# CORE BRIEF

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## Wisconsin's physician-only abortion provider law lacks scientific support, harms patients, and limits clinicians' scope of practice

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Abortion is an essential reproductive healthcare service,[1,2] yet accessing it in Wisconsin is extremely difficult — and for many, impossible. A web of restrictive state laws work together to create barriers to care, forcing patients to navigate financial obstacles, mandatory multiple visits, and long travel distances.[3,4] Combined with federal restrictions[5] and unsupportive healthcare institutions,[6] these barriers create insurmountable challenges for some Wisconsinites who need abortion care, causing harm to their health and well-being.[4,7,8]

In this brief, we focus on Wisconsin's "physician-only" law (Wis. Stat. § 940.15(5)). By specifying that only physicians may legally provide abortion, the law prevents advanced practice clinicians (APCs) — physician assistants, nurse practitioners, advanced practice registered nurses, certified midwives, and certified nurse midwives — from providing abortion care. The law stands despite extensive evidence that APCs can provide care safely and effectively, as they already do in many other states.[9] Research confirms that allowing APCs to provide abortions expands access to timely care — a vital need in Wisconsin where many areas face severe shortages of obstetric[10] and reproductive care.[11]

**Wisconsin's physician-only law** was enacted in 1985, before the role of advanced practice clinicians in healthcare was broadly recognized[12] and before the development of simpler abortion technologies such as medication abortion.[13]

As a recent lawsuit challenges Wisconsin's physician-only law, this brief synthesizes state and national evidence on the topic. Collectively, this evidence demonstrates that the law lacks scientific backing, restricts access to care, and harms patients. It also confirms that APCs are well-positioned to safely and effectively provide abortion care.

## Beyond physicians: APCs can safely and effectively provide abortion care

Wisconsin's physician-only restriction is not based in science. An extensive body of research demonstrates that trained APCs can provide abortions safely and effectively.[14–19] A landmark report by the National Academies of Sciences, Engineering, and Medicine concluded that APCs have the clinical skills to perform both medication and procedural abortions in the first trimester.[14] Because of this evidence, leading health and medical professional organizations endorse APC provision of abortion care.[20–25] In 25 states and the District of Columbia where APC provision was permitted by law in 2025, APCs provided 43 percent of all clinician-provided abortions.[26]

## APCs already provide a major share of primary and reproductive healthcare

APCs play an essential role in healthcare delivery across the U.S. and Wisconsin, particularly where physician shortages exist. Blocking APCs from offering abortion care compromises reproductive healthcare access.

APCs deliver a large proportion of primary healthcare to reproductive-aged women,[27,28] particularly in rural areas and other underserved communities where access to physicians is limited.[29] For example, among

Wisconsin clinics in the federal Health Center Program, which serves poor, uninsured, and rural patients, APCs make up 20 percent of employees yet conduct 49 percent of clinical visits.[30]

APCs are also leading providers of reproductive healthcare, especially for low-income patients who receive services through Title X, the federal program dedicated to providing family planning services. In 2023, APCs made up 63 percent of full-time clinical service providers in the national Title X program.[31] As in primary care, APCs fill critical gaps where obstetric physicians are in short supply, such as rural areas.[27] This workforce support matters in Wisconsin, where 12 of 72 counties have no obstetric provider[32] and 11 counties are defined as maternity care deserts.[10]

Furthermore, APCs specializing in reproductive health routinely provide advanced care that can be more complex than abortion, such as administering paracervical anesthesia, inserting IUDs, and conducting colposcopy and endometrial biopsies.[12,20,33,34] They are well-qualified and well-suited to offer abortion care as well.

Given their central role in delivering primary and reproductive healthcare, particularly for underserved communities, APCs are ideally suited to ensure continuity of care for their patients needing full-spectrum reproductive healthcare, including abortion.[33,35] In fact, preventing APCs from offering abortion care undermines their patients' ability to access comprehensive reproductive healthcare (see below).

## Physician-only laws reduce access to abortion, imposing costs and harms on those seeking care

Restricting abortion care to physicians drives staffing shortages that bottleneck patient access to care. Extensive national research confirms that physician-only requirements reduce local provider availability[14] while increasing travel time, financial burdens, and emotional distress for patients.[36] These provider restrictions severely limit appointment availability and delay care.[35–38] Research by UW-Madison investigators[39] and others[40,41] highlights that, second only to cost, wait time for an appointment is the most important priority as people consider abortion care services. In other words, once someone decides to end a pregnancy, they want to access care as soon as possible — yet staffing challenges fueled by Wisconsin's physician-only law contribute to delays.

Evidence also shows us that by restricting provider availability, the physician-only requirement limits patient choice.[14] Because medication abortion is currently approved only up to 10 weeks of gestation,[42] delays caused by provider shortages can push abortion seekers beyond that limit, leaving procedural abortion as their only option regardless of preference. Other abortion seekers may prefer in-person care,[43,44] but they may be unable to access it due to in-state provider shortages or the financial and logistical strain of traveling out of state.

In Wisconsin, UW CORE research reveals significant challenges for patients seeking in-state abortion care[3] and for providers delivering that care.[45] Staffing strains and delays driven by the physician-only law contribute substantially to these difficulties. They are compounded by the fact that the entire state has just five brick-and-mortar abortion clinics operating in three cities.

Wisconsin's own history shows that when clinics close and physicians are unavailable, patients lose access. Between 2009 and 2017, two of five abortion clinics in Wisconsin closed, increasing the distance to the nearest clinic for abortion seekers. UW-Madison researchers found that a 100-mile increase in distance to the nearest

clinic was associated with 30.7% fewer abortions and 3.2% more births[46] — a stark demonstration of how provider shortages compromise reproductive autonomy.

## APCs expand access to abortion care

Given APCs' deep experience providing reproductive healthcare services, particularly to underserved communities, enabling these clinicians to provide abortion care would expand access to high-quality, timely care closer to home.[21] Multiple studies demonstrate that expanding the pool of abortion providers to include APCs markedly increases access to care.[36] For example, a comprehensive California study demonstrated that expanding the abortion workforce to include APCs helped patients get care more quickly, reduced the need to travel, and improved quality of care, including complication management.[37]

Research also documents high levels of patient satisfaction[34,37] with and acceptability[47] of APC-provided care. In other studies, patients report receiving particularly supportive abortion care from nurses and midwives compared to other healthcare providers.[22]

## Wisconsin's physician-only law defies clinical evidence, harms patients, and restricts providers

Laws that require higher-level credentials than necessary, such as Wisconsin's physician-only law, are not based in science and impede access to care. APCs, who are essential providers of primary and reproductive healthcare services, can provide abortion safely and effectively. Permitting APCs to provide abortion care would increase access to care in Wisconsin, especially for people living in rural and underserved communities.

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