

MYTHS OF WISCONSIN'S EMERGENCY CONTRACEPTION BILL

The final Senate vote on Assembly Bill 377/Senate Bill 129 will take place next week. This bill intends to force hospitals and emergency physicians in the state of Wisconsin to provide emergency contraception (EC) on demand such as an IUD or the “morning after pill” (Plan B). In contrast to what Planned Parenthood and certain pro-choice legislators might tell you, this bill has a number of practical drawbacks and associated myths.

MYTH 1: This bill only affects hospitals and not physicians.

FACT: This bill will increase the ongoing shortage of Emergency Physicians in Wisconsin.

AB377/SB 129 calls for a minimum of a \$2,500 fine to be placed on the hospital each time a physician fails to comply with its anti-life mandates. Hospitals simply will not employ physicians who in following the dictates of conscience are unable to comply. In addition, the Medical examining board that oversees the licensing of physicians recently stated that it intends to fine or censure any physician who fails to provide emergency contraception. Some emergency physicians will be unable and others will be **unwilling to practice** in Wisconsin, **knowing that Wisconsin will force them to be complicit in an act that can lead to the death of an innocent human being.** Hospitals in the rural and poor areas of Wisconsin will find it increasingly difficult to hire emergency physicians. This is a problem that they are experiencing already, prior to the passing of this bill.

MYTH 2: This bill will not result in the closing of any emergency departments.

FACT: Emergency department closures are likely.

There is good reason to **expect** such **closures**, either due to an increase in the existing Wisconsin **shortage of trained emergency physicians** or due to actions taken by Catholic bishops. The poor will suffer the most.

The emergency department is often the only available source of medical care for the poor because it is virtually the only facility that cares for patients irrespective of their ability to pay. Office based physicians have to create income or close their doors but Emergency department can run at a financial loss by diverting dollars from other departments within the hospital to fund the ER. Office based physician are commonly forced by financial considerations to limit the number of Medicare, Medicaid, and poor patients who are allowed to become a part of the practice. Emergency departments have no such limitations. Thus the loss of a community's emergency department especially hurts the poor.

27% of Wisconsin's hospitals are Catholic. Each bishop has significant authority over the Catholic hospitals within his own diocese. **Catholic bishops have not excluded the possibility of ER closures.** Bishops are commonly transferred or replaced so the likelihood of such closures will increase or decrease each time such a transfer occurs. We are currently awaiting the installation of a new bishop in the Diocese of Green Bay. **Two Wisconsin bishops have already publicly proclaimed their opposition to this bill.** How will the current or future bishops of your diocese address the anti-Catholic aspects of SB129? **If your community's ER closes, what will you say to your representatives who voted for this bill?**

Emergency Medicine residencies have never been able to train emergency physicians fast enough to keep up with the demands. **A chronic shortage of emergency physicians** has existed every year since the first training program was established in 1968. The shortage is most severe in rural areas so **it is the rural hospital that is most likely to close** the doors of the emergency department. This would potentially force the residents of the local community to commute long distances for emergency care.

Again, if your community's ER closes, what will you say to your representatives who voted for this bill? What should you say to them today?

MYTH 3: This bill will improve the quality of care provided to victims of rape.

FACT: The quality of care provided will be worse.

By making every ER in the state a sexual assault center, Assembly Bill 377/Senate Bill 129 will diminish the quality of care that women who have been raped receive. **When all ERs specialize in rape care, none in fact are specialists.** Emergency physicians in most community hospitals only rarely care for a victim of rape. For example, **I have cared for only one rape victim in the past 10 years** of a busy suburban emergency medicine practice and my lack of experience is not atypical of physicians who practice in most community hospitals. Currently the EMTs and police transport rape victims to those emergency departments that are designated as sexual assault centers. The staff in these emergency departments has both the experience and the additional training that is required for optimal care of the victim of rape, including specially trained Sexual Assault Nurse Examiners (SANE) who interview the patient, collect evidence for the police, and provide much of the medical care. Rape centers already routinely provide the patient with all available options, including those options designed to prevent pregnancy and they do so with staff that is both trained and experienced. The care currently being provided to victims of rape is excellent and will not be improved by this bill.

MYTH 4: The alleged evidence that only a third of rape victims are offered emergency contraception proves that these women are being denied full medical services.

FACT: Only those women who are fertile are offered EC. The others don't need it.

About 66% of women should not be offered EC because they are **not at risk for pregnancy**. About **25% will be actively menstruating** and thus not at risk for pregnancy. Some are already on **oral contraceptives**, others have an **IUD** in place or have had their **tubes tied** or have had a **hysterectomy**. A substantial number of rapists fail to ejaculate and **no motile sperm** are found on microscopic examination of the vaginal mucus. In the case of date rape, the rapist will commonly use a **condom**. **None of these women will benefit from Plan B** or the insertion of an IUD and EC should not be offered to them. The 33% figure quoted above actually seems higher than what might be expected.

MYTH 5: Pro-life physicians already have adequate conscience protection.

FACT: The Medical Examining Board (MEB) notified physicians in January that they will be subject to penalties if they fail to provide emergency contraception. It would be naive to think that this letter is not an attempt by the MEB to provide political support for SB 129. It would also be naive to think that the MEB will not take action against physicians who fail to comply with the mandates of SB 129 once it passes. The penalties are likely to include fines, restrictions on the physician's ability to practice, and even loss of license to practice.

Please contact your state senators today and tell them that SB 129 is a bad bill; bad for patients, bad for hospitals, bad for physicians, bad for your community, and bad for the voters in his/her district.

John Rinke, MD, Emergency Physician for 25 years