

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: (Assigned by HOD)
(A-26)

Introduced by: Women Physicians Section

Subject: Ethical Reproductive Care for Individuals with Intellectual and Developmental Disabilities.

Referred to: Reference Committee (Assigned by HOD)

1 Whereas, individuals with intellectual and developmental disabilities (IDD) represent a diverse
2 population with varying levels of decision-making capacity, and many retain meaningful ability to
3 participate in reproductive healthcare decisions;¹⁻³ and
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5 Whereas, decision-making capacity is task-specific, meaning individuals with IDD may have the
6 ability to provide informed consent for certain reproductive decisions even if they require support
7 or guardianship for other aspects of daily living;⁴⁻⁶ and
8
9 Whereas, supported decision-making frameworks enable individuals with IDD to make their own
10 healthcare choices with assistance in understanding information, communicating preferences,
11 and evaluating options, without transferring decision-making authority;⁴⁻⁶ and
12
13 Whereas, historical abuses—including forced sterilization and coercive contraception—have
14 disproportionately targeted people with disabilities, particularly women, people of color, and
15 LGBTQ+ individuals, resulting in long-standing mistrust and ongoing reproductive injustice;⁷⁻¹⁰
16 and
17
18 Whereas, national clinical organizations, including the American College of Obstetricians and
19 Gynecologists, have identified patients with disabilities as a population facing persistent and
20 significant barriers to reproductive healthcare—including inaccessible clinical environments,
21 communication challenges, and legal complexities surrounding permanent contraception—and
22 have issued dedicated guidance to address these inequities, underscoring the urgency of
23 strengthening protections for autonomy and valid consent for individuals with intellectual and
24 developmental disabilities;¹¹ and
25
26 Whereas, forced sterilization of people with disabilities remains legally permissible in 31 states,
27 as acknowledged in recent federal resolutions, and several states have recently debated
28 legislation either restricting or expanding guardians' authority to consent to sterilization or
29 long-acting contraception on behalf of individuals with IDD, including New York Senate Bill
30 S3357 (2025–2026);^{10, 15-17} and
31

1 Whereas, multiple states have recently enacted or introduced supported decision-making (SDM)
2 laws that recognize the right of people with disabilities to make their own healthcare decisions
3 with assistance, with at least 39 states and the District of Columbia adopting SDM statutes or
4 court-recognized frameworks;^{4-6,18} and

5
6 Whereas, ethical contraceptive care requires maximizing patient agency, providing accessible
7 communication, and avoiding paternalistic or convenience-based decision-making by caregivers
8 or clinicians;^{4-6,12-14} therefore be it

9
10 RESOLVED, that our American Medical Association affirm that individuals with intellectual and
11 developmental disabilities (IDD) have the right to meaningful participation in all reproductive
12 healthcare decisions to the maximum extent of their abilities; and be it further

13
14 RESOLVED, that our AMA amend H-90.968 “Medical Care of Persons with Disabilities” by
15 addition to read as follows:

16 1. Our American **Medical** Association encourages:

- 17 a. clinicians to learn and appreciate variable presentations **of** complex functioning
18 profiles in all **persons with disabilities** including but not limited to physical,
19 sensory, developmental, intellectual, learning, and psychiatric **disabilities** and
20 chronic illnesses.
- 21 b. **medical** schools and graduate **medical** education programs to acknowledge the
22 benefits **of** education on how aspects in the social model **of** disability (e.g.
23 ableism) can impact the physical and mental
24 health **of persons with disabilities**.
- 25 c. **medical** schools and graduate **medical** education programs to acknowledge the
26 benefits **of** teaching about the nuances **of** uneven skill sets, often found in the
27 functioning profiles **of persons with developmental disabilities**, to improve
28 quality in clinical **care**.
- 29 d. education **of** physicians on how to provide and/or advocate for developmentally
30 appropriate and accessible **medical**, social and living support for
31 patients **with disabilities** so as to improve health outcomes.
- 32 e. **medical** schools and residency programs to encourage faculty and trainees to
33 appreciate the opportunities for exploring diagnostic and therapeutic challenges
34 while also accruing significant personal rewards when
35 delivering **care with** professionalism to **persons with profound disabilities** and
36 multiple co-morbid **medical** conditions in any setting.
- 37 f. **medical** schools and graduate **medical** education programs to establish and
38 encourage enrollment in elective rotations for **medical** students and residents at
39 health **care** facilities specializing in **care** for the disabled.
- 40 g. cooperation among physicians, health & human services professionals, and a
41 wide variety **of adults with disabilities** to implement priorities and quality
42 improvements for the **care of persons with disabilities**.

