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*Testimony before the Senate Committee on Human Services, Children and Families  
State Senator André Jacque  
May 26, 2021*

Colleagues on the Committee on Human Services, Children and Families,

While Wisconsin is among many states which provide annual reports on induced abortions, the data currently collected is less comprehensive than what is provided in several other states. I am pleased to author Senate Bill 261 with Rep. Wichgers to update Wisconsin's abortion reporting to accurately reflect both scientific and more specific information about abortions taking place in Wisconsin.

SB 261 requires:

1. The additional reporting of the gender of a child killed by abortion if a determination can be made by visual inspection, properly reflecting that these are little girls and boys that are taken from our midst. Reporting of gender in abortion statistics in the United Kingdom also provided evidence of the occurrence of gender selection abortion.
2. The additional reporting of known fetal anomalies, such as Down Syndrome, of children killed by abortion, and requiring that their occurrence be recorded within our state's birth defect registry, as is currently done in at least 18 of the states which maintain such a registry. Information on fetal anomalies in Wisconsin is presently only recorded for live births, stillbirths, and miscarriages. This will both increase accuracy in the known occurrence of fetal anomalies, and insight into the extent that children are aborted for a medical condition beyond their control.
3. The additional reporting of the hospital, clinic, or other facility that reports performing an induced abortion, while retaining anonymity for the patient and the individual health care provider.
4. In addition, we have introduced an amendment to add the recording of additional information included in Minnesota's abortion reporting, including whether the induced abortion was paid for by private health coverage, public assistance coverage, or self-pay, the number of previous induced abortions, the reason for the induced abortion, the number of induced abortions induced by the physician in the previous calendar year, the medical specialty of the physician who performed or induced the induced abortion, the rate of complications that the physician who induced the abortion has in the performance of induced abortions, whether the infant was born alive following a failed attempt at an induced abortion, including the medical actions taken after the birth to preserve life, the type of contraceptive used by the woman before the pregnancy and abortion, and the method of disposal of the remains following the induced abortion.

Thank you for your consideration of Senate Bill 261.



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# CHUCK WICHGERS

STATE REPRESENTATIVE • 83<sup>rd</sup> ASSEMBLY DISTRICT

## Senate Committee on Human Services, Children and Families

May 26, 2021

Senate Bill 261

State Representative Chuck Wichgers, 83<sup>rd</sup> Assembly District

Chairman Jacque and Committee Members,

Thank you for hearing my testimony today on Senate Bill 261 relating to reporting of sex and fetal anomalies and facilities following induced abortion.

I am co-authoring this legislation with Sen. Jacque to provide more data and more transparency to the citizens of Wisconsin. We are requesting that abortion providers submit more information to the Department of Health Services (DHS) to include in their annual report. In addition, DHS must include this new data in the birth defect registry.

The defense and protection of human life is the fundamental purpose of a government to its citizens. To abort a baby because it is a girl when parents were wanting a boy, or because a baby may be disabled, when parents were hoping for a healthy baby, treats human life as a commodity rather than the miracle that it is.

I oppose discrimination in our laws, including discrimination based on sex or disability. This bill will help us know whether Wisconsin babies are being aborted because of their gender or health condition. As a humane society, we must reject abortion for any reason, but particularly when it is done in discrimination.

Thank you for your consideration of my testimony.

SB 261

My name is **Dr. Cynthia Jones-Nosacek**. And I am here to testify in favor of SB 261. I am representing myself and the **Milwaukee Catholic Medical Guild**.

I am a family physician. In fact, I like to think of myself as an old-fashioned family doc. While I am now retired, I did a traditional practice that includes inpatients and hospice. I also delivered babies for over 30 years.

One group of pregnant patients I particularly enjoyed caring for were those from India. They were so excited about being pregnant. In fact, they wanted to get pregnant so badly that if they didn't get pregnant within a few months of the wedding, they were coming in requesting infertility workups.

One day, an Indian couple came into my office. They were thinking of having another baby, already having a son. The reason for the appointment was that they had heard that there was a genetic test that could be performed in the first trimester that could determine the sex. There is one, cell free DNA, which can be used for that purpose. I asked why. They had 2 reasons. The first was that they wanted a playmate for their son who was several years old at the time. The other reason was that "a boy belongs to his parents' family, but a girl belongs to her husbands." Therefore, they didn't want any girls and would abort one if they found out that was the sex.

I told them I wouldn't do it. So, they found someone in my group who would. The reason I know is that I was asked to sign for this couple's testing while my partner was on vacation. I refused, much to the relief of the lab staff.

