



# Resolution No. 412 (New York C) - Affirming the Safety and Legality of Abortion

## **ACTION TAKEN BY THE 2019 CONGRESS OF DELEGATES: REAFFIRMED AS CURRENT POLICY**

### **RESOLUTION NO. 412 (New York C)**

#### **Affirming the Safety and Legality of Abortion**

Introduced by the New York Chapter

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



WHEREAS, In the United States 1 in 4 women will have an abortion before the age of 45, and

WHEREAS, abortion is safe, with major complication rates at less than 0.5%, and

WHEREAS, Roe vs. Wade affirmed that the decision to terminate a pregnancy was a privacy issue between a woman and her physician, and

WHEREAS, the American Academy of Family Physicians supports access to reproductive health services and opposes non-evidence-based restrictions on medical care and the provision of such services without specific reference to abortion services, and

WHEREAS, medical associations including the American College of Obstetricians and Gynecologists have issued official statements of policies in support of a woman's right to safe and legal abortion, and

WHEREAS, access to safe and legal abortion services in the U.S. has declined as several states have passed legislation or adopted regulations imposing restrictions on abortion, and

WHEREAS, at least sixteen states have laws that would negate the legal status of abortion in the absence of Roe v. Wade, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians affirm the legality of Roe v. Wade and issue a policy statement so declaring, and be it further

RESOLVED, That the American Academy of Family Physicians attempt to partner with related stakeholders in position papers to defend access to safe and legal abortion services across the U.S., and be it further

RESOLVED, That the American Academy of Family Physicians support the right of family physicians to provide abortion care, not exclusive to but including medication abortions with mifepristone, in the primary care setting.

(Received 8/13/19)

**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 14<sup>th</sup> 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.<sup>1</sup> 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*.<sup>2</sup> 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*.<sup>3</sup>

### **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) ([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

### **Current Policy**

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

The American Academy of Family Physicians (AAFP) supports a woman's access to reproductive and maternity health services and opposes nonevidence-based restrictions on medical care and the provision of such services. The AAFP believes maternity and reproductive health services are essential to general health care and should be covered under all insurance plans. (2014 COD) (2018 COD)

**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)

**Criminalization of the Medical Practice** (<https://www.aafp.org/about/policies/all/criminalization.html>)

The American Academy of Family Physicians take all reasonable and necessary steps to ensure that medical decision-making and treatment, exercised in good faith, does not become a violation of criminal law. (CGA) (2007) (2018 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. 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. 412 (New York C) - Affirming the Safety and Legality of Abortion -- Congress of Delegates

<https://www.aafp.org/about/governance/congress-delegates/2019/resolutions2/newyork-c.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](mailto:aafp@aafp.org)

---