CORE BRIEF

Wisconsin's two-visit mandate for abortion care: Delays, burdens, and no benefits

October 2026

UW CORE
COLLABORATIVE FOR REPRODUCTIVE EQUITY

Abortion is an essential reproductive healthcare service[1,2] that can be difficult if not impossible to access in Wisconsin. An especially burdensome state law* requires abortion patients to visit an abortion provider on two different days, at least 24 hours apart, to receive abortion care. State-prescribed counseling must take place during the first visit, and only on the second visit may the patient obtain abortion care. Most states do not have such mandatory waiting periods.[3,4] This law imposes an even heavier burden when paired with other Wisconsin restrictions, such as a ban on telehealth for abortion care, a physician-only law, and a requirement that the same physician see the patient on visits one and two for medication abortion services.

With a recent lawsuit challenging the two-visit law, this brief details state and national evidence showing that the mandate harms patients and providers without providing any benefit.

The law has neither scientific basis nor benefit to patients or providers

Like all healthcare clinicians, abortion providers must adhere to medical ethical standards, and their patients must provide informed consent before receiving care.[5,6] However, the Wisconsin two-visit law requires patients to wait *at least one day* between giving consent and obtaining the abortion procedure or taking the abortion medication. The two-visit mandate for abortion differs from virtually all other medical procedures.[7] Before the law took effect in 1996, Wisconsinites had been able to get abortion care in one visit.

When the legislature passed the law in 1996, it justified the 24-hour restriction as "necessary to protect a woman's right to know" and to offer "the fullest opportunity" for informed and voluntary consent. These so-called "right-to-know" bills followed national anti-abortion activists' tactical shift in the 1980s. This shift involved using language that centered the health and wellbeing of pregnant women against the alleged (and now scientifically debunked) mental and physical risks of abortion.[8–10]

However, no evidence – past or present – suggests that this law provides physical or psychological benefits to patients.[11] In fact, an expert panel convened by the National Academies of Sciences, Engineering and Medicine concluded that requiring a waiting period before receiving an abortion may increase both the risk of complications and cost of the procedure, with no evidence that waiting periods improve abortion safety.[12] While abortions throughout pregnancy are far safer than giving birth,[13] as gestational age increases, so does the risk for possible adverse events due to abortion,[12] meaning that delays should be avoided whenever possible.

UW–Madison research with physician abortion providers further underscores that waiting periods are neither based on science nor safer for patients.[14] As one Wisconsin doctor said in this study,

> *"Two separate visits: not evidence-based. Not necessary to provide safe care, as evidenced by all the other states that don't have the law, as evidenced by the state of Wisconsin before that law was enacted."*

* This mandate is determined by two state statutes: Wis. Stat. § 253.10(3)(c)1 and 253.10(3)(c)2.

Other Wisconsin physicians from this study indicated that the mandatory two-visit law can undermine safety and quality of care. In one doctor's words,

> *"These regulations don't promote a safer procedure or a healthier procedure. It would clearly be better if the day the woman walked into the clinic, she could have an abortion that day. She would have a safer abortion than if you make her wait."*

"24 hours" is usually much longer

While the law states that at least 24 hours must pass after the patient provides informed consent, one day often turns into *many* days, if not weeks, for Wisconsinites and others[15] seeking abortion care. UW CORE investigators analyzed data from Wisconsin clinics from September 2025 to September 2026. On average, the wait between the first and second visit was 5.5 days.[16]

These data are consistent with trends documented across the U.S.[11,17–19] For example, in a nationwide survey of abortion patients, waiting periods were associated with longer time to appointment.[19] In another national analysis, two-trip waiting periods significantly reduced abortions and delayed those that still occurred.[17] These effects were most pronounced for people living far from abortion providers (for example, rural residents), younger individuals, Black and Hispanic folks, and people living in areas with high poverty and unemployment.[11,17]

