PRH Physicians for Reproductive Health

ABORTION TRAINING | POLICY PRIMER | AUGUST 2024

By: MiQuel Davies, Public Policy Director
Bria Peacock, MD

The Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization*, and extreme abortion bans and restrictions passed by states, have had far reaching impacts on health care providers and the communities they care for.[1] A significant consequence of the rapidly shifting legal landscape includes a significant decrease of training opportunities across the country, but especially for those living and training in restrictive states.[2] While access to abortion training has become more difficult following the Supreme Court's decision it is essential to note that even prior to *Dobbs* there were significant barriers to training and education in abortion care. Lack of access to comprehensive training in sexual and reproductive health care, including abortion, undermines the health care workforce and harms patients. Training in abortion care facilitates the honing of essential skills necessary for patient care including: pregnancy options counseling, methods of uterine evacuation, uterine examination, ultrasound detections of early pregnancy, management of early pregnancy loss, contraceptive counseling, pain management in gynecologic procedures, cervical dilation, and emergency care for excess uterine bleeding, among others.[3] It is undeniable that limiting access to training in high-quality, evidence-based care will have far-reaching consequences for the health and well-being of patients across the country.

Abortion Training in Medical School

The Supreme Court's decision in *Dobbs* has exacerbated existing barriers to abortion education and training, particularly opportunities for hands-on learning which were already limited in medical schools. While U.S. medical schools require students to complete a learning rotation in obstetrics and gynecology, there is no requirement that the rotation include materials related to abortion care.[4] In 2020, researchers at Stanford University found that half of medical schools included no formal abortion training, and, in some instances, others provided only a single lecture on the topic.[5] Abortion education and training is essential for all providers to have a baseline understanding of the full spectrum of reproductive health care. Fully integrated medical education and universal requirements and standards

---

[1] MiQuel Davies and Meera Rajput, *Dobbs' Erosion of the Health Care Workforce: Harms to Providers and Patients*, NAT. PARTNERSHIP FOR WOMEN AND FAMILIES (March 2024), dobbs-erosion-health-care-workforce.pdf (nationalpartnership.org).

[2] *See Training and Workforce Issues after Dobbs*, AM. COLL. OF OBSTETRICIANS & GYNECOLOGISTS (Aug. 2023), Issue Brief: Training and Workforce after Dobbs | ACOG; *see also* Heidi Landecker, *Medical Students Fought to Get Training in Abortion Care. Then Came 'Dobbs'*, THE CHRONICLE OF HIGHER EDUCATION (March 13, 2024), Medical Students Fought to Get Training in Abortion Care. Then Came 'Dobbs.' (chronicle.com).

[3] *Abortion Training and Education*, Committee Opinion Number 612, AM. COLL OF OBSTETRICIANS & GYNECOLOGISTS (*reaffirmed* 2022), Abortion Training and Education | ACOG.

[4] Elayne J. Heisler, *Abortion Training for Medical Students and Residents*, CONGRESSIONAL RES. SERVICE (Sept. 7, 2022), IN12002 (congress.gov).

[5] Roshan M. Burns and Kate A. Shaw, *Standardizing Abortion Education: What Medical Schools Can Learn from Residency Programs*, Current Opinion in Obstetrics and Gynecology, 2020 Dec; 32(6):387-392, DOI: 10.1097/GCO.0000000000000663.

around abortion training in medical school would help to both increase access to this essential care and lessen the stigma of abortion provision for both patients and providers. Importantly, leading medical societies including the American College of Obstetrician and Gynecologists (ACOG) and the American Medical Association (AMA) strongly support comprehensive abortion education and training in medical school.[6]

The ripple effects of the Supreme Court's decision in *Dobbs* on medical education and training are not limited to abortion specific education and training. For example, in the wake of extreme abortion restrictions and the legal uncertainty for institutions, providers and learners, rotations and electives in other topics pertaining to family planning such as contraceptive care were cancelled.[7] Some institutions feared they would no longer be able to provide education on subjects, including medical ethics and providing learners with education around the full range of treatment options available for certain medical conditions, without opening the institution or themselves to increased legal risk.[8]

