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The Impact of *Dobbs* on Medical Education and the Pipeline From OB/GYN Training to Clinical Practice

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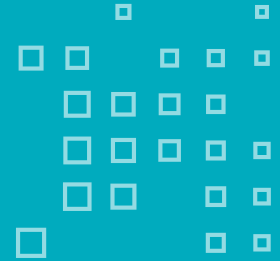


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Introduction

Among the immediate impacts of the *Dobbs v. Jackson* decision on the American health care landscape are profound challenges for the educational and training ecosystem for physicians, particularly those who enter obstetrics and gynecology (OB/GYN), who represent a significant proportion of physicians providing family planning and abortion services.

Family planning, contraception counseling and abortion services are required elements of OB/GYN residency curricula and training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME), the national accrediting body for all graduate medical education programs in the United States. State limitations or bans on abortion services resulting from *Dobbs* complicate the ability of residency programs to meet their accreditation requirements and to graduate fully trained OB/GYN physicians. The ACGME recently reaffirmed requirements for didactic and clinical training for comprehensive family planning that include surgical and medical abortion.¹

Undergraduate medical education and training also are affected. While family planning and abortion care are not a required part of accredited medical school curricula, many medical schools provide didactic courses and affiliated teaching hospitals offer clinical clerkships to medical students in family planning and abortion services. These offerings may now be limited or eliminated altogether for interested students in states with severe restrictions or bans on abortion services.

The compounded impacts on undergraduate medical school education and graduate residency training will undoubtedly create a long-term shock to the supply of OB/GYN physicians in the United States overall, not just for those who provide abortion services. With many parts of the nation facing physician shortages, the impact on access to all OB/GYN care in certain geographies could be catastrophic.

This paper organizes the known consequences and open questions stemming from *Dobbs* and states' actions to severely restrict or ban abortion on the pipeline of physicians specializing in OB/GYN in the United States and, in particular, the impacts on medical schools and on accredited OB/GYN residency programs.²

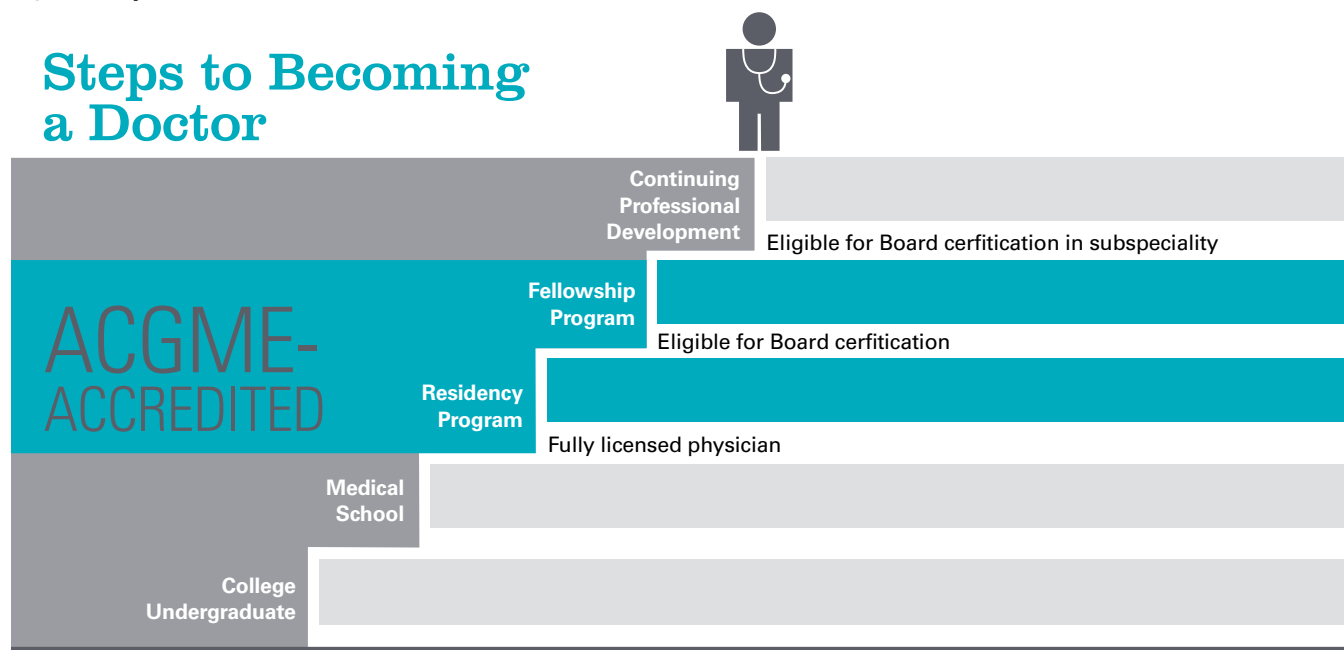
Medical Education, Training and Clinical Practice Pipeline

