

WISCONSIN:

Medication Abortion Care & Telehealth At A Glance

Updated: August 2023

ABORTION CARE IN WISCONSIN

- ▶ *Pregnant people in Wisconsin have limited access to abortion care.* 97% of Wisconsin counties in 2017 did not have an abortion provider.¹
- ▶ *Abortion is an essential, time sensitive health care service.* Medically unnecessary restrictions push medication abortion care, which is a non-invasive abortion option that is approved by the FDA for use up to 10 weeks in pregnancy, out of reach for many.
- ▶ *Being denied care negatively impacts the health and wellbeing of pregnant people and their families.* Women who were denied a wanted abortion had four times greater odds of living below the Federal Poverty Level and were more likely to experience poorer health outcomes for years after the pregnancy.²
- ▶ *People seeking abortion already face significant barriers to receiving quality care.* Restrictions on abortion care and insurance coverage disproportionately impact people working to make ends meet, immigrants, young people, and people of color.³
- ▶ *People from Wisconsin support access to abortion care.* More than 6 in 10 [64%] of residents believe that abortion should be legal in all or most cases.⁴

TELEHEALTH: A TOOL FOR EXPANDING ACCESS TO MEDICATION ABORTION CARE IN WISCONSIN

- ▶ *Telehealth is a tool that can expand abortion access.* Research shows that medication abortion care can safely and effectively be delivered through telehealth via a phone and/or video visit with a provider, reduces barriers to care, and can help patients access care earlier in pregnancy.⁵
- ▶ **The future of abortion in Wisconsin is uncertain:** Wisconsin's pre-Roe ban⁶ is currently being challenged in state court.⁷ If the pre-Roe ban is upheld, then the law will restrict the provision of all abortions, regardless of gestational age, except where necessary to save the life of the pregnant person.⁸ Currently, abortions are not being provided in Wisconsin.⁹
 - **Impact:** Pregnant people in Wisconsin do not have access to abortion in their state, limiting their access to time-sensitive health care and forcing individuals to find alternatives or continue pregnancies.
 - Abortion bans disproportionately affect the most marginalized communities, including but not limited to people of color¹⁰, people struggling to make ends meet¹¹, people with disabilities¹², LGBTQ+ individuals¹³, young people¹⁴, and people in rural areas¹⁵.

FOR MORE INFORMATION ON TELEHEALTH FOR MEDICATION ABORTION CARE, VISIT:

- ▶ [Telehealth for Medication Abortion Care](#)
- ▶ [Telehealth for Medication Abortion Care Process Chart](#)
- ▶ [Equity in Telehealth for Medication Abortion Care Checklist](#)

POLICY IMPACTING PROVISION OF TELEHEALTH FOR MEDICATION ABORTION CARE: Should abortion be once again made available in Wisconsin, the below policies will continue to have an impact on equitable telehealth for medication abortion care provision.

- ▶ **Several requirements have the impact of severely limiting, or even prohibiting, telehealth for medication abortion care:** Wisconsin requires a physical examination of the patient, that medications to be taken in the presence of a physician¹⁶, biased counseling¹⁷, an ultrasound¹⁸, and blood testing¹⁹ requirements that must take place in-person.²⁰
 - **Impact:** These medically unnecessary restrictions force patients to visit a clinic for consultation and consent. Research shows that medication abortion care can be prescribed safely and effectively via telehealth and mailed or picked up at a local pharmacy.²¹
 - The information presented through state-required counseling materials is often either out-of-date, biased or both. This lends credence to the charge that states' abortion counseling mandates are sometimes

¹ Guttmacher Institute. [State Facts About Abortion: Wisconsin](#). 2022

² Greene Foster, D. [The Turnaway Study: Ten Years, a Thousand Women, and the Consequences of Having—or Being Denied—an Abortion](#). June 2 2020.

³ Boonstra, H. [Abortion in the Lives of Women Struggling Financially: Why Insurance Coverage Matters](#). Guttmacher Policy Review. 2016.

⁴ PRRI. [Abortion Attitudes in a Post-Roe World: Findings From the 50-State 2022 American Values Atlas](#). February 23 2023.

⁵ Aiken, A., et al. [Effectiveness, safety and acceptability of no-test medical abortion provided via telemedicine: 16 a national cohort study](#). British Journal of Obstetrics & Gynecology. February 2021.

⁶ [Wis. Stat. Ann. § 940.04](#)

⁷ Kaul et al. v. Kapenga et al., Case No. 2022-CV-001594 (Wis. Cir. Ct. June 28, 2022)

⁸ [Wis. Stat. Ann. § 940.04](#)

⁹ [State Guide to Abortion in Wisconsin | Abortion Providers, Laws, and Support by State](#)

¹⁰ [Inequity in US Abortion Rights and Access: The End of Roe Is Deepening Existing Divides | Guttmacher Institute](#). January 2023.

