

To: Assembly Committee on Health  
From: American College of Obstetricians and Gynecologists –  
Wisconsin Section  
Date: October 7, 2021  
Re: Legislation to Restrict Access to Women’s Health Care



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The Wisconsin Section of American College of Obstetrician Gynecologists (ACOG), an organization focused on providing quality, compassionate and often life-saving health care to women, strongly denounces the rhetoric that is being used to promote the bills before you today. Assembly Bills 6, 262, 493, 528, 593, 594 and 595 spread false, dangerous information and undermine the public’s trust in OB/gyns. These bills insert legislative interference in the patient-physician relationship and decrease access to preventative health care and constitutionally protected women’s health care, namely abortion care.

**Assembly Bill 6** comprises inflammatory language that intentionally mischaracterize the provision of health care. This bill is irresponsible and dangerous. In the rare case that a woman undergoes an abortion via induction of labor during the periviable period and a baby is born alive, all decisions regarding possible resuscitation are made between herself and a multidisciplinary team of doctors who use compassion, ethics, and evidence-based expertise to help navigate what are often difficult decisions. These decisions are complex, nuanced, often heart wrenching and are quite simply not conducive to a one-size-fits-all law that all but ignores not only the scientific facts at hand, but also the individual circumstances that a woman and her family are faced with. We oppose this bill in the strongest terms.

The reporting of certain vital statistics information is generally important and useful to furthering legitimate public health interests. However, **Assembly Bill 262** is motivated by animus to abortion and exploits reporting that exists for public health purposes to shame women and intimidate health care providers. Alarmingly, this bill attempts to create and maintain a public list of medical practices that provide abortion care. Such a public registry would be an invitation for intimidation, threats, and even violence against women’s health care providers and their patients. There is real fear that providers could be targeted using this information. In this way, abortion is distinct from other types of health care procedures and vital health statistics about which the state collects information. Stigma, harassment, and violence discourage abortion access and provision and harm patients. Acts of harassment include picketing, picketing with physical contact or blocking, vandalism, picketing of homes of staff members, bomb threats, harassing phone calls, noise disturbances, taking photos or videos of patients and staff, tampering with garbage, placing glue in locks or nails on the driveway of clinics, breaking windows, interfering with phone lines, approaching cars, and recording license plates.

Instead of increasing health care access for patients who already suffer disproportionately poor health outcomes – including high rates of breast and cervical cancer, sexually transmitted infection, premature birth, infant mortality, and maternal mortality – **Assembly Bills 493 and 528** further restrict access to basic health care for women in our state. As is well known, there is already a shortage of primary care physicians in Wisconsin and many providers limit the number of uninsured, underinsured, and Medicaid patients they serve. At a time when we should be focused on improving the health of ALL Wisconsinites, it is unconscionable to cut off access to preventive care for women at highest risk. The best way to reduce costly public health problems is to provide preventative healthcare, health education, prenatal and postpartum care, and reliable contraception, not further restrict access to basic health care for women.

**Assembly Bill 593** would mandate that physicians provide information to patients which is not based on rigorous scientific evidence. If this bill becomes law physicians would be required to misled patients into believing that evidence-based treatment is available to “reverse” the effects of mifepristone. So-called “abortion reversal” regimens have not been adequately studied or evaluated for the safety of the mother or the fetus, and do not meet clinical standards of care. Legislative mandates based on unproven, unethical research are dangerous to women’s health. Politicians should never mandate treatments or require that physicians tell patients inaccurate information. Requiring doctors to offer a medical therapy that lacks the requisite evidence base is unethical at best and harmful at worst. We cannot allow political interference to compromise the care and safety of our patients.

**Assembly Bill 594** would require physicians to give legislatively mandated information regarding a fetal condition to a patient. It is the ethical responsibility of a physician, and indeed we take an oath, to provide patients with medically correct information to help them make their own informed choices regarding their diagnosis and based on their individual prognosis. It is not the place of politicians to interfere into the patient-physician relationship. Physicians have open, honest, and confidential discussions with their patients about the diagnosis, prognosis, and appropriate treatment options a patient may be faced with. Politicians should be looking to scientific data and the knowledge and experience of our excellent and compassionate physicians to be providing evidence-based, safe, and quality care to our patients.

We are additionally opposed to **Assembly Bill 595** which represents gross interference in the patient-physician relationship. People seek abortion for many different reasons, which can be complex, and reflect a variety of considerations including her health, her family, and her future. Ob-gyns will tell you that some of the most difficult decisions are made by women whose pregnancies are affected by genetic disorders, and they are not taken lightly. This proposed bill stigmatizes women who seek abortion care by

questioning the motivation behind their decisions; invites discriminatory profiling by doctors against our own patients; and discourages honest, confidential conversations between patients and their doctors. When health care providers must question their patients’ motivations for obtaining an abortion, some patients may feel forced to withhold information or lie to their provider—or they may be dissuaded from seeking care from a provider altogether. Such legislation not only restricts a woman’s constitutional right to access safe abortion, but it jeopardizes her ability to access accurate medical information and safe, timely and compassionate health care.

In closing, as the largest organization of women's health care providers, ACOG proudly stands behind our members who provide comprehensive health care for women, delivered with quality, safety, integrity, and compassion. The bills before us today create a dangerous and hostile environment for physicians and patients, and ultimately prevent doctors from providing a patient with the best possible health care.