

AMERICAN MEDICAL ASSOCIATION WOMEN PHYSICIANS SECTION

Resolution XX
(I-24)

Introduced by: Kaitlyn Hanson, Mallory Britz MS

Subject: Accountability for G-605.009: Requesting A Task Force to Preserve the Patient-Physician Relationship Task Force Update and Guidance

Referred to: Reference Committee (Assigned by HOD)

1 Whereas, a task force to preserve the patient-physician relationship when evidence-based,
2 appropriate care is banned or restricted was established at A-22 by policy G-605.009; and
3

4 Whereas, the G-605.009 created a task force to help guide organized medicine's response to
5 bans and restrictions on abortion, prepare for widespread criminalization of other evidence-
6 based care, implement relevant AMA policies, and identify and create implementation-focused
7 practice and advocacy resources; and
8

9 Whereas, the G-605.009 created an ad hoc committee or task force to identify issues with
10 physician payment and reimbursement for gender-affirming care and recommend solutions to
11 address these barriers to care; and
12

13 Whereas, this G-605.009 task force was established in 2022, but there have been no updates
14 delivered to the AMA membership on its progress; and
15

16 Whereas, the lack of updates impedes further AMA HOD advocacy due to lack of findings and
17 recommendations from the task force; and
18

19 Whereas, in many states in the U.S. with restrictive abortion laws, many physicians and other
20 clinicians face confusion around what is legally permissible;¹ and
21

22 Whereas, some states have proposed legislation, for example South Dakota House Bill 1224,
23 which requires the creation of an informational video and other materials describing the state's
24 abortion law and medical care for a pregnant woman experiencing life-threatening or health-
25 threatening medical conditions; ² and
26

27 Whereas, the infant mortality rate in Texas increased to a greater degree than in the rest of the
28 United States following the introduction of strict abortion restrictions; ³
29 therefore be it
30

31 RESOLVED, that the Task Force to Preserve the Patient-Physician Relationship will present
32 annual updates on their findings at AMA Annual Meetings until the objectives have been
33 completed, and be it further
34

- 35 RESOLVED, that our AMA will amend G-605.009 with the addition of text as follows:
36 a. 2b. Practice management, including developing recommendations
37 and educational materials for addressing reimbursement,
38 uncompensated care, interstate licensure, and provision of care,
39 including telehealth and care provided across state lines.
40 Additionally, to work with interested state medical societies to
41 publish public facing guidance for what is medically allowable for
42 physicians practicing in states with restrictions potentially
43 impeding on the patient-physician relationship.

Fiscal Note: Assigned by HOD
Received: XX/XX/2024

References:

¹ Zionts A. What counts as an exception to South Dakota's abortion ban? A video may soon explain. NPR [Internet]. KFF Health News; 2024 Feb 27 [cited 2024 Aug 11]; Available from: <https://www.npr.org/sections/health-shots/2024/02/27/1234056635/abortion-ban-south-dakota-ectopic-pregnancy-miscarriage-life-of-mother>

¹ 2024 House Bill 1224 [Internet]. South Dakota Legislature. [cited 2024 Aug 11]. Available from: <https://sdlegislature.gov/Session/Bill/24959>

³ Gemmill A, Margerison CE, Stuart EA, Bell SO. Infant Deaths After Texas' 2021 Ban on Abortion in Early Pregnancy. JAMA Pediatr. 2024;178(8):784–791. doi:10.1001/jamapediatrics.2024.0885

Relevant AMA Policy:

Establishing A Task Force to Preserve the Patient-Physician Relationship When Evidence-Based, Appropriate Care is Banned or Restricted G-605.009

1. Our American Medical Association will convene a task force of appropriate AMA councils and interested state and medical specialty societies, in conjunction with the AMA Center for Health Equity, and in consultation with relevant organizations, practices, government bodies, and impacted communities for the purpose of preserving the patient-physician relationship.
2. This task force, which will serve at the direction of our AMA Board of Trustees, will inform the Board to help guide organized medicine's response to bans and restrictions on abortion, prepare for widespread criminalization of other evidence-based care, implement relevant AMA policies, and identify and create implementation-focused practice and advocacy resources on issues including but not limited to:
 - a. Health equity impact, including monitoring and evaluating the consequences of abortion bans and restrictions for public health and the physician workforce and including making actionable recommendations to mitigate harm, with a focus on the disproportionate impact on under-resourced, marginalized, and minoritized communities.
 - b. Practice management, including developing recommendations and educational materials for addressing reimbursement, uncompensated care, interstate licensure, and provision of care, including telehealth and care provided across state lines.
 - c. Training, including collaborating with interested medical schools, residency and fellowship programs, academic centers, and clinicians to mitigate radically diminished training opportunities.
 - d. Privacy protections, including best practice support for maintaining medical records privacy and confidentiality, including under HIPAA, for

- strengthening physician, patient, and clinic security measures, and countering law enforcement reporting requirements.
- e. Patient triage and care coordination, including identifying and publicizing resources for physicians and patients to connect with referrals, practical support, and legal assistance.
 - f. Coordinating implementation of pertinent AMA policies, including any actions to protect against civil, criminal, and professional liability and retaliation, including criminalizing and penalizing physicians for referring patients to the care they need.
 - g. Anticipation and preparation, including assessing information and resource gaps and creating a blueprint for preventing or mitigating bans on other appropriate health care, such as gender affirming care, contraceptive care, sterilization, infertility care, and management of ectopic pregnancy and spontaneous pregnancy loss and pregnancy complications.
3. Our American Medical Association will appoint an ad hoc committee or task force, composed of physicians from specialties who routinely provide gender-affirming care, payers, community advocates, and state Medicaid directors and/or insurance commissioners, to identify issues with physician payment and reimbursement for gender-affirming care and recommend solutions to address these barriers to care.