¹¹ [Inequity in US Abortion Rights and Access: The End of Roe Is Deepening Existing Divides | Guttmacher Institute](#). January 2023.

¹² [Inequity in US Abortion Rights and Access: The End of Roe Is Deepening Existing Divides | Guttmacher Institute](#). January 2023.

¹³ [Inequity in US Abortion Rights and Access: The End of Roe Is Deepening Existing Divides | Guttmacher Institute](#). January 2023.

¹⁴ [Inequity in US Abortion Rights and Access: The End of Roe Is Deepening Existing Divides | Guttmacher Institute](#). January 2023.

¹⁵ [100 Days Post-Roe: At Least 66 Clinics Across 15 US States Have Stopped Offering Abortion Care | Guttmacher Institute](#). October 2022.

¹⁶ [Wisconsin Legislature: 253.105 \(2\)\(b\)](#)

¹⁷ [Wis. Stat. Ann. § 253.10\(3\)\(c\)\(1\)-\(2\)](#)

¹⁸ [Wis. Stat. Ann. § 253.10\(3g\)](#)

¹⁹ [Wis. Admin. Code Med § 11.04\(1\)\(c\)](#)

²⁰ [Wis. Stat. Ann. § 253.10\(3\)\(c\)\(1\)\(hm\)](#)

²¹ Schummers, L., et al. [Abortion Safety and 11 Use with Normally Prescribed Mifepristone in Canada](#). The New England Journal of Medicine. 9 January 2022.

intended less to inform people about the abortion procedure than to discourage them from seeking abortions altogether.²²

- State-mandated ultrasounds contradict best clinical practice. Research has shown that health care providers can accurately date a pregnancy via telehealth and there is no difference in safety or outcomes between those receiving an ultrasound and those who did not receive one before having an abortion.²³
- Guidance from leading medical organizations, including the American College of Obstetricians and Gynecologists, specifically states that Rh testing and treatment should not pose barriers to people accessing medication abortion care.²⁴
- The World Health Organization (WHO) and many countries – including the U.K., the Netherlands, Denmark, Sweden, and Canada – do not recommend or do not require testing and treatment for Rh-negative individuals early in pregnancy.²⁵

▶ **Limitation on Authorized Providers:** Wisconsin restricts the provision of abortions to licensed physicians.²⁶

- **Impact:** This medically unnecessary restriction limits the number and type of providers available to provide abortion care. As part of changes made by the FDA in 2016, non-physicians may prescribe medication abortion care.²⁷

- ACOG and other medical associations affirm that nurse practitioners, physician assistants, and midwives can safely and effectively provide medication abortion care.²⁸
- Research shows that expanding the pool of qualified health care providers would expand the availability and accessibility of care.²⁹

▶ **Waiting Period:** Wisconsin requires patients seeking abortions to undergo a mandatory 24-hour waiting period.³⁰

- **Impact:** This restriction delays a person's ability to obtain abortion care.
 - Patients already undergo informed consent as part of standard medical care, and this additional paperwork exacerbates inequities in accessing care, especially for people of color and those struggling to make ends meet.
 - There is no evidence that waiting periods improve medication abortion care's safety.³¹
 - An overwhelming majority of those who choose abortion are already certain of their decision.³²

▶ **Parental notification requirements for patients under 18:** Wisconsin requires that consent from a minor's parent prior to an abortion or the patient must seek judicial bypass.³³

- **Impact:** The majority of young people faced with an unintended pregnancy involve a parent or guardian in their decision to seek abortion care. For youth who can't, they must seek a judicial bypass or waiver, which is permission from a judge to consent to their own abortion care.
 - This additional burden often delays care by days or weeks and undermines a young person's bodily autonomy. Young people needing abortion services are also often those with fewer financial and logistical resources and may be more in need of telehealth as the most accessible option.

▶ **Abortion Certification and Reporting:** Wisconsin requires the patient and provider to complete certification forms prior to an abortion³⁴ and a provider billing Medicaid for an abortion to submit additional documentation with the claim, including a physician certification.³⁵

- **Impact:** This requirement saddles providers with unnecessary administrative burdens and is not medically necessary.
 - Reporting requirements put patients at higher greatest risk for violations of privacy and exposure.

POLICY IMPACTING COVERAGE OF TELEHEALTH FOR MEDICATION ABORTION CARE

▶ **Wisconsin's Medicaid program is prohibited from covering most abortion services, including via telehealth³⁶:** Many payers do not cover abortion services in Wisconsin, including for telehealth. In fact, health plans offered in the state's health exchange under the Affordable Care Act can only cover abortion in cases of life endangerment, rape, incest, severe physical health, unless individuals purchase an optional rider at an additional cost.³⁷ These restrictions also apply to health insurance for state employees.³⁸

- **Impact:** A lack of coverage can create insurmountable barriers for those already struggling to get affordable health care.³⁹
 - Studies show that severe restrictions on Medicaid coverage of abortion forces one in four poor women seeking an abortion to carry an unwanted pregnancy to term.⁴⁰
 - This forces patients to pay out of pocket for abortion care. 40% of adult Americans reported not being able to cover an unexpected \$400 expense, which is less than the cost of first trimester abortion care.^{41 42}

²² Misinformed Consent: The Medical Accuracy of State-Developed Abortion Counseling Materials | Guttmacher Institute

²³ Aiken, A., et al. Effectiveness, safety and acceptability of no-test medical abortion provided via telemedicine: 16 a national cohort study. *British Journal of Obstetrics & Gynecology*. February 2021.

