



# PAT STRACHOTA

STATE REPRESENTATIVE

**COMMITTEE ON HEALTH**  
**Rep. Pat Strachota's Testimony on AB227**  
**June 5, 2013**

I would like to take the time to thank the committee for having the hearing today on AB227. This legislation gives a woman thinking about having an abortion full knowledge of the choice she is about to make.

It is common practice for abortion clinics to perform obstetric ultrasounds for medical reasons and to determine how far along a woman's pregnancy is. The bill allows for a woman to visualize during the ultrasound the heartbeat of the child. Currently, abortion providers do not even offer to let the woman see the ultrasound image this bill gives a woman the option to see it or not based on her decision.

AB227 will require the person performing the abortion to have admitting privileges at a hospital within 30 miles of the abortion facility. This provision protects women who need hospital treatment if there are complications.

Texas, Oklahoma, Louisiana and North Carolina have passed laws which require that an ultrasound be performed prior to abortion and that the ultrasound be displayed within the woman's line of sight so she may view her ultrasound if she wishes to look. The Texas law was challenged and upheld by the Fifth Circuit Court of Appeals.

Twenty other states which including Wisconsin, currently have laws which encourage a woman to view an ultrasound prior to obtaining an abortion. Eight states currently have laws that require some sort of admitting privileges for abortion doctors.

Thank you once again for taking the time to hear from me.



# Mary Lazich

State Senator - Senate District 28

**Assembly Committee on Health**  
**Assembly Bill 227 Testimony**  
**June 5, 2013**

Thank you for a public hearing about Assembly Bill 227 (AB 227). AB 227, named Sonya's Law, strengthens the informed consent law by providing all pregnant women an ultrasound prior to an abortion being performed or induced.

Sonya, a hard-working mother of two, learned last November she is expecting her third child. While considering terminating her pregnancy, Sonya took advantage of a free ultrasound after seeing an advertisement on a bus. Sonya will testify today about seeing her seven-week-old son for the first time via ultrasound pictures. The perspective gained from observing her unborn child during the ultrasound was truly necessary to making a fully informed decision.

The goal of Sonya's law is to ensure that a pregnant woman has the benefit of the best information and technology available to make an informed decision, while respecting a pregnant woman's independence. The physician to perform the abortion must perform the ultrasound or provide a list of facilities that provide ultrasounds without cost. The various ultrasound transducers and techniques available for the ultrasound will be explained to the woman and she will select the option she prefers. The decision about the type of ultrasound rests **entirely** with the mother.

During the ultrasound the physician will display ultrasound images and provide a medical description of the images, including the dimensions of the unborn child and a visualization of the fetal heartbeat. Through the wonders of modern science this technology and information is now readily accessible. Sonya's law will ensure every woman has access to this level of knowledge.

The pregnant woman is not required to view the ultrasound images or fetal heartbeat. While an ultrasound is required, the woman is not compelled to view the images and she is not subject to penalty upon refusing to view the images.

Sonya's law takes another important step to protect the life of women undergoing an abortion. The law requires physicians performing abortions have admitting privileges at a hospital within 30 miles of the location the abortion is performed. This important measure ensures prompt medical attention is available and a process is in place during emergencies at abortions clinics.

Again, thank you for the public hearing, and thank you for your consideration of AB 227.



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**Testimony in Support of Assembly Bill 227**  
**Assembly Committee on Health**  
**Julaine K. Appling, WFA President**  
**June 5, 2013**

Thank you, Chairman Severson and committee members, for the opportunity to testify today in support of Assembly Bill 227. I am Julaine Appling, president of Wisconsin Family Action, an organization dedicated to strengthening, preserving and promoting marriage, family, life and liberty in The Badger State.

Senator Lazich and Representative Strachota have drafted this bill, Sonya's Law, carefully and prudently; and we are grateful for their leadership on this proposal. The bill's intent is clear: to ensure mothers in Wisconsin have the opportunity to see a picture of their baby prior to making one of the most crucial decisions of their lives and their babies' lives.

Who has not heard stories of women who have seen ultrasound images of their baby or heard that newborn's heartbeat and suddenly realized this was not, as they had been cruelly and self-servingly told, "the product of conception" or "fetal tissue"?" This was clearly a baby. All pregnant women deserve the opportunity to see and hear the truth.

I find it interesting that the question our organization frequently gets on this bill is whether or not the procedure will add to the cost of the abortion. What we know is that many abortionists already do ultrasounds prior to the actual life-taking procedure in order to determine how far along the woman is in her pregnancy. The difference is that under Wisconsin's current law, the abortion provider is not required to even offer to let the woman see the image. This situation notwithstanding, this means that the cost of the ultrasound is typically already included in the pricing. Additionally, the authors have taken great care to ensure the woman is provided a list of places where she can get the required ultrasound for free, if the abortion facility does not provide it.

Importantly, the bill makes it very clear that the type of transducer used for the required ultrasound is up to the woman after she is given explanatory information about the various options.

