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The Supreme Court's June Medical Services decision: Implications for Wisconsin and the importance of science in shaping abortion healthcare policy

On June 29, 2020, the US Supreme Court issued an opinion in [June Medical Services v. Russo](#), ruling that Louisiana's admitting privileges law is unconstitutional and blocking it from taking effect. This decision means that clinics can remain open to serve patients who need abortion care in Louisiana. (The ruling does not change abortion access in Wisconsin, where abortion is legal and available in four clinics.)

In this case, the Supreme Court examined research showing that admitting privilege requirements have no medical benefit and instead place unnecessary burdens on clinics, preventing many people from accessing needed reproductive healthcare. However, admitting privileges are not the only barriers to accessing abortion care. This Louisiana law is one of over 450 state laws restricting access to abortion that have passed in the last decade alone. Here's what research tells us about restrictions in Wisconsin.

Many laws already restrict abortion healthcare access in Wisconsin

Between 2010 and 2017, the Wisconsin state legislature [passed several laws](#) restricting access to abortion. These include a mandatory 24-hour waiting period; a ban on abortion 20 weeks post-fertilization; prohibition of telemedicine for medication abortions; and a ban on insurance coverage of abortion for state workers. The laws also require that only physicians can provide abortion services, even though research from other states shows that nurse practitioners and other advanced practice providers deliver these services safely.

For medication abortions, patients are legally mandated to return to the same physician on separate days to be counseled and then

observed while taking the medication. This medically unnecessary requirement is especially onerous for rural and low-income residents.

Wisconsin Medicaid also fails to cover abortion services in most cases, even though it does pay for prenatal and birthing care. Many low-income people therefore must pay for abortion care out-of-pocket—an expense that many cannot afford.

Clinic closures in Wisconsin have reduced access to essential, time-sensitive abortion care

Between 2009 and 2017, two of the five abortion clinics in Wisconsin closed. CORE research documents that these closures increased the distance to the nearest clinic to 55 miles on average and to over 100 miles in some counties. A 100-mile increase in

distance to the nearest clinic was associated with significant decreases in abortions and significant increases in births.¹ If more clinics close in our state, unwanted pregnancies and births would almost surely increase.

Wisconsin physicians are concerned that abortion restrictions negatively affect patient health and the doctor-patient relationship

In 2019, CORE researchers surveyed all clinical faculty at the University of Wisconsin School of Medicine and Public Health. They found overwhelming support for both abortion healthcare procedures and abortion providers.² Nine out of 10 physicians expressed concern that restrictive abortion laws will make it difficult for patients to receive the care they need and for physicians to offer timely and appropriate healthcare. Further, 99% were at least a little concerned about legislation interfering in the doctor-patient relationship.³

Other research shows that abortion restrictions have negative effects on a variety of health and social outcomes

Researchers at other institutions have documented that abortion restrictions contribute to maternal mortality, especially among Black women.⁴ Social scientists have also found that women who are turned away from desired abortion services, and who go on to give birth, are more likely to stay in abusive relationships,⁵ less likely to achieve aspirational life goals,⁶ less likely to complete postsecondary education,⁷ and more likely to experience persistent adverse economic consequences⁸ compared to women who receive their desired abortion.

Both CORE research and research from other scientific experts indicates that restricted access to abortion healthcare is bad for people's health, social wellbeing, and educational and professional pathways. CORE joins both the [American Public Health Association](#) and the [American Medical Association](#) in maintaining that abortion restrictions infringe upon human rights and patient care. Science, not politics, must inform abortion healthcare practices and policies.

References

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