²⁴ ACOG. "Practice Bulletin No. 225: Medication Abortion Up to 70 Days of Gestation." American College of Obstetricians and Gynecologists. 8 October 2020.

²⁵ ACOG. "Practice Bulletin No. 225: Medication Abortion Up to 70 Days of Gestation." American College of Obstetricians and Gynecologists. 8 October 2020.

²⁶ Wis. Stat. Ann. § 940.15(5)

²⁷ KFF. *Legal Challenges to the FDA Approval of Medication Abortion Pills*. March 13 2023.

²⁸ ACOG. *Committee Opinion Number 815: Increasing Access to Abortion*. December 2020

²⁹ Weitz, T.A., et al. *Safety of Aspiration Abortion Performed by Nurse Practitioners, Certified Nurse Midwives, and Physician Assistants Under a 11 9 California Legal Waiver*. American Journal of Public Health. March 2013

³⁰ Wis. Stat. Ann. § 253.10(3)(c)(1)

³¹ National Academies of Sciences, Engineering and Medicine. *The Safety and Quality of Abortion Care in the United States*. National Academies Press. 2018.

³² Ralph, L. et al. *Measuring decisional certainty among women seeking abortion*. *Contraception*. March 2017

³³ Wis. Stat. Ann. § 48.375(4)

³⁴ Wis. Stat. Ann. § 253.10(3)(c)(6)

³⁵ Wis. Stat. Ann. § 253.10(3)(c)(5)

³⁶ <https://www.guttmacher.org/state-policy/explore/state-funding-abortion-under-medicaid>

³⁷ *Regulating Insurance Coverage of Abortion | Guttmacher Institute*

³⁸ *Regulating Insurance Coverage of Abortion | Guttmacher Institute*

³⁹ All* Above All. *Fact Sheet: About the Hyde Amendment*. 2022.

⁴⁰ 20 Henshaw, S., et al. *Restrictions on Medicaid Funding for Abortions: A Literature Review*. Guttmacher Institute. June 2009.

⁴¹ Bhutta, N. & Dettling, L. *Money in the Bank? Assessing Families' Liquid Savings using the Survey of Consumer Finances*. U.S. Federal Reserve 13 16 Board. 2019.

⁴² Upadhyay, U., et al. *Trends in Self-Pay Charges And Insurance Acceptance For Abortion In The United States, 2017-20*. Health Affairs. April 15 2022.

- ▶ **Wisconsin only requires coverage parity for telehealth for Medicaid⁴³ and there is no requirement for private insurers to cover telehealth in any form:** As background, coverage parity requires the same services be covered via telehealth as would be covered if delivered in person. Payment parity requires the same payment rate or amount to be reimbursed via telehealth as would be if it had been delivered in-person.⁴⁴
 - **Impact:** Lack of coverage and payment parity can limit health plan enrollees' access to telehealth services. Without payment parity mandates, health plans may opt to not cover telehealth services or may cover/reimburse below parity.
- ▶ **Wisconsin does not allow for cross-state telehealth practice:** Wisconsin requires out-of-state providers to obtain full licensure in order to provide telehealth to in-state residents.
 - **Impact:** Individuals living in Wisconsin cannot access telehealth providers based outside of the state. This can create additional barriers to accessing healthcare for those who have limited resources or who live in underserved areas.
- ▶ **Coverage for translation services:** Providers participating in Wisconsin Medicaid are required to provide translation services for Medicaid beneficiaries, including via telehealth.⁴⁵ However, there is no requirement for public or private insurance to cover the costs associated with translation.⁴⁶
 - **Impact:** Providers may be less likely to offer patients with translation needs access to telehealth services, forcing unnecessary in-person visits and inequitable access to care.

MORE INFORMATION ON TELEHEALTH IN WISCONSIN

- ▶ [The Great Plains Telehealth Resource and Assistance Center](#)
- ▶ [Wisconsin State Telehealth Laws - CCHP](#)

⁴³ ForwardHealth [Physician Manual: Telehealth Policy \(Topic #510\)](#)

⁴⁴ [Parity Requirements for Private Payer Telehealth Services - CCHP](#)

⁴⁵ [Translation and Interpretation Services | Medicaid](#)

⁴⁶ <https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Print.aspx?ia=1&p=1&sa=44&s=2&c=8&nt=>