Further compounding the lack of abortion education and training in medical schools, it is estimated that 94 percent of abortions in the U.S. are provided in facilities outside of the traditional university medical school learning environment and instead provided at independent clinics and other free standing health care facilities.[9] For students that wish to obtain additional education and training in abortion care they must seek out such additional training on their own. Prior to the Supreme Court's decision in *Dobbs* this presented challenges to medical students who must carry the burden of finding and obtaining this essential education and training at a local clinic or health care facility. In a post *Dobbs* environment, with many medical schools in states that ban or heavily restrict access to abortion care, it is nearly impossible for many students to obtain, in particular, the hands-on experience and training that should be required of all learners.

Abortion Training in Residency

Obstetrics & Gynecology

Ob/gyn residency programs are accredited by the Accreditation Council for Graduate Medical Education (ACGME), which is a private, non-profit organization that sets the standards for training in residency.[10] ACGME accreditation provides assurance that an institution or program meets the quality standards of the specialty or subspecialty practice for which it prepares its graduates. For more than 25 years, the ACGME has had an explicit requirement that all ob/gyn residency programs seeking accreditation provide access to routine abortion training. The requirement is clear: access to education and experience

---

[6] Kevin B. O'Reilly, *AMA Holds Fast to Principle: Reproductive Care is Health Care*, AM. MED. ASSOC. (November 17, 2022), https://www.ama-assn.org/delivering-care/public-health/ama-holds-fast-principle-reproductive-care-health-care; The American College of Obstetricians and Gynecologists, *Abortion Training and Education*, Committee Opinon, Number 612, November 2014, https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2014/11/abortion-training-andeducation.

[7] Liam Knox, *Studying Medicine in a Post-Roe America*, INSIDE HIGHER EDUCATION (July 6, 2022), https://www.insidehighered.com/news/2022/07/07/medical-schools-adapt-dobbs-abortion-decision.

[8] *Id.*

[9] The American College of Obstetricians and Gynecologists, *Abortion Training and Education*, Committee Opinon, Number 612, November 2014, https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2014/11/abortion-training-andeducation.

[10] Accreditation Council for Graduate Medical Education, ACGME Home.

with induced abortion must be part of residency education. In the wake of the *Dobbs* decision ACGME offered guidance stating that "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." ACGME requirements go on to state that "[i]f for some reason a resident is unable to travel to another jurisdiction for clinical experience, the program must provide the resident with a combination of didactic activities, including simulation, and assessment on performing a uterine evacuation and communicating pregnancy options."[11]

Training for residents in abortion care is considered a core competency in ob/gyn residencies due to its commonality. Nearly one in four women[12] will decide to have an abortion in their lifetime for a multitude of reasons. Whether abortion is indicated in urgent medical situations such as pre-eclampsia, hemorrhage, and severe pulmonary hypertension or an individual does not want or is unable to carry a pregnancy to term, the need for abortion care is pervasive. Additionally, when managing miscarriage, abortion training can be lifesaving. As the American College of Obstetricians and Gynecologists notes in its practice bulletin on early pregnancy loss, "[patients] who present with hemorrhage, hemodynamic instability, or signs of infection should be treated urgently with surgical uterine evacuation."[13] Without timely and medically appropriate intervention, these circumstances can worsen and lead to death.

