

STATE FACT SHEET

# Wisconsin

*State of Access: A Contraceptive Policy Scorecard* provides a comprehensive overview of how state-level policies protect or restrict access to contraception within each U.S. state and the District of Columbia. The scorecard synthesizes complex policy environments into a clear and comparable framework, offering insights for a wide range of audiences working to advance contraceptive access and improve reproductive health outcomes.



### Affordability Policies

- Medicaid Expansion
- Family Planning Medicaid Expansion
- Contraceptive Coverage



### Availability Policies

- Prescriptive Authority
- Extended Supply of Contraceptives
- Emergency Contraception



### Environment of Care Policies

- Minor Consent
- Sex Education
- Refusal Clauses

## Wisconsin Policy Environment

OVERALL RATING: SOME PROTECTIONS AND/OR SOME RESTRICTIONS

Wisconsin's policy environment for contraceptive access is a mix of protections and restrictions. While the state has protective policies on Medicaid coverage of family planning services and emergency contraception, it restricts pharmacists and nurses' prescriptive authority and has not adopted Medicaid expansion under the ACA, restricting contraceptive availability and affordability. Wisconsin has a mixed approach to contraceptive coverage and sex education, reflecting progress toward a protective approach, but it has no policy for extended supply of contraceptives or minor consent, leaving a gap where more can be done to ensure comprehensive contraceptive access.



## Affordability Policies

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### Medicaid Expansion

**RATING: RESTRICTIVE**

Wisconsin has not adopted full Medicaid expansion under the Affordable Care Act, which would extend eligibility for Medicaid's free or low-cost services, including contraceptive care, to adults earning up to 138% of the federal poverty level. While Wisconsin does cover adults up to 100% of the federal poverty level in Medicaid, it does not count as full expansion as it restricts a larger number of low-income Wisconsinites from coverage, severely limiting their access to contraceptive care and services and reinforcing reproductive health inequities. Because it has not fully adopted Medicaid expansion, Wisconsin scores as restrictive.

### Family Planning Medicaid Expansion

**RATING: PROTECTIVE**

Wisconsin has expanded Medicaid coverage of family planning services through a state plan amendment that broadens eligibility to include residents with incomes up to 306% of the federal poverty level, including men and individuals younger than 19. This policy supports access to contraceptive services for many low-income residents, especially young people, who often face significant financial and logistical barriers to care, and adults without dependent children. Because state policy expands Medicaid coverage of family planning services—and includes men and young people—Wisconsin scores as protective.

### Contraceptive Coverage

**RATING: SOME PROTECTIONS AND/OR SOME RESTRICTIONS**

Wisconsin policy requires insurers to cover prescription contraceptives, promoting affordability among policyholders. However, it does not prohibit them from sharing these costs with policyholders, potentially limiting access to prescription products among those who cannot afford to pay out of pocket and worsening income-based inequities in reproductive health. In addition, insurers are not mandated to cover any over-the-counter contraceptives, meaning that many individuals may pay full cost for these products—again, potentially reinforcing cost as a barrier to equity. Because it requires insurers to cover prescription but not over-the-counter contraceptives and allows cost sharing, Wisconsin scores as some protections and/or restrictions.



## Availability Policies

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### Prescriptive Authority

**RATING: RESTRICTIVE**

Wisconsin policies do not allow pharmacists, nurse midwives, or nurse practitioners to prescribe contraceptives independently. State policy requires pharmacists to have a general collaborative practice agreement with a licensed prescriber to prescribe contraceptives. Nurse midwives and nurse practitioners are required to have a relationship with a physician for practice and prescriptive authority. This policy environment limits the ability of non-physicians to prescribe contraceptives independently, hindering access for patients receiving care in settings like clinics and pharmacies and in areas with physician shortages. Because it restricts access around the authority to prescribe, Wisconsin scores as restrictive.

### Extended Supply of Contraceptives

**RATING: NO POLICY**

No Wisconsin policy requires insurers to cover an extended supply of contraceptives beyond typical short-term dispensing limits (such as 12 months versus three months). While not restrictive, this policy void means individuals may face more frequent refill requirements, which can create barriers to consistent contraceptive use, including additional pharmacy or provider visits. As such, Wisconsin scores as no policy.

### Emergency Contraception

**RATING: PROTECTIVE**

Wisconsin policy requires that emergency rooms provide information on and dispense emergency contraception (EC) upon request, expanding the availability of EC and promoting timely access by patients in critical situations, such as survivors of sexual assault. In addition, state policy does not restrict EC from the state's family planning program or contraceptive coverage mandate, promoting access among residents who have low income or are uninsured. Because state policy expands access to emergency contraception through emergency rooms, Wisconsin scores as protective.



## Environment of Care Policies

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### Minor Consent

**RATING: NO POLICY**

No Wisconsin policy explicitly governs minors' authority to consent to contraceptive services. While not restrictive, this policy void means minors' access to contraception may depend on individual provider practices or interpretations, leading to inconsistent availability of services. As such, Wisconsin scores as no policy.

### Sex Education

**RATING: SOME PROTECTIONS AND/OR SOME RESTRICTIONS**

Wisconsin does not require sex education in schools, leaving schools to decide whether to offer it to their students. However, in schools where sex education is offered, the state does not require parental consent before instruction or abstinence-only instruction. It also requires medically accurate curricula, supporting broad access to high-quality, comprehensive sex education, including contraceptive information, among students. Because it protects sex education where it is offered—but does not require sex education in all schools—Wisconsin scores as some protections and/or restrictions.

### Refusal Clauses

**RATING: NO POLICY**

No Wisconsin policy governs the right of individual providers, health facilities, or pharmacists to refuse to provide contraceptive services for religious or moral reasons. While not overtly protective, this landscape limits the legal authority of providers across care settings to determine whether someone receives contraceptives, potentially supporting broader access to care. Given this void, West Virginia is considered to have no policy.