

The ACP Wisconsin Chapter Health and Public Policy Committee has prepared issue guides on ACP health policy positions

Reproductive health policy in Wisconsin

The legal landscape around access to reproductive health care services was substantially altered after the Supreme Court decision in *Dobbs v Jackson Women's Health Organization* in 2022. In Wisconsin, this decision triggered a statewide abortion ban due to reactivation of 19th century Wisconsin statutes which had been invalidated by the 1973 US Supreme Court decision legalizing abortion. In 2023 abortion services resumed in several Wisconsin locations after a Dane County circuit judge ruled that the 1849 law referred to feticide, not abortion. The case is currently pending before the Wisconsin Supreme Court.

<https://wisconsinwatch.org/2024/07/wisconsin-supreme-court-abortion-constitution-law-pregnancy-roe-wade/>

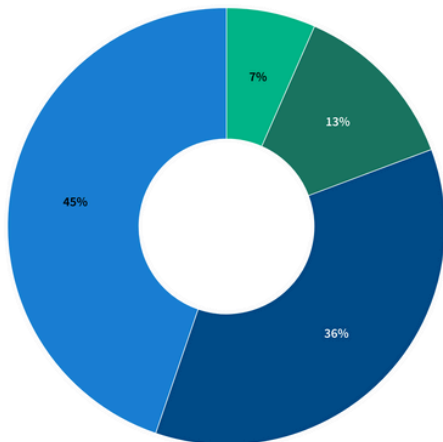
Medication abortion

There are medication regimens that have a long safety and efficacy record. Even before the *Dobbs* decision, however, some states restricted access to medication abortion either by blocking the use of telehealth abortions or by mandating in-person visits. In many states these laws are now superseded by state laws that ban abortion.

<https://www.kff.org/womens-health-policy/fact-sheet/the-availability-and-use-of-medication-abortion/>

Majority of Abortions in 2021 Occurred Prior to 10 Weeks of Gestation

■ 14 weeks or later ■ 10-13 weeks ■ 7-9 weeks ■ 6 weeks or earlier

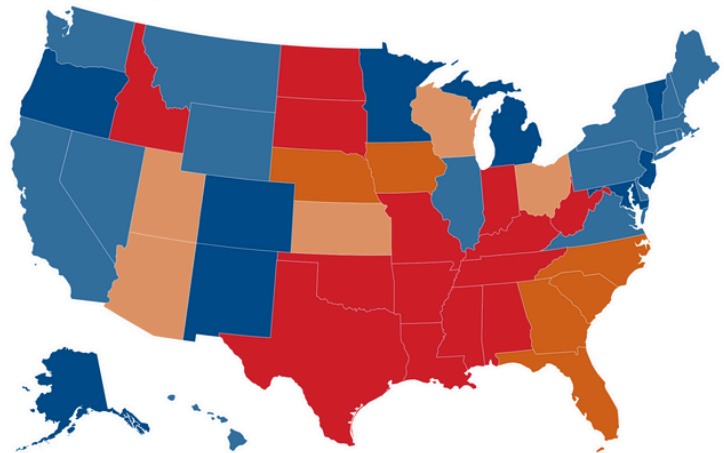


Note: Data from 41 reporting areas; excludes 11 areas (CA, CT, DC, IL, MD, MA, NH, NJ, NY, PA, and WI) that did not report, did not report by weeks of gestation, or did not meet reporting standards. Totals may not sum to 100% due to rounding.
Source: CDC. Abortion Surveillance — United States, 2021

Status of Abortion Bans in the United States as of July 29, 2024

Hover over state for more details

- Abortion Banned (14 states)
- Gestational limit between 6 and 12 weeks LMP (6 states)
- Gestational limit between 15 and 22 weeks LMP (5 states)
- Gestational limit at or near viability (16 states)
- No gestational limits (9 states & DC)



LMP refers to Last Menstrual Period. Viability is the point when a fetus can survive outside the womb and is generally presumed to occur at around 24 weeks gestation. However, viability never been properly defined by courts and depends on the individual pregnancy and on various factors, including gestational age, fetal weight and sex, and medical interventions available.

For more details please see our trackers on [exceptions to state abortion bans](#) and [early gestational limits](#), [abortion-related ballot initiatives](#), [state and federal litigation](#), and our [KFF State Health Facts page](#) on abortion policies.

© KFF analysis of state policies and court decisions, as of July 29, 2024. • [Get the data](#) • [Embed](#) • [Download PNG](#)

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How does abortion access affect health?

- Lack of access to comprehensive reproductive care such as management of major congenital abnormalities; miscarriage care; trauma related care for victims of sexual assault, incest and rape
- School and work absenteeism and financial burden due to the need to travel for abortion care
- Data show increased infant mortality after abortion restrictions were enacted

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<https://jamanetwork.com/journals/jama/fullarticle/2821508t>

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ACP-Wisconsin Statement after the 2022 Dobbs Decision

Approved by ACP-Wisconsin Governor's Council, August 2022

The Wisconsin chapter of the American College of Physicians (ACP-Wisconsin) is greatly concerned by the June 24, 2022 Supreme Court of the United States decision in *Dobbs v. Jackson Women's Health Organization* to overturn *Roe v. Wade* and its immediate impact on reproductive healthcare in Wisconsin. This decision triggered a statewide abortion ban due to reactivation of 19th century Wisconsin statutes which had been invalidated by the 1973 US Supreme Court decision legalizing abortion. ACP-Wisconsin echoes the concerns raised by our national ACP organization in its statement, namely that this decision limits a physician's autonomy, reduces patient access to reproductive health care, and erodes the sanctity of the patient-physician relationship. In Wisconsin, the concerns go beyond issues of government interference in private medical decisions. Patients may lose the right to access the full range of 21st century reproductive care options. Physicians and other health care clinicians face potential loss of licensure and criminal penalties for evidence-based, medically appropriate care. These legal constricts will make it more difficult to train and retain physicians in our state, especially in already underserved rural and poor communities. ACP Wisconsin, like ACP National, strongly opposes medically unnecessary government restrictions or legislative interference in reproductive healthcare and other evidence-based healthcare delivery. ACP-Wisconsin will work collaboratively with the Wisconsin section of the American College of Obstetricians and Gynecologists (ACOG) and other state medical professional societies and organizations to protect every patient's right to make their own private medical decisions and to advocate for the reproductive rights of all Wisconsin residents.

ACP believes that individuals have the right to make their own decisions, in partnership with their physician or health care professional, on matters affecting their individual reproductive health, including about types of contraceptive methods they use or whether or not to continue a pregnancy.