Another key provision in AB 227 requires a person doing abortions to have admitting privileges at a hospital within 30 miles of the abortion facility. This, again, is prudent and primarily helps to ensure the safety of the woman. Given the nature of this procedure and potential complications that could require rapid treatment, it is right that the abortion provider be able to admit and treat a woman at a nearby hospital.

Women contemplating an abortion—and the babies they are carrying—deserve the opportunity to "see" their unborn baby through ultrasound technology. This bill responsibly provides that opportunity.

Wisconsin Family Action wholeheartedly and enthusiastically supports this bill, and we urge you to do the same. Thank you for your time and attention today.

At 19, I responsibly began taking the pill through Planned Parenthood, when my boyfriend and I became serious. After months of different strengths with different side effects, Planned Parenthood recommended the IUD. That created worse problems, and I went back on the pill. I became pregnant at 21. The woman at the clinic asked what I would do. In shock I quickly answered – abortion.

Only 2 friends & my boyfriend knew I was pregnant. I was embarrassed & mad at myself. I frantically booked an appointment in Milwaukee the VERY next day. I had to do it quickly so ‘the tissue’ couldn’t grow. I believed THE LIE that it wasn’t a baby yet & tissue couldn’t feel pain. The night before, I was afraid & called my boyfriend again to confirm that I was doing the right thing. He offered to call in sick at work, but I felt that I was responsible for the failure of the birth control, so I went alone to the Milwaukee address.

The next day, all I knew was that I had to be there at 8am & pay \$265 cash. There was no offer of counseling, & I had only estimated how many weeks I was. No vital signs were taken, & of course there was no offer of an ultrasound. I was called out of the busy lobby into another room with 5 other girls where we were told what to expect next. She said we would be in the stirrups, different sized rods would open the cervix, there would be NO PAIN, ‘the tissue’ would be sucked out & it would be all over. When she left, a girl in the circle had some valium & asked if we wanted one. Everyone swallowed one quickly.

I never saw the doctor. I guess he came in after I was on the table. The rods started hurting & it was very painful. I was crying and a woman held my hand as I heard the noise of the vacuum. Afterward, I was lead to a dressing room, then taken to another room with beds & orange juice. There were about 20 other girls there, & they all had red eyes & dead stares like mine. The room was silent except for quiet whimpering.

**Driving home was a blur & the next day I went on with my life like nothing happened.**

**I subconsciously tried to escape that day for the next 20 years. I didn't know then that I was suffering from Post Abortion Stress: depression, isolation, a sense of worthlessness, risky behavior, broken relationships, & too many more to name. A counselor got me on Prozac, but never once connected my behavior with my abortion, even though what I had gone through was a life-changing atrocity that had life-long consequences.**

**Finally at 41, God allowed me to feel the excruciating reality that I had been running from. I had murdered my child, not my "tissue." My only child. My son or daughter, who has a grandma & grandpa, who has an uncle, aunt & cousins. If I had been given an ultrasound to confirm how many weeks old my child was, I would have seen the fact that I was the mother to the baby that was moving inside of me. I believe that I would **NOT** have been able to kill my baby. I also believe that my boyfriend's heart would've been changed.**

**Seeing our baby, instead of my "tissue", would have drawn out my mothering instinct to protect and make a plan for our baby: single parenting, co-parenting, marriage or adoption. I didn't consider saving our baby, because I was treated like it was "tissue". I wasn't at an obstetrician's office or women's health center, I was herded through a baby-killing slaughterhouse.**

**I was already at least 1 month pregnant, 8 more short months of my life would've given my son the life he was meant to have.**

**Thank you for listening & allowing me to honor the child God created & to honor the memory of my son - by making his life count today.**

When I was a teenager, I thought abortion was wrong, but I didn't know why. I met an older, married man and I soon gave in to the pressure for sex. When I found out I was pregnant, it was a month after the father's wife died from a long illness. It was clear I had gotten pregnant before she had died. The father's response was "You need to get an abortion."

I was deeply ashamed. I went to Planned Parenthood of Wisconsin. The woman told me abortion was legal and it was just a blob of tissue. Without examining me, she told me I had a tubal pregnancy and I could die. She told me I should make the abortion appointment quickly.

I made the appointment and the father drove me to the clinic. When I was on the table and the doctor started the procedure, I cried and told him it hurt and to stop, that I didn't want to do this. He spoke the only words he ever said to me: "You should have thought of that before".

After, all I felt was relief. It was all over. Like an eraser. Now, no one would know what a terrible person I was.

I married the father. I felt like used goods. But soon came the depression. And the nightmares. And the fear. And the suicidal thoughts. I functioned in daily life, but at night, I would stand in the dark, looking out the window, crying. I would look at the other windows with lights, and wish I was behind any of those windows – instead of mine. I couldn't let anyone find out what a horrible person I was, so I isolated myself.

What was supposed to be an eraser; hadn't erased anything at all and it was destroying me from the inside.

