

Who testifies? Characteristics of experts who speak on abortion-related bills in Wisconsin

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Introduction

From 1973-2017, 1,193 abortion restrictions were passed at the state level, including in Wisconsin (Von Hagel & Mansbach, 2016). Many of these laws were enacted with minimal, if any, input from medical experts. Often, interest groups use their own expert-activists, without medical expertise, to promote legislation that counters scientific consensus and sound medical practice.

Given this, the current study examines the characteristics of **medical experts and expert-activists** who testified in legislative committee hearings on abortion-related bills in Wisconsin between 1995-2019 to begin better understanding how effective testimony grounded in science can be provided.

Methods

Materials. Using the Wisconsin State Legislature Advanced Search, the second and third authors conducted a preliminary search for all abortion-related bills put forth by the Wisconsin State Senate and Assembly between 1995-2019. Then, these authors identified bills with associated public hearings and downloaded publicly available testimony for analysis ($N = 40$).

Procedure. After reviewing methods previously used by scholars who analyzed hearing testimonies, the authors decided to conduct a content analysis of written material (U.S. GAO, 1996). First, they read select testimonies, making note of possible variables and categories. Next, the first author developed an analysis plan and coding manual. The first and second authors then began an iterative coding process, in which they coded independently while remaining in ongoing discussion to refine the codes. Finally, discrepancies in the coding were remedied through discussion among all authors.

Data Analysis. Data were cleaned prior to analysis such that all child and non-expert testifiers (208 testimonies) were removed, as well as testimony that did not address abortion (i.e. addressed a different portion of the bill) and written documentation that did not include first-person testimony (i.e. legislative staffer notes). Any testimony that repeated within a single legislative session (e.g. used for both Assembly and Senate bill iterations) were then consolidated. Using R Version 3.6.0 (2019), the first author calculated frequencies for all categories, as well as select cross tabulations.

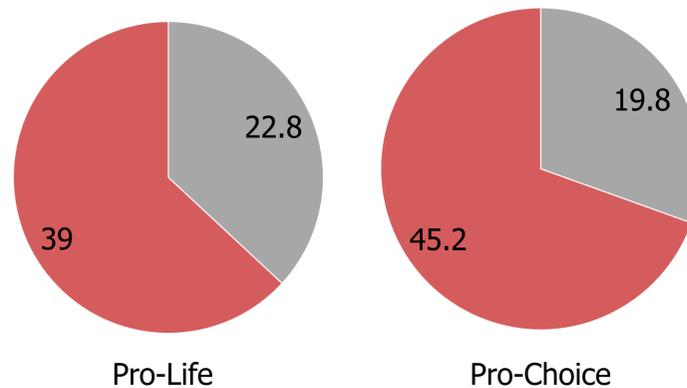
Results

35 bills and 262 unique expert testimonies between 1997-2019 were included in preliminary analyses.

Table 1. Frequencies of select variables.

Categories	<i>N</i>	%
Characterization of expertise		
Medical	101	38.5
Research or Academia	17	6.5
Activism	127	48.5
Other	17	6.5
Ideological leaning		
Pro-life	136	51.9
Pro-choice	126	48.1
Lobbyist		
Not a lobbyist	123	46.9
Lobbyist	139	53.1
Reproduction-related expertise		
No expertise	56	21.4
Expertise	110	42.0
Unclear	96	36.6

Figure 1. Pie charts comparing ideological leaning by reproduction-related expertise. **Overall, 45.2% of pro-choice expert testifiers had reproduction-related expertise, compared to 39.0% of pro-life expert testifiers.**



Results, cont.

Figure 2. Bar graph comparing reproduction-related expertise, ideological leaning, and lobbyist by characterization of expertise.

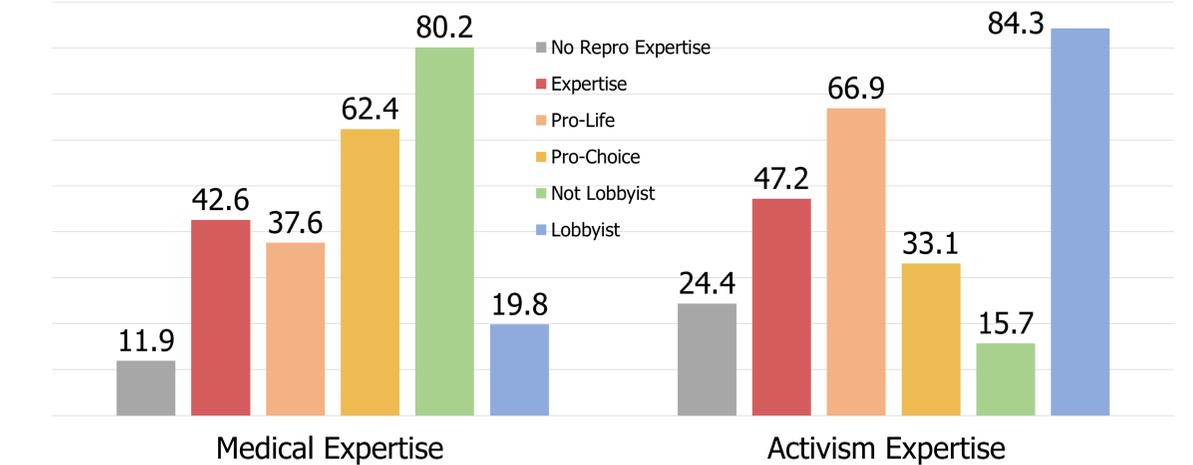
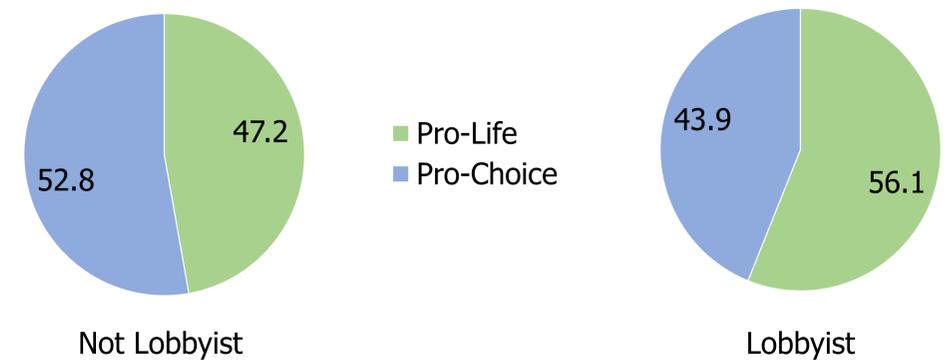


Figure 3. Pie charts comparing ideological leaning by lobbyist.



Discussion

A plurality of the sample (48.5%) had expertise in activism with 66.9% of expert-activists leaning pro-life, compared to 37.6% of medical experts. A vast majority of expert-activists were also registered lobbyists (84.3%); looking at all lobbyists, 56.1% leaned pro-life.

Despite the healthcare aspect inherent in abortion-related bills, only 38.5% of the sample had medical expertise; of those, 42.6% had reproduction-related expertise.

Given ongoing efforts to restrict abortion at the state level (Von Hagel & Mansbach, 2016), we must work to encourage and equip reproductive health medical experts to provide testimony on these bills – rather than leaving it to interest group expert-activists.