

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 307  
(A-24)

Introduced by: California

Subject: Access to Reproductive Health Services When Completing Physician Certification Exams

Referred to: Reference Committee C

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1 Whereas, the Supreme Court’s 2022 ruling in *Dobbs. v. Jackson* overturned the 1972 *Roe v*  
2 *Wade* decision; and  
3  
4 Whereas, at least 26 states immediately enacted laws to ban or restrict abortion care in  
5 response to the Supreme Court’s ruling in *Dobbs v. Jackson*; and  
6  
7 Whereas, national specialty societies host mandatory board certification exams in locations that  
8 often require interstate travel for trainees completing residency and fellowship programs; and  
9  
10 Whereas, existing AMA policy supports encouraging American Board of Medical Specialties  
11 member boards to assess whether initial board certification processes should be revised to  
12 allow for testing requirements and arrangements that accommodate physicians' training and  
13 employment schedules; and  
14  
15 Whereas, pregnant trainees may encounter health emergencies during the time frame of  
16 completing mandatory board certification exam requirements that necessitate access to a full  
17 spectrum of reproductive healthcare services, interventions and treatment options, including  
18 abortion; therefore be it  
19  
20 **RESOLVED**, that our American Medical Association encourage national specialty boards who  
21 hold in-person centralized mandatory exams for board certification to offer alternative methods  
22 of taking mandatory board certification examinations, such as virtual boards examinations, or to  
23 locate them outside of states that are in the process of banning or restricting or that have  
24 banned or restricted abortion, gender affirming care or reproductive healthcare services. (New  
25 HOD Policy)

Fiscal Note: Minimal - less than \$1,000

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**RELEVANT AMA POLICY**

**H-295.923 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 will advocate for the availability of abortion education and clinical exposure to medication and procedural abortion 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 will support pathways for medical students and resident/fellow physicians to receive this training at another location.

4. Our AMA will advocate for funding for institutions that provide clinical training on reproductive health services, including medication and procedural abortion, to medical students and resident/fellow physicians from other programs, so that they can expand their capacity to accept out-of-state medical students and resident/fellow physicians seeking this training.

5. 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 relevant Residency Review Committees.

[Modified: Res. 317, I-22; Modified: Res. 309, I-21; Appended: Res. 957, I-17; Modified: CME Rep. 1, A-15; Modified: CME Rep. 2, A-14; Reaffirmed: CME Rep. 2, A-04; Res. 315, I-94.]

#### **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. [Appended: Res. 711, A-23; Reaffirmation: A-23; Appended: Res. 317, I-22; Modified: BOT Rep. 4, I-22; Reaffirmed: Res. 224, I-22; Res. 028, A-22.]