

CORE BRIEF

Medication abortion in Wisconsin: Access pathways, policy barriers, and legal threats

April 22, 2026



This brief provides an overview of medication abortion in Wisconsin, including what laws regulate its use, how people access care, and how legal and policy challenges could impact its use in the future.

What is medication abortion?

There are two methods of abortion: procedural abortion and medication abortion. Medication abortion, often called the abortion pill, is a safe and effective way to end a pregnancy. It involves taking medication – either mifepristone alone or in combination with misoprostol – following a regimen approved by the Food and Drug Administration up to 10 weeks of pregnancy. While misoprostol alone can end a pregnancy, many studies indicate that medication abortion is most effective when misoprostol and mifepristone are used together.^{1,2,3}



Extensive research documents that medication abortion is safe and effective whether provided in a healthcare facility^{4,5,6} or by telehealth.^{7,8} Building on this evidence, studies also demonstrate that medication abortion by telehealth can reduce barriers to care and increase abortion access,^{9,10} especially for people living far from clinics, on low incomes, or who are younger.^{7,8,11-13}

Some people prefer medication abortion to procedural abortion. Reasons for this preference include that, compared with procedural abortion, medication abortion is often less expensive,¹⁴ can offer a more private, at-home experience,¹⁵ and can be provided safely and effectively without an in-person visit.⁵⁻⁷ (Some states, including Wisconsin, prohibit the provision of medication abortion by telehealth, even though it is safe and effective.)

Wisconsin state laws severely restrict access to medication abortion

Despite strong evidence of its safety, effectiveness, and acceptability, Wisconsin law severely restricts access to medication abortion.

First, Wisconsin law mandates that patients seeking medication abortion receive counseling from a physician and then return to the same physician to be observed while taking the first dose. Few, if any, other states require a patient to take the medication in the presence of a physician,¹⁶ and this requirement is not supported by evidence of safety or effectiveness. The impact of this restriction is compounded by other Wisconsin abortion laws which require two visits: one for counseling and another at least 24 hours later to obtain the abortion.



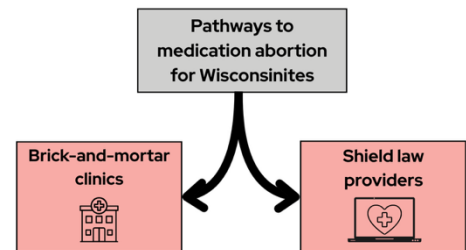
As a result, the same-physician law requires one physician to examine the patient, obtain consent, and attend a subsequent appointment after a minimum 24-hour waiting period to observe the patient take the first dose

of medication abortion. Because of patient and provider schedules, this restriction can delay obtaining an abortion by much more than 24 hours in many cases.¹⁷ CORE research shows that the same-physician rule is one of the state's largest obstacles to abortion care.¹⁷

Second, state law prohibits clinicians in Wisconsin from using telehealth to provide medication abortion, even though extensive research shows that this care delivery model is safe and effective.^{7,8} Most other U.S. states (32) permit medication abortion with telehealth.¹⁶

People in Wisconsin have two primary ways to access medication abortion

In Wisconsin, medication abortion pills are primarily available through two pathways: brick-and-mortar healthcare facilities ([Affiliated Medical Services](#), [Care for All](#), and [Planned Parenthood of Wisconsin clinics](#)) or telehealth services provided by licensed shield law providers based in other states (which can be found at abortionfinder.org).



Because Wisconsin law bans the use of telehealth for medication abortion, this model of care has never been available within the state's formal healthcare system. However, Wisconsinites can and do obtain medication abortion from out-of-state organizations operating under [shield laws](#). These laws offer legal protection for clinicians who provide medication abortion by telehealth to people in states with abortion bans or telehealth restrictions, including Wisconsin. (See this [CORE brief](#) to learn more about shield laws.)