Mandatory two-visit laws can lead to harmful delays for patients

Many roadblocks make it difficult for patients to make two separate trips to the clinic at least 24 hours apart. In Wisconsin, brick-and-mortar clinics only operate in three cities (Madison, Milwaukee, and Sheboygan), so thousands of Wisconsinites in need of abortion care must travel long distances to receive care. UW–Madison researchers demonstrated that in Wisconsin, an increase in distance of even 100 miles to an abortion provider decreased abortion rates and increased birth rates, suggesting that people who wished to obtain abortions were unable to get to care.[20] Patients must arrange funding, transportation, time off from work, childcare, and (in the case of sedation) accompaniment by a trusted person. The mandatory two-visit law means they have to make those arrangements twice. Even people living relatively close to a clinic can struggle to gather the resources needed to go twice in as many days.[21]

These delays are distressing because once most people decide to end their pregnancy, they want to get an abortion as soon as they can. National research documents that most abortion patients wish they could have gotten an abortion earlier in pregnancy, with most saying that they were detained by managing logistics and raising money.[22,23] Later abortions are also more expensive,[24] which puts poor Wisconsinites in a vicious cycle: costs may delay care as people raise funds, while delays increase costs and raise the procedure's health risks.[25] Given Wisconsin's ban on abortions after 20 weeks gestation, delays can also push people over the legal limit for the state. UW–Madison researchers[26] and others[27,28] have also found that aside from cost, time to appointment is the most important consideration of people seeking abortions. Mandated waiting periods and unnecessary second visits increase this time, threatening patient preferences and bodily autonomy.

The law burdens both patients and providers

The 24-hour law is not only medically unnecessary, potentially increasing health risks by delaying care, but also imposes logistical and psychological costs on both patients and providers.

For patients, mandatory waiting periods can lead to lost wages, higher travel costs, childcare expenses, and missed school.[29,30] CORE research by UW–Madison investigators demonstrates that mandatory waiting periods may increase intimate partner violence, likely due to financial strain, negative health consequences, and power dynamics.[31] Evidence also documents that multiple clinic visits can threaten people's privacy by increasing the need for them to disclose their abortion seeking.[29,32]

These burdens disproportionately affect socially marginalized Wisconsinites. 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.[11,17]

On the provider side, physicians must see patients twice for what could be done in one visit, knowing their patients want care as soon as possible. In the Reproductive Health Experiences and Access (RHEA) study, led by Tiffany Green at UW–Madison and Emily Johnson at the Urban Institute, Wisconsin providers and clinic staff expressed frustration that restrictive abortion laws are not based on medical evidence and therefore providers cannot care for their patients as they were trained.[33] The law pits them against their own medical ethics and commitment to evidence-based, patient-centered care.[34] Research documents that mandatory waiting periods can also strain providers by increasing workloads and staffing costs.[11]

Many abortion providers in Wisconsin have a primary appointment at another healthcare institution and administer abortion care at separate brick-and-mortar clinics only one or two days a week. As a result, physicians often travel great distances and/or face other major obstacles. For example, in one UW CORE study,[14] a provider described her fear of needing to miss work when she woke up with COVID-like symptoms:

> *"If I don't go to work, that means the women I saw a week ago, who are counting on me to be able to have their abortion, can't have it. It's a terrible place to be as a provider, to feel like I can't not go to work."*

Further, Wisconsin law mandates that for medication abortion, the *same doctor* must consent the patient on visit one and administer the medication on visit two. Due to staffing realities, clinics cannot always ensure the same doctor can see the same patient two days in a row – a hurdle made worse by Wisconsin's physician-only law, which prohibits nurse practitioners and other advanced practice clinicians from providing abortion care. Because physicians have to see each patient twice for medication abortion, appointment availability is cut in half.[33]

Some Wisconsinites forgo abortion care due to the two-visit law

National research documents that mandatory waiting periods and resulting delays may prevent pregnant people from accessing an abortion at all, by the method they prefer, or in their home state.[23,35] The same is true in Wisconsin.

