



# Resolution No. 507 (Co-Sponsored E) - Oppose the Criminalization of Self-Induced Abortion

## **ACTION TAKEN BY THE 2018 CONGRESS OF DELEGATES: ADOPTED**



The Board of Directors referred this resolution to the Commission on Governmental Advocacy. Please address questions regarding the resolution to Robert Hall at [rhall@aafp.org](mailto:rhall@aafp.org) (<mailto:rhall@aafp.org>).

### **RESOLUTION NO. 507 (Co-Sponsored E)**

#### **Oppose the Criminalization of Self-Induced Abortion**

Introduced by the Massachusetts and New York Chapters

Referred to the Reference Committee on Advocacy

WHEREAS, Barriers to abortion care are widespread and multifactorial, including, but not limited to, lack of access to clinics or providers, limited clinic capacity, the need for multiple appointments, state-imposed waiting periods, lack of insurance coverage, cost, gestational age limits, parental notification laws, stigma, and misinformation, and

WHEREAS, from the beginning of 2011 through July 2016, states enacted 334 new legal restrictions on abortion, further limiting access to abortion care, and

WHEREAS, in 2018 alone, 695 provisions have already been introduced to further restrict abortion, and

WHEREAS, these barriers are some of the many factors that cause patients to consider self-induced abortion, and

WHEREAS, in 2015, there were more than 700,000 google searches for information regarding self-induced abortion in the United States, suggesting that many patients consider this option, and

WHEREAS, national studies of abortion patients have shown that approximately 2% of patients attempted to self-induce an abortion at some point in their lives, and

WHEREAS, that number is higher in states such as Texas with stricter legal restrictions on abortion, where one study showed that 7% of patients attempted some method to end their pregnancy before presenting to the clinic, and

WHEREAS, laws criminalizing self-induced abortion increase health risks and deter patients from seeking necessary health care services related to self-induced abortion or miscarriage, and

WHEREAS, laws criminalizing patients who self-induce abortion lead to increased suspicion towards patients presenting to health care providers for miscarriage, and

WHEREAS, people of color are disproportionately targeted for prosecution and criminalization related to pregnancy outcomes, and

WHEREAS, the effect of a criminal record resulting from such criminalization of self-induced abortion can limit employment opportunities for women and therefore economic self-sustainability, and

WHEREAS, The American College of Obstetricians and Gynecologists (ACOG) has taken a very strong position that patients should not be prosecuted for trying to end their own pregnancies, and

WHEREAS, ACOG additionally opposes forcing physicians to share information about patients due to its burdensome interference in the patient-provider relationship, and

WHEREAS, the ability and willingness to access medical care, if complications relating to self-induced abortion arise, is essential for patient safety, and

WHEREAS, the criminalization of self-induced abortion does not help to address underlying societal and public health issues, nor does it benefit women's health, and

WHEREAS, the reproductive decision-making within the context of race, class and income status is experienced uniquely by all women and women of color in particular, and

WHEREAS, women of color are more likely to be targeted for prosecution and investigation of self-induced abortion due to disproportionate law enforcement of African American communities in general, and

WHEREAS, fear of prosecution and potential incarceration undermines public health endorsement of open communication with primary care providers as well as promotion of early feto-maternal care, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians advocate against any legislative efforts to criminalize self-induced abortion.

(Received 6/19/18)

**Fiscal Impact:** None

### **Background**

Self-induced abortions (SIA) have occurred before modern history and the term describes the practice of ending a pregnancy without the assistance of a third party. Documented methods include the use of herbs, household chemicals, pharmaceuticals, and/or objects to terminate a pregnancy or induce a miscarriage.

The modern debate about SIA and the law centers on women who attempt to independently access and self-administer medication abortion drugs. Several conditions have led women to consider SIA using medication abortion. In 2002, the U.S. Food and Drug Administration approved Mifepristone, also known as RU-486. The drug has been proven to be

safe and up to 98% effective. A University of Texas [survey](https://www.sciencedaily.com/releases/2018/07/180711122402.htm) indicates that there are financial and logical challenges that lead women to pursue SIA, particularly if they live in a restrictive state and if they are low-income.

Although the national abortion rate has decreased, dozens of states have raised barriers to health care, birth control, and abortion. In the past 10 years, restrictive abortion policies have tripled according to a 2018 Guttmacher Institute [report](https://www.guttmacher.org/article/2018/01/policy-trends-states-2017). For example, 17 states did not expand Medicaid, though the program has provided low-income individuals with health care including birth control without cost-sharing. Targeted regulation of abortion provider laws has imposed restrictions that forced reproductive health clinics to close and reduce women's access to abortion services.

