AMERICAN MEDICINAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 002
(I-23)

Introduced by: Medical Student Section

Subject: Support for International Aid for Reproductive Healthcare

Referred to: Reference Committee on Amendments to Constitution and Bylaws

Whereas, in 2020, the World Health Organization recognized comprehensive abortion care as a human right and an essential health service; and

Whereas, the United Nations Humans Rights Council and American Public Health Association state that abortion is necessary to ensure the right to life for women and girls by preventing maternal morbidity and mortality; and

Whereas, abortion is one of the most common medical procedures globally, and delayed care increases risk of complications, interpersonal violence, poverty, and death; and

Whereas, unsafe abortions result in 13% of maternal deaths worldwide, with disproportionately high rates in low- and middle-income countries (LMICs); and

Whereas, the US is the largest contributor to contraceptive and reproductive care globally, particularly in LMICs, contributing $600 million in 2022; and

Whereas, since 1973, the Helms Amendment has prohibited the use of federal funds for abortion in other countries, including in cases of rape, incest, and risk of death; and

Whereas, of the 56 countries receiving U.S. financial health assistance, 86% legally allow abortion in at least one circumstance, but are unable to offer this care due to the dependence on US aid and Helms Amendment restrictions; and

Whereas, the Mexico City Policy (MCP) and its 2017 expansion (the “global gag rule”) prohibit the provision of US aid to international non-governmental organizations (NGOs) using non-US funds to provide abortion information, referrals, or services; and

Whereas, many NGOs that do not comply with the global gag rule but rely heavily on US aid lack the local infrastructure and funds necessary to otherwise provide services; and

Whereas, the MCP has been repeatedly rescinded and reinstated by presidents since 1984, with President Biden rescinding the MCP and the global gag rule in 2021, but the Helms amendment still restricts US funds for global abortion care; therefore be it

RESOLVED, that our American Medical Association oppose restrictions on U.S. funding to non-governmental organizations which provide reproductive health care internationally, including but not limited to contraception and abortion care (New HOD Policy); and it be further
RESOLVED, that our AMA supports global humanitarian assistance for maternal healthcare and comprehensive reproductive health services, including but not limited to contraception and abortion care. (New HOD Policy)

Fiscal Note: Modest – Between $1,000 - $5,000

Received: 09/11/2023

REFERENCES

RELEVANTAMA POLICY

D-5.996 Expanding Support for Access to Abortion Care
1. Our AMA will advocate for: (a) broad and equitable access to abortion services, public and private coverage of abortion services, and funding of abortion services in public programs; (b) explicit codification of legal protections to ensure broad, equitable access to abortion services; and (c) equitable participation by physicians who provide abortion care in insurance plans and public programs.
2. Our AMA opposes the use of false or inaccurate terminology and disinformation in policymaking to impose restrictions and bans on evidence-based health care, including reproductive health care. [Res. 229, I-22]

D-5.999 Preserving Access to Reproductive Health Services
Our AMA: (1) recognizes that healthcare, including reproductive health services like contraception and abortion, is a human right; (2) opposes limitations on access to evidence-based reproductive health services, including fertility treatments, contraception, and abortion; (3) will work with interested state
medical societies and medical specialty societies to vigorously advocate for broad, equitable access to reproductive health services, including fertility treatments, fertility preservation, contraception, and abortion; (4) supports shared decision-making between patients and their physicians regarding reproductive healthcare; (5) opposes any effort to undermine the basic medical principle that clinical assessments, such as viability of the pregnancy and safety of the pregnant person, are determinations to be made only by healthcare professionals with their patients; (6) opposes the imposition of criminal and civil penalties or other retaliatory efforts, including adverse medical licensing actions and the termination of medical liability coverage or clinical privileges against patients, patient advocates, physicians, other healthcare workers, and health systems for receiving, assisting in, referring patients to, or providing reproductive health services; (7) will advocate for legal protections for patients who cross state lines to receive reproductive health services, including contraception and abortion, or who receive medications for contraception and abortion from across state lines, and legal protections for those that provide, support, or refer patients to these services; and (8) will advocate for legal protections for medical students and physicians who cross state lines to receive education in or deliver reproductive health services, including contraception and abortion. [Res. 028, A-22; Reaffirmed: Res. 224, I-22; Modified: BOT Rep. 4, I-22; Appended: Res. 317, I-22; Reaffirmation: A-23; Appended: Res. 711, A-23]