The Pipeline Into Practice

The pathway for medical education and training resulting in board certification and licensure to practice medicine in the United States contains three primary steps:

- **Undergraduate College.** Bachelor’s degree, including requisite coursework in biological and life sciences.
- **Medical School (Undergraduate Medical Education).** Three-to-four-year degree program (leading to a Doctor of Osteopathic Medicine (D.O.) or Doctor of Medicine (M.D.) degree), which includes didactic coursework in biological sciences and medicine, and clinical practicum via clerkships in real clinical environments under the supervision of licensed practitioners.
- **Residency Program (Graduate Medical Education).** Specialized clinical training program spanning three to seven years, depending on the chosen specialty. Physicians who complete residency training are eligible for board certification in their chosen specialty, including obstetrics and gynecology, and can sit for a board certification exam.

Figure 1. Pipeline Into Medicine Professional Practice³

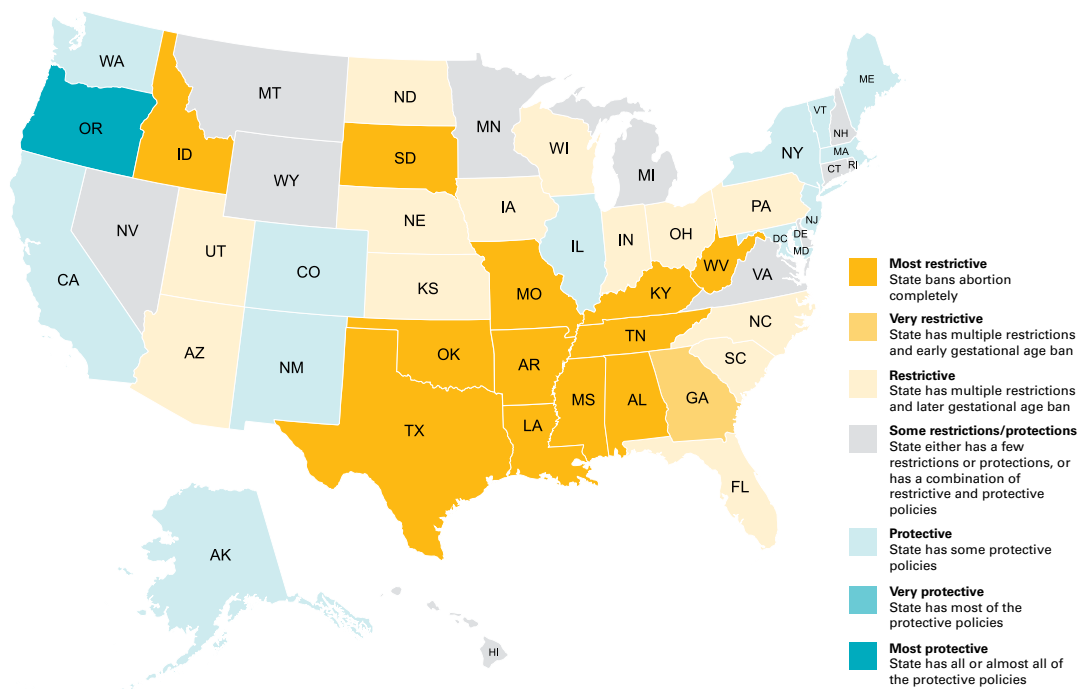


Following a residency program, physicians may also complete optional fellowship training for further specialization within a particular area of medicine (programs range from one to three years), which may lead to additional board certification in additional clinical specialty areas (e.g., gynecologic oncology). All physicians are also required to maintain their state licensure and board certification through continuing medical education over the course of their careers.⁴

(Ever-)Changing Landscape Post-*Dobbs*

The nation’s medical schools and teaching hospitals are now operating in a patchwork of state-level legal environments as they attempt to educate and train physicians in family planning and abortion care. Furthermore, this patchwork is evolving as courts take action to block or unblock state laws, legislatures propose and pass new laws, and abortion-related initiatives are placed on statewide ballots.

Figure 2. State Abortion Laws⁵
As of September 22, 2022



According to the Guttmacher Institute, as of September 22, 2022, 12 states have an abortion ban in place (labeled “Most restrictive”). Fourteen states now only permit abortion up to a specified gestational limit ranging from 15 to 22 weeks (labeled “Very restrictive” and “Restrictive”). Voters in four states will decide abortion-related initiatives on the November 2022 ballot.⁶

This changing landscape is having, and will continue to have, a profound effect on medical schools and teaching hospitals that operate in states where there are abortion bans or where there are severe restrictions.

