

CORE RESEARCH BRIEF

Assessing access to abortion services for Wisconsin residents post-Roe

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Summary

Based on our prior research, we estimate the impact of the post-*Roe* cessation of abortion services in Wisconsin in June 2022 on travel to abortion care in bordering states, the number of abortions, and the number of births by state residents.

Prior Research on Effects of Changes to Abortion Care Availability in Wisconsin

Last year, we [published](#) estimates of the effects of abortion clinic closures in Wisconsin between 2010 and 2017 on abortion access for Wisconsin residents. Specifically, clinic closures in Green Bay in 2013 and Appleton in 2015 left only three remaining clinics in Madison and Milwaukee. The impacts of these closures on travel distance varied widely across counties. While some areas of Wisconsin were close enough to clinics in Milwaukee or Madison, or those across the border in Minnesota, Illinois, or Michigan, to only have small impacts, counties in Northeastern Wisconsin experienced large increases in travel distance. For example, Green Bay residents experienced an increase in travel time to the nearest clinic of 100 miles. Indeed, the percent of county-residents living more than 100 miles from a clinic increased from 20% in 2010 to 37% in 2017 and the percent living within 25 miles fell by over 25%. Our work estimated that a 100-mile increase in distance to nearest clinic was associated with a 30% reduction in abortions. When a Sheboygan clinic began offering medication abortion in 2018, some of these distances were reduced, but Wisconsin residents in many counties continued to need to travel long distances to access reproductive health care due to these clinic closures.

Estimated Effects of Recent Cessation of Abortion Services

Using our estimates based on the two clinic closures above, we have calculated the likely effects of the suspension of abortion services at *all* remaining clinics in Wisconsin due to the [Dobbs U.S. Supreme Court decision](#), which overturned *Roe v. Wade*. Importantly, we would expect the effects to be large because the current service providers are located in Wisconsin's population centers of Madison and Milwaukee, so that suspension of abortion services at these sites will affect many more people than previous closures in smaller areas such as Appleton. We also consider the potential impact of opening a new clinic just over the Illinois border in South Beloit.

Applying previous estimates, we find substantial effects of suspension of abortion services for Wisconsin residents. Residents in 42¹ of Wisconsin's 72 counties will see an increase in distance, with an average increase of

¹ The remaining 30 counties were already closer to out-of-state care (for example, in Minneapolis) than in-state care, which is why their travel distances did not change even with the cessation of all abortion services in Wisconsin.

82 miles for residents of these affected counties. In particular, Milwaukee residents will see a 70-mile increase and Dane County residents will see a 120-mile increase. This change is important because these two counties represented [56% of abortions in the state](#) in 2020. (See Figures 1 and 2.)

Figure 1. Change in travel distance to nearest abortion care facility after cessation of services in June 2022, by county