### **Self-Induced Abortion Bans**

Currently, six states directly ban SIA (Arizona, Idaho, Oklahoma, Nevada, New York, and South Carolina). These statutes prohibit actions ranging from "self-abortion" to "soliciting," or "submitting to" a criminal abortion and have penalties that range from misdemeanors to felonies.

### **Fetal Harm**

Currently 38 states have fetal harm laws, and 10 do not include exemptions for pregnant women. As a result, prosecutors have criminally punished women for actions that may impact pregnancy outcomes, including SIA, as homicides. For example, an Indiana woman who self-administered abortion drugs was sentenced to 46 years in prison. That sentence was overturned. In some states fetal "personhood" laws provide protections to the fetus starting at the estimated time of conception through the same window of time when women are legally able to terminate their pregnancies.

### **Massachusetts Law**

On July 27, the Governor of Massachusetts signed a law that overturns its 173-year ban on self-induced abortions. The state's law has prohibited "procuring a miscarriage."

### **Current Policy**

**Reproductive Decisions** (<https://www.aafp.org/about/policies/all/reproductive-decisions.html>)

**Reproductive and Maternity Health Services** (<https://www.aafp.org/about/policies/all/reproductivehealth-services.html>)

**Physician/Patient Confidentiality** (<https://www.aafp.org/about/policies/all/patient-confidentiality.html>)

### **Prior Congress Action**

#### **Resolution No. 504 from the 2014 COD (Substitute Adopted):**

RESOLVED, That the American Academy of Family Physicians supports a woman's access to reproductive health services and opposes nonevidence-based restrictions on medical care and the provision of such services.

#### **Please see Pages 350-351 in the 2014 Transactions**

([https://www.aafp.org/content/dam/AAFP/documents/about\\_us/congress/restricted/2014/CODTransactions2014.pdf](https://www.aafp.org/content/dam/AAFP/documents/about_us/congress/restricted/2014/CODTransactions2014.pdf)) **for details.**

**Please see Resolution No. 504** (<https://www.aafp.org/about/governance/congress-delegates/previous/2014/resolutions/newyork-c.mem.html>) **on the AAFP website for follow-up details.**

**Resolution No. 505 from the 2014 COD (Not Adopted):**

RESOLVED, That the American Academy of Family Physicians encourage chapters to oppose state level legislation that imposes unnecessary requirements on abortion providers which infringe on the practice of evidence-based medicine, and be it further

RESOLVED, That the American Academy of Family Physicians oppose national legislation that imposes unnecessary requirements on abortion providers, reducing doctors' ability to provide evidence-based and patient-centered care.

**Please see Pages 350-351 in the 2014 Transactions**

[https://www.aafp.org/content/dam/AAFP/documents/about\\_us/congress/restricted/2014/CODTransactions2014.pdf](https://www.aafp.org/content/dam/AAFP/documents/about_us/congress/restricted/2014/CODTransactions2014.pdf)) or **Resolution No. 505** (<https://www.aafp.org/about/governance/congress-delegates/previous/2014/resolutions/newyork-d.mem.html>), **which was not adopted, on the AAFP website for details.**

**Prior Board Action**

Approval of a letter urging the North Carolina Speaker Moore and the North Carolina House to reject legislation that inappropriately limits the scope of practice for family physicians to perform abortions. BC1:12015, June 3, p. 1.

Approval of a recommendation from the Subcommittee on Resolution and Policy Review to amend the recommendation that 2014 NCSC Resolution No. 1001 "Oppose Targeted Regulation Against Abortion Providers (TRAAP) Laws" resolved clauses 1, 2, and 4 be accepted as current policy, and resolved clause 3 be accepted for information.

B2014, July 30-August 1, p. 26.



ADD TO FAVORITES

**Resolution No. 507 (Co-Sponsored E) - Oppose the Criminalization of Self-Induced Abortion -- Congress of Delegates**

<https://www.aafp.org/about/governance/congress-delegates/2018/resolutions2/cosponsored-e.mem.html>



Copyright © 2019 American Academy of Family Physicians. All rights reserved.

11400 Tomahawk Creek Parkway • Leawood, KS 66211-2680

800.274.2237 • 913.906.6000 • Fax: 913.906.6075 • [aafp@aafp.org](mailto:aafp@aafp.org)