

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

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

Introduced by: Women Physicians Section

Subject: Promoting Transparency on Fertility Healthcare Policies for Trainees

Referred to: Reference Committee (Assigned by HOD)

1 Whereas, physicians have children later than non-physicians, face greater fertility challenges,
2 and suffer from higher rates of age-related pregnancy complications,^{1,2} the average entering
3 age in medical school is now 24,³ and as of 2024 data, more matriculants than ever were aged
4 30 or above, there is now a greater likelihood that residents will try to have children during their
5 training periods.; and

6
7 Whereas, at the same time, surgical specialties are seeking to increase female applicants, but
8 medical students and residents report a lack of transparency or formal policies surrounding
9 parental leaves, barriers due to workplace cultures, and hesitancy in asking about these
10 policies⁴; and

11
12 Whereas, there have been significant strides in leave rights for resident trainees, such as the
13 American Board of Medical Specialties (ABMS) Policy of Parental, Caregiver, and Medical
14 Leave During Training in 2020,⁵ yet significant variation exists on how residency programs may
15 choose to implement these policies based on culture, program capacity, and specialty; and

16
17 Whereas, there have been significant strides in leave rights for resident trainees, such as the
18 American Board of Medical Specialties (ABMS) Policy of Parental, Caregiver, and Medical
19 Leave During Training in 2020,⁵ yet significant variation exists on how residency programs may
20 choose to implement these policies based on culture, program capacity, and specialty; and

21
22 Whereas, residents express a strong preference for transparent and standardized presentations
23 of leave and fertility policies through objective methods, such as slide decks, brochures, or
24 accessible web resources⁶, while per a 2023 study, only 66% of top 50 ranked institutions with
25 residency training displayed publicly available medical benefits and only 40% had publicly
26 available fertility benefit information on their website⁷; and

27
28 Whereas, family planning and lifestyle considerations, including clear parental leave information,
29 are among the most influential factors for medical students when selecting and ranking
30 residency programs,⁸ and the availability and transparency of these policies are increasingly
31 critical in shaping residency decisions for applicants⁹; and

32
33 Whereas, the AMA's support for increased leave and fertility preservation or infertility policies
34 via Resolution H-310.92 "Resident and Fellow Access to Fertility Preservation"¹⁰—by not
35 including advocacy for disclosure of said policies—does not enhance an applicant's ability to
36 discriminate across residency programs without risking harm to their applications in the
37 residency process through potential discrimination; and

38
39 Whereas, specific advocacy toward transparency on leave and fertility policies has the potential
40 to incentivize diversity in recruitment efforts, particularly across surgical specialties; and

Whereas, disclosure initiatives may incentivize programs to adopt stronger leave and/or fertility benefits to recruit a more diverse applicant pool and better manage potential disruptions to training; therefore be it

RESOLVED, that our American Medical Association amend existing policy H-310.902 "Resident and Fellow Access to Fertility Preservation" by addition:

1. Our American Medical Association encourages insurance coverage for fertility preservation and infertility treatment within health insurance benefits for residents and fellows offered through graduate medical education programs.
2. Our AMA encourages residency programs to disclose family planning and fertility health insurance policies
3. Our AMA supports the accommodation of residents and fellows who elect to pursue fertility preservation and infertility treatment, including but not limited to, the need to attend medical visits to complete the gamete preservation process and to administer medications in a time-sensitive fashion.

Fiscal Note: (Assigned by HOD)

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RELEVANT AMA POLICY

H-310.902 Resident and Fellow Access to Fertility Preservation

1. Our American Medical Association encourages insurance coverage for fertility preservation and infertility treatment within health insurance benefits for residents and fellows offered through graduate medical education programs.
2. Our AMA supports the accommodation of residents and fellows who elect to pursue fertility preservation and infertility treatment, including but not limited to, the need to attend medical visits to complete the gamete preservation process and to administer medications in a time-sensitive fashion. [Res. 302, A-22]

H-295.846 Increased Education and Access to Fertility Resources for U.S. Medical Students

1. Our American Medical Association will encourage interested parties to develop gender- and sexual minority-inclusive initiatives in medical education that raise awareness about:

1. how peak child-bearing years correspond to the peak career-building years for many medical students and trainees;
 2. the significant decline in oocyte quality and quantity and increase in miscarriage and infertility rates, with increasing age in medical students and trainees;
 3. the high rate of infertility among medical students, trainees, and physicians; and
 4. various fertility preservation options and including cryopreservation of oocytes and sperm and associated costs.
2. Our AMA will encourage interested parties to increase access to strategies by which medical students can preserve fertility (such as cryopreservation of oocytes, sperm, and embryos), with associated mechanisms for insurance coverage. [Res. 306, A-23]