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**WHPA Senate Judiciary Committee Hearing  
Testimony of Wisconsin Rep. Chris Taylor**

Chairman Leahy, ranking member Grassley and Judiciary Committee members,

My name is Chris Taylor, and I am a state Representative for the 76<sup>th</sup> Assembly district from the great state of Wisconsin. I am honored to be here this morning to provide testimony in strong support of the Women's Health Protection Act. I would like to especially thank Chairman Leahy, acting Chairman Blumenthal, ranking member Grassley and members of the Committee for this opportunity. I especially want to thank my Senator Tammy Baldwin, whom we are very proud of in Wisconsin, for leading the way and cosponsoring this important bill.

I am also the former Public Policy Director for Planned Parenthood of Wisconsin. For over a decade, I have been monitoring, advocating for and now attempting to pass good policy around reproductive health issues.

My state faces many critical challenges. Job creation in Wisconsin is stagnant--we are at the bottom of the barrel for job creation in the Midwest. Like the country as a whole, Wisconsin is struggling with epic income inequality between the wealthiest and everyone else. And racial disparities in education, incarceration and poverty are some of the greatest in the nation. These are pressing issues that Wisconsinites want state government to address. I ran for office because I wanted to do my part in addressing these challenges to guarantee that Wisconsin continues to be a great place for my young children and for generations to come.

Numerous public polls in Wisconsin clearly indicate that Wisconsinites want their elected officials to address the critical economic issues our state faces. Unfortunately, my Republican colleagues in the state legislature have been more focused on passing restrictions on reproductive health care and information than on the issues my constituents and Wisconsinites throughout the state want us to focus.

From legislation to litigation, over the last three years the state of Wisconsin has become one of the many battlegrounds in the fight over a woman's ability to access abortion care. Abortion restrictions that have recently passed in Wisconsin include forced ultrasounds and hospital admitting privileges. These restrictions do not promote women's health or safety, and run counter to sound medical practice and opinion. In fact, by making abortion services more difficult or impossible to access, these restrictions threaten the health, safety and lives of Wisconsin women and women throughout this country. Global evidence indicates that where abortion services are restricted and unavailable, abortions still occur and are mostly unsafe. Worldwide, unsafe abortion is one of the top causes of maternal death.<sup>1</sup>

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<sup>1</sup> World Health Organization, *Unsafe Abortion: Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2008*, sixth ed. Geneva: World Health Organization.

[http://apps.who.int/iris/bitstream/10665/75173/1/WHO\\_RHR\\_12.01\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/75173/1/WHO_RHR_12.01_eng.pdf?ua=1)

This is why we need a federal response and the Women's Health Protection Act. We need you to ensure that in my state and throughout our country, a woman's ability to access safe, legal abortion is not dependent on where she lives, and not subject to the political whims of her state legislators.

### Abortion Access limitations in Wisconsin

With over a dozen abortion restrictions and few abortion providers, Wisconsin is on the verge of becoming a state where abortion is inaccessible for many women. Only four health centers provide abortions, and only a few hospitals provide them only in very limited circumstances. As a result, Wisconsin women have less access to abortion services than the average American woman. As of 2011, 89% of U.S. counties had no health center providing abortion, and 38% of American women lived in these counties. The same data shows that 96% of Wisconsin counties had no health center providing abortions, and more than two-thirds of Wisconsin women lived in these counties.<sup>2</sup>

Abortion is a common healthcare experience in Wisconsin, just as it is across the United States. But at three of the four health centers providing abortions, women must wait three to four weeks to obtain an abortion because of physician shortages. This type of delay pushes women further into their pregnancy. In some cases, women must undergo a more complicated, expensive procedure because of this long wait. Increased costs may further delay the procedure.

There is only one health center that provides abortions post 18 weeks, and the two physician owners of that clinic want to retire. As a result, patients who need an abortion post 18 weeks, including those with medical issues and pregnancy complications, often travel out of state.

