Wisconsin's Shifting Abortion Landscape Fuels Uncertainty and Fear

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The Reproductive Health Experiences and Access (RHEA) study team visited Wisconsin in summer 2025, conducting seven interviews with policymakers, health care providers, and advocates, and three focus groups with 13 women[1] ages 18 to 49. Abortion policy in Wisconsin has shifted from a 20-week abortion ban to a total ban and back again. In 2015, the state enacted legislation banning abortion after 20 weeks of pregnancy. Following the *Dobbs v. Jackson Women's Health Organization* decision in June 2022, an 1849 state statute interpreted as a total abortion ban went back into effect, halting abortion services in Wisconsin for 15 months. The state's attorney general filed a lawsuit challenging that interpretation, and a lower court decision allowed clinics to resume abortion care in September 2023. With the ban lifted, the state's 20-week limit again became governing law. In July 2025, the state Supreme Court struck down the 1849 law, ruling that more recent laws had impliedly repealed it. Current laws also require a 24-hour waiting period, two in-person visits with the same physician, and an ultrasound to get an abortion.

As of July 2026, five clinics offer abortion services in Wisconsin, concentrated in the urban southeast region; three are Planned Parenthood sites in Madison, Milwaukee, and Sheboygan. In October 2025, the Planned Parenthood Wisconsin affiliate paused abortion services for several weeks in response to federal law prohibiting clinics that provide abortion services from receiving Medicaid funds. The affiliate resumed abortion services after relinquishing its "essential community provider" status.

We present key findings from the site visit below. These findings represent the views of people we spoke with and may not be generalizable.

POLICY SHIFTS PROMPTED HESITATION AMONG SOME HEALTH CARE INSTITUTIONS, CREATING A GAP BETWEEN WHAT IS LEGAL AND WHAT IS AVAILABLE

Large shifts in the state's reproductive health policy and clinical landscape have caused a chilling effect. After the lower court ruling in 2023, some institutions, like Planned Parenthood, immediately reinstated services, while others took a more conservative approach. One provider explained, "Most [health care institutions] were quite reserved, and some never resumed care." She attributed this cautiousness to growing corporatization, saying, "Institutions don't want to take a risk…on something that could be considered 'controversial.' Institutions are becoming more corporatized, and decisions are made based on… the bottom line, not the best care for the patient."

Interviewees said that health care institutions are acting in ways that minimize their risk but increase barriers to care. One interviewee shared an example of a hospital system that refused an abortion fund's offer to contribute direct financial assistance because the system "did not want to be linked to the abortion fund." Self-pay patients had to obtain funding themselves—reportedly over $3,000—before receiving care.

"Even when abortion is allowable and reproductive health care is permissible by law, all our institutions still create layered barriers above and beyond what already exists in the law." —Provider interviewee

[1] The RHEA focus groups consist of people assigned female at birth.

RAPIDLY CHANGING ABORTION POLICY HAS DRIVEN CONFUSION, FEAR, AND DESIRES TO AVOID PREGNANCY

Many focus group participants were uncertain about the legality of abortion in Wisconsin. Some in less urban areas believed abortion was completely illegal—even in cases of rape or incest—and thought traveling out of state for care was prohibited. One said, "If [I were to need an abortion] right now, I'd go to Minnesota, but I'd still be scared about whether this will get me in trouble when I come home." Some participants in an urban area thought abortion was banned after six weeks.

Interviewees also described ongoing confusion among people calling clinics to confirm they were open. As one clinic staff member explained, "To this day, so many people don't know it is legal again…We get calls from people asking if we're open and if they can get an abortion in Wisconsin. There is a lot of misinformation."

Interviewees and focus group participants said that crisis pregnancy centers (CPCs)—which far outnumber abortion clinics in Wisconsin—sow confusion and spread misinformation. One focus group participant said they had worked at a CPC years prior, sharing: "I was one of the only people at the [CPC] that talked about abortions because I felt like people should have that knowledge if that is what they were seeking. But people told me not to talk about that. We had to give [clients] false facts about abortion… like that abortions give you breast cancer… Things that are disproven."

Fears and uncertainty fueled desires to avoid pregnancy. None of the 13 focus group participants in Wisconsin wanted to become pregnant. Nearly all expressed a strong desire to avoid pregnancy, often citing fears that abortion care would not be accessible if they needed it.

"To be pregnant is one of my greatest fears in this world…I genuinely think I'd have to end my life… Now, with how things are, I don't know if [abortion] is an option anymore or that I'd be able to get that." —Focus group participant

Even participants who had previously imagined pregnancy as part of their future now viewed it as unsafe or unattainable in the current political climate.

"My partner's one dream was to have a child, and when Trump got elected, she said, 'I have to give up my dream. It's not safe anymore.' It was weighing hard on her. Even with wanting, the climate right now feels unsafe and uncertain." —Focus group participant

One provider noted that, following the *Dobbs* decision, they saw an immediate increase in young people seeking long-term or permanent contraception in a major hospital system: "We had all these really young people come to us for sterilization consults that didn't want to be pregnant. We couldn't believe it. [Before *Dobbs*], I had never seen anyone under 20, but we had very young people terrified and wanting sterilization and [long-acting reversible contraception] because of their immediate worry."

INTERVIEWEES EMPHASIZED THE IMPORTANCE OF ADDRESSING ABORTION CARE MISINFORMATION

Interviewees described opportunities for community engagement, including stronger partnerships between reproductive health providers, grassroots reproductive justice groups, and other social service and advocacy organizations. They emphasized that these collaborations are essential for expanding outreach, countering misinformation, and building public trust. Interviewees also called for broader public awareness strategies—such as billboards, social media, and personal storytelling campaigns—to communicate the legality and availability of abortion care in the state.

ABOUT THE RHEA STUDY

This fact sheet is part of the RHEA Study, a multiyear assessment of reproductive health access, experiences, and preferences following the 2022 US Supreme Court decision in *Dobbs v. Jackson Women's Health Organization*, especially among people facing barriers to care. For this study, the Urban Institute, the Reproductive Equity Action Lab at the University of Wisconsin–Madison, and SisterSong Women of Color Reproductive Justice Collective are collaborating to produce evidence-based research findings through a large national survey and qualitative data collection in 13 states.

This research was funded by a private foundation that funds education and health projects. The views expressed are those of the authors and should not be attributed to the Urban Institute, its trustees, or its funders. Further information on the Urban Institute's funding principles is available at urban.org/fundingprinciples.