AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION

Resolution: 6
(I-22)

Introduced by: Karen Dionesotes, MD, MPH; Sophia Spadafore, MD; Eryn Wanyonyi, MD; Pauline Huynh, MD

Subject: Support for GME Training in Reproductive Services

Referred to: Reference Committee

Whereas, Abortion is considered a safe and effective medical procedure with many indications, including rape, incest, intimate partner violence, fetal anomalies, illness during pregnancy, exposure to teratogenic medications, and contraceptive failure1-3; and

Whereas, Abortion is additionally medically critical for pregnancy complications, such as ectopic pregnancy, placental abruption, bleeding from placenta previa, preeclampsia or eclampsia, and cardiac or renal conditions which may be so severe that abortion is the only measure to preserve a pregnant person’s health or save their life1-3; and

Whereas, In Dobbs v. Jackson Women’s Health Organization decision, issued June 24, 2022, the majority opinion held that abortion is not a constitutional right, thereby overturning Roe v. Wade (1973) and Planned Parenthood v. Casey (1992)4; and

Whereas, At the June 2022 Annual Meeting, our House of Delegates passed “Preserving Access to Reproductive Health Services” D-5.999, thereby codifying our stance on opposition to criminalization of supporting reproductive health services, including abortion; and

Whereas, As of 9/26/22, 44 states prohibit abortion to some degree after a certain point in pregnancy, with 9 states completely banning abortion, 4 states banning abortion at 6 weeks, 1 state at 15 weeks, 1 state at 20 weeks, 9 states at 22 weeks, 4 states at 24 weeks, 16 states at viability, and 1 state in the third trimester5,6; and

Whereas, The share of reported abortions performed on women outside their state of residence was much higher before the 1973 Roe decision that stopped states from banning abortion. In 1972, 41% of all abortions in D.C. or the 20 states that provided this information to the CDC that year were performed on women outside their state of residence. In 1973, the corresponding figure was 21% in D.C. and the 41 states that provided this information, and in 1974 it was 11% in D.C. and the 43 states that provided data7; and

Whereas, As of 2019, 39% of women aged 15-44 live in counties that do not have an abortion provider, and that number is expected to grow largely with the Dobbs v. Jackson Women’s Health Organization decision6,8; and

Whereas, Without training in basic medication and procedural abortion training, obstetricians & gynecologists (“OB/GYN physicians”) and family medicine physicians are unable to perform safe and quality care for pregnancy loss and complications of pregnancy as detailed above; and

Whereas, While the Accreditation Council for Graduate Medical Education (ACGME) requires access to abortion training for all obstetrics and gynecology residencies, 44.8% of accredited
programs are located in states that have or are likely to ban abortion, and a 2020 study found that nearly one-tenth of OB/GYN residents report no training in abortion care\(^9,10\); and

Whereas, Trainees seeking positions in OB/GYN and Family Medicine are limited by available training programs and the National Resident Matching Program (NRMP) matching system with regards to their ability to train at institutions that can provide adequate abortion training, and not all students will have the personal or financial flexibility to pursue additional abortion training elsewhere; and

Whereas, In 2022, ACOG reaffirmed its support for opposition to “legislative restrictions that impede access to abortion and increase difficulty in abortion provision and training, including restrictions on public funding of abortion education and training”\(^{11}\); and

Whereas, In light of Dobbs, ACGME revised its program requirements for GME in obstetrics and gynecology to include that “Programs must provide clinical experience or access to clinical experience in the provision of abortions as part of the planned curriculum. If a program is within a jurisdiction that legally restricts this clinical experience, the program must provide access to this clinical experience in a jurisdiction where no such legal restriction is present.”\(^{12}\); and

Whereas, In 2022, AAFP reaffirmed its position that “all medical students and family medicine residents receive comprehensive training in reproductive decision making. Curricula and training should include but are not limited to: abortion, pregnancy termination, contraception, and surgical and non-surgical management of ectopic pregnancy, medication abortion and contraceptive management in-person and via telehealth, options counseling, miscarriage management, opt-out abortion training, and referral services”\(^{13}\); therefore be it

RESOLVED, That RFS internal position statement 294.017R, “Academic Freedom,” be amended by addition and deletion to read as follows:

**Academic Freedom Access to Medication and Procedural Abortion Training**

That our AMA-RFS: (1) support the opportunity for residents to learn medication and procedures for abortion termination of pregnancy; and (2) oppose efforts by other persons, governments, or organizations to interfere with or restrict the availability of training in medication and procedures for abortion termination of pregnancy; and (3) in the event that medication and procedural abortion are limited or otherwise unavailable at a home institution, supports cost subsidization for trainees traveling out-of-state and/or to another program to have hands-on training in medication and procedural abortion.; and be it further

RESOLVED, That AMA policy H-295.923, “Medical Training and Termination of Pregnancy,” be amended by addition and deletion to read as follows:

**Medical Training and Termination of Pregnancy**

1. Our AMA supports the education of medical students, residents and young physicians about the need for physicians who provide termination of pregnancy services, the medical and public health importance of access to safe termination of pregnancy, and the medical, ethical, legal and psychological principles associated with termination of pregnancy.

