

Provider Perspectives:

Abortion Exceptionalism and the Compound Negative Effects of Medication Abortion Legislation on Patients in Wisconsin

In 2013, the state of Wisconsin implemented several laws that affected abortion care, including the same-provider law, a mandatory 24-hour waiting period, and a ban on administration of medication abortion via telemedicine.



Objective:

To assess the effects of Wisconsin's medication abortion policies, implemented in 2013, on patient care and service delivery.

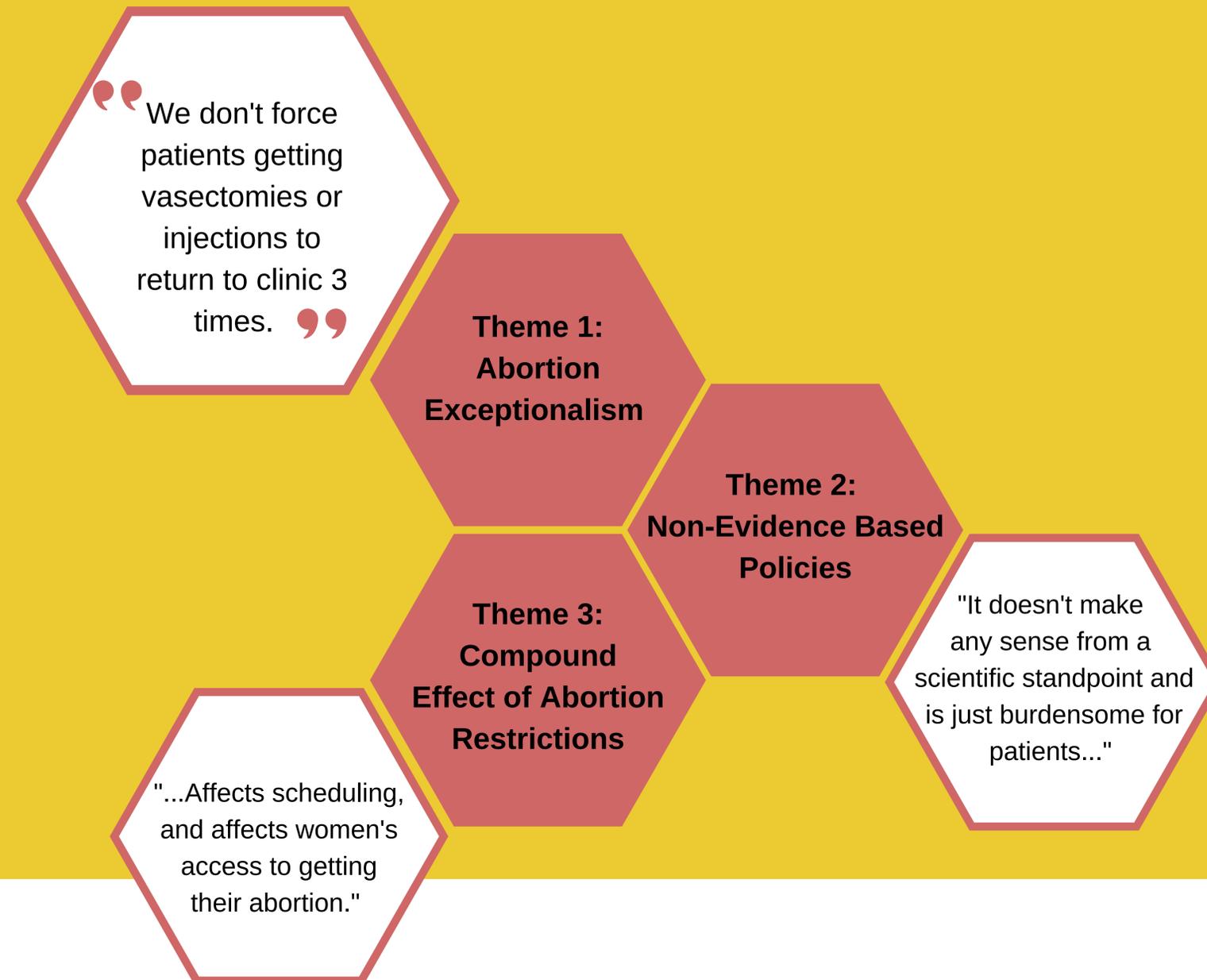
Study Design:

- Semi-structured interviews with 20 physicians and registered nurses who have provided medication abortion services in Wisconsin.
- Descriptive qualitative analyses of interview memos and transcripts revealed broad themes.

Key Themes:

1. **Abortion Exceptionalism:** Due to stigma and politicization, interviewees explained abortion care is treated vastly differently than other healthcare services.
2. **Non-Evidence Based Policies:** Interviewees argued the 2013 policies were not evidence-based and offered no medical benefits to patients and delayed patient care.
3. **Compound Effect of Abortion Restrictions:** Interviews described how the 2013 legislation works in tandem with other factors, including insurance coverage restrictions and few clinics and providers, to create an inaccessible abortion landscape, particularly for the most socially vulnerable patients.

Physicians and nurses reported that Wisconsin's 2013 medication abortion legislation **does not improve patient care**, but perpetuates abortion stigma, strains limited patient and healthcare resources, and unnecessarily delays patient access to care.



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