To achieve competency in any surgical techniques or procedures, including procedural uterine evacuation, ob/gyn residents must be exposed to a significant number of patients and be involved in their care. Didactic activities including simulation are not an adequate substitute. Training in abortion allows residents to learn how to skillfully provide abortion care, but also perfect skills they will use over the course of their careers such as the provision of pelvic exams, administration of anesthesia, and patient education. Should they encounter pre-eclampsia or other serious conditions, they will be able to care for those patients in a timely and compassionate manner.[14]

The Supreme Court's decision in *Dobbs* has not only made it more difficult for physicians to get the training they require in order to adequately care for their communities, but it is has also impacted the decision that doctors are making regarding their practice specialties and location. For example, data from the Association of American Medical Colleges (AAMC) shows that applications for residency programs in states with abortion restrictions fell by 3 percent, and this shift fell hardest in obstetrics and gynecology in which programs saw a 5.2 percent drop in application volume.[15] In states with complete abortion bans the number of applicants to ob-gyn residency programs fell by more than 10 percent when compared to

---

[11] Accreditation Council for Graduate Medical Education, *ACGME Program Requirements for Graduate Medical Education in Obstetrics and Gynecology*, (September 17,2022), https://www.acgme.org/globalassets/pfassets/programrequirements/220_obstetricsandgynecology_9-17-2022.pdf.

[12] The term "women" is used here because the research cited was specifically done on people who identify as women. We recognize that all people capable of becoming pregnant deserve access to abortion care.

[13] The American College of Obstetricians and Gynecologists, *Early Pregnancy Loss*, Practice Bulletin Number 200 (Nov. 2018), Early Pregnancy Loss | ACOG.

[14] The American College of Obstetricians and Gynecologists, *Abortion Training and Education*, Committee Opinon, Number 612, November 2014, https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2014/11/abortion-training-and-education.

[15] Kendal Orgera et. al, *Training Location Preferences of U.S. Medical School Graduates Post Dobbs v. Jackson Women's Health*, Assoc. of Am, Med. Coll. (April 13, 2023), https://www.aamcresearchinstitute.org/our-work/data-snapshot/training-location-preferences-us-medical-school-graduates-post-dobbs-v-jackson-women-s-health.

the prior year.[16] It is well established that providers often remain in the communities in which they train.[17] According to a 2021 study by the Association of American Medical Colleges over half of all medical students who graduated between 2010 and 2019 practice in the state where they completed their training.[18] The *Dobbs* decision is causing many physicians to reconsider remaining in states where they have trained if those states restrict the provision of abortion care. A survey conducted in 2023 of graduating residents from residencies with abortion training programming found that 17.6 percent of residents indicated that the *Dobbs* decision changed the location of intended future practice or fellowship plans. Residents who, prior to *Dobbs*, indicated they intended to remain or practice in abortion-restrictive states were eight times more likely to have changed their practice plans as compared to those who intended to practice and remain in states with additional protection. Of the residents who wanted to pursue additional training and specialization through fellowship, 36 participants indicated that they did not rank or ranked lower programs in restrictive states.[19] As more and more providers are choosing to avoid training in states with abortion restrictions or leaving the state once they have acquired training elsewhere, this leads to worsening reproductive health care deserts and leaves patients in states with abortion restrictions without access to essential care. The loss of providers impacts the full spectrum of sexual and reproductive health care including family planning and routine preventive screening.

Family Medicine and Advanced Practice Clinicians

Family medicine physicians and advanced practice clinicians also play a critical role in providing the full spectrum of sexual and reproductive health care, including abortions. Family medicine physicians and advanced practice clinicians are more likely than physicians and providers in other specialties to provide care in rural and geographically isolated areas. While the American Academy of Family Physicians recognizes abortion care as "an advanced core skill for family physicians,"[20] many family medicine residencies have no abortion training available to them.[21] Currently 40% of family medicine residency programs have no abortion training, in part because it is not mandated by the ACGME for family medicine residencies.[22] The *Dobbs* decision has also significantly compounded training opportunities for family medicine physicians. Currently, 29% of family medicine residency programs are located in states with abortion bans or severe abortion restrictions, limiting the medical education of nearly 4,000 residents each year.[23]

---

[16] *Id.*

[17] Association of American Medical Colleges, *Report on Residents*, https://www.aamc.org/data-reports/students-residents/data/report-residents/2020/table-c6-physician-retention-state-residency-training-state.