Table 1. Medical Students and Residents in OB/GYN Programs Across the States and the District of Columbia

Abortion Laws: Guttmacher ⁷	Number of Affected States ⁸	Number of LCME-Accredited Allopathic Medical Schools (2021) ⁹	Estimated Number of First-Year Matriculated Students in Allopathic Medical Schools (2021) ¹⁰	Number of ACGME-Accredited OB/GYN Residency Programs (2021) ¹¹	Number of First-Year OB/GYN Residents (2021) ¹²	Number of Residents Remaining in State After Residency to Practice (2011–2020) ¹³ Note: Not specific to OB/GYN residents	Percentage of Residents Remaining in State After Residency to Practice (2011–2020) ¹⁴ Note: not specific to OB/GYN residents
Most Restrictive	12	33	4,768	56	298	25,419	59%
Very Restrictive	1	4	660	7	30	2,805	59%
Restrictive ¹⁵	13	39	6,356	76	405	34,892	54%
Total in States ≥ Restrictive	26	76	11,784	139	733	63,116	56%
Some Restrictions/ Protections ¹⁶	12	21	2,740	50	246	16,710	51%
Protective	12	51	7,226	104	569	58,490	60%
Most Protective	1	1	140	1	7	1,295	62%
Totals	51	149	21,890	294	1,555	139,611	57%

These statistics reveal significant implications for education and training of medical students and residents, and for the pipeline of practicing OB/GYNs in the United States:

- In academic year 2021, almost 12,000 first-year allopathic medical students enrolled in medical schools where abortion is illegal or where abortion may soon be illegal, pending court action. This represents **over half of the total first-year class of medical students** in all allopathic medical schools in the United States who enrolled in 2021.
- Currently, 139 OB/GYN residency programs teaching over 700 first-year residents are sponsored by teaching hospitals currently in states where abortion is illegal or may soon be illegal, pending court action. This represents **47% of all ACGME-accredited OB/GYN residency programs and 47% of all first-year OB/GYN residents** who enrolled in an accredited OB/GYN residency program in 2021.
- An accredited OB/GYN residency program takes four years to complete. This means that in under a decade, should nothing change, more than 5,000 newly board-certified OB/GYNs may enter the workforce without formalized hands-on clinical training in abortion care completed in their home institution.¹⁷

Issues Facing the Medical Education and Training Ecosystem and the Pipeline of OB/GYN Specialists Into Clinical Practice

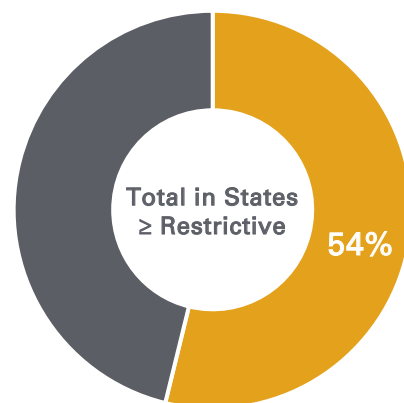
No Hands-On Abortion Training Required as Part of Medical Education

The Liaison Committee on Medical Education (LCME) is the accrediting body for all allopathic medical schools, and the Commission on Osteopathic College Accreditation (COCA) is the accrediting body for all osteopathic medical schools. Neither accrediting body sets specific curricula standards (including relating to family planning and abortion) for medical schools to receive and maintain accreditation, leaving specific curricula design decisions to the individual medical schools. However, many schools include this kind of education and training, including offering clerkships to provide clinical experience to students in these kinds of services.

Key Issues

- **Loss of clinical experience in abortion care for medical students in states where abortion is banned.** Students enrolled in medical schools in states that ban or severely limit abortion will likely have limited or no opportunity for hands-on clinical training in abortion care as part of their curriculum. Students (usually in their third or fourth year) may pursue clerkships outside of their home institution (i.e., in a state where abortion is legal); however, this comes at a significant potential cost to the student and is contingent upon the organizational and financial capacity of out-of-state sponsoring institutions, which may be limited.
- **Potential influence of state governments in nonclinical education standards for medical students.** State governments may seek to influence medical education curricula being delivered in their states directly, limiting even didactic education regarding family planning and abortion care. On September 23, 2022, University of Idaho employees, including faculty, were sent a memorandum from the university's general counsel that counseled faculty to "avoid language that could be seen as promoting abortion" in the classroom, citing a recent state law, the "No Public Funds for Abortion Act," that the university believes could lead to criminal liability for faculty.^{18,19}

Estimated Number of First-Year Matriculated Students in Allopathic Medical Schools (2021)



The direct impact on the university's health professions education programs is not yet clear; however, this represents a real example of how new state laws could impact the medical education and training system further and further "upstream," including in the classroom.