I believed God could never forgive me, but I was so desperate, I went to church. There, I found hope that God could forgive me; that He wasn't sitting up on His throne, with a lightning bolt in His hand, aimed at me. I began to let myself grieve my child. I learned of a Bible study called Forgiven & Set Free.

Once I accepted that God could forgive me, I began to move past my shame. I began to see how He was able to turn that darkness into light. Without God's mercy and grace, I would not be alive today, and I certainly would not be here in this room today.

I was told by the Planned Parenthood of Wisconsin staff that what was inside me was a blob of tissue. An ultrasound would have shown me the truth of what that blob of tissue actually looked like. A fully formed baby with arms and legs and fingers and toes. That is factual information that I should have been allowed to see so that I could have made a more informed choice.

I was told by Planned Parenthood of Wisconsin staff I had a life-threatening tubal pregnancy, by a woman who never touched me, and certainly never gave me a physical exam. I was sent for a suction abortion – which at the time, I did not understand would not have resolved an ectopic pregnancy. An ultrasound would have shown the truth – that I had a normal pregnancy in my uterus, not in my Fallopian tube. With that truth, the pressure to make an immediate decision would have been lifted, and I could have taken a little time to consider my options – and made a more informed choice.

I was not given any factual information and made a hasty, uninformed choice based on lies I was told by Planned Parenthood of Wisconsin staff. Women deserve all the factual biological information available so that they can make truly informed choices and I am here today to speak up so that they will be given the factual information they deserve.



## WISCONSIN CATHOLIC CONFERENCE

### TESTIMONY ON ASSEMBLY BILL 227: ULTRASOUND FOR AN ABORTION

Presented to the Senate Committee on Health and Human Services

By Barbara Sella, Associate Director

June 5, 2013

The Wisconsin Catholic Conference (WCC) strongly supports Assembly Bill 227, which is a natural extension of our state's informed consent law and incorporates basic safety standards. By providing a pregnant woman the opportunity to see her unborn child through an ultrasound, AB 227 empowers her to make a more informed decision about whether or not to continue her pregnancy.

Standard medical practice already requires that abortion providers perform ultrasounds on women seeking abortions. The National Abortion Federation's *2013 Clinical Policy Guidelines* ([http://www.prochoice.org/pubs\\_research/publications/documents/2013NAFCPGsforweb.pdf](http://www.prochoice.org/pubs_research/publications/documents/2013NAFCPGsforweb.pdf)) states that "Proper use of ultrasound can inform clinical decision-making and enhance the safety and efficacy of abortion care." The *Guidelines* list specific standards that abortion providers must follow when performing an ultrasound exam. These include identifying the age and location of the fetus, and any cardiac activity.

It should be standard care that women who go to an abortion clinic see their medical records and receive medically accurate information so that they can make a fully informed decision.

In every other medical procedure, women are offered the opportunity to see their sonogram and mammogram images, chest and bone x-rays, etc. Abortion providers should routinely do the same. AB 227 makes certain that ultrasound information, which is essential to clinical decision-making, is made readily available to every patient. In a decision of this magnitude, it is essential that a woman rely on her own mental and sensory perception, without outside bias or interference.

AB 227 helps women determine their future, but we need to do more. We need to make certain that women are fully informed about all the resources that exist in the community, so that they can see that choosing life for their baby does not mean abandoning all hope for an education, for meaningful employment, and for a better life.

Thank you for this opportunity to testify on AB 227. Please give women the opportunity to see a picture that can be worth a thousand words and potentially allows two lives to thrive.



# Wisconsin Medical Society

Your Doctor. Your Health.

TO: Assembly Committee on Health  
Representative Erik Severson, MD, Chair

FROM: Mark Grapentine, JD  
Senior Vice President - Government Relations

DATE: June 5, 2013

RE: Opposition to 2013 Assembly Bill 227

On behalf of 12,000 members statewide, the Wisconsin Medical Society thanks the committee for this opportunity to share our opposition to 2013 Assembly Bill 227, which inserts new requirements into the physician-patient relationship for specific medical encounters. What constitutes optimum medical care is constantly evolving – statutory law is an incongruous place for establishing specific steps in providing medical care. The Society also opposes efforts that interfere with the sacred patient-physician relationship, as AB 227 would do by mandating specific requirements in a patient-physician encounter. This infringement is a dangerous slippery slope; the Society therefore opposes AB 227.