Wisconsin has over a dozen abortion restrictions, including funding restrictions, a twenty-four hour waiting period, mandated lectures and a pre-*Roe* criminal abortion ban that would go into effect should *Roe v. Wade* be overturned. We are currently categorized by the Guttmacher Institute as a state hostile to abortion rights because of the number of restrictive abortion laws.<sup>3</sup>

### Recent Abortion Restrictions & the Impact on Wisconsin Women

While the rates of unintended pregnancy<sup>4</sup> and abortion in Wisconsin are lower than that of the United States as a whole,<sup>5</sup> the Wisconsin state legislature has spent an inordinate amount of time and resources in restricting women's reproductive health care access and rights. Since 2011, a plethora of laws have been passed including repealing comprehensive, medically accurate sex education instruction, banning some insurance coverage for abortion, creating new criminal penalties for abortion providers, placing new restrictions on medication abortion and eliminating state funding for Planned Parenthood of Wisconsin for cervical and breast cancer screening, birth control, and testing and treatment for Sexually Transmitted Diseases. These restrictions do not promote the health and safety of Wisconsin women.

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<sup>2</sup> <http://www.guttmacher.org/pubs/sfaa/wisconsin.html>

<sup>3</sup> <http://www.guttmacher.org/statecenter/updates/2013/statetrends42013.html>

<sup>4</sup> <http://www.guttmacher.org/statecenter/title-X/WI.html>

<sup>5</sup> <http://www.guttmacher.org/pubs/sfaa/wisconsin.html>

Admitting privileges and forced ultrasound requirements were signed into law by Governor Scott Walker in 2013. Physicians who perform abortions are required to have admitting privileges at a hospital within 30 miles. This requirement is not extended to physicians who provide any other outpatient procedures in Wisconsin, including those who perform surgeries under general anesthesia in ambulatory surgery centers.

Admitting privilege requirements, at first glance, might seem benign. In fact, the only thing such requirements achieve is to prevent qualified, experienced physicians from providing care to their patients. Some abortion providers are categorically ineligible because they have no or very low rates of patient hospital admissions. This is due to the safety of abortion and low complication rates.<sup>6</sup> I sit on the State Assembly Health committee, and during the hearing on this bill, there was no medical evidence or testimony presented that the admitting privileges status of a woman's abortion provider in any way enhances the health and safety of women obtaining abortions.

When I questioned the bills two main sponsors whether they would reconsider this requirement if physicians could not comply and health centers providing abortions were forced to shut down, they refused.

The point of this requirement, clear and simple, is to impede access to abortion care by shutting down health centers that provide abortions.

During the legislative process, the Wisconsin medical community vocally opposed requiring hospital admitting privileges for physicians providing abortions, including the Wisconsin Academy of Family Physicians, the Wisconsin Hospital Association, the Wisconsin Public Health Association, the Wisconsin Association of Local Health Departments and Boards and the Wisconsin Medical Society (WMS). In fact, there was no health care provider or health care organization who advocated for this bill. WMS urged lawmakers to oppose it, noting that this requirement "interferes with the patient-physician relationship and places an unneeded and unprecedented burden on Wisconsin physicians and women"<sup>7</sup>.

The federal judge now hearing the case, in entering a preliminary injunction, noted a complete lack of a record in establishing any relationship between admitting privileges and protecting and improving a women's health. He specifically stated that "On the record, the admitting privileges requirement is a solution in search of a problem." The 7<sup>th</sup> Circuit Court of Appeals also noted a complete lack of justification for the law and that it would have a substantial impact on the availability of abortions in Wisconsin.

And unfortunately, that potential could indeed become a reality should this law, still on review in federal court, go into effect.