- **Shifting enrollment trends away from medical schools in states where abortion is banned.** Enrollment trends may be impacted, with students, particularly those interested in women's health, opting to forgo consideration of medical schools located in states that ban or severely restrict abortion. This could strain schools outside of those states to accommodate and could impact the overall number of students who matriculate into medical school in the long term, impacting the entire supply of physicians coming into practice, not just those going into specialties like OB/GYN and Family Medicine.

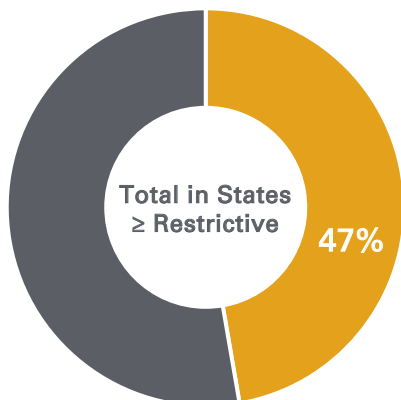
Obstetrics and Gynecology Residency Programs Face Accreditation Challenges

The ACGME Review Committee for Obstetrics and Gynecology has reaffirmed requirements for all accredited programs to include "didactic and clinical experience in comprehensive family planning," which includes:²⁰

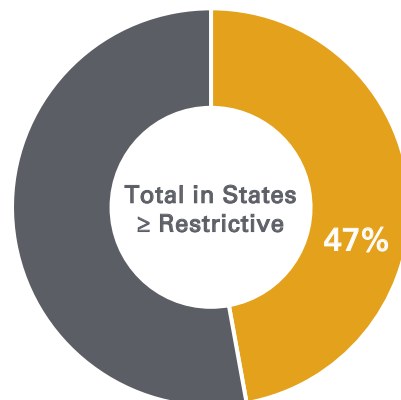
- Experience educating patients on the surgical and medical therapeutic methods related to the provision of abortions
- Participation in the management of complications of abortions
- Clinical experience or access to clinical experience in the provision of abortions as part of the planned curriculum

According to the ACGME, if a program is in a jurisdiction where resident access to this clinical experience is unlawful, the program must provide access to this clinical experience in a jurisdiction where it is lawful. This requirement was affirmed by the Review Committee in updated accreditation requirements effective September 17, 2022.

Number of ACGME-Accredited
OB/GYN Residency Programs (2021)



Number of First-Year OB/GYN
Residents (2021)



Programs must have a curriculum that is structured such that residents may “opt out” rather than needing to “opt in” to this experience. This protects a long-standing option for residents who object to such training due to religious or moral reasons.

The language of these requirements allows for programs to make arrangements for residents to complete this training outside of the sponsoring institution, at another clinical training site. This is common practice in many residency (and fellowship) programs; there may be more optimal training sites for specific clinical services other than the resident’s home institution, which may be out of state.

Key Issues

- **Financial burden and capacity constraints linked to out-of-state completion of abortion training.** Programs in states that ban or severely limit abortion services will likely look to partner institutions in other states to accommodate their own students for required clinical rotations in family planning and abortion (typically a four-week rotation). Structuring these agreements (referred to as “program-level agreements”) to rotate students is a complex undertaking involving funds flow issues (Medicare and Medicaid graduate medical education (GME) funds) and medical malpractice issues. This also may place a financial burden on residents for transportation, housing and other living expenses to complete this rotation out of state. Lastly, there is not an unlimited amount of capacity in states where abortion is legal to absorb the volume of residents who will require this training.
- **Risk of accreditation loss.** Programs that are unable to meet accreditation requirements within their institution or via an out-of-state program-level agreement will be at risk for losing their accreditation. In a recent letter to a major teaching hospital in Wisconsin about the failure to comply with these standards, the chair of the Review Committee for Obstetrics and Gynecology at the ACGME noted: “Programs that fail to comply with this requirement are subject to a citation. Citations put programs at risk for withdrawal of accreditation.”²¹
- **Decreased capacity of OB/GYN residency programs nationally.** Over time, if programs begin to lose accreditation for failing to meet these requirements, there will be more limited training capacity in accredited residency programs for OB/GYN residents, potentially straining the supply of OB/GYN practitioners moving into full-time practice.
- **Suboptimal training experience for residents.** Residents in OB/GYN programs in states that ban or severely limit abortion will likely not be exposed to teaching opportunities with medical students, which is a common model in teaching hospitals where residents supervise medical students during their clinical clerkships.

Clinical Practice Patterns May Negatively Impact Women's Access to Services

The effects of the *Dobbs* