

Access to abortion is a determinant of health and wellbeing.¹ Leading health organizations declare that restrictions on abortion access violate bodily autonomy and fundamental rights.²⁻⁴

Here in Wisconsin, a multitude of state laws impact people's ability to access abortion care. (See comprehensive inventory [here](#).)

Extensive evidence shows that when people have trouble obtaining a wanted abortion, the pregnant person, their families, and communities are harmed, as explained in this [CORE brief](#) and summarized in the box to the right.

In this brief, we document the evidence of impact of Wisconsin abortion laws, one by one. For each type of law, we explain what the law is, and then describe the research evidence on its impacts.



Research demonstrates that denial of wanted abortion care:

Harms the pregnant person's physical and emotional health

- ✗ Immediate and long-lasting negative effects on mental health⁵⁻⁷
- ✗ Increases in chronic health problems⁸

Harms the pregnant person's social wellbeing

- ✗ Reduced ability to achieve educational, career, and other life aspirations⁹⁻¹⁴
- ✗ Increases in intimate partner violence^{12,15}

Harms the pregnant person's partner and family

- ✗ Decreases in educational achievement for the pregnant person's partner¹⁶
- ✗ Increases in poverty for the pregnant person's existing children¹⁷

Widens economic, health, and social inequities within and between communities defined by race, ethnicity, or income¹⁸⁻²¹

Abortion criminalization

The law

An [1849 Wisconsin law](#) and subsequent revisions made performing abortion a felony, except to save the life of the pregnant person. Providing abortion remained illegal in Wisconsin until 1973, when the U.S. Supreme Court *Roe v. Wade* decision established a national constitutional right to abortion in many instances. When the Supreme Court overturned *Roe* in *Dobbs v. Jackson Women's Health Organization* in 2022, decision-making about abortion returned to the states.

In Wisconsin, the 1849 law came back into play, creating confusion about whether the 173-year old law again banned abortion provision. As the courts reviewed the law's enforceability post-*Roe*, all freestanding abortion clinics (which provide the vast majority of abortions in the state), hospitals, and outpatient clinics stopped offering abortion services for 15 months (June 2022 to September 2023), except in life-threatening emergencies.

After a district court ruled that the law does not apply to voluntary abortions, many Wisconsin abortion providers resumed services in September 2023. In July 2025, the Wisconsin Supreme Court [rejected the 1849 law](#).

Some legislators in Wisconsin and nationally would like to implement an outright abortion ban. Thus, we review the evidence here on what happens when abortion is criminalized.

Evidence of impact

There are several types of evidence of the impact of abortion criminalization (commonly known as abortion bans). First, there is emerging evidence that post-*Dobbs* abortion criminalization has **increased mortality rates** for pregnant people and their infants. However, vital statistics from this time period are not yet available. When these data are released, more definitive analyses will be critical. The evidence to date includes:

× Preliminary analyses predict that abortion bans will increase births²² and pregnancy-related deaths²³ due to people being forced to carry pregnancies to term. State review panels and other reports²⁴ suggest that abortion bans have played a role in pregnancy-related deaths post-*Dobbs*. But, the data are not yet robust enough to confirm this result at a population level.²⁵

× A recent study showed that, when Texas banned abortions after around six weeks of pregnancy in 2021 (which it still does post-*Dobbs*), infant mortality rose in the state.²⁶

Second, emerging evidence suggests that the legality of abortion in a state also affects its **reproductive healthcare workforce**. The impact includes:

× In Wisconsin, the post-*Dobbs* legal landscape, including the state's 1849 law, may make it harder to recruit, train, and keep obstetrician and gynecologist (ob-gyn) doctors in the state.^{27,28}

× Recent data indicates that it is harder to recruit new ob-gyns to work²⁹ or be trained^{30,31} in states like Wisconsin where abortion is restricted or banned.

Strain to the ob-gyn workforce in Wisconsin is particularly concerning since many areas in the state already lack access to pregnancy and birthing healthcare services.³² For more details on how abortion restrictions affect the ob-gyn workforce, see this [CORE brief](#).

Third, while Wisconsin's 1849 law and bans in many other states have **exceptions** that permit abortion to save the life of the pregnant person,³³ there is evidence that they do not protect pregnant people.

- ✗ National³⁴ and Wisconsin³⁵ research has documented that abortion ban exceptions to save the life of the pregnant person can be vague and hard to interpret. Such confusion can make it difficult or impossible for ob-gyns to provide standard, evidence-based care to pregnant patients in emergency situations, which may lead to preventable illness, damaged organs, loss of fertility, or death.

Funding and insurance prohibitions

The law

A federal law (commonly known as the "Hyde Amendment") prohibits the use of federal Medicaid funds for abortion. Wisconsin state law also prohibits the use of state, local, or federal funding for programs that provide, promote, or encourage abortion services or make referrals to abortion care. So, while Wisconsin Medicaid pays for contraception, prenatal care, and birthing care, it cannot cover abortion care in most cases. State law also prohibits abortion coverage by public employee insurance plans and by plans offered on the Affordable Care Act's Health Insurance Marketplace for Wisconsin.

