that, in some such instances, the baby would be too premature to survive.

[\(https://aaplog.org/what-is-aaplogs-position-on-abortion-to-save-the-life-of-the-mother/\)](https://aaplog.org/what-is-aaplogs-position-on-abortion-to-save-the-life-of-the-mother/)

AAPLOG urges its colleagues in Obstetrics and Gynecology to cultivate a life-affirming practice of the specialty, in which both the maternal and fetal patients are treated with human dignity and respect. [...] Elective induced abortions (performed purely for family planning) are medically unnecessary, because of their elective nature. However, maternal-fetal separation may be offered ethically in circumstances of maternal life or health endangerment, if that threat is proportional to the peril faced by the fetus or neonate at birth.

AAPLOG recognizes that there are certain serious maternal medical conditions which worsen in pregnancy [...] In the rare circumstances where maternal and fetal risk are proportionate, AAPLOG supports several ways of iatrogenically ending pregnancy. These ways largely include induction and cesarean section, which do not dismember the fetus. When maternal-fetal separation occurs in the setting of expected neonatal death, comfort care can and should be employed for the neonate born alive.

AAPLOG expresses significant concern with the inappropriate overuse of ‘maternal health’ when the true reason for the termination of pregnancy is psychosocial stress, fear of consequences of pregnancy, discomforts of pregnancy, lifestyle changes required by pregnancy, or pure autonomy. This is not medical necessity; rather, it is assertion of one human organism’s power over another because of social problems that should be addressed in other ways.

[\(AAPLOG Practice Guideline, Number 10, pages 10,11, August 2022\)](#)

Which leads us to the remaining three bills in the *Embrace Them Both* package that, in a very practical, meaningful, and life-affirming way, work to mitigate social problems that tempt fathers and mothers to procure abortions. The bills do so by assisting pregnant mothers financially, medically, educationally, socially, emotionally, and materially. Importantly, the bills are a hand up, not a handout and will go far towards helping growing families achieve stability and self-sufficiency.

Senate Bill 344 (Quinn/Snyder) increases the current state income tax exemption for dependents from \$700 to \$1,000 and extends the coverage to preborn children whose fetal heartbeat has been detected. Designating the preborn child as a “dependent” provides substantial tax savings to growing families and recognizes him/her as a human “person” deserving of public benefits. The tax exemption may not be claimed for a pregnancy that ends in abortion, as defined in s.253.10(2)(a).

Senate Bill 345 (Quinn/Nedweski) requires the Department of Health Services to award an ongoing \$1 million annual grant to Choose Life Wisconsin, Inc. to assist the non-profit organization in providing grants to pregnancy resource centers (PRCs) across Wisconsin. Since 2017, "Choose Life" specialty license plates have been available to Wisconsin motorists. With over 2,375 of these plates on cars in Wisconsin, sales have resulted in over \$275,000 being granted to over twenty-five Wisconsin PRCs in five years. We have with us today a long-time executive director of a PRC in southeastern Wisconsin who will describe the multitude of benefits her organization provides to vulnerable mothers and fathers, including free pregnancy tests and ultrasounds, prenatal and parenting classes, STD testing and education, family planning and education, pregnancy counseling, adoption support, abortion pill reversal, and miscarriage and stillbirth support.

In partnership with our statewide pregnancy resource centers, Pro-Life Wisconsin compassionately listens to women and assists them in navigating pregnancy, parenting, and adoption. We reject the lie that abortion is a legitimate solution and offer ways to assist moms in their most immediate need. The demand for pre-natal and post-natal care is high, and we need to meet that demand by supporting and growing Wisconsin's statewide network of pregnancy resource centers and even expanding their role to include the full range of medical care for pregnant women. Senate Bill 345 will substantially aid in this effort.

Senate Bill 346 (Quinn/Rozar) requires the Department of Children and Families to administer a competitive grant program that provides \$5 million biennially to an adoption organization that provides financial assistance to parents seeking adoptions. The costs of adoption can create a chasm that is unbridgeable between children who need families and the families who want them so desperately. The creation of this grant program will open the door of opportunity for children and families in a new way. With the average cost of a private adoption exceeding \$40,000, we must do more, publicly and privately, to make adoption affordable for families. Assisting prospective adoptive parents with a \$10,000 award will help many on the financial fence move forward with this loving gift.

In sum, *Embrace Them Both* provides real solutions for Wisconsin women and families. Pro-Life Wisconsin is urging the Wisconsin Senate and Assembly to pass the *Embrace Them Both* bill package as we work to build a culture of life and true prosperity in Wisconsin. We encourage Committee members to recommend Senate Bills 343, 344, 345, and 346 to the full Senate. Again, thank you for your consideration, and I am happy to answer any questions committee members may have for me.