43 2. Our AMA seeks:

- 44 a. legislation to increase the funds available for training physicians in
45 the **care of individuals with disabilities**, and to increase the reimbursement for
46 the health **care of** these individuals.

- b. insurance industry and government reimbursement that reflects the true cost **of health care of individuals with disabilities.**
3. Our AMA entreats health **care** professionals, parents, and others participating in decision-making to be guided by the following principles:
 - a. All people **with disabilities**, regardless **of** the degree **of** their disability, should have access to appropriate and affordable **medical** and dental **care** throughout their lives.
 - b. An individual's **medical** condition and welfare must be the basis **of** any **medical** decision. Our AMA advocates for the highest quality **medical care** for **persons with** profound **disabilities**; encourages support for health **care** facilities whose primary mission is to meet the health **care** needs **of persons with** profound **disabilities**; and informs physicians that when they are presented **with** an opportunity to **care** for patients **with** profound **disabilities**, that there are resources available to them.
4. Our AMA will collaborate **with** appropriate stakeholders to create a model general curriculum/objective that
 - a. incorporates critical disability studies.
 - b. includes people **with disabilities** as patient instructors in formal training sessions and preclinical and clinical instruction.
5. Our AMA recognizes the importance **of** managing the health **of** children and adults **with** developmental and intellectual **disabilities** as a part **of** overall patient **care** for the entire community.
6. Our AMA supports efforts to educate physicians on health management **of** children and adults **with** intellectual and developmental **disabilities**, as well as the consequences **of** poor health management on mental and physical health for people **with** intellectual and developmental **disabilities**.
7. Our AMA encourages the Liaison Committee on **Medical** Education, Commission **of** Osteopathic College Accreditation, and allopathic and osteopathic **medical** schools to develop and implement a curriculum on the **care** and treatment **of** people **with** a range **of disabilities**.
8. Our AMA encourages the Accreditation Council for Graduate **Medical** Education and graduate **medical** education programs to develop and implement curriculum on providing appropriate and comprehensive health **care** to people **with** a range **of disabilities**.
9. Our AMA encourages the Accreditation Council for Continuing **Medical** Education, specialty boards, and other continuing **medical** education providers to develop and implement continuing programs that focus on the **care** and treatment **of** people **with** a range **of disabilities**.
10. Our AMA will advocate that the Health Resources and Services Administration include **persons with disabilities** as a medically underserved population.
11. Specific to people **with** developmental and intellectual **disabilities**, a uniquely underserved population, our AMA encourages:
 - a. **Medical** schools and graduate **medical** education programs to acknowledge the benefits **of** teaching about the nuances **of** uneven skill sets, often found in the functioning profiles **of persons with** developmental and intellectual **disabilities**, to improve quality in clinical education.

- 1 b. **Medical** schools and graduate **medical** education programs to establish and
2 encourage enrollment in elective rotations for **medical** students and residents at
3 health **care** facilities specializing in **care** for individuals **with** developmental and
4 intellectual **disabilities**.
- 5 c. Cooperation among physicians, health and human services professionals, and a
6 wide variety **of** adults **with** intellectual and developmental **disabilities** to
7 implement priorities and quality improvements for
8 the **care of persons with** intellectual and developmental **disabilities**.
- 9 d. Clinicians to obtain direct, task-specific informed consent from individuals with
10 IDD whenever they demonstrate capacity for the decision at hand and, when
11 legally required, the consent of a guardian or other authorized decision-maker.
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13 RESOLVED, that our AMA support clinician education on disability-competent reproductive
14 care, including accessible communication strategies, historical context, and best practices for
15 ethical contraceptive counseling for individuals with IDD.
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Fiscal Note: (Assigned by HOD)