## **The Legislature Should Not Insert Itself into Medical Care Decision-Making**

The Society's main concern about AB 227 is how it infringes upon the physician-patient relationship in regards to decision making for a legal medical procedure. That AB 227 focuses on an emotional topic – abortion – makes the overall issue more complicated, yet the underlying principle is the same. This concern over interference in the physician-patient relationship is evident in the Society's general abortion policy:

### **ABO-004**

#### **Abortion as a Medical Procedure and Providing Abortion-Related Information:**

The Wisconsin Medical Society: 1) supports enactment of appropriate legislation that would acknowledge the right of a physician to perform and to practice this medical procedure as he/she might any other medical procedure or to refuse to perform an abortion according to the dictates of his/her training, experience and conscience; 2) supports the development of guidelines that ensure that abortions be performed only under proper medical circumstances with adequate provision for safeguarding the health of the patient; and 3) although abortion is a contentious issue, it is a legal medical procedure and physicians should be expected to advise their patients of all available options. (HOD, 0408)

This policy highlights two important points in this area of medical care: that abortion is a legal, accepted medical procedure, and that abortion is controversial. The Society believes that *all* medical care should follow a full and confidential discussion between a patient and her/his physician – there should be no exceptions to that relationship simply because a certain procedure is controversial.

The legislation injects specific steps that a physician must take when discussing a patient's impending decision:

- Performing or arranging for an ultrasound.
- Providing a simultaneous oral explanation during the ultrasound, with specific information.
- Displaying the ultrasound images in a way that allows the patient to view them.
- Providing a medical description of the ultrasound, with further specific information required.
- Providing a way for the patient to visualize a fetal heartbeat while providing an oral report.

This legislation essentially provides a script that the physician must follow: perform a test and provide information that may not be medically indicated, or else face monetary damages and potential civil liability – even in a lawsuit filed by a patient's relative. This intrusion in the patient-physician relationship is unacceptable. Physicians should be deciding with their patients what tests and procedures are needed and will be performed based on the best available medical evidence, guidelines of care, and shared decision making between the patient and physician. Mandatory performance of an ultrasound before an abortion is not an accepted medical practice or standard of care. Thus, this practice does not add to the quality or safety of the medical care being provided and is unacceptable waste of medical resources, especially in this time of rising health care costs.

#### **Ability to Provide Care Should Not Be Tied to Proximity to Certain Hospitals**

The bill's provision that a physician may not provide abortion services unless within 30 miles of a hospital where the physician has admitting privileges is another questionable interference into providing medical care. The American Congress of Obstetricians and Gynecologists (ACOG) recently highlighted the discrimination inherent in this type of a provision in a recent statement:

#### **Statement on State Legislation Requiring Hospital Admitting Privileges for Physicians Providing Abortion Services**

April 25, 2013

*Washington, DC* -- The American Congress of Obstetricians and Gynecologists (ACOG) believes physicians who provide medical and surgical procedures, including abortion services, in their offices, clinics, or freestanding ambulatory care facilities should have a plan to ensure prompt emergency services if a complication occurs and should establish a mechanism for transferring patients who require emergency treatment. However, ACOG opposes legislation or other requirements that single out abortion services from other outpatient procedures. For example, ACOG opposes laws or other regulations that require abortion providers to have hospital admitting privileges. ACOG also opposes facility regulations that are more stringent for abortion than for other surgical procedures of similar low risk.

Again, a medical procedure should not be singled out for potentially onerous requirements solely because they are controversial. Physicians understand that no matter what medical procedure is undertaken, a plan needs to be in place should a patient require emergency care. The bill's arbitrary proximity requirement should be seen for what it is: not aimed at ensuring quality patient care, but instead making it more difficult for a physician to provide care a patient needs. Such discrimination is unacceptable.

Assembly Bill 227 interferes with the patient-physician relationship and places an unneeded and unprecedented burden on Wisconsin physicians and women. We ask you to oppose Assembly Bill 227.

Thank you for this opportunity to provide testimony. If you have further questions please feel free to contact Mark Grapentine at [mark.grapentine@wismed.org](mailto:mark.grapentine@wismed.org) or call 608.442.3800.



WISCONSINRIGHTTOLIFE

**Wisconsin Right to Life Testimony by Barbara Lyons  
In Support of Sonya's Law – AB 227  
Assembly Committee on Health  
June 5, 2013**

Sonya's Law, AB 227, is inspired by Sonya, a Milwaukee woman whose decision-making was empowered by information about her unborn child gained through ultrasound viewing. Sonya's story is a familiar one – a woman with serious concerns about her pregnancy, not knowing what to do -- who was allowed to view her child and make an emotional connection with him.

Here are excerpts from stories of women like Sonya who were also empowered by viewing ultrasounds of their unborn children and decided to carry their pregnancies to term.

Sonya's Law allows the following related to ultrasound:

1. An ultrasound takes place 24 hours before the abortion is performed.
2. The woman chooses which type of ultrasound she would like after her options are explained to her.
3. The woman sees her child on ultrasound and visualizes the heartbeat while an explanation is given about what is on the screen.
4. The woman has the option of turning away from the ultrasound screen.
5. If the ultrasound is not covered by the charge for the abortion, the woman is given information on where she can receive a free ultrasound. The referral facility can certify that the ultrasound requirement has been met.
6. The woman herself certifies that the ultrasound requirement has been met.
7. Exceptions are allowed for medical emergency or sexual assault consistent with current law.
8. Civil penalties apply to those who violate the law but not to the woman.

