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.

Theme 1: Abortion Exceptionalism

"We don't force patients getting vasectomies or injections to return to clinic 3 times."

Theme 2: Non-Evidence Based Policies

"...Affects scheduling, and affects women's access to getting their abortion."

Theme 3: Compound Effect of Abortion Restrictions

"It doesn't make any sense from a scientific standpoint and is just burdensome for patients..."

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.