

Title: Decriminalization of Abortion Provision

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WHEREAS the AAFP supports efforts to protect physician autonomy and the patient physician relationship without unnecessary interference by legislative authorities¹, and

WHEREAS one in four women in the United States will have an abortion by the age of 45², and

WHEREAS several studies internationally show that access to safe abortion significantly decreases maternal morbidity and mortality³, and

WHEREAS the AAFP has resolved that it supports a woman's access to reproductive health services and opposes non-evidence based restrictions on medical care and the provision of such services⁴, and

WHEREAS first trimester abortions have a very low rate of complications requiring hospitalization, approximately 0.5% or less⁵, making them one of the safest office procedures physicians perform, and

WHEREAS targeted regulation of abortion providers (TRAP) bills severely limit abortion providers, with provisions including but not limited to: requiring facilities providing abortion care meet the same standards as ambulatory surgical centers⁶, and prohibiting physicians from providing abortions if they do not have direct admitting privileges to or affiliation with a hospital⁷, and

WHEREAS studies have shown that there is no difference in the complication rates between procedures performed in outpatient clinics versus in ambulatory surgical centers⁸, indicating these limitations are medically unnecessary, and

WHEREAS physicians should act in the best interest of the patient using evidence-based practices, and this ethical practice should not be criminalized⁹; therefore

RESOLVED the CAFP will propose to the AAFP that they endorse all ACOG statements that oppose legislation that targets family doctors who provide abortion services, and

RESOLVED the CAFP will propose that the AAFP issue a position paper against the practice of criminalizing physicians for providing abortion care.

¹ American Academy of Family Physicians. Infringement on Patient Physician Relationship.

<https://www.aafp.org/about/policies/all/infringement-relationship.html>

² Jones RK, Jerman J. Population Group Abortion Rates and Lifetime Incidence of Abortion: United States, 2008-2014. Am J Public Health. 2017;107(12):1904-1909.

³ Haddad LB, Nour NM. Unsafe abortion: unnecessary maternal mortality. Rev Obstet Gynecol. 2009;2(2):122-6.

⁴ American Academy of Family Physicians. Congress of Delegates. Resolution No. 504: Support the Women's Health Protection Act. <https://www.aafp.org/about/governance/congress-delegates/previous/2014/resolutions/newyork-c.mem.html>

⁵ White K, Carroll E, Grossman D. Complications from first-trimester aspiration abortion: a systematic review of the literature. *Contraception*. 2015;92(5):422-38.

⁶ Guttmacher Institute. Targeted Regulation of Abortion. January 2019. *Guttmacher Institute* (<https://www.guttmacher.org>; <https://www.guttmacher.org/state-policy/explore/targeted-regulation-abortion-providers>)

⁷ See endnote 5.

⁸ Roberts SCM, Upadhyay UD, Liu G, et al. Association of Facility Type With Procedural-Related Morbidities and Adverse Events Among Patients Undergoing Induced Abortions. *JAMA*. 2018;319(24):2497-2506.

⁹ American Academy of Family Physicians. Criminalization of the Medical Practice. <https://www.aafp.org/about/policies/all/criminalization.html>