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WISCONSINRIGHTTOLIFE

Another provision in Sonya's Law requires that the person performing the abortion have admitting privileges at a hospital within 30 miles of the abortion facility. If complications arise during an abortion requiring admission to a hospital, it is imperative that the hospital be close by and the person performing the abortion have admitting privileges at that hospital to provide continuity of care.

There have been instances in Milwaukee where a woman suffering abortion complications is sent to a nearby emergency room with no doctor who has admitting privileges, no back-up, and no papers to explain why she is there. It is left to the woman to explain her condition. The woman who needs medical care following her abortion should have the same continuation of care as other patients.

Wisconsin Right to Life urges the committee to recommend passage of Sonya's Law to empower a woman to have all information, including seeing her unborn child on ultrasound, before making an irreversible decision.

**Sonya's Story – Testimony before the Assembly Health Committee  
June 5, 2013**



Mr. Chairman and Members of the Committee:

I am Sonya and I am the mother of two children. I learned I was pregnant with my third child this past November. I was stunned – how could this be? I had taken precautions -- but now I was pregnant. I worried about how I could handle another child, emotionally and financially. I seriously thought about abortion.

I saw a bus ad about a free ultrasound and decided to have one. I learned I was seven weeks pregnant. Once I saw my child and realized his heart was beating, I made an emotional connection with my baby and made the decision to carry him to term. I will deliver a baby boy in July.

For myself, my baby, and other women like me, I urge you to pass Sonya's Law. Thank you.

## Angie's Story

Angie was a freshman in college when she learned she was pregnant. She was embarrassed and afraid to tell her parents. So, Angie went to a Milwaukee abortion clinic

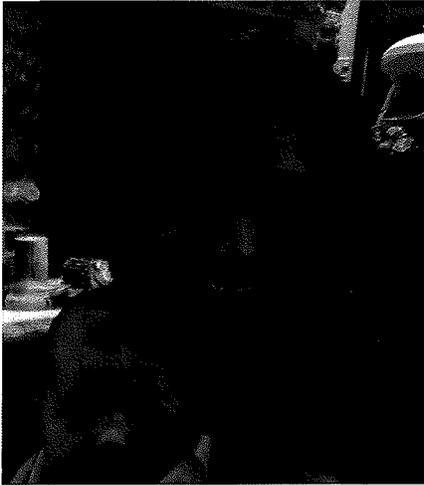
where an ultrasound confirmed that she was 19 weeks pregnant. She was told she should hurry and have an abortion because she was so far along.

Anxious about what she should do, Angie decided to have another ultrasound and went to a Pregnancy Help Center. "From the moment I walked in the door, everyone was so welcoming and supportive," Angie remembers. Angie saw her baby on the ultrasound screen and could not believe her eyes. Her baby was fully formed, wiggling around, and she could hear his beating heart! After seeing her baby, Angie fell in love and knew she had the strength to choose life for her precious baby son.

Angie was helped to tell her parents who were very supportive. She continued her schooling and has not forfeited her dreams of college and a career. This year, Angie celebrated her first Mother's Day with her baby. The ultrasound saved his life, and gave his mother the courage to give him life. A wonderful outcome for mother and baby. Because of her experience, Angie strongly supports ***Sonya's Law!***



## Meaghan's Story



I have a beautiful 5-month-old son named Austin. If someone would have told me 2 years ago, that today I would be a mother I would have told you you were crazy. Last April I had a weird feeling. I went and got an at home pregnancy test. It was positive. I took about 10, all positive. I started to hyperventilate and have a panic attack, then that turned in to terror, and screaming. I just sat in the corner of my apartment screaming and crying.

Later that night I found a place to go to talk to someone to find out my options. I was very much considering abortion and possibly adoption, but more abortion. I sat on their couch and cried and was so scared. I listened to everything they had to say, and agreed to come in for an ultrasound, and I would make my decision after that. I came in around 8 weeks I believe. I looked up, and I saw a little heart beating on the screen and that was it.

That's all I needed. That was my baby, and no one was going to take that away from me. It didn't matter that I wasn't with the father, or that I didn't have a lot of money, or that I was still in school, I would make it work. I fell in love with him instantly. I had a little human growing inside me.

Austin is now almost 5 months old. When I was pregnant, my family and I thought it was going to ruin my life. We thought this is the worst timing and that it was a horrible thing. We couldn't have been more wrong. This little boy has brought so much joy to all of our lives. I have never been this happy in my entire life. It has made me a better person and brought our family all closer together. There are places and programs out there that can help you if you need things. Abortion should never be an option. If I would have done that, it would have been the BIGGEST mistake of my life.

I support Sonya's Law so that other women can have the same experience I did.

## **NAOMI'S STORY**

When I found out I was pregnant, I was in shock and upset. The reason for this is because I was a single parent and I didn't have a job. I just knew that I wouldn't be able to take care of two kids. When I told my partner, he was disappointed because he wanted to get married first.