2. Our AMA supports will advocate for the availability of abortion education and hands-on exposure to medication and procedural abortion procedures for termination of pregnancy, including medication abortions, for medical students and resident/fellow
physicians and opposes efforts to interfere with or restrict the availability of this
education and training.

3. In the event that medication and procedural abortion are limited or illegal in a home
institution, our AMA supports pathways, including cost subsidization, to ensure trainees
traveling to another program have hands-on training in medication and procedural
abortion, and will advocate for legal protections for both trainees who cross state lines to
receive education on reproductive health services, including medication and procedural
abortion, as well as the institutions facilitating these opportunities.

Our AMA encourages the Accreditation Council for Graduate Medical Education to
consistently enforce compliance with the standardization of abortion training
opportunities as per the requirements set forth by the Review Committee for Obstetrics
and Gynecology and the American College of Obstetricians and Gynecologists’
recommendations.; and be it further

RESOLVED, That our AMA reaffirm policies H-100.948 Supporting Access to Mifepristone
(Mifeprex) and H-425.969 Support for Access to Preventive and Reproductive Health Services;
and be it further

RESOLVED, That this resolution be immediately forwarded to the House of Delegates at the
November 2022 Interim Meeting.

Fiscal Note: Moderate

References:
1. Facts are Important: Abortion is Healthcare. Washington D.C.: American College of Obstetricians and
3. Cameron S. Recent advances in improving the effectiveness and reducing the complications of abortion.
4. DOBBS, STATE HEALTH OFFICER OF THE MISSISSIPPI DEPARTMENT OF HEALTH, ET AL. v.
JACKSON WOMEN’S HEALTH ORGANIZATION ET AL. [2022] 597 U.S. 19-1392 (Supreme Court of the
5. Guttmacher Institute. 2022. State Bans on Abortion Throughout Pregnancy. [online] Available at:
2022].
Summ 2021;70(No. SS-9):1–29. DOI: http://dx.doi.org/10.15585/mmwr.ss7009a1
Wade on Abortion Training in U.S. Obstetrics and Gynecology Residency Programs. Obstetrics &
Gynecology. 2022 Apr 27. doi: 10.1097/AOG.0000000000004832
10. Horvath, Sarah MD, MS; Zite, Nikki MD, MPH; Turk, Jema MBA, PhD; Ogburn, Tony MD; Steinauer, Jody
MD, PhD. Resident Abortion Care Training and Satisfaction: Results from the 2020 Council on Resident
Education in Obstetrics and Gynecology In-Training Examination Survey. Obstetrics & Gynecology:
11. Abortion training and education. Committee Opinion No. 612. American College of Obstetricians and
12. The Accreditation Council for Graduate Medical Education. ACGME Program Requirements for Graduate
Medical Education in Obstetrics and Gynecology Summary and Impact of Interim Requirement Revisions,
https://www.acgme.org/globalassets/pfassets/reviewandcomment/220_obstetricsandgynecology_2022-06-
24_impact.pdf
Relevant RFS Position Statements:

294.017R Academic Freedom: That our AMA-RFS: (1) support the opportunity for residents to learn procedures for termination of pregnancy; and (2) oppose efforts by other persons or organizations to interfere with or restrict the availability of training in procedures for termination of pregnancy. (Substitute Resolution 25, I-94) [See also: AMA Policy H-295.923] (Reaffirmed Report F, A-05) (Reaffirmed Report E, A-16)

294.016R Support for Women's Health: That our AMA-RFS support efforts to promote the multidisciplinary incorporation of women's health education, research and training across all medical specialties and in medical school, residency training, and continuing medical education. (Substitute Resolution 11, I-95) (Reaffirmed Report C, I-05) (Reaffirmed Report E, A-16)

390.006R Opposition to Criminalization of Reproductive Decision Making: That our AMA-RFS oppose any legislation or ballot measures that could criminalize in-vitro fertilization, contraception, or the management of ectopic and molar pregnancies. (Resolution 3, A-12)