UW–Madison investigators have found that the mandatory two-visit law is one of the single biggest barriers to abortion access in Wisconsin, especially for patients living far from care and/or on low incomes.[36] In a study of pregnant Wisconsinites from across the state, interviewees described their abortion consideration and seeking experiences.[21] While interviewees described a wide range of legal, economic, and social barriers to desired abortion care, the two-visit law levied an especially imposing barrier – a barrier that some Wisconsinites were unable to overcome.

Here, we present one story from that study from a participant named Raven.[†] A 34-year-old parent of three, Raven ran a struggling small business at the time of the interview with the research team. The interview conveyed a history of familial, financial, and mental health challenges, including the fact that Raven's two older children had been in their grandmother's custody for the past few years. Raven's goal was to regain custody.

When discovering the pregnancy, Raven and their partner immediately considered abortion due to their insecure financial situation and desire to reestablish a stable family situation for Raven's two oldest children. They made two appointments at a Wisconsin clinic. However, the logistics of travel, missed wages, and childcare arrangements for two mandated appointments made it impossible to go. Raven said:

> *"It was just really difficult to consider our options knowing we had to drive so far to get proper care if we went with an abortion. [..] In Wisconsin, you have to wait a day after the initial appointment. We made the appointment to go twice, but we live a two-plus-hour drive to the nearest place. And we don't have any family out here, so we would either have to take our 15-month-old and stay overnight, or we would have had to find someone to watch him two separate days."*

Once past Wisconsin's gestational limit for abortion (20 weeks), Raven and their partner proceeded with the pregnancy.

Evidence demonstrates that Wisconsin's two-visit mandate harms patients and providers without improving outcomes

Once justified as "protecting women," Wisconsin's mandatory two-visit law does the opposite. According to both state and national evidence, mandatory waiting periods — which are neither backed by science nor required for other medical procedures — can introduce more logistics and costs, delay patients, heighten intimate partner violence and other psychological burdens, and increase health risks. The law prevents some Wisconsinites from accessing abortion care at all. Finally, the law burdens healthcare providers, who experience staffing strains and cannot care for their patients as they were trained to. Based on the evidence, removing this law could increase access to care and increase reproductive autonomy.

References

1. Abortion access fact sheet. American College of Obstetricians and Gynecologists. n.d. Accessed October 26, 2026.
2. Abortion fact sheet. World Health Organization. 2025. Accessed October 26, 2026.
3. Counseling and waiting period requirements for abortion. Guttmacher Institute. 2016. Accessed October 27, 2026.
4. Mandatory waiting periods for women seeking abortions. KFF. 2025. Accessed October 27, 2026.
5. National Abortion Federation. Ethical standards of abortion care. Washington, DC: National Abortion Federation, 2011.
6. American College of Obstetricians and Gynecologists. ACOG committee opinion no. 390: Ethical decision making in obstetrics and gynecology. Obstet Gynecol 2007;110(6):1479-1487.
7. Pre-abortion requirements. Temple University Center for Public Health Law Research. LawAtlas. 2022. Accessed October 30, 2026.
8. Dubow S. Ourselves unborn: A history of the fetus in mode\\\\rn America. Oxford and New York: Oxford University Press; 2010.