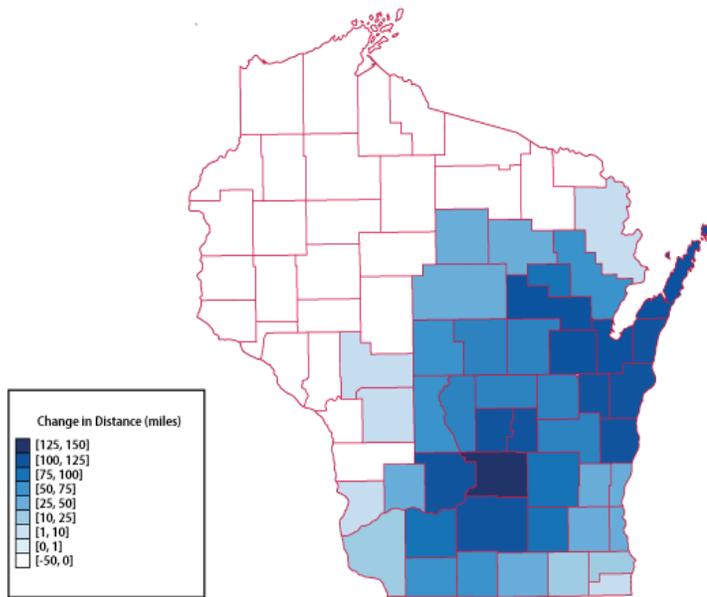
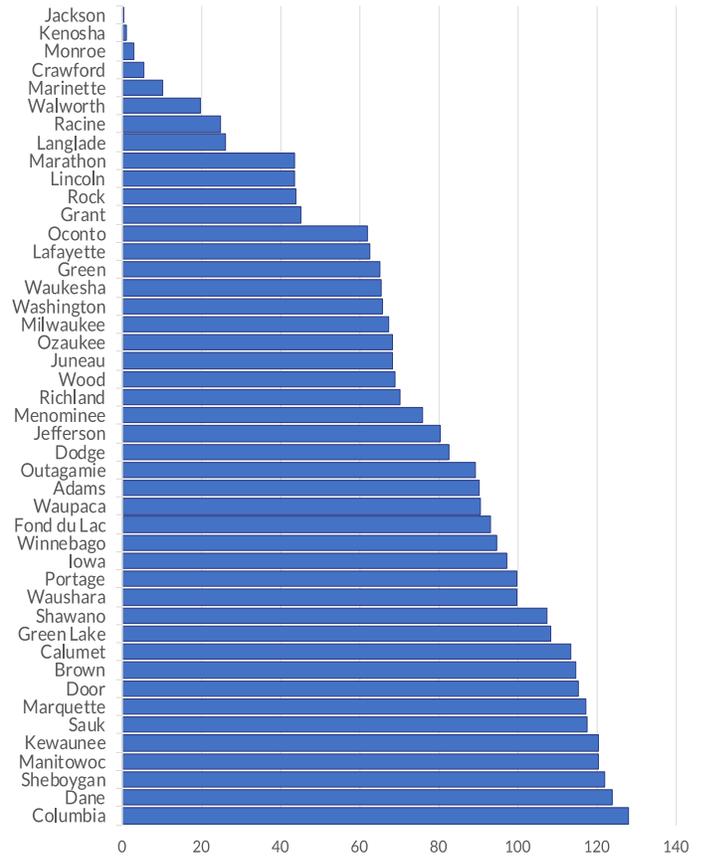


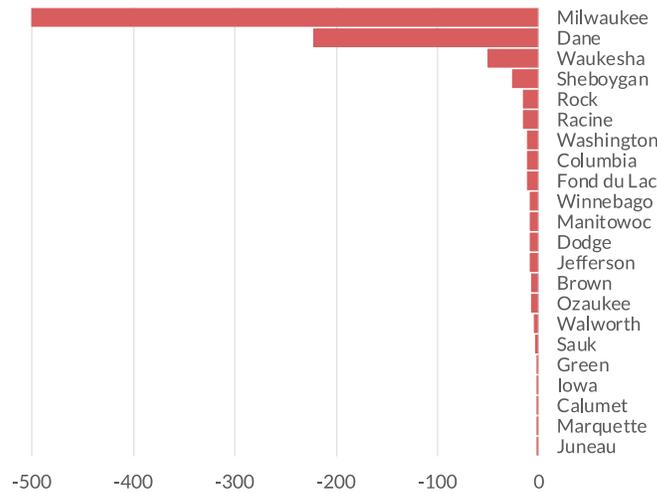
Figure 2. Increase in travel distance (miles) to nearest abortion care facility after cessation of services in June 2022, by county



As noted above, our prior analysis documented that even when abortion services were legal and available in Wisconsin, clinic closures led to declines in the number of abortions in counties most geographically affected by those closures. In applying those rates of decline to a scenario in which all abortion services in Wisconsin are suspended, we would anticipate at least a 20% reduction in abortions across the state (i.e., abortion will fall by 1160 abortions from its 2017 figure of 5371), including 20% in Milwaukee and 30% in Dane County. We also predict 30% reductions in Brown, Columbia, and Manitowoc counties, among others. (See Figure 3.)

