



Resolution No. 410 (Washington A) - Promoting Access to Abortion Care by Supporting Skilled Providers

ACTION TAKEN BY THE 2019 CONGRESS OF DELEGATES: SUBSTITUTE ADOPTED



RESOLUTION NO. 410 (Washington A)

Promoting Access to Abortion Care by Supporting Skilled Providers

Introduced by the Washington Chapter

Referred to the Reference Committee on Health of the Public and Science

WHEREAS, The number of abortion care providers has declined 37% since 1982, and

WHEREAS, in the United States 87% of counties have no abortion providers, and

WHEREAS, other states such as California, Oregon, Vermont, New Hampshire and Montana have increased access to abortion care by permitting advanced practice clinicians (APCs), such as physician assistants (PA), nurse practitioners (NP) and certified nurse midwives (CNM) to perform first trimester aspiration abortions, and

WHEREAS, North American and international studies have demonstrated APCs can safely and efficiently provide medication abortions and first trimester aspiration abortions, and

WHEREAS, the World Health Organization, in 2012, recommended training PAs, NPs, and CNMs and other non-physician providers in abortion care in places where it is legal, and

WHEREAS, the average distance a patient travels to receive an abortion in the United States is 30 miles with females assigned at birth living in rural areas traveling significantly longer distances with 31% traveling over 100 miles to access care, and

WHEREAS, 99% of clinics performing a high volume of abortion procedures are located in urban areas, and

WHEREAS, increasing the number of providers with appropriate training and education to provide abortion care, especially in a primary care setting, could reduce the distance patients travel and improve access to abortion services across the United States, now, therefore, be it

Substitute:

RESOLVED, That the American Academy of Family Physicians support family physicians who have the training, experience, and demonstrated competence in providing medication and first trimester aspiration terminations.

Original resolved clause submitted to the Congress of Delegates deleted (please see substitute adopted above):

RESOLVED, That the American Academy of Family Physicians support all clinicians who are trained in providing medication and first trimester aspiration abortions.

(Received 7/16/19)

Fiscal Impact: None

Background

Prior to the U.S. Supreme Court's *Roe v. Wade* (<https://abaforlawstudents.com/2016/10/07/quimbee-case-roe-v-wade/>), decision, 30 states outlawed abortion without exceptions and 16 banned the procedure except in cases of rape, incest, and protect a woman's health. The 1973 Supreme Court decision determined that women had the legal right to an abortion as a 14th amendment right to privacy. A later legal decision determined: (1) that women had "right to abort pre-viability without undue interference from the state," (2) the state has the right to regulate abortion post-viability; (3) the state has an interest in protecting women's health and the life of the fetus.¹ Over the past 46 years, state legislatures have considered more than 1200 abortion proposals.

Since the Supreme Court's ruling, Congress has passed the only three major federal abortion restrict bills have been enacted. One criminalizes a medical procedure, titled the *Partial Birth Abortion Ban*.² The 2003 law bans intact dilation and extraction, a procedure used in later term abortions. Violating the law is punishable of up to two years in prison and potential fines. While there were conflicting court decisions about its constitutionality, a 2007 U.S. Supreme Court upheld this law under *Gonzalez v. Carhart*.³

References

1. Cornell Law Institute, *Roe v. Wade*, accessed online: https://www.law.cornell.edu/wex/roe_v_wade_%281973%29 (https://www.law.cornell.edu/wex/roe_v_wade_%281973%29).
2. Annas, GH, *The Supreme Court and Abortion Rights*, *New England J Med* 2007; 356;21; accessed online at: <https://www.nejm.org/doi/pdf/10.1056/NEJMhle072595> (<https://www.nejm.org/doi/pdf/10.1056/NEJMhle072595>).
3. *NEJM*, 200

AAFP Policy

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

The American Academy of Family Physicians (AAFP) encourages all family physicians to provide patient education on contraceptive options at every available opportunity to avoid unintended pregnancies. In the event of an unintended pregnancy, family physicians should educate patients about all options. If a patient desires termination of their pregnancy or adoption, family physicians should provide resources to facilitate those services. If a family physician's moral or ethical beliefs conflict with the ability to provide the requested resources or education, the family physician should ask a colleague to provide this information in a timely fashion rather than omit it. Additionally, the AAFP encourages family physicians to stay informed of all state and federal laws as they apply to reproductive health. (1989) (2017 COD)

Prior Congress Action

Resolution No. 508 from the 2018 COD (Not Adopted):

RESOLVED, That the American Academy of Family Physicians oppose the performance of elective abortions in the United States at and after 20 weeks gestational age.

Please see Page 373 in the 2018 Transactions

[. \(https://www.aafp.org/content/dam/AAFP/documents/about_us/congress/restricted/2018/CODTransactions2018.pdf\)](https://www.aafp.org/content/dam/AAFP/documents/about_us/congress/restricted/2018/CODTransactions2018.pdf) **for details.**

Resolution No. 502 from the 2017 COD (Referred to the Board of Directors):

RESOLVED, That the American Academy of Family Physicians oppose legislation that would prohibit telemedicine access to medication abortion or impose restrictions on access to medication abortion using telemedicine that are not placed on other medical services, and be it further

RESOLVED, That the American Academy of Family Physicians oppose singling out medication abortion services as a service to ban from telemedicine care, or impose restrictions on that are not placed on other telemedicine services.

Please see Page 384 in the 2017 Transactions

[. \(https://www.aafp.org/content/dam/AAFP/documents/about_us/congress/restricted/2017/CODTransactions2017.pdf\)](https://www.aafp.org/content/dam/AAFP/documents/about_us/congress/restricted/2017/CODTransactions2017.pdf) **for details.**

Please see Resolution No. 502 (<https://www.aafp.org/about/governance/congress-delegates/2017/resolutions2/newyork-e.mem.html>) **on the AAFP website for follow-up details.**

Resolution No. 412 from the 2016 COD (Not Adopted):

RESOLVED, That the American Academy of Family Physicians set a policy to not support or endorse elective late term abortions in the United States.

Please see Pages 338-339 in the 2016 Transactions

[. \(https://www.aafp.org/content/dam/AAFP/documents/about_us/congress/restricted/2016/CODTransactions2016.pdf\)](https://www.aafp.org/content/dam/AAFP/documents/about_us/congress/restricted/2016/CODTransactions2016.pdf) **for details.**

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.**

Prior Board Action

Approval of a recommendation from the Commission on Health of the Public and Science that the AAFP approve the terminology change from “Medication Induced Abortion” to “Medication Abortion” in the revitalize Gynecology Data Element Definitions.

BC1:12019, January 23, p. 1.

Approval of a recommendation from staff, that the AAFP join in an amicus brief to the US Supreme Court, opposing a Texas law’s requirements that health care facilities offering abortion services meet the same building standards as ambulatory surgical centers and that every physician who provides abortions have admitting privileges at a hospital within 30 miles of the clinic where the abortion is performed.

BC1:12016, January 6, p. 1.

Approval of a recommendation that the AAFP join in an amicus brief to the US Supreme Court, opposing a Texas law’s requirements that health care facilities offering abortion services meet the same building standards as ambulatory surgical centers and that every physician who provides abortions have admitting privileges at a hospital within 30 miles of the clinic where the abortion is performed.

BC1:12015, September 23, p. 1.

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.



ADD TO FAVORITES

Resolution No. 410 (Washington A) - Promoting Access to Abortion Care by Supporting Skilled Providers -- Congress of Delegates

<https://www.aafp.org/about/governance/congress-delegates/2019/resolutions2/washington-a.mem.html>

Copyright © 2020 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