Evidence of impact

- ✗ Without coverage under Medicaid or private insurance, patients must pay out of pocket for abortion healthcare services. A comprehensive analysis³⁶ showed that as of 2020, in the Midwest a medication abortion cost around \$550, a first-trimester procedural abortion cost around \$625, and a second-trimester procedural abortion cost around \$820. If the patient must travel long distances or out of state for care, additional non-medical expenses like transportation, childcare, and lost wages put the price tag over \$1,000.³⁷ If the patient has medical complications that require hospital-based abortion care, these costs quickly rise to thousands of dollars.³⁸
- ✗ Most people in Wisconsin cannot afford this out-of-pocket cost. A 2024 survey of Wisconsin adults³⁹ found that more than half of respondents (53%) could not afford a \$400 emergency expense. What's more, research documents that the out-of-pocket cost of abortion care would be catastrophic for the average Wisconsin household⁴⁰ and particularly devastating for people living on low incomes.⁴¹ These catastrophic expenditures are associated with elevated stress, anxiety, and depression.⁴¹
- ✗ Studies show that abortion seekers with low incomes and no insurance coverage for abortion often delay or forego paying other expenses, such as rent, groceries, or other bills, to cover abortion costs.^{42,43}
- ✗ Struggles to raise funds can delay obtaining abortion care.^{44,45} Later abortions are harder to

get and more expensive.⁴⁶ And while the risk of abortion complications is extremely small, it increases with gestational duration.^{47,48}

Mandatory waiting period and multiple in-person visit requirement

The law

Wisconsin law requires that a physician provide counseling and obtain the patient's consent in person at least 24 hours before the abortion. These requirements, which deviate from standard medical practice,⁴⁹ **necessitate that the patient make at least two trips to the health clinic** – one for counseling and another at least 24 hours later to obtain the abortion or take the abortion medication.

Evidence of impact

The mandatory waiting period and resulting two-visit requirement is not medically necessary for abortion care⁵⁰ and leads to many harms, including:

✗ Mandatory waiting periods and resultant multiple visits can result in delays obtaining abortion care.⁵¹⁻⁵⁴ As noted above, later abortions are more difficult to obtain and more expensive.⁴⁶ And while the risk of abortion complications is extremely small, it increases with gestational duration.^{47,48} For some people, delays may prevent them from accessing an abortion at all, by the method they prefer, or in their home state.^{1,55,56} Delays caused by mandatory waiting periods fall hardest on marginalized groups, including people living on low incomes, people of color, young people, and those living far from healthcare.^{52,53}

- ✗ Mandatory waiting periods also result in lost wages, increased travel costs, childcare expenses, and/or missed school for the patient.^{57,58}
- ✗ Recent CORE research demonstrates that mandatory waiting periods may increase intimate partner violence, likely due to financial strain, negative health consequences, and relationship power dynamics.⁵⁹
- ✗ There is evidence that multiple clinic visits can threaten pregnant people's privacy by increasing the need for them to disclose that they are seeking abortion care.^{57,60}
- ✗ Evidence also shows that mandatory waiting periods strain healthcare providers, adding staffing costs and logistical challenges.⁵³

Counseling and informed consent requirements

The law

Wisconsin law requires that, to obtain informed consent, a physician must share state-mandated information about the pregnancy and the abortion procedure in person, orally, and at least 24 hours before the abortion, and on a form handed to the patient.

Evidence of impact

- ✗ All states require that patients are informed about and give consent before medical treatment, including abortion care. However, without any medical justification, Wisconsin law treats abortion differently than other procedures.⁴⁹ It requires the patient to provide consent in person and at least 24 hours before the abortion. This requires multiple visits. As described in the prior section, the multiple-visit requirement can lead to delays and other harms to the patient.
- ✗ In many other states, healthcare staff such as nurses, social workers, and medical assistants provide abortion counseling since they are both qualified and can often spend more time on these conversations.⁶¹ Expanding the staff who provide counseling can increase access and capacity in the healthcare system. In contrast, requiring physicians to conduct pre-abortion counseling creates barriers to care.⁶¹
- ✗ Abortion counseling can be provided effectively by telehealth. Across multiple studies, patients report that pre-abortion counseling offered via telehealth is convenient and reduces travel and time burdens – particularly for rural residents who live far from care.^{62–64} Using telehealth for informed consent for abortion meets American Medical Association standards for obtaining informed consent^{64,65} and is permitted by many states.⁶⁶ Wisconsin's in-person counseling and consent requirement undermines patient-centered care and is not consistent with medical standards.

Ultrasound requirement

The law

State law requires that at least 24 hours before the abortion, the pregnant person must obtain an ultrasound, and that the provider must display and orally explain the ultrasound images. The provider must also offer the patient a way to visualize the fetal heartbeat, if detected, and explain what they see.

Evidence of impact

- ✗ Ultrasound is often not medically necessary prior to abortion care⁶⁷ and adds cost and potential emotional duress for the patient.^{68,69}

Telehealth prohibition

The law

As noted above, Wisconsin state law requires that pre-abortion counseling and informed consent occur in person. This prohibits the use of telehealth for these aspects of care.

