

CORE BRIEF

Changes to abortion access in Wisconsin following the June 2022 Dobbs decision

December 15, 2022

On June 24, 2022, the U.S. Supreme Court released its official decision in the *Dobbs v. Jackson Women's Health Organization* case. This decision overturned *Roe v. Wade* and returned authority to regulate abortion to the states.

In Wisconsin, an 1849 law makes providing abortion a felony except to save the life of the pregnant person. After the *Dobbs* decision, the state attorney general filed a [lawsuit](#) challenging the enforceability of the law. In the meantime, clinicians will not provide abortion care due to concerns of criminal prosecution. (People who *receive* abortions, including abortions they manage on their own, are not criminalized under the 1849 law or any other Wisconsin law.)

Researchers nationwide are documenting some of the effects of this major change in the abortion policy landscape. **This brief describes findings from two research initiatives that recently shared their data with the public.**



Changes in the number of abortions

Study overview

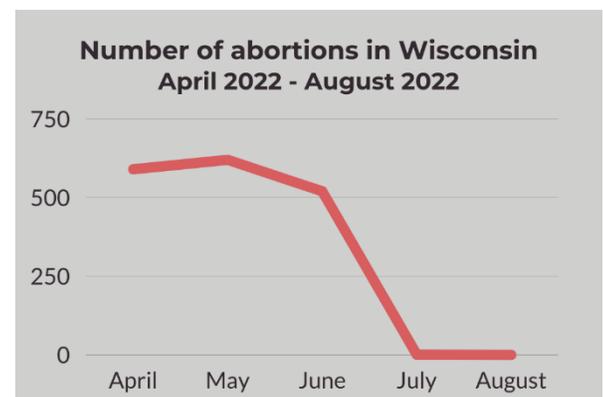
[#WeCount](#) is a national abortion reporting effort led by the [Society of Family Planning](#) and a committee of scientists and healthcare professionals from across the country. The project enrolled 79% of all identified abortion healthcare providers in the U.S. Each participant reported the number of abortions they provided each month, starting in April 2022. To develop the most accurate estimates possible, researchers used statistical techniques to account for missing data. (A full description of the methods can be found [here](#).)

National findings

Across the U.S., in July and August of 2022, there were 5,270 and 5,400 fewer abortions, respectively, than in April. These numbers represent an overall decrease of 9%. However, **across the 13 states with full abortion provision bans, including Wisconsin, there was at least a 95% decrease in abortions.** In states where abortion remained legal with few restrictions, the average change—an increase of 11%—was comparatively small. These findings suggest that while some people living in restrictive states have been able to cross state lines to obtain desired abortions, more than 10,000 people were unable to do so in the two months following the *Dobbs* decision.

Wisconsin findings

The [#WeCount](#) initiative documented a **100% decrease in abortions in Wisconsin between April and August.** In April and May of 2022, Wisconsin abortion providers reported 590 and 620 abortions, respectively. In July and August, those numbers fell to zero.



Source: [The Society of Family Planning](#)

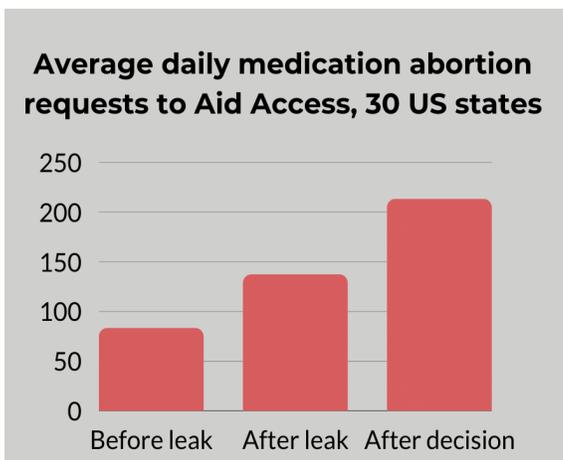
Wisconsin borders several states with fewer abortion restrictions. #WeCount documented an increase in abortions provided in Illinois, Minnesota, and Michigan following the Supreme Court decision (28%, 24%, and 8%, respectively). Wisconsin residents likely represent at least some, but definitely not all, of additional patients served in these states in July and August.

The results from the #WeCount initiative underestimate the true number of people who wish to obtain abortions in a medical setting but are unable to do so. Well before *Dobbs*, people faced severe state restrictions, financial hurdles, and travel distances; many people in Wisconsin had been unable to access desired abortion care, especially those living on low incomes and in rural areas. The *Dobbs* decision has put care out of reach for far more people.

Changes in orders for self-managed abortion medications

Study overview

[Self-managed abortion](#) refers to abortion conducted outside the formal healthcare system. [Aid Access](#) is the U.S.'s only telemedicine service that provides self-managed medication abortion, which involves two FDA-approved pills called misoprostol and mifepristone. A research team at the University of Texas at Austin has been tracking requests to Aid Access for a number of years. In a [new study](#), the team analyzed requests to the service for medication in 30 states over three time periods: before the *Dobbs* decision was leaked (September 1, 2021-May 1, 2022), after the leak but before its formal announcement (May 2-June 23, 2022), and after the *Dobbs* decision was officially announced through the end of the study period (June 24-August 31, 2022). (Note that the number of requests is not the same as the number of abortions. The study team does not



Source: [Aiken et al.](#) JAMA, 2022

publish the number of prescriptions filled nor abortions completed in part because of legal risk. For example, in Wisconsin the 1849 law criminalizes the provider of the medication.)

National findings

The researchers documented 42,259 medication abortion requests across 30 states. Mean daily requests were 83 per day before the leak, 137 a day after the leak, and 213 a day after the formal *Dobbs* decision. **The largest increases took place in states with total bans, including Wisconsin.** The researchers observed no significant increase in medication requests in states that had no new restrictions put into place during the study period.

Wisconsin findings

Requests to Aid Access for self-managed abortion medication from Wisconsin more than tripled in the months following the *Dobbs* decision: from 0.9 to 2.9 per 100,000 female state residents of reproductive age (data from personal communication with study authors). Wisconsin ranked 13th for increases among the 30 states in the study.

Summary

Recent research provides evidence that the *Dobbs* decision has put abortion healthcare out of reach for many Wisconsin residents. While some are turning to self-managed medication abortion, many people in need of abortions in Wisconsin have been unable to end their pregnancies.

In Wisconsin weekly requests for medication abortion increased

3x

from baseline to after the *Dobbs* decision.

Source: [Aiken et al.](#) JAMA, 2022