

2022 RESOLUTION

Abortion is Health Care: Ensuring Access to Abortion Health Care is a Public Health Priority Lake Breaking Resolution Approved at WPHA's Business Meeting, May 24, 2022

(Latebreaker resolutions are valid for 1 year, and must be reaffirmed at the next annual meeting to remain in effect)

WHEREAS, the Wisconsin Medical Society¹, American Public Health Association^{2,3,4}, American College of Obstetricians & Gynecologists⁵, American Academy of Pediatrics⁶, American Nurses Association^{7,8}, and American Psychological Association⁹, have issued statements in support of access to safe and legal abortion health care; and

WHEREAS, the Wisconsin Public Health Association (WPHA) has adopted the resolutions, "Promoting Health in All Policies (HiAP) Framework to Guide Policymaking," in 2014¹⁰, and "Achieving Health Equity," in 2010¹¹; and

WHEREAS, pregnancy-related morbidity and mortality rates in the United States are among the highest of all developed countries¹², continue to rise year after year¹³, and disproportionately impact people and communities of color¹⁴; and

WHEREAS, approximately half of all pregnancies in the United States are unintended¹⁵ with morbidity and mortality higher among individuals with unwanted pregnancies who seek and are denied abortion health care compared to those who seek and receive abortion health care¹⁶; and

WHEREAS, abortion health care in the United States is both safe with the health risks associated with childbirth estimated to be fourteen times higher than the health risks associated with legal abortion¹⁷, and common with nearly one in four women* terminating a pregnancy by age 45¹⁸; and

WHEREAS, disparities in abortion rates exist across age, relationship status, race and ethnicity, education, and family income, and are associated with disparities in unintended pregnancies resulting from inequitable access to preventative health care¹⁸; and

WHEREAS, equitable access to safe and legal abortion is an essential component of health care for pregnant individuals^{3,4,5,16,17}; and

WHEREAS, abortion health care, like all health care, should be driven by evidence-based standards developed and supported by medical professionals^{4,5}; and

WHEREAS, pregnant individuals may need access to abortion health care for different reasons, some of which include, but are not limited to and in no order, contraceptive failure, barriers to contraceptive use and access, life threatening conditions that occur during pregnancy, fetal anomalies, rape, incest, intimate partner violence, lacking the social and economic resources to support a healthy pregnancy or parent successfully, and many other individual reasons^{5,19}; and

*Not only women get pregnant and face important decisions about their pregnancies. Transgender men, nonbinary individuals, and others with diverse gender identities also get pregnant and need access to abortion. Gender inclusive language will be used throughout this document with the exception of direct references to secondary data that use gendered language.

WHEREAS, terminating a pregnancy, continuing a pregnancy, parenting, or placing a child for adoption are deeply personal, potentially life-changing decisions that a pregnant person is best positioned to make for themselves in consultation with a licensed health care provider¹⁹ as well as important people in their lives, if and as they so choose (such as, a partner, family member, friend, faith leader, counselor, or doula); and

WHEREAS, abortion has become less accessible in Wisconsin over the past decade due to the implementation of medically-unnecessary, Targeted Restriction of Abortion Provider (TRAP) laws that create barriers to accessing abortion, which are not applicable to other medical procedures, including those that pose significantly more risk^{20,21}; and

WHEREAS, in 1973, the Supreme Court of the United States decided in *Roe v. Wade*, 410 U.S. 113, that there is a constitutional right to choose to have an abortion without excessive government restriction²²; and

WHEREAS, Wisconsin Statute § 940.04, passed in 1849, criminalizes abortion²³ and has been unenforceable for nearly 50 years under *Roe v. Wade*²⁴; and

WHEREAS, if *Roe v. Wade* is overturned, Wisconsin Statute § 940.04 will go back into effect, eliminating access to safe and legal abortion in Wisconsin in most circumstances²⁴; and

WHEREAS, unsafe abortion is a leading cause of pregnancy-related morbidity and mortality globally, especially among countries where abortion is illegal²⁵; and

WHEREAS, unsafe abortion will likely become more common in Wisconsin if abortion is criminalized²⁵, and disparities in related morbidity and mortality rates will likely arise based on existing health, social, and economic inequities^{14,16,18}; and

WHEREAS, the majority (61%) of Wisconsinites think that abortion should be legal in all or most cases²⁶.

THEREFORE, BE IT RESOLVED that Wisconsin Public Health Association:

- Advocates for legislation and administrative policy at the state and federal level to ensure the right of pregnant people to access abortion, including the repeal of Wisconsin Statute § 940.04, which criminalizes abortion should *Roe v. Wade* be overturned.
- Supports equitable access to abortion health care for Wisconsin residents by removing barriers, such as repealing medically-unnecessary TRAP laws; mandating health insurance coverage, including Medicaid coverage, for abortion health care; and ensuring paid medical leave that covers all pregnancy-related health care needs, including abortion health care.
- Supports coalition building and cross-movement work to advocate for equitable access to abortion health care.

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- Opposes legislation and administrative policy at the state and federal level that further limits equitable access to abortion health care.