So, we talked about abortion. I really didn't want one but I knew that I had to. I really needed to talk to someone about my situation. So I began to research for a company who would help me deal with my pregnancy. I saw an ad for a place that had services and called them. I was given an appointment for an ultrasound. I brought the father of my unborn child with me for support. When I had the ultrasound, it really made me change my mind. My baby was 8 weeks. The father of my child was also happy because the ultrasound changed his mind -- it was his first-born child.

So, I began job hunting and after two months of searching I found a job. I kept my pregnancy, have a job and started college. Me and the baby's father were going to get to know each other before we start dating.

I went back for another ultrasound and I was 16 weeks along. I found out that I was having a boy. I am so happy that I decided to keep my pregnancy going forward. I want to let everyone know how having an abortion can affect your decision because I think babies are blessings from God.

I support Sonya's Law so that other women can see their babies like I did. Thanks to those who are supporting Sonya's Law.



### Sao and Kou's Story

Sao and Kou are expecting their sixth child. Their youngest child is 14-years-old. Fearing they were too old to have a "normal" child, they went to an abortion clinic and were going to abort.

At the abortion clinic they were told the abortion procedure was a two day process. They were told there wasn't much to it but Sao would have to go home with rods of seaweed inserted in order to dilate her enough to remove the baby.

Sao had an ultrasound at the abortion clinic and Kou asked if the baby was ok and if he could see the ultrasound. The abortion clinic staff said they would give Sao and Kou a picture. Kou asked if the baby had a heartbeat. The person doing the scan said the clinic could not share the heartbeat with them. They both asked how far along Sao was and were told 18 weeks. They had no idea Sao was that far along!

Sao and Kou had a very uneasy feeling and wondered what was going on. Kou took the ultrasound picture and walked into a Pregnancy Help Center where the couple shared what had happened at the abortion clinic. The Help Center staff told them that if their baby had a heartbeat it would most certainly be shared with them. If the baby didn't have a heartbeat, Sao would be referred to a doctor who would take care of them in this situation as well.

The couple stated that if they could see the baby's heartbeat they would love to parent. They just didn't know what was going on. Kou's jaw dropped and tears came to his eyes when he saw his beautiful

baby. He could distinctly see that the baby had a heartbeat, had fingers, toes, was jumping about and was sucking a thumb! They thanked the Pregnancy Help Center staff for sharing their baby with them and became excited about the new life they were carrying. Kou said, "I am so grateful you showed me my baby. They didn't let me see and I just had a feeling we were making a mistake. Thank you, thank you, thank you!"

A follow-up call was made to the couple a few days later. They had received baby items from the center which were in their truck. The couple had driven home after the ultrasound. Kou went to the house and called out to their children, "We have a surprise for you!" They took the kids to their truck and opened the back filled with baby items. The kids screamed in delight as the youngest ran around shouting, "We are having a baby, we are having a baby!"

Had this couple not had the opportunity to see their baby's heartbeat, they would have mistakenly chosen to abort, not knowing what their child looked like and that their baby was alive! Sao and Kou strongly support Sonya's Law which would give couples like them the information that helped them to choose life for their baby.



## Planned Parenthood Advocates of Wisconsin

To: Chairman Severson and Members of the Assembly Health Committee  
From: Nicole Safar, Public Policy Director  
Date: June 5, 2013  
Re: AB 227 Forced Ultrasound Requirement

Many members of this committee, who have signed on to sponsor all three bills that are being fast-tracked today, and many members of the majority caucus seem to be overly focused on the personal decision a woman and her family make when faced with an unintended or life threatening pregnancy. Yet these same members do little to address the actual causes of discrimination, gender or otherwise, the women and girls in Wisconsin face every single day. Including discrimination and access to prevention based health care, which would help many women avoid an unintended pregnancy in the first place.

Assembly Bill 227 is yet another piece of legislation up for discussion today that has one simple goal: make abortion access more difficult in Wisconsin. The bill is vigorously opposed by the mainstream medical establishment, including the physicians and physicians groups who actually provide women's health care. You likely will not be able to see that on the Government Accountability Board lobbying website today, however, because since this bill has moved so quickly it is unavailable to register a position with the GAB.

In Wisconsin, abortion is extremely limited and heavily restricted. Ninety-three percent of Wisconsin counties have no abortion provider and 63 percent of Wisconsin women live in those counties. Planned Parenthood is one of only two abortion providers in the state—there are a total of four locations that offer abortion services currently.

Compounding the geographic problem many women in Wisconsin face are more than a dozen state laws restricting access to abortion. These laws apply equally to medication and surgical abortion. Wisconsin laws include some of the strictest regulations in the nation:

- Wis. Stat. § 253.10 requires a 24 hour waiting period prior to an abortion;
- Wis. Stat. § 253.10 requires state directed counseling for every woman;
- Wis. Stat. § 940.15 prohibits abortion after viability unless a woman will die or her health will be severely complicated;
- Wis. Stat. § 940.04 Criminal abortion statute, held unenforceable under Roe v. Wade (1973);
- Wis. Stat. § 48.375 requires mandatory parental consent;
- Wis. Stat. § 20.9275 prohibits any public funding for abortion services or related activity.

