In recent years, Wisconsin joined many states in passing laws which increased abortion healthcare restrictions, which often cause declines in the number of abortion providers. Much of the past research on the effects of these restrictions focused on Texas, where in 2013 a law shut down a large number of abortion clinics in a short period of time. Until now, researchers knew less about how abortion clinic closures impact access in smaller states with fewer providers that are more spread out.

Wisconsin is just such a state: compared to Texas, it had fewer clinics even prior to closures. Between 2009 and 2017, two out of the five abortion clinics in Wisconsin closed, increasing the distance to the nearest clinic to 55 miles on average and to over 100 miles in some counties. Increases in driving distance make obtaining an abortion more costly in terms of both time and money.

CORE investigators found that the clinic closures in Wisconsin led to similar if not greater barriers to abortion access than seen in studies of other states. A 100-mile increase in distance to the nearest clinic was associated with 30.7% fewer abortions and 3.2% more births. The greatest impacts occurred in counties close to one of the clinics that closed.

Even Wisconsin clinics that remained open were affected by the multiple restrictions put into place during the same period (2009-2017). For example, a 2012 law added significant restrictions to medication abortion care. The burden of these restrictions were greatly compounded by the state’s mandatory 24-hour waiting period. CORE investigators found that when the new restrictions were implemented, the negative impact of travel distance on abortions was even stronger—a finding that also underscores obstacles encountered by those seeking abortion healthcare.

Results show that, compared to bigger states with more clinic closures such as Texas, even small numbers of clinic closures can result in significant restrictions to abortion access, leading to both decreased abortions and increased births.