

CORE Brief

Medicaid abortion and restrictions in Wisconsin

Prepared by Emma Carpenter, December 17, 2018



What is medication abortion?

A medication abortion is an abortion using medication to induce an abortion. There are several methods of medication abortion, but the most common involves two oral medications—mifepristone and misoprostol. Usually, the first pill, mifepristone, is given by a provider. Then, misoprostol is taken 6 to 48 hours later. Medication abortions are safe and effective in the first 10 weeks of pregnancy.

Medication abortion in Wisconsin

According to the Wisconsin Department of Health Services (DHS),¹ in 2016, roughly 22% of abortions obtained in Wisconsin by Wisconsin residents were medication abortions. Less than 1% of abortions performed in 2016 were a surgical abortion to complete a failed medication abortion. Nationally, in 2014, 31% of abortions were medication abortions. Similar to Wisconsin, less than 1% of medication abortions resulted in complications nationally.²

Current medication providers in Wisconsin are:

- Sheboygan Planned Parenthood Clinic, which began offering medication abortions in September 2018
- Madison East Side Planned Parenthood Clinic
- Milwaukee Water Street Planned Parenthood Clinic
- Affiliate Medical Services in Milwaukee

The Madison and Milwaukee Planned Parenthood clinics and Affiliated Medical Services also offer in-clinic abortions.

Current restrictions on medication abortion in Wisconsin

Current restrictions on medication abortion limit *who can provide* medication abortions and *how* medication abortions can be administered. These restrictions are detailed below.

Medication abortions must be performed by a licensed physician

Since 1985, it has been Wisconsin law³ that only physicians can perform abortions. In 16 states, non-physician health care providers, such as nurse practitioners or midwives, can provide medication abortions.⁴

Act 217 restricts how medication abortions are provided

Passed in 2012, Act 217⁵ is the largest restriction on medication abortion in Wisconsin. This law imposes criminal penalties on providers who provide “abortion-inducing drugs” without 1) performing a physical exam prior to giving information about abortion and 2) being physically in the room when the patient takes the medication.⁶

In effect, this means that the *same* physician must 1) examine the patient and obtain their consent; 2) after the 24-hour waiting period, watch the patient take the first dose of medication; and 3) watch the patient take the second dose of the medication. This requires the patient to return to the same physician on three separate days.

Note that while 19 other states require a physician to be physically present, it is unclear how many of these states also require it to be the same physician.

Because Act 217 mandates that the physician must be in the *physical presence* of the patient seeking an abortion, it prohibits the use of telemedicine to prescribe medication abortion. Nineteen other states have similar telemedicine restrictions.⁷

Impact of restrictions

Shortly after Act 217 became law in 2012, Planned Parenthood and Affiliated Medical Services stopped offering medication abortions.⁸ Affiliated Medical Services resumed medication abortions about a month later⁹. Planned Parenthood resumed providing medication abortions within a year, after receiving legal clarification.

Table 1 details the number and types of abortions provided Wisconsin among Wisconsin residents. These are not perfect indicators of the impact of Act 217, but it does suggest that the restrictions (at least temporarily) decreased the number of medication abortions.

Table 1: Medication Abortion in Wisconsin 2010-2016

Year	Total # of Abortions	# of Medication Abortions	% of Medication Abortions
2010 ¹⁰	7,591	1,986	26%
2011 ¹¹	7,019	1,675	24%
2012 ¹²	6,692	932	14%
2013 ¹³	6,251	1,105	18%
2014 ¹⁴	5,640	1,064	19%
2015 ¹⁵	5,461	1,131	21%
2016 ¹⁶	5,472	1,190	22%

The source of these data are DHS statistics of "induced abortions" taking place in Wisconsin and obtained by Wisconsin Residents.

References

¹ Wisconsin Department of Health Services, Induced Abortion in Wisconsin in 2016.

<https://www.dhs.wisconsin.gov/publications/p45360-16.pdf>

² Guttmacher Institute, Medication Abortion. <https://www.guttmacher.org/state-policy/explore/medication-abortion>

³ Wisconsin Statute §940.15. <https://docs.legis.wisconsin.gov/statutes/statutes/940/1/15>

⁴ Guttmacher Institute, Medication Abortion. <https://www.guttmacher.org/state-policy/explore/medication-abortion>

⁵ Wisconsin Act 217, 2011. <https://docs.legis.wisconsin.gov/2011/related/acts/217>

⁶ Wisconsin Statute §253.105.(2). <https://docs.legis.wisconsin.gov/statutes/statutes/253/105>

⁷ Guttmacher Institute, Medication Abortion. <https://www.guttmacher.org/state-policy/explore/medication-abortion>

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- ⁸ Hall D. “Planned Parenthood Plans to End Medication Abortions.” Wisconsin State Journal 20 April 2012. https://madison.com/wsj/news/local/health_med_fit/planned-parenthood-of-wisconsin-plans-to-end-medication-induced-abortions/article_8efc0152-8a72-11e1-af27-0019bb2963f4.html
- ⁹ “Laws Increase Abortion Delays.” Wisconsin Watch. 27 January 2013. <https://www.wisconsinwatch.org/2013/01/law-increases-abortion-delays/>
- ¹⁰ Wisconsin Department of Health Services, Induced Abortion in Wisconsin in 2010. <https://www.dhs.wisconsin.gov/publications/p4/p45360-10.pdf>
- ¹¹ Wisconsin Department of Health Services, Induced Abortion in Wisconsin in 2011. <https://www.dhs.wisconsin.gov/publications/p4/p45360-11.pdf>
- ¹² Wisconsin Department of Health Services, Induced Abortion in Wisconsin in 2012. <https://www.dhs.wisconsin.gov/publications/p4/p45360-12.pdf>
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- ¹⁵ Wisconsin Department of Health Services, Induced Abortion in Wisconsin in 2015. <https://www.dhs.wisconsin.gov/publications/p45360-15.pdf>
- ¹⁶ Wisconsin Department of Health Services, Induced Abortion in Wisconsin in 2016. <https://www.dhs.wisconsin.gov/publications/p45360-16.pdf>