

1 **RESOLUTION #22-03**

2 **ENTITLED:** Supporting Evidence-Based Abortion Healthcare

3 **SUBMITTED BY:** Alison Case, MD & Cynthia Heckman-Davis, MD, FAAFP

4

5 WHEREAS, Research on abortion often uses gendered language such as “women” or “woman” to  
6 describe patients; however, the authors of this resolution recognize that individuals of all gender  
7 identities have abortions; and

8

9 WHEREAS, Abortion is one of the most common medical procedures globally, as 29% of all  
10 pregnancies worldwide end in induced abortion and 24% of women in the United States aged 15 to 44  
11 will have an abortion by age 45<sup>1,2</sup>; and

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13 WHEREAS, The United Nations’ (UN) Humans Rights Committee (HRC) and American Public Health  
14 Association (APHA) have expressed that abortion is necessary to ensuring the right to life for women  
15 and girls due to its role in prevention of maternal morbidity and mortality<sup>3,4</sup>; and

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17 WHEREAS, In 2021, the Supreme Court heard oral arguments in Dobbs v. Jackson’s Women’s Health  
18 Organization, a case that challenges the constitutionality of a Mississippi law which would ban abortion  
19 at 15 weeks, allowing the court the opportunity to overturn Roe v. Wade and subsequently enacting  
20 legislation in 21 states that would ban abortion access<sup>5,6</sup>; and

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22 WHEREAS, If Roe v. Wade was overturned, patients seeking to terminate a pregnancy would have to  
23 drive an average of 97 miles further to reach the closest clinic<sup>7</sup>; and

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25 WHEREAS, The World Health Organization (WHO) and the Center for Reproductive Rights recognize  
26 that restrictive abortion laws do not decrease abortion; rather, they lead to a higher number of unsafe  
27 or illegal abortions, endangering women’s health and leading to significant maternal morbidity and  
28 mortality<sup>6,8</sup>; and

29

30 WHEREAS, When patients face barriers to abortion healthcare such as long travel distances to clinics  
31 and high costs, 10-28% attempt to self-manage their abortions, with 38-52% using herbs,  
32 supplements, or vitamins, 18-20% using misoprostol and/or mifepristone, 19-29% using other  
33 medications, and 18-19% inflicting abdominal or other physical trauma<sup>9-11</sup>; and

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35 WHEREAS, A 2013 study by Paltrow and Flavin found that in criminal cases where pregnancy was a  
36 necessary factor leading to deprivation of her physical liberty, such as arrest, detention, or forced  
37 medical intervention, 85% of African American women were subjected to felony charges, compared to  
38 71% of white women, and were also significantly more likely to be reported to authorities by hospital  
39 staff, indicating that the burden of abortion criminalization is more likely to fall on women of color<sup>12</sup>; and

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41 WHEREAS, Many states have passed laws that criminalize both patients having and clinicians  
42 performing abortions, which will get worse if Roe v. Wade is overturned with many states ready to  
43 impose felony charges and large fines (up to \$100,000) on women and clinicians<sup>13-19</sup>; and

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45 WHEREAS, Criminalizing abortion care and counseling is an interference of patient-provider shared  
46 decision-making as denounced by the American College of Obstetricians and Gynecologists (ACOG)<sup>20</sup>;  
47 and

48

49 WHEREAS, Significant racial and ethnic disparities exist surrounding abortion access, and these  
50 disparities are exacerbated by restrictive state abortion laws<sup>21,22</sup>; and Whereas, Women are motivated  
51 to seek abortion for a wide range of reasons driven by unique circumstances and stage of life,

52 including, but not limited to, contraceptive failure, barriers to contraceptive use and access, rape,  
53 incest, intimate partner violence, fetal anomalies, illness during pregnancy, exposure to teratogenic  
54 medications, lack of the financial, emotional, and physical resources to adequately provide for a/  
55 another child<sup>23,24</sup>; and

56  
57 WHEREAS, In cases of trauma, the medical field recognizes it is the standard of care to treat/save the  
58 mother first; and Whereas, In the case of a pregnancy being a serious threat to life or morbidity of the  
59 mother, the law should not get in the way of the the medical system's ability to save the life of the  
60 mother as these decisions should be made on a case by case basis between the patient and the  
61 physician without the threat of criminalization of either party; and

62  
63 WHEREAS, the American Academy of Family Physicians (AAFP) has consistently opposed any  
64 legislation or regulation that interferes in the confidential relationship between a patient and their  
65 physician and the provision of evidence-based patient care for any patient. Patients must be able to  
66 discuss health issues like reproductive care and family planning with their trusted physician to  
67 determine together what care is best for them.

68  
69 WHEREAS, Our AAFP opposes legislation that restricts access to abortion services in existing policies  
70 19-38 and 18-52; however, the Indiana State Medical Association (ISMA) has no policy opposing laws  
71 which criminalize and impose penalties on patients who access abortions in general or opposing  
72 outright bans on abortion; therefore be it

73  
74 RESOLVED, that the Indiana Academy of Family Physicians (IAFP) oppose any legislative efforts to  
75 criminalize self-managed abortion and the criminalization of patients who access abortions as it  
76 increases patients' medical risks and deters patients from seeking medically necessary services.

77  
78 RESOLVED, that the Indiana Academy of Family Physicians (IAFP) oppose efforts to enforce criminal  
79 and civil penalties or other retaliatory efforts against providers or any requirements that physicians  
80 function as agents of law enforcement - gathering evidence for prosecution rather than providing  
81 treatment.

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83 RESOLVED, that in the case of imposition of a state-wide abortion ban, the Indiana Academy of Family  
84 Physicians (IAFP) supports the inclusion of language in such a bill exempting dangers to maternal  
85 health or life, rape, incest, and certain fetal anomalies as determined by experts in the field.

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### 81 **RELEVANT AAFP POLICY:**

#### 82 1. Reproductive and Maternity Health Services

83 The American Academy of Family Physicians (AAFP) supports a woman's access to reproductive and  
84 maternity health services and opposes nonevidence-based restrictions on medical care and the  
85 provision of such services. The AAFP believes maternity and reproductive health services are essential  
86 to general health care and should be covered under all insurance plans. (2014 COD) (2018 COD)  
87

#### 88 **2. Reproductive Decisions**

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

1 The American Academy of Family Physicians take all reasonable and necessary steps to ensure that  
2 medical decision-making and treatment, exercised in good faith, does not become a violation of  
3 criminal law (CGA) (2007) (2018 COD)  
4

5 4. The AAFP was a party in the amicus brief:9/8/2021: No. 21-1369 UNITED STATES COURT OF  
6 APPEALS FOR THE FOURTH CIRCUIT PLANNED PARENTHOOD SOUTH ATLANTIC;  
7 GREENVILLE WOMEN'S CLINIC;  
8

9 5. Our AAFP was a party in the amicus brief: No. 21A85 IN THE Supreme Court of the United States

THE UNITED STATES OF AMERICA, Applicant, v. THE STATE OF TEXAS, ET AL., Respondents