State law also requires that, for medication abortion, the treating physician be physically present in the same room as the patient to observe the patient taking the medication. The law effectively prohibits the use of telehealth to provide medication abortion. See more about medication abortion in the next section.

Evidence of impact

✗ As documented above, pre-abortion counseling provided using telehealth is effective. Patients report that telehealth pre-abortion counseling is convenient and reduces travel and time burdens to obtain care.⁶²⁻⁶⁴ Use of telehealth to obtain informed consent for abortion is also consistent with American Medical Association standards for obtaining informed consent^{64,65} and is allowed in many states.⁶⁶ Wisconsin's in-person counseling and consent requirements undermine patient-

centered care and conflict with medical standards.

✗ Extensive research documents that telehealth for medication abortion is safe and effective.⁷⁰⁻⁷² Telehealth provision of medication abortion reduces barriers to obtaining care, especially for people who live far from clinics, live on low incomes, or are younger.^{73,74}

Medication abortion restrictions

The law

Medication abortion, which involves taking one or two medications, is a safe and effective way to end a pregnancy.⁷⁵ Medication abortion has become the most common method of abortion nationwide, accounting for 63% of abortions provided in the formal healthcare system in 2023.⁷⁶ In Wisconsin, only 38% of people seeking care in the formal healthcare system use medication abortion.⁷⁷ This fact is not surprising given that the state has some of the most restrictive medication abortion laws in the country.

As noted above, state law prohibits the use of telehealth to provide medication abortion, contrasting sharply with 27 states that permit it.⁷⁸

Also as noted above, Wisconsin law mandates that for a medication abortion, patients must receive counseling from a physician and then return to the same physician to be observed while taking the medication. (Few, if any, other states require a patient to take the medication in front of a physician.⁷⁹) In effect, this requires the same physician to examine the patient, obtain consent, and attend a subsequent appointment after a mandated 24-hour (minimum) waiting period so they can watch the patient take the pill.

Evidence of impact

- ✗ As noted above, extensive research documents that use of telehealth to provide medication abortion is safe and effective.⁷⁰⁻⁷² Telehealth provision of medication abortion can reduce barriers to obtain care, especially for people residing far from clinics, living on low incomes, or who are younger.^{73,74}
- ✗ Wisconsin's unique same-physician restriction can delay obtaining a medication abortion by much more than 24 hours due to patient and provider schedules.⁸⁰ Research indicates that the same-physician rule is one of the state's largest obstacles to abortion care, especially as it works in conjunction with other restrictions (such as the mandatory two visits) to limit access.⁸⁰

Gestational duration ban

The law

Wisconsin state law prohibits abortions at 20 or more weeks postfertilization (which is the same as 22 weeks after the last menstrual period). The only exception is if the pregnant person's life is at risk. This law is based on the assertion, not backed by science, that a fetus can experience pain at 20 weeks.

Evidence of impact

As described above, being denied an abortion at any point in pregnancy harms pregnant people, their families, and communities. Gestational duration bans also cause unique harms:

- ✗ Gestational bans inflict physical and emotional harm on those who learn later in their pregnancy that complications threaten their life or health or that their fetus has a serious health issue.^{45,81,82}
- ✗ Gestational bans hit hardest people of color and people living on low incomes due to long-standing inequities, structural racism, and socioeconomic constraints.⁸³⁻⁸⁷
- ✗ Gestational bans discriminate against people who do not or cannot know they are pregnant early in pregnancy, including those with certain common health conditions,⁸⁸ those who have never been pregnant before,⁸⁹ and hormonal contraceptive users.⁸⁹ Under gestational bans, these people have little or no time to decide whether to end or continue their pregnancy.⁹⁰

See this [CORE brief](#) for more details on the impact of gestational duration bans.

Physician-only provider restriction

The law

Wisconsin law mandates that only physicians may provide abortions in the state, in stark contrast to the 24 states that permit advanced practice providers to provide procedural and/or medication abortion care.^{91,92}

Evidence of impact

✗ Research shows that trained nurse practitioners, certified nurse midwives, and physician assistants can provide abortions as safely as physicians.^{93,94} Wisconsin's physician-only restriction limits the pool of clinicians who provide abortion care, straining provider capacity and limiting abortion access.⁶¹

Conclusion

Wisconsin is designated as "restrictive" to abortion access by the country's leading reproductive health research and policy organization.⁹¹ Our state is one of the more difficult places in the United States to obtain abortion care – especially for people living on low incomes, those living in rural areas and/or long distances from clinics, minors, those seeking medication abortion care, and people who are later in pregnancy. This brief has reviewed the multitude of laws that restrict people's ability to access abortion care. Many of these laws compound each other to make it difficult, if not impossible, to get desired abortion care. An extensive body of research documents the harms of these laws to pregnant people as well as their families and communities.

Suggested citation

Williamson A, Higgins JA. The impact of Wisconsin abortion laws: What's the evidence? CORE Brief. Madison, WI: University of Wisconsin Collaborative for Reproductive Equity. 2025.

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