Received: XX/XX/XX

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17. U.S. Senate. S. Res. 703 (2024): Acknowledging ongoing legality of forced sterilization in 31 states and D.C.
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RELEVANT AMA POLICY

H-90.96 Medical Care of Persons with Disabilities

1. Our American Medical Association encourages:

- a. clinicians to learn and appreciate variable presentations of complex functioning profiles in all persons with disabilities including but not limited to physical, sensory, developmental, intellectual, learning, and psychiatric disabilities and chronic illnesses.
 - b. medical schools and graduate medical education programs to acknowledge the benefits of education on how aspects in the social model of disability (e.g. ableism) can impact the physical and mental health of persons with disabilities.
 - c. medical schools and graduate medical education programs to acknowledge the benefits of teaching about the nuances of uneven skill sets, often found in the functioning profiles of persons with developmental disabilities, to improve quality in clinical care.
 - d. education of physicians on how to provide and/or advocate for developmentally appropriate and accessible medical, social and living support for patients with disabilities so as to improve health outcomes.
 - e. medical schools and residency programs to encourage faculty and trainees to appreciate the opportunities for exploring diagnostic and therapeutic challenges while also accruing significant personal rewards when delivering care with professionalism to persons with profound disabilities and multiple co-morbid medical conditions in any setting.
 - f. medical schools and graduate medical education programs to establish and encourage enrollment in elective rotations for medical students and residents at health care facilities specializing in care for the disabled.
 - g. cooperation among physicians, health & human services professionals, and a wide variety of adults with disabilities to implement priorities and quality improvements for the care of persons with disabilities.
2. Our AMA seeks:
 - a. legislation to increase the funds available for training physicians in the care of individuals with disabilities, and to increase the reimbursement for the health care of these individuals.
 - b. insurance industry and government reimbursement that reflects the true cost of health care of individuals with disabilities.
3. Our AMA entreats health care professionals, parents, and others participating in decision-making to be guided by the following principles:
 - a. All people with disabilities, regardless of the degree of their disability, should have access to appropriate and affordable medical and dental care throughout their lives.
 - b. An individual's medical condition and welfare must be the basis of any medical decision. Our AMA advocates for the highest quality medical care for persons with profound disabilities; encourages support for health care facilities whose primary mission is to meet the health care needs of persons with profound disabilities; and informs physicians that when they are presented with an opportunity to care for patients with profound disabilities, that there are resources available to them.
4. Our AMA will collaborate with appropriate stakeholders to create a model general curriculum/objective that
 - a. incorporates critical disability studies.
 - b. includes people with disabilities as patient instructors in formal training sessions and preclinical and clinical instruction.

5. Our AMA recognizes the importance of managing the health of children and adults with developmental and intellectual disabilities as a part of overall patient care for the entire community.
6. Our AMA supports efforts to educate physicians on health management of children and adults with intellectual and developmental disabilities, as well as the consequences of poor health management on mental and physical health for people with intellectual and developmental disabilities.
7. Our AMA encourages the Liaison Committee on Medical Education, Commission of Osteopathic College Accreditation, and allopathic and osteopathic medical schools to develop and implement a curriculum on the care and treatment of people with a range of disabilities.
8. Our AMA encourages the Accreditation Council for Graduate Medical Education and graduate medical education programs to develop and implement curriculum on providing appropriate and comprehensive health care to people with a range of disabilities.
9. Our AMA encourages the Accreditation Council for Continuing Medical Education, specialty boards, and other continuing medical education providers to develop and implement continuing programs that focus on the care and treatment of people with a range of disabilities.
10. Our AMA will advocate that the Health Resources and Services Administration include persons with disabilities as a medically underserved population.
11. Specific to people with developmental and intellectual disabilities, a uniquely underserved population, our AMA encourages:
 - a. Medical schools and graduate medical education programs to acknowledge the benefits of teaching about the nuances of uneven skill sets, often found in the functioning profiles of persons with developmental and intellectual disabilities, to improve quality in clinical education.
 - b. Medical schools and graduate medical education programs to establish and encourage enrollment in elective rotations for medical students and residents at health care facilities specializing in care for individuals with developmental and intellectual disabilities.
 - c. Cooperation among physicians, health and human services professionals, and a wide variety of adults with intellectual and developmental disabilities to implement priorities and quality improvements for the care of persons with intellectual and developmental disabilities.