After that, my number of Indian pregnant patients dropped substantially.

We don't know how often this happens. We can't know how often this happens. But I can tell you that it does happen. And SB 261 may be able to help us see the extent of the problem by requiring the abortionist determine the sex of the fetus when possible.

It will also keep track of obvious fetal anomalies, even those that are compatible with life, such as Down Syndrome, or even correctable, such as cleft palate.

Finally, if abortion is "health care" as its proponents state, why not determine where they are being done. It is only the name of the facility that is being recorded, not the name of the patient or abortionist.

Thank you for your time to listen.



**Heather Weininger, Executive Director, Wisconsin Right to Life  
Senate Committee on Human Services, Children and Families  
SB 261, Re: reporting of sex and fetal anomaly and facility following induced abortion  
Wednesday, May 26, 2021**

Thank you to Chairman Jaque, and members of the Senate Committee on Human Services, Children and Families for your time today.

My name is Heather Weininger, and I am the Executive Director of Wisconsin Right to Life, testifying in favor of SB 261, which will require a hospital, clinic, or other facility in which an induced abortion is performed to report additional information in its required annual report that would lead to further transparency surrounding abortion in Wisconsin.

Under current state law, abortion providers must report certain information to the state each year, yet Wisconsin reporting requirements do not include many key pieces of information that other states require and does not currently have a deadline for the Department of Health to publish the annual Induced Abortion Report.

This information is vital in increasing transparency in abortion practices in Wisconsin. While we know that abortions have been increasing and children with disabilities are aborted at shockingly high numbers, without timely and comprehensive abortion reporting, our understanding of abortion trends remains incomplete.

In addition to the information provided by SB 261, we would like to see further information provided including: Whether the induced abortion was paid for by private health coverage or self-pay; the number of previous induced abortions, if any; the reason for the induced abortion; the number of induced abortions performed or induced by the physician in the previous calendar year; report induce abortions by month, the medical specialty of the physician who performed or induced the abortion; and the rate of complications that the physician who performed or induced the abortion has in the performance or induction of induced abortions. Furthermore, whether the infant was born alive following a failed attempt at an induced abortion, including the medical actions taken after the birth to preserve life; the type of contraceptive used by the woman before the pregnancy and abortion; and the method of disposal of the remains following the induced abortion. Finally, we would like a deadline added to ensure the report is provided in a timely manner each year.

Women and the public deserve transparency surrounding the reality of abortion, including the complications that can arise in an abortion, and the tragic reality that infants can be born alive following a failed attempt at an induced abortion and are often not provided with the necessary lifesaving medical care.

Furthermore, we are aware that nearly 70% of children with down syndrome are aborted in Wisconsin, as well as children diagnosed with other disabilities. These numbers are heartbreaking and unacceptable. Yet, without accurate data it is nearly impossible to fully confront the reality facing unborn children with disabilities. We must ensure that these children are protected, and fully valued both in the womb and beyond.

Wisconsin Right to Life thanks Senator Jaque and Representative Wichgers for bringing SB 261 forward to increase transparency surrounding abortion.



**ProLife**  
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**Testimony in Support of Senate Bill 261: reporting of sex and fetal anomaly and facility following induced abortion**  
**Senate Committee on Human Services, Children and Families**  
**By Matt Sande, Director of Legislation**

**May 26, 2021**

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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 for Senate Bill (SB) 261, legislation that improves Wisconsin's annual induced abortion report by requiring more comprehensive and scientifically accurate information about abortions in our state.

Senate Bill 261 adds to the report the sex of the aborted preborn child, if it can be determined by a visual inspection, whether the preborn child had a fetal anomaly, and if so, the nature of the fetal anomaly. The bill also removes the anonymity of the facility in which the abortion was performed, while retaining anonymity for the patient and the abortionist. Thus, abortion statistics will be listed/broken out by facility rather than only in aggregate.

Why does this matter? What impact will it have?

Reporting the sex of the unborn child will help humanize abortions victims, revealing them as the little boys and girls, sons and daughters, brothers and sisters, that they are. It will also help determine the extent to which gender selection abortions are occurring in Wisconsin.

Reporting fetal anomalies, such as Down Syndrome, will reveal the extent to which preborn children are being killed for medical conditions beyond their control. Studies demonstrate that following a prenatal diagnosis, close to 70% of Down Syndrome babies are aborted in the United States. It should be zero. These are the most vulnerable of the vulnerable.