References

1. Wisconsin Medical Society. Policy ABO-004: Abortion as a Medical Procedure and Providing Abortion-Related Information. *Wisconsin Medical Society Policy Compendium 2020-2021*. Accessed May 16, 2022. <https://www.wismed.org/wisconsin/wismed/Advocacy/policy-compendium/wismed/advocacy/policy-compendium.aspx?hkey=bc8c4e56-11a8-4c21-b19d-5da8df2dab8f>
2. American Public Health Association. Improving the Role of Health Departments in Activities Related to Abortion. October 26, 2021. Accessed May 16, 2022. <https://www.apha.org/Policies-and-Advocacy/Public-Health-Policy-Statements/Policy-Database/2022/01/07/Improving-Health-Department-Role-in-Activities-Related-to-Abortion>
3. American Public Health Association. Restricted Access to Abortion Violates Human Rights, Precludes Reproductive Justice, and Demands Public Health Intervention. November 3, 2015. Accessed May 16, 2022. <https://www.apha.org/Policies-and-Advocacy/Public-Health-Policy-Statements/Policy-Database/2016/01/04/11/24/Restricted-Access-to-Abortion-Violates-Human-Rights>
4. American Public Health Association. Need for State Legislation Protecting and Protecting Enhancing Women’s Ability to Obtain Safe, Legal Abortion Services Without Delay or Government Interference. October 28, 2008. Accessed May 16, 2022. <https://www.apha.org/Policies-and-Advocacy/Public-Health-Policy-Statements/Policy-Database/2014/07/23/09/30/Need-for-State-Legislation-Protecting-and-Enhancing-Womens-Ability-to-Obtain-Safe-Legal-Abortion>
5. American College of Obstetricians and Gynecologists (ACOG). Abortion Policy: Statement of Policy. January 1993. Revised November 2014. Reaffirmed November 2020. Accessed May 8, 2022. <https://www.acog.org/clinical-information/policy-and-position-statements/statements-of-policy/2020/abortion-policy>
6. American Academy of Pediatrics. The adolescent’s right to confidential care when considering abortion. *Pediatrics*. 2017;139(2):e20163861.
7. American Nurses Association (ANA). ANA Position Statement: Reproductive Health. March 7, 2022. Accessed May 16, 2022. <https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/reproductive-health/>
8. ANA News Release. ANA Heals Supreme Court Decision to Protect Women’s Access to Reproductive Health Services. June 27, 2016. Accessed May 16, 2022. <https://www.nursingworld.org/news/news-releases/2016/ana-hails-supreme-court-decision-to-protect-womens-access-to-reproductive-health-services/>
9. American Psychological Association. APA Resolution: Affirming and Building on APA’s History in Support for Reproductive Rights. February 2022. Accessed May 16, 2022. <https://www.apa.org/about/policy/resolution-reproductive-rights.pdf>
10. WPHA. Promoting Health in All Policies (HiAP) Framework to Guide Policymaking. May 2014. Accessed May 16, 2022. https://wipha.site-ym.com/resource/resmgr/Resolutions/Promoting_a_Health_in_All_Po.pdf

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11. WPHA. Achieving Health Equity. May 2010. <https://www.wpha.org/resource/resmgr/docs/health-equity-2010-resolutio.pdf>
12. Singh S, Sedgh G & Hussain R. Unintended pregnancy: worldwide levels, trends, and outcomes. *Stud Fam Plan*. 2010;41(4):241–250.
13. Centers for Disease Control & Prevention (CDC). Pregnancy mortality surveillance system. Accessed May 15, 2022. <https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm>
14. Petersen EE, Davis NL, Goodman D, et al. Racial/ethnic disparities in pregnancy-related deaths – United States, 2007–2016. *MMWR Morb Mortal Wkly Rep*. 2019;68:762–765.
15. Finer LB & Zolna MR. Declines in unintended pregnancy in the United States, 2008–2011, *N Engl J Med*. 2016;374(9):843–852
16. Gerds C, Dobkin L, Foster DG & Schwarz EB. Side effects, physical health consequences, and mortality associated with abortion and birth after an unwanted pregnancy. *Womens Health Issues*. 2016;26(1):55–9.
17. Raymond EG, Grimes DA. The comparative safety of legal induced abortion and childbirth in the United States. *Obstet Gynecol*. 2012;119:215–9.
18. Jones RK & Jerman J. Population group abortion rates and lifetime incidence of abortion: United States, 2008–2014. *Am J Public Health*. 2017;107:1904–1909.
19. ACOG. Facts are important: abortion is healthcare. Accessed May 8, 2022. <https://www.acog.org/advocacy/facts-are-important/abortion-is-healthcare>
20. Guttmacher Institute. Targeted Regulation of Abortion Providers. Updated May 1, 2022. Accessed May 18, 2022. <https://www.guttmacher.org/state-policy/explore/targeted-regulation-abortion-providers>
21. University of Wisconsin Collaborative for Reproductive Equity (CORE). CORE Brief: Wisconsin reproductive health policy timeline. July 2019. Accessed May 18, 2022. https://core.wisc.edu/wp-content/uploads/sites/1349/2021/12/WI-Reproductive-Health-Policy-Timeline-Narrative_Jul-2019_rev-2.pdf
22. Blackmun, HA & Supreme Court of the United States. *U.S. Reports: Roe v. Wade, 410 U.S. 113*. 1972. Periodical. Retrieved from the Library of Congress. Accessed May 8, 2022. <https://www.loc.gov/item/usrep410113>
23. Wisconsin State Legislature. Statute § 940.04 Abortion. 1849. Accessed May 8, 2022. <https://docs.legis.wisconsin.gov/statutes/statutes/940/i/04>
24. National Public Radio. A 172-year old abortion law could go back into effect in Wisconsin. December 1, 2021. Accessed May 8, 2022. <https://www.wpr.org/172-year-old-abortion-law-could-go-back-effect-wisconsin>
25. World Health Organization. Abortion. November 25, 2021. Accessed May 18, 2022. <https://www.who.int/news-room/fact-sheets/detail/abortion>
26. Marquette University Law School Poll. Marquette law poll, variable h83 (Do you think abortion should be legal in all cases, legal in most cases, illegal in most cases, or illegal in all cases?), survey waves September 2012–October 2021. Accessed May 8, 2022. <https://lubarcenter.shinyapps.io/MLSPCrosstabs/>

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