Our model predictions also suggest that this reduction in abortions would be paired with a corresponding increase in births. Total births are predicted to increase by 2.05%, with the largest impacts in Columbia County (4.06%), Dane County (3.95% increase), and Sheboygan County (3.86%).

Figure 3. Decrease in number of abortions after cessation of services in June 2022, by county



Next, we evaluate the effects of opening a new clinic in South Beloit, Illinois, located on Wisconsin’s southern border. We estimate that 25 of the 42 affected counties would benefit geographically from this clinic, though not Milwaukee County, which remains closer to other clinics in Illinois. A South Beloit clinic opening would improve travel distance relative to the previous scenario, with the average increase in travel distance increasing by 55 miles relative to pre-Dobbs travel rather than 82 miles (as above). Dane County residents would see a 55-mile increase rather than a 120-mile increase. (See Figures 4-5.) We estimate that this scenario, where all abortion services in Wisconsin are suspended but a South Beloit clinic is opened, would produce an overall 15% reduction in abortions across the state (i.e., abortions would fall by 875 from its 2017 figure of 5371), including 20% in Milwaukee and 15% in Dane County. (See Figure 6.)

Discussion

We interpret these findings to suggest that additional measures would need to be taken to ensure access to reproductive health care for Wisconsin residents. Due to the specific locations of the main population centers in relation to Wisconsin border states, opening new clinics at these borders will have important impacts—we estimate South Beloit might serve approximately 270 Wisconsin residents per year²—but modest effects on overall access. More broadly, our analyses suggest that to be most effective at improving access for the most Wisconsin residents, placement of any clinics would attempt to balance distance between the two large population centers in Wisconsin, Milwaukee and Madison.

² A clinic in Northern Illinois would also serve residents of other states, not only those who live in Illinois and bordering Iowa, but those who travel to the Chicago area for services from restricted states. Our focus in the report is the outcomes of Wisconsin residents only.

Figure 4. Change in travel distance to nearest abortion care facility after cessation of services in June 2022, by county, assuming a new clinic opens in South Beloit, Illinois

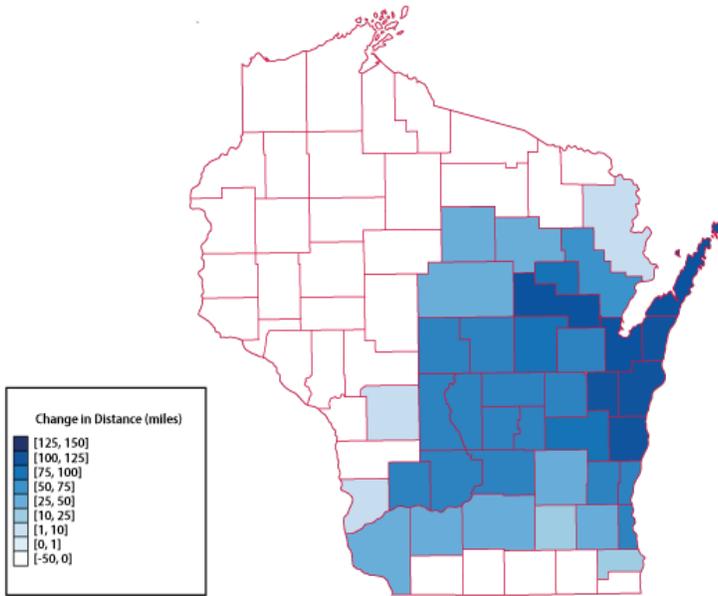


Figure 5. Change in travel distance (miles) to nearest abortion care facility after cessation of services in June 2022, by county, assuming a new clinic opens in South Beloit, Illinois