Current Wisconsin Statute Section 253.10 dictates an informed consent procedure that all physicians providing abortion services must follow. As a part of complying with this statute, abortion providers certify that all elements of the statute have been followed and patients sign off on a state created form. It should be noted that this statute adds consent requirements in addition to Wisconsin's general informed consent statute section 448.

In addition, current law requires that all women deciding on abortion be offered an ultrasound:

Wis. Stat. sec. 253.10 (3)(c)1. g. That fetal ultrasound imaging and auscultation of fetal heart tone services *are available* that enable a pregnant woman to view the image or hear the heartbeat of her unborn child. In so informing the woman and describing these services, the physician *shall advise the woman as to how she may obtain these services if she desires to do so.*

AB 227 repeals this section of the statutes and replaces it with a forced ultrasound requirement, mandating that physicians tell a woman that she must obtain an ultrasound and then dictating the terms of that ultrasound. AB 227 forces a woman to listen to a state scripted oral explanation of the ultrasound in real time. AB 227 forces the physician to turn the ultrasound screen towards the woman so she is forced to view the screen, all the while listening to the physician's state scripted speech.

This is political interference at its absolute worst. Politicians forcing doctors to use an ultrasound for *political*, not medical, reasons, is the very definition of government intrusion. AB 227 serves no medical purpose but is simply designed to shame and coerce women who are seeking abortion services in Wisconsin. This is state sanctioned coercion pure and simple.

When the legislature mandates medical practice it puts politicians, not doctors, in charge of an individual woman's medical care. AB 227, and quite frankly all the bills you are hearing today, prevents physicians from providing patients with the highest quality and most compassionate health care based on their individual needs.

**Sonya's Law – AB 227**  
**Testimony before the**  
**Assembly Committee on Health**  
**June 5, 2013**

Mr. Chairman and Members of the Committee:

I am Sonya and I am the mother of two children. I learned I was pregnant with my third child this past November. I was stunned – how could this be? I had taken precautions -- but now I was pregnant. I worried about how I could handle another child, emotionally and financially. I seriously thought about abortion.

I saw a bus ad about a free ultrasound and decided to have one. I learned I was seven weeks pregnant. Once I saw my child and realized his heart was beating, I made an emotional connection with my baby and made the decision to carry him to term. I will deliver a baby boy in July.

For myself, my baby, and other women like me, I urge you to pass Sonya's Law. Thank you.



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**Testimony of Douglas K. Laube, MD, MEd**

**Board Chair**

**Physicians for Reproductive Health**

**Before the Assembly Committee on Health**

**Assembly Bill 227**

**June 5, 2013**

I am Dr. Douglas Laube, a practicing physician from Madison. I have been a physician and educator for over three decades, currently teaching at the University of Wisconsin. I also served as president of the American Congress of Obstetricians and Gynecologists from 2006-2007. I offer this testimony today on behalf of Physicians for Reproductive Health, a doctor-led national advocacy organization that uses evidence-based medicine to promote sound reproductive health policies. As the national voice of pro-choice physicians, we work to make quality reproductive health services an integral part of mainstream medicine.

As a physician, I support access to comprehensive reproductive health care services for all women. I have counseled women about contraception, delivered babies, provided abortion care, and overseen a weekly menopause clinic. I believe that politics and ideology should not enter into the doctor-patient relationship. I also oppose medically unjustified regulations that serve only to hinder access to safe and legal abortion. Therefore, I urge this committee to reject SB 206.

**Mandatory Ultrasound Provision**

SB 528 forces most women having abortions in Wisconsin to undergo an ultrasound. Under the proposed bill, women would have to listen to an oral description of an ultrasound image, have it placed in front of her, and be told how to visualize the fetal heartbeat. It is wrong to enact a bill where the intended effect is to manipulate women or attempt to make them feel guilty.

Physicians have a responsibility to provide our patients with the best, most comprehensive care possible. Each patient is unique, with a unique medical history and life circumstances. This bill would intrude ineffectively and unnecessarily into a woman's private health care decisions and would interfere with a physician's ability to provide the highest level of care.

A woman does not arrive at the decision to have an abortion lightly. It is the standard of care in the provision of abortion to give each woman a private opportunity to discuss issues and concerns about her abortion. There are situations where a woman may request to view her ultrasound or move to view the image. There are also situations where viewing

the ultrasound would not be in the patient's best interest and could even be cruel. A colleague of mine in North Carolina, Dr. Amy Bryant, shares this experience:

A graduate student with bipolar disorder, Laurie recently stabilized on medication and became pregnant while using condoms. She was unsure about how pregnancy would affect her mental health and how her medication would affect her fetus. Laurie determined, with very careful thought, that abortion was the right decision. I can't imagine having to make her feel worse by having to place an ultrasound image in front of her and describe the features.