And it is critical that we know specifically where Wisconsin's abortions are being performed. If abortion is "health care," then individual Wisconsin hospitals performing late-term, "therapeutic" abortions should have no problem reporting it. The State of Minnesota requires each facility in the state where abortions are performed to file a report for each procedure. Like Minnesotans, Wisconsinites also deserve to be informed. We believe that if people knew for certain which hospitals were aborting babies, many would strenuously avoid them and pressure them to stop.

Senate Bill 261 will help pro-lifers enhance their sidewalk counselling skills, giving them a more accurate understanding of why women in Wisconsin are choosing abortion. And it will shine a light and expose the evil of abortion wherever it occurs – whether it be a dingy abortion center in the big city or a state-of-the-art hospital in the suburbs.

Importantly, Pro-Life Wisconsin also supports Senate Amendment (SA) 1 to SB 261, authored by Senator Jacque. This simple amendment adds even more detailed information to the induced abortion report, including the following:

- How the abortion was paid for, whether by private health coverage, public assistance coverage, or self-pay;
- The number of previous induced abortions, if any, and the reason given for the abortion;
- The medical specialty of the abortionist and his or her rate of complications in the performance of induced abortions;
- The type of contraceptive used by the woman prior to the pregnancy and abortion; and
- The method of disposal of the remains following the induced abortion.

In August of 2016, the Charlotte Lozier Institute published a report entitled, "Abortion Reporting: Toward a Better National Standard." The summary of findings states,

*Because abortion and abortion policies impact thousands of women's and families' lives every day, abortion policy must be grounded on the most accurate, comprehensive and up-to-date statistical information and health data [...] Data about abortion incidence is of interest not only to policy makers but to courts that are asked to review legislation designed to affect or indirectly affect abortion rates or abortion "access" in one direction or another. Making this data timelier, more comprehensive, and more accessible is a basic responsibility that is within reach and that only government agencies can equably fulfill.*

Pro-Life Wisconsin could not agree more. Senate Bill 261 and SA 1 make great progress toward a more robust and informative induced abortion report for our state. It will save lives. We thank Chairman Jacque for authoring the bill and hearing it in his committee today. And we strongly urge the Committee to recommend SB 261, amended by SA 1, to the full Senate for swift debate and passage.

Thank you for your consideration.



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**TESTIMONY IN SUPPORT OF SENATE BILL 261**  
**SENATE COMMITTEE ON HUMAN SERVICES, CHILDREN AND FAMILIES**  
**WEDNESDAY, MAY 26, 2021**  
**JULAIN K. APPLING, PRESIDENT**

Thank you, Chairman Jacque and committee members, for the opportunity to testify on Senate Bill 261. Wisconsin Family Action supports this bill.

Wisconsin Family Action wholeheartedly supports the positions and points made by other pro-life leaders on this bill.

Senate Bill 261 requires that additional important information be gathered and reported when an induced abortion is performed, including the sex of the unborn child, whether the unborn child had a fetal anomaly or birth defect and if so the nature of that fetal anomaly or birth defect, and the identification of the facility in which the abortion was performed. The bill further requires that the Department of Health Services must incorporate the reported information regarding an aborted child's fetal anomaly in the current birth defect registry. In addition, a hospital, clinic, or any other facility that performs an induced abortion must report summaries of the required information.

It is reasonable to ask why this additional reporting should be required. Simply put, it provides important information on an elective procedure that has as its sole goal the death of a human life. The magnitude of the procedure demands that we track and report information about the human life that is lost and where that happened. For instance, we have attempted a couple of times in our state to pass a law that bans sex-selective abortions. Part of the reason that the bill hasn't become law is that we do not have accurate statistics on the sex of aborted babies. We don't have that because that information is not required to be reported. To be fair, we shouldn't have to have that information in order to be proactive on this issue.

Determining whether a fetal anomaly was present in an unborn child and reporting such information gives us a more accurate picture of the prevalence of birth defects in our state and could help with research on such anomaly.

On the matter of reporting the identity of the facility where an induced abortion is performed, it only makes sense that we know where an induced abortion is taking place. According to the pro-abortion Guttmacher Institute, many states require that the facility be identified as well as the healthcare provider. Senate Bill 261 does not require the identity of the healthcare provider but requiring that the facility be identified and reported is not out of the norm.

The proposed amendment includes a number of additional reporting requirements, many of which a number of other states require to be reported. Some will argue that this bill goes to far, that we don't require these types of information to be gathered for other medical procedures. However, abortion is not like other medical procedures that are designed, at a minimum, to try to save a life. Abortion's sole purpose is to take a life.

Thank you for your attention and thoughtful consideration of our position on this proposal. Wisconsin Family Action urges you to support this bill and recommend it for passage by the full Senate.