[18] *Id.*

[19] Alexandra L. Woodcock, et al., *Effects of the Dobbs v. Jackson Women's Health Organization Decision on Obstetrics and Gynecology Graduating Residents' Practice Plans*, J. OF OBSTETRICS & GYNECOLOGY, (Nov 2023).

[20] Committee on Health Care for Underserved Women, *Abortion Training and Education*, ACOG (2022), https://www.acog.org/-/media/project/acog/acogorg/clinical/files/committee-opinion/articles/2014/11/abortion-training-and-education.pdf.

[21] *Essential Research on Abortion Care in Family Medicine*, RHEDI, https://rhedi.org/essential-research-on-abortion-in-fm/ (last visited Oct. 2024).

[22] *See* Aleza K. Summit & Erica Chong, *Abortion Training in Family Medicine Residency Programs: A National Survey of Program Directors 5 Months After the Dobbs Decision*, J. OF SOC. OF TEACHERS OF FAM. MED. (2024), Abortion Training in Family Medicine Residency Programs: A National Survey of Program Directors 5 Months After the Dobbs Decision (stfm.org).

[23] *Id.*

Advanced practice clinicians face similar barriers to abortion training. Currently nineteen states allow APCs to provide first-trimester abortions; however, data suggests that abortion training is deficient in curriculum for advanced practice clinicians.[24] One study demonstrated specifically "that both didactic and clinical abortion education is limited in APC programs throughout the United States." The Study found that 53 percent of all APC programs surveyed offer didactic instruction, and only 21 percent offer routine clinical exposure to any abortion care.[25]

Family medicine physicians and advanced practice clinicians that are interested in providing abortion but are not matriculated in programs with integrated abortion training face significant barriers to finding opportunities to train including: state laws, malpractice insurance, availability of training opportunities, funding to train at institutions not located in restrictive states, institutional barriers, and administrative resistance, among others.

Impacts of Lack of Adequate Abortion Training on Communities Across the Country.

Training in abortion care is essential to ensuring the health and well-being of all pregnant people. It is no secret that the United States has an alarming maternal mortality rate, and that this mortality rate continues to rise. The pregnancy-related mortality rate for Black women in the U.S. is three to four times higher than the rate for white women, and other women and birthing people of color also face elevated rates of mortality and morbidity. Data also shows that the states with the most restrictions on abortion care have the highest maternal mortality rates.[26] Limiting access to critical training in abortion care for medical students and residents will only compound this crisis.

The *Dobbs* decision is also continuing to compound existing health care inequities in all facets of care. Already there are care deserts within every state in the U.S. and there are now large geographic swaths of the country where obtaining essential obstetric and gynecologic care, including abortion care is nearly impossible. When people seeking comprehensive sexual and reproductive health care are unable to access providers in their community who are adequately trained to care for them the consequences to individual health and well-being are incalculable.

Other Barriers to Accessing Abortion Training.

Ensuring adequate access to abortion training throughout the country requires policymakers to take additional action to address barriers to training, including a repeal of the Coats-Snowe Amendment. Following the establishment of the ACGME's criteria that all ob/gyn residency programs seeking accreditation provide access to routine abortion training, Congress passed the Coats-Snowe Amendment in 1996.[27] This amendment is a federal refusal provision which states that residency programs are deemed accredited by the federal government or any state or local government receiving federal funds,

---

[24] Usha Ranji, *Key Facts on Abortion in the United States*, KAISER FAM. FOUNDATION (June 21, 2024), Key Facts on Abortion in the United States | KFF;

[25] Angel M. Foster et. al, *Abortion Education in Nurse Practitioner, Physician Assistant, and Certified Nurse Midwife Programs: A National Survey*, CONTRACEPTION (April 2006), Abortion education in nurse practitioner, physician assistant and certified nurse–midwifery programs: a national survey - ScienceDirect.