One of the four health centers providing abortions would be shut down, as its two physicians are ineligible for admitting privileges at area hospitals. This is the only health center providing

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<sup>6</sup> [https://www.prochoice.org/about\\_abortion/facts/safety\\_of\\_abortion.html](https://www.prochoice.org/about_abortion/facts/safety_of_abortion.html)

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[https://www.wisconsinmedicalsociety.org/WMS/advocacy/at\\_the\\_capitol/find\\_your\\_issue/society\\_testimony/2013/pdf/SB206\\_memo\\_06052013\\_a.pdf](https://www.wisconsinmedicalsociety.org/WMS/advocacy/at_the_capitol/find_your_issue/society_testimony/2013/pdf/SB206_memo_06052013_a.pdf)

abortions post 18 weeks. This means that most women experiencing serious health complications or tragedies in pregnancy will have no option but to leave Wisconsin to obtain the abortions they need. This health center also serves one-third of the women seeking abortions in Wisconsin. The three remaining health centers could not absorb the additional patients without significant new delays of 8-10 weeks in providing abortions.

A delay of this magnitude clearly impacts all Wisconsin women seeking abortions. But the closing of a health center providing one-third of the abortions in the state will have particularly devastating effects on low-income women, who rely on public transportation and cannot afford uncompensated work absences or additional child care costs.<sup>8</sup> For poor women, these additional barriers may be insurmountable, and a significant number will not be able to legally obtain the abortion they seek.

The same law that requires admitting privileges also forces a woman seeking an abortion to undergo an ultrasound 24 hours before obtaining an abortion. The provider must also describe and display the image to the woman. Only a woman who has been sexually assaulted and files a police report or whose continued pregnancy threatens her life or the loss of one or more bodily functions can escape this requirement.<sup>9</sup> Physicians have no ability to tailor their medical care to the unique situation of each individual woman, or to adopt the best standard of care they ethically must provide women.

Forcing women to undergo ultrasounds is government at its biggest and most intrusive. This law places politicians in the examining room, dictating medical care to patients they do not know. In most cases, women will be subjected to an invasive vaginal ultrasound. Women are unable to refuse, including women whose wanted pregnancies go wrong and the majority of sexual assault and incest victims who do not file police reports. This simply is a cruel and inhumane requirement for a woman and family experiencing a crisis. Providers have reported that a patient's inability to refuse is creating divisions between the health care provider and patient, creating more tension and stress for the patient. At a minimum, it humiliates and degrades women, treating them like second class citizens who are denied the patient autonomy and personal decision making afforded most other patients.

Wisconsin's medical community also vocally opposed forced ultrasounds. In its written testimony the Wisconsin Medical Society (WMS) stated that the "mandatory performance of an ultrasound before an abortion is not an accepted medical practice or standard of care. . .this practice does not add to the quality or safety of the medical care being provided." Upon the signing of the bill by Governor Scott Walker, WMS stated that ". . . legislating what occurs in the exam room is unequivocally unacceptable."<sup>10</sup>

My Republican colleagues in our state legislature did not listen to our state's medical community. They did not listen to their democratic female colleagues as we shared our own stories about pregnancy loss, miscarriage, stillbirths, high risk pregnancies and sexual assault on

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<sup>8</sup> Testimony of Jane Collins, a Professor at the University of Wisconsin and an expert on issues faced by women in poverty in Wisconsin, in the federal trial on the Wisconsin admitting privileges requirement, *Planned Parenthood of Wisconsin v. JB Van Hollen*, 13-cv-465-wmc.

<sup>9</sup> Wis. Stat. § 253.10(3g).

<sup>10</sup> <https://www.wisconsinmedicalsociety.org/news/society-extremely-disappointed-by-enactment-of-2013-wis-act-37/>

the floor of the Assembly, to underscore the complexities of child bearing and pregnancy decisions and the potential harmful and dangerous effect of this bill. What we knew as we went through this debate was that these abortion restrictions are not only medically insupportable and dangerous to women, but they are out of touch with our experiences and our lives. These are the most personal, complex decisions women and families make in their lives, and politicians should not make them.

It is not my role as a legislator to dictate the most personal, private decisions of my constituents. I have no business as a legislator dictating insupportable medical practices to a physician who is ethically obligated to operate in the best interest of patients. But I am in the business of ensuring that the people in my district, the people I represent, are able to exercise their most fundamental , personal decisions about their lives. As it now stands, with states legislating away those rights, we need the Women's Health Protection Act more than ever. Wisconsin women and women throughout this nation simply cannot wait.

Thank you.