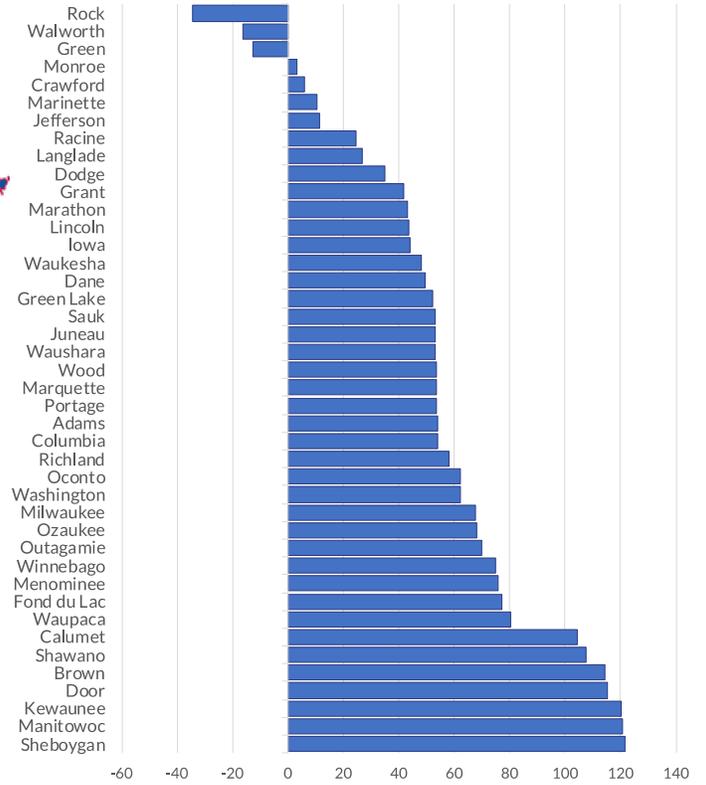
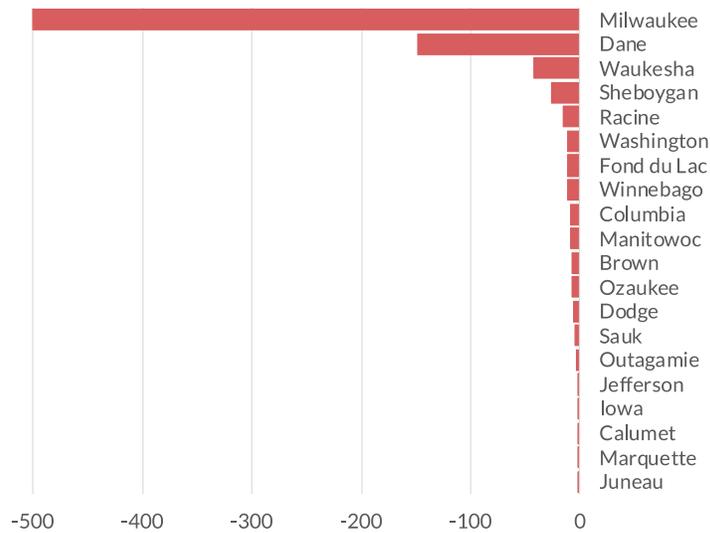


Figure 6. Decrease in number of abortions after cessation of services in June 2022, by county, assuming a new clinic opens in South Beloit, Illinois



Notes

Our model uses data from the period between 2010-2017 from Venator and Fletcher (2021). Changes in abortion service delivery, abortion attitudes, and pandemic-related factors, including changes in medication abortion access, are not able to be considered. Readers should interpret our predictions as “what would have happened if all clinics in Wisconsin closed in 2017.” We believe that these predictions will continue to be accurate in 2022, but uncertainties around potential changes in the relationship between travel distance and abortion outcomes during 2018-2022 could affect our results. In particular, changes in public and private abortion perceptions, possible misperceptions about the legality of abortion outside of Wisconsin, staff shortages, back logs and wait times, and related factors should be considered. Our expectation is that increases in access to medication abortion (through telehealth, mail order services, etc.) would reduce the effects of distance to clinics on abortion outcomes. However, we also note that Wisconsin law currently prohibits the use of telemedicine for abortion.

References

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See also

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