[†] a pseudonym

9. Siegel R. The right's reasons: Constitutional conflict and the spread of woman-protective anti-abortion argument. Duke Law J 2008;57(6):1641-1692.
10. Ziegler M. Abortion and the law in America: Roe v. Wade to the present. Cambridge, MA: Cambridge University Press; 2020.
11. de Londras F, Cleeve A, Rodriguez M, et al. The impact of mandatory waiting periods on abortion-related outcomes: a synthesis of legal and health evidence. BMC Public Health 2022;22(1):1232.
12. The safety and quality of abortion care in the United States. Washington, DC: National Academies of Sciences, Engineering, and Medicine, 2018.
13. Stevenson A, Raymond E, Grossman D. Comparing mortality risk of induced abortion with mortality risk of staying pregnant. Contraception 2023;127:110150.
14. Valley T, Zander M, Jacques L, et al. 'The biggest problem with access': Provider reports of the effects of Wisconsin 2011 act 217 medication abortion legislation. WMJ 2023;1(122):15-19.
15. An assessment of burdens and challenges to abortion seekers resulting from Ohio's waiting period and two-appointment requirements. Columbus, OH: Ohio Policy Evaluation Network, 2024.
16. UW Collaborative for Reproductive Equity. Unpublished data. 2026.
17. Myers C. Cooling off or burdened? The effects of mandatory waiting periods on abortions and births. Bonn, Germany: IZA - Institute of Labor Economics, 2021.
18. Lindo J, Pineda-Torres M. New evidence on the effects of mandatory waiting periods for abortion. J Health Econ 2021;80:102533.
19. Jones R, Jerman J. Time to appointment and delays in accessing care among U.S. Abortion patients. New York, NY: The Guttmacher Institute, 2016.
20. Venator J, Fletcher J. Undue burden beyond Texas: An analysis of abortion clinic closures, births, and abortions in Wisconsin. J Policy Anal Manage 2021;40(3):774-813.
21. Higgins JA, Albert E, Hendrick C, et al. Brakes and accelerators to abortion access in a post-*Dobbs* landscape: Which factors are most amenable to intervention? SSM - Qual Res Health 2026;9:100737.
22. Chiu D, Braccia A, Jones R. Characteristics and circumstances of adolescents obtaining abortions in the United States. Int J Environ Res Public Health 2024;21(4):477.
23. Finer L, Frohwirth L, Dauphinee L, et al. Timing of steps and reasons for delays in obtaining abortions in the United States. Contraception 2006;74(4):334-344.
24. Gomez I, Salganicoff A, Sobel L. Abortions later in pregnancy in a post-Dobbs era. San Francisco, CA: KFF, 2024.
25. Boonstra H. Abortion in the lives of women struggling financially: Why insurance coverage matters. New York, NY: The Guttmacher Institute, 2016.
26. Seymour J, Higgins JA, Roberts S. What attributes of abortion care affect people's decision-making? Results from a discrete choice experiment. Contraception 2024;131:110327.
27. Swartz J, Mastylak A, Ozdemir S, et al. Findings from the choices about abortion CaRE options (CARE) study: A discrete-choice experiment. Contraception 2026;163:111554.
28. Sierra G, Lerma K, Perez G, et al. Abortion care preferences and trade-offs when traveling out-of-state for facility-based services: Findings from a discrete choice experiment. BMC Health Serv Res 2024;24:1573.
29. Sanders J, Conway H, Jacobson J, et al. The longest wait: Examining the impact of Utah's 72-hour waiting period for abortion. Womens Health Issues 2016;26(5):483-487.
30. Karasek D, Roberts S, Weitz T. Abortion patients' experience and perceptions of waiting periods: Survey evidence before Arizona's two-visit 24-hour mandatory waiting period law. Womens Health Issues 2016;26(1):60-66.
31. Durrance C, Wang Y, Wolfe B. Do mandatory waiting periods for abortion increase intimate partner violence? J Health Econ 2024;98:102939.
32. Odum T, Heymann O, Turner A, et al. Assessing psychosocial costs: Ohio patients' experiences seeking abortion care. Contraception 2023;117:45-49.

33. Burroughs E, Johnston E. How abortion restrictions in Wisconsin affect access to care. Urban Institute, 2024.
34. Field M, Gyuras H, Bessett D, et al. Ohio abortion regulations and ethical dilemmas for obstetrician-gynecologists. Obstet Gynecol 2022;140(2):253-261.
35. Bitler M, Zavodny M. The effect of abortion restrictions on the timing of abortions. J Health Econ 2001;20(6):1011-1032.
36. Higgins JA, Albert E, Hendrick C, et al. Post-Dobbs case studies: Stories from Wisconsinites who considered abortion when it was unavailable. Madison, WI: University of Wisconsin Collaborative for Reproductive Equity, 2025.