390.008R Fair Access to Evidence-Based Family Planning Methods: That our AMA-RFS: (1) recognize that choices regarding family planning and medical or surgical termination of pregnancy are personal and autonomous and are to be made by a patient in concert with their health care provider; and (2) support changes to public and private payment mechanisms that would make evidence-based family planning methods and medical or surgical termination of pregnancy accessible to all patients, regardless of socioeconomic background. (Resolution 7, I-16)

390.009R Protection of Access and Coverage of Women’s Preventative and Maternity Care: That our AMA-RFS support legislation and regulations that ensures women have comprehensive coverage and access to preventative care, contraception, and maternity care with no cost sharing. (Late Resolution 1, A-17) (Reaffirmed Resolution 16, I-17)

390.015R Contraceptive Access: That our AMA-RFS support: (1) the continued use of public funding for affordable and accessible family planning services that are free of undue burden, in an effort to reduce the rates of unplanned pregnancies; (2) over-the-counter access to contraceptives; (3) policies and any work the AMA does with other interested organizations to increase access to and awareness of over-the-counter emergency contraception; (4) affordable Long-Acting Reversible Contraception access for all patients, including those in the immediate postpartum period; and (5) training and financial assistance for providers to offer Long-Acting Reversible Contraception. (Report C, A-19)

Relevant AMA Policy:

Medical Training and Termination of Pregnancy H-295.923
1. Our AMA supports the education of medical students, residents and young physicians about the need for physicians who provide termination of pregnancy services, the medical and public health importance of access to safe termination of pregnancy, and the medical, ethical, legal and psychological principles associated with termination of pregnancy.
2. Our AMA supports the availability of abortion education and exposure to procedures for termination of pregnancy, including medication abortions, for medical students and resident/fellow physicians and opposes efforts to interfere with or restrict the availability of this education and training.
3. Our AMA encourages the Accreditation Council for Graduate Medical Education to consistently enforce compliance with the standardization of abortion training opportunities as per the requirements set forth by the Review Committee for Obstetrics and Gynecology and the American College of Obstetricians and Gynecologists’ recommendations.

Preserving Access to Reproductive Health Services D-5.999
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, 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 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 review the AMA policy compendium and recommend policies which should be amended or rescinded to reflect these core values, with report back at the 2022 Interim Meeting.

Citation: Res. 028, A-22

Support for Access to Preventive and Reproductive Health Services H-425.969
Our AMA supports access to preventive and reproductive health services for all patients and opposes legislative and regulatory actions that utilize federal or state health care funding mechanisms to deny established and accepted medical care to any segment of the population.

Citation: Sub. Res. 224, I-15, Reaffirmation: I-17

Training in Reproductive Health Topics as a Requirement for Accreditation of Family Residencies D-310.954
Our AMA: (1) will work with the Accreditation Council for Graduate Medical Education to protect patient access to important reproductive health services by advocating for all family medicine residencies to provide comprehensive women's health including training in contraceptive counseling, family planning, and counseling for unintended pregnancy; and (2) encourages the ACGME to ensure greater clarity when making revisions to the educational requirements and expectations of family medicine residents in comprehensive women's health topics.

Citation: Res. 317, A-13

Supporting Access to Mifepristone (Mifeprex) H-100.948
Our AMA will support mifepristone availability for reproductive health indications, including via telemedicine, telehealth, and at retail pharmacies and continue efforts urging the Food and Drug Administration to lift the Risk Evaluation and Mitigation Strategy on mifepristone.

Citation: Res. 504, A-18Modified: Res. 027, A-22

Access to Emergency Contraception D-75.997
1. Our AMA will: (a) intensify efforts to improve awareness and understanding about the availability of emergency contraception in the general public; and (b) support and monitor the application process of manufacturers filing for over-the-counter approval of emergency contraception pills with the Food and Drug Administration (FDA).

2. Our AMA: (a) will work in collaboration with other stakeholders (such as American College of Obstetricians and Gynecologists, American Academy of Pediatrics, and American College of Preventive Medicine) to communicate with the National Association of Chain Drug Stores and the National Community Pharmacists Association, and request that pharmacies utilize their web site or other means to signify whether they stock and dispense emergency contraception, and if not, where it can be obtained in their region, either with or without a prescription; and (b) urges that established emergency contraception regimens be approved for over-the-counter access to women of reproductive age, as recommended by the relevant medical specialty societies and the US Food and Drug Administration's own expert panel.

Citation: CMS Rep. 1, A-00, Appended: Res. 506, A-07, Reaffirmed: CMS Rep. 01, A-17