Medication abortion is used by almost half of Wisconsinites who obtain abortion care in brick-and-mortar facilities

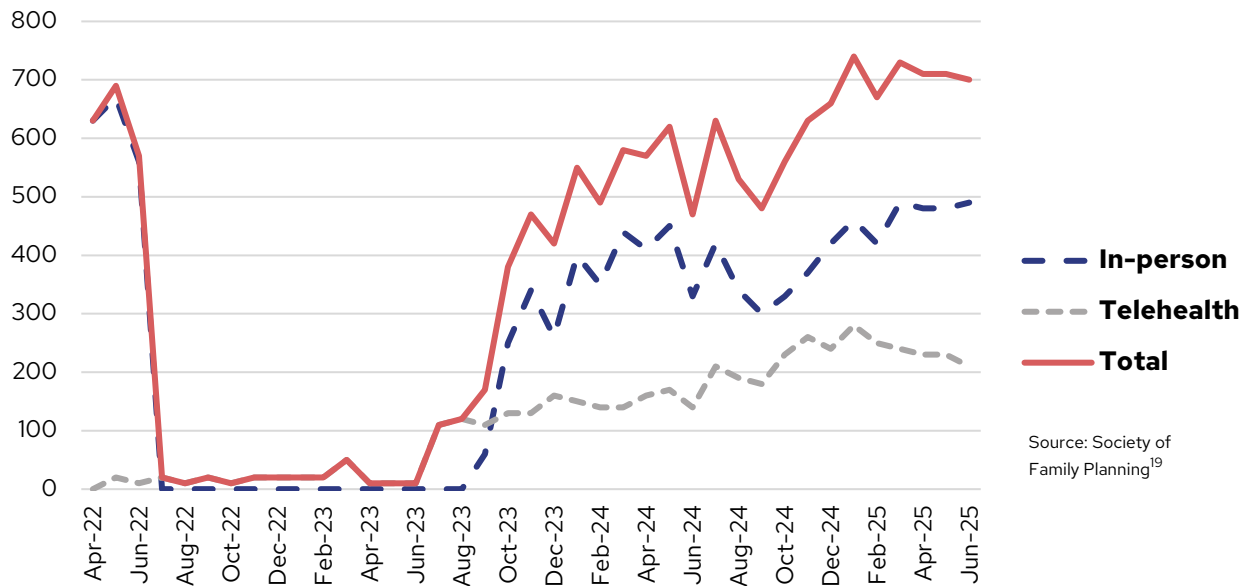
Medication abortion has become the most common method of abortion nationwide, accounting for 63% of abortions provided in the formal healthcare system in 2023.⁹ In Wisconsin, 45% of people seeking care in our state's clinics used medication abortion in 2023.¹⁸ This difference is not surprising given that Wisconsin's medication abortion laws are among the most restrictive in the country.

Increasingly, Wisconsinites obtain medication abortion from telehealth shield law providers in other states

The most recent data¹⁹ show that in 2024, 2,210 Wisconsinites received telehealth medication abortions from shield law providers in other states. That number accounts for **one-third** of all abortions received by Wisconsinites. (See [this CORE article](#) for more details.)

In-person vs. telehealth medication abortions in Wisconsin

Abortions provided by brick-and-mortar facilities and pills mailed by telehealth shield law providers



Legal and policy challenges may further restrict medication abortion access in Wisconsin

Despite the proven safety and effectiveness of medication abortion, parties opposed to its use have brought legal challenges to reduce access to mifepristone, one of the pills used in medication abortion. Three such cases are currently underway in courts across the country, along with several others that seek to protect or expand access to the drug.²⁰ The outcomes of these cases could shape access to mifepristone in Wisconsin.



The federal government could also take steps to limit access to mifepristone. First, despite long-standing evidence that the drug is safe and effective, the FDA recently announced it is conducting a new review of mifepristone that could result in regulatory changes. For example, the agency could restrict the use of telehealth or reduce how far into pregnancy the medication may be used.

Second, the Department of Justice could attempt to apply the Comstock Act – a 153-year old anti-obscenity law that has long been considered unenforceable – to ban mailing medication abortion pills. If successful, this move would effectively impose a nationwide ban on medication abortion, regardless of state laws.

Access to medication abortion is critical to health and autonomy

People need multiple pathways to access abortion care, an essential healthcare service and a fundamental component of reproductive autonomy. Medication abortion is a safe and effective way to end a pregnancy and is increasingly common in the United States. While many states permit medication abortion using

telehealth, Wisconsin does not. As a result, more Wisconsinites are seeking abortion care through telehealth from shield law providers in other states. New legal and policy challenges could limit access to medication abortion, making it harder for people to obtain the care they need.

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