

Restricting Abortion: Wisconsin¹

In far too many places throughout this country, it has become extremely difficult for women to safely and legally end a pregnancy. In too many states, politicians have enacted laws that single out the provision of abortion services for restrictions that are more burdensome than those imposed on medically comparable procedures, do not significantly advance women's health or the safety of abortion services, and make abortion services more difficult to access. It's time for politicians to stop interfering with women's personal decision-making. We need a federal law that puts women's health, safety, and rights first. The Women's Health Protection Act does just that.

In Wisconsin, the following restrictions are among those that would be unlawful under the Women's Health Protection Act once enacted:

- **REQUIREMENT** that abortion providers have admitting privileges at a local hospital, a medically unnecessary requirement that is designed to prevent qualified, experienced physicians from providing care to their patients.²
- **REQUIREMENT** that prior to providing an abortion the provider perform an ultrasound and simultaneously place the image in the woman's line of sight and provide a verbal description of the image, irrespective of the woman's circumstances and the provider's medical judgment and ethical obligations.³
- **BAN** on the use of telemedicine to provide medication abortion, reducing the potential for access to safe, nonsurgical abortion services and eliminating an important way to expand access to many low-income and rural women.⁴
- **REQUIREMENT** that clinics have a transfer agreement with a hospital no more than 30 minutes away, burdening them with a rule that is not necessary to ensure patient safety nor required of similar health care providers in the state.⁵
- **REQUIREMENT** that forces a woman to wait at least 24 hours and make two separate trips to a provider before she can obtain an abortion.⁶
- **BAN** on abortion after 20 weeks of pregnancy (an unconstitutional pre-viability ban) with unconstitutionally narrow exceptions for when the life or health of a woman is endangered.⁷

"This is the first time I've seen the Wisconsin Medical Society take a position on abortion law. Legislators are prescribing how physicians and patients interact. They used to let doctors practice medicine."

-Dr. Broekhuizen, explaining the Society's opposition to the law. Act 217 (2012 legislative session) isn't based on any evidence-based medicine or FDA guidelines.

(Endnotes)

¹ The restrictions highlighted herein are examples of the types of restrictions that the [Women's Health Protection Act](#) seeks to invalidate. This fact sheet is not intended as a comprehensive guide to abortion restrictions in Wisconsin.

² Wis. STAT. § 253.095. This requirement is blocked pending the outcome of litigation. *Planned Parenthood of Wis. v. Van Hollen*, 94 F.Supp. 3d 949 (W.D. Wis. 2015) (permanent injunction) (holding that the Act in question creates an undue burden due to an impermissible purpose, that the Act violates equal protection and substantive due process, and that the Act violates procedural due process by violating the non-delegation doctrine) (aff'd, 806 F.3d 908 (7th Cir. 2015)).

³ Wis. STAT. § 253.10.

⁴ Wis. STAT. § 253.105(2).

⁵ Wis. ADMIN. CODE MED § 11.04(g).

⁶ Wis. STAT. § 253.10.

⁷ Wis. STAT. § 253.107.