[26] Vilda, D., Wallace, M., Daniel, C., Goldin Evans, M., Stoecker, C., & Theall, K. State abortion policies and maternal death in the US, 2015-2018. Forthcoming September 2021. American Journal of Public Health, Study finds higher maternal mortality rates in states with more abortion restrictions | Tulane School of Public Health and Tropical Medicine.

[27] Department of Health and Human Services, *Conscience Protections* (2024), Conscience Protections | HHS.gov.

even if a program refuses to comply with the abortion training accreditation requirements. Importantly, the Coats-Snowe Amendment is not prescriptive, and it cannot be used as a sword to require schools to provide specific types of training or in the alternative to not provide training. For example, it cannot be used to require programs to provide only "opt-in training" where residents are required to affirmatively opt-in as opposed to "opt-out training" where all residents receive abortion training unless they affirmatively opt-out. The Coats-Snowe amendment may only be used as a shield from enforcement and removal of federal funds for programs that refuse to comply with ACGME accreditation standards.

It is clear that federal law provides medical residents the opportunity to obtain training and allows medical programs to offer training in abortion, and the Coats-Snowe amendment does not alter this longstanding principle in federal law.[28] ACGME has an existing mechanism to comply with Coats-Snowe and allow for residents who do not want to participate in abortion training to "opt out" of the training.[29] Importantly, the Coats-Snowe Amendment does not apply to ACGME itself as the ACGME is a private entity. While the Coats-Snowe Amendment has been used to insulate institutions without accreditation from losing federal funding, it cannot be affirmatively used to require programs to adopt specific requirements for abortion training.

Even with the plain language of the amendment and other federal law, previous administrations and anti-abortion law makers across states continue to attempt to weaponize the Coats-Snowe Amendment to limit access to abortion training.[30] Under no circumstances should the personal beliefs of a provider dictate the care a patient receives and given the skills necessary to provide comprehensive sexual and reproductive health care under no circumstances should abortion training be removed as a core competency for ob/gyns and other clinicians providing care.

To prevent the weaponizing and misapplication of the law, Congress must repeal the Coats-Snowe amendment. The ACGME and other accrediting medical bodies must be able to set the standards for each specialty and subspecialty following the medicine, science, and needs of communities across the country, and they have proven their ability to do so.

Conclusion

Lack of access to abortion training in medical school and residency due to state abortion bans and restrictions undermines access to sexual and reproductive health care and harms the health and well-being of communities across the country. Training in abortion care is necessary to ensure providers have the skills to provide care for miscarriage management, hemorrhage, and more. Action must be taken to

---

[28] Church Amendments, 42 U.S.C. § 300a-7.

[29] Accreditation Council for Graduate Medical Education, *ACGME Program Requirements for Graduate Medical Education in Obstetrics and Gynecology*, (September 17,2022), https://www.acgme.org/globalassets/pfassets/programrequirements/220_obstetricsandgynecology_9-17-2022.pdf.

[30] During the previous two Appropriations cycles (FY 23 and FY 24), anti-abortion Members of Congress introduced amendments attempting to alter these long-standing principles and require programs to provide opt-in only curriculum for abortion training, which ultimately failed. In addition, the Trump Administration attempted to use Coats-Snowe to justify its attempts to significantly expand federal refusal provisions to allow nearly anyone involved in patient care to refuse such care based on their individual beliefs. States have also been attempting to use Coats-Snowe to limit access to abortion training. For example, a state lawmaker in Texas asked for an opinion from the state Attorney General regarding whether Texas Medical Schools were in compliance with Coats-Snowe given the programming had opt-out training for abortion.

ensure that all providers across specialties have access to meaningful education and training on the full spectrum of reproductive health care, including abortion care.