

Repeal The Hyde Amendment

WHEREAS the American Academy of Family Physicians (AAFP) Policy Statement on Comprehensive Care states that the AAFP, “ supports the concept of access to essential health care to all people regardless of social and economic status,”¹ and

WHEREAS the AAFP recently re-affirmed it’s commitment to the medically underserved stating that the AAFP, “urges each and every one of its members to become involved personally in improving the health of people from minority and socioeconomically disadvantaged groups,² and

WHEREAS federal and state Medicaid funds provide a major source of health coverage for underserved populations. Medicaid is the largest health care program in the United States, and covers more than 50 million people,³ and

WHEREAS federal funding is especially important to women’s healthcare. For example, more than 16 million women receive their basic health and long-term coverage through Medicaid.⁴ In 2003, Medicaid covered one in ten women and one in five low-income women.⁴ In 2003, 11.5% of women of reproductive age were covered by Medicaid,⁶ and

WHEREAS the AAFP Policy on Reproductive Decisions states, “should a woman become pregnant, it is her legal right to make reproductive decisions.”⁶ Further, this policy was amended in 2006 to recognize “illegal abortions are associated with maternal morbidity and mortality),⁵ and

WHEREAS the establishment of the Hyde Amendment in 1976 cut off federal funding for abortions excepting those performed in cases of rape, incest and endangerment of the patient’s life. Before this amendment was passed, federal Medicaid covered one-third of all abortions in the US,⁶ and

WHEREAS only 16 states currently continue to fund medically necessary abortions, and New York State is among them,⁶ and

WHEREAS lack of funds cause women to wait longer before having abortions. Medicaid eligible women wait on average 2-3 weeks longer than other women to have an abortion because of difficulty obtaining funds. Women facing such delays face increased cost as well as increased risk of complications as the procedure is done later in pregnancy, and

WHEREAS the Hyde Amendment has prohibited funding of abortions for women on native American reservations, military personnel and their dependents, federal employees and their dependents, teenagers participating in State Children's Health Insurance Program, low-income residents of the District of Columbia, members of the Peace Corps, and federal prison inmates among others,⁶ now therefore be it

RESOLVED that the New York State Academy of Family Physicians (NYSAFP) endorses the principle that women receiving healthcare paid for through health plans funded by state or federal governments should be provided with access to the full range of reproductive options when facing an unintended pregnancy, and further be it

RESOLVED that the NYSAFP urges the AAFP to engage in advocacy efforts to overturn the Hyde Amendment which bans federal funding for abortions, and further be it

RESOLVED that the NYSAFP Congress instruct its delegates to the American Academy of Family Physicians (AAFP) to introduce this resolution at the AAFP Congress in Chicago in October 2007.

¹ American Academy of Family Physicians. Policy on Comprehensive Care. Available at <http://www.aafp.org/online/en/home/policy/policies/c/comprehensivecare.html>. Accessed January 18, 2007.

² American Academy of Family Physicians. Policy on Medically Underserved. Available at <http://www.aafp.org/online/en/home/policy/policies/m/medicallyunderserved.html>. Accessed January 18, 2007.

³The Henry J. Kaiser Family Foundation, "[The Medicaid Program at a Glance](#)," Key Facts (January 2005).

⁴The Henry J. Kaiser Foundation, "[Medicaid's Role for Women](#)," Issue Briefs: An Update on Women's Health Policy (November 2004).

⁵ American Academy of Family Physicians. Policy on Reproductive Decisions. Available at <http://www.aafp.org/online/en/home/policy/policies/r/reproductivedecisions.html>. Accessed January 18, 2007.

⁶ Boonstra H, Sonfield A. Rights without Access: Revisiting public funding of abortion for poor women. The Guttmacher Report on Public Policy April 2000; 3(2): 8-11.