SB 206 substitutes political opinion for medical judgment and compassionate care. The physician's first and foremost responsibility is for the patient's welfare. The legislature should not erode that role. I am concerned that this bill is politically motivated and does not take into account the best interests of the patient.

I am concerned that if this bill were to become law, women would feel coerced into viewing an ultrasound. Women are full citizens in society, intellectual and moral agents capable of making good decisions. Using the legislative process to manipulate women who are deciding on abortion is discriminatory and insulting. Moreover, the penalties for putting a patient's needs first are severe. A physician could be fined as much as \$10,000 and face action from a district attorney or attorney general. Other parties are authorized to file lawsuits, including the man who impregnated the patient, even if he assaulted her. SB 206 makes absolutely no sense from a medical standpoint.

#### Admitting Privileges

SB 206 also prohibits a physician from performing an abortion unless he or she has admitting privileges in a hospital within 30 miles of the location where the abortion is to be provided. This is medically unnecessary and creates significant barriers to accessing timely abortion care. This is an attack on abortion access, pure and simple. No other medical procedure of equivalent or greater complexity is singled out for an admitting privileges requirement by the legislature. The American Congress of Obstetricians and Gynecologists, the leading professional organization for physicians providing health care for women, opposes these types of bills.<sup>1</sup>

Approximately 90 percent of all abortions in this country occur early in pregnancy.<sup>2</sup> Both medication and surgical abortion are very safe and effective procedures,<sup>3</sup> and both are the standard of care for most women who want to terminate a pregnancy. Risk of death from either medication or surgical abortion is over 20 times

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<sup>1</sup> American Congress of Obstetricians and Gynecologists Press Release, April 25, 2013. Available for download at [http://www.acog.org/About\\_ACOG/News\\_Room/News\\_Releases/2013/Hospital\\_Admitting\\_Privileges\\_for\\_Physicians\\_Providing\\_Abortion\\_Services](http://www.acog.org/About_ACOG/News_Room/News_Releases/2013/Hospital_Admitting_Privileges_for_Physicians_Providing_Abortion_Services).

<sup>2</sup> Meckstroth K, Paul M. First trimester aspiration abortion. In: Paul M, Lichtenberg S, Borgatta L, Grimes DA, Stubblefield PG, Creinin MD, eds. *Management of Unintended and Abnormal Pregnancy: Comprehensive Abortion Care*. Sussex, UK: Wiley Blackwell; 2009: 135.

<sup>3</sup> Meckstroth K, Paul M. First trimester aspiration abortion. In: Paul M, Lichtenberg S, Borgatta L, Grimes DA, Stubblefield PG, Creinin MD, eds. *Management of Unintended and Abnormal Pregnancy: Comprehensive Abortion Care*. Sussex, UK: Wiley Blackwell; 2009: 136. See also Grimes DA. Risks of mifepristone abortion in context. *Contraception*. 2005; 71(3):161 and Bartz D, Goldberg A. Medication abortion. *Clin Obstet Gynecol*. 2009; 52(2):140-150.

less than for childbirth.<sup>4</sup> Rates of infection and serious complications following a medication or surgical abortion are also extremely low.<sup>5</sup>

When abortion becomes less accessible, it becomes less safe. Women may delay their care as they locate a provider, travel greater distances, or even seek the services of an unlicensed provider.<sup>6</sup> Wisconsin women deserve better. In 2008, 93% of Wisconsin counties had no abortion provider and 63% of Wisconsin women lived in those counties.<sup>7</sup> While Wisconsin women have the right to safe, legal abortion, in reality there are few facilities in our state that provide this essential care. This wholly unjustified requirement will only exacerbate this situation. The state should not abuse its power to regulate by instituting ideologically motivated, medically unjustified rules under the guise of patient safety. The painful truth is that what is called protection for women is the exact opposite.

I urge the committee to vote against this dangerous, politically motivated bill.

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<sup>4</sup> Koonin, L, Strauss, L, Chrisman, C, Parker, W. Abortion Surveillance – United States, 1997. *MMWR Surveillance Summaries*. 2000; 49(S S11); 1-44. Centers for Disease Control. Available for download at <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss4911a1.htm>.

<sup>5</sup> Meckstroth K, Paul M. First trimester aspiration abortion. In: Paul M, Lichtenberg S, Borgatta L, Grimes DA, Stubblefield PG, Creinin MD, eds. *Management of Unintended and Abnormal Pregnancy: Comprehensive Abortion Care*. Sussex, UK: Wiley Blackwell; 2009: 138.

<sup>6</sup> For example, in Pennsylvania, a state with restrictive laws that limit women's access to abortion, Kermit Gosnell preyed on low-income women who had few options to obtain the care they needed. His practice was illegal, unethical, and unsafe.

<sup>7</sup> State Facts About Abortion. *The Guttmacher Institute* (available for download at <http://www.guttmacher.org/pubs/sfaa/wisconsin.html>).