[CCB/CLRPD Rep. 3, A-14; Appended: Res. 306, A-14; Appended: Res. 315, A-17; Appended: Res. 304, A-18; Reaffirmed in lieu of the 1st Resolved: Res. 304, A-18; Modified: Res. 428, A-22]

H-90.967 Support for Persons with Intellectual Disabilities

Our American Medical Association encourages appropriate government agencies, non-profit organizations, and specialty societies to develop and implement policy guidelines to provide adequate psychosocial resources for persons with intellectual disabilities, with the goal of independent function when possible.

[Res. 01, A-16]

H-65.965 Support of Human Rights and Freedom

1. Our American Medical Association continues to support the dignity of the individual, human rights and the sanctity of human life,
2. Our AMA reaffirms its long-standing policy that there is no basis for the denial to any human being of equal rights, privileges and responsibilities commensurate with individual capabilities and ethical character because of an individual's sex, sexual orientation, gender, gender identity or transgender status, race, religion, disability, ethnic origin, national origin or age.
3. Our AMA opposes any discrimination based on an individual's sex, sexual orientation, gender identity, race, appearance, religion, disability, ethnic origin, national origin or age and any other such reprehensible policies.

4. Our AMA recognizes that hate crimes pose a significant threat to the public health and social welfare of the citizens of the United States, urges expedient passage for appropriate hate crimes prevention legislation in accordance with our AMA's policy through letters to members of Congress; and registers support for hate crimes prevention legislation, via letter, to the President of the United States.

[CCB/CLRPD Rep. 3, A-14; Reaffirmed in lieu of: Res. 001, I-16; Reaffirmation: A-17; Modified: Res. 013, A-22; Reaffirmed: BOT Rep. 5, I-22; Modified: Speaker Rep. 02, I-24]

D-330.900 Support for Medicare Coverage of Contraceptive Methods

Our AMA will work with the Centers for Medicare and Medicaid Services and other stakeholders to include coverage for all US Food and Drug Administration-approved contraceptive methods for contraceptive and non-contraceptive use for all patients covered by Medicare, regardless of eligibility pathway (age or disability).

[Res. 117, A-19]

H-510.984 Infertility Benefits for Veterans

1. Our American Medical Association supports lifting the congressional ban on the Department of Veterans Affairs (VA) from covering in vitro fertilization (IVF) costs for veterans who have become infertile due to service-related injuries.
2. Our AMA encourages interested stakeholders to collaborate in lifting the congressional ban on the VA from covering IVF costs for veterans who have become infertile due to service-related injuries.
3. Our AMA encourages the Department of Defense (DOD) to offer service members fertility counseling and information on relevant health care benefits provided through TRICARE and the VA at pre-deployment and during the medical discharge process.
4. Our AMA supports efforts by the DOD and VA to offer service members comprehensive health care services to preserve their ability to conceive a child and provide treatment within the standard of care to address infertility due to service-related injuries.
5. Our AMA supports additional research to better understand whether higher rates of infertility in servicewomen may be linked to military service, and which approaches might reduce the burden of infertility among service women.
6. Our AMA will work with interested organizations to encourage TRICARE to cover:
 1. Fertility preservation procedures (cryopreservation of sperm, oocytes, or embryos) for medical indications, for active-duty military personnel and other individuals covered by TRICARE.
 2. Gamete preservation for active-duty military personnel and activated reservist military personnel.
7. Our AMA supports expansion of reproductive health insurance coverage to all active-duty service members and veterans eligible for medical care regardless of service-connected disability, marital status, gender or sexual orientation.

[CMS Rep. 01, I-16; Appended: Res. 513, A-19; Appended: Res. 101, A-22; Appended: Res. 801, I-22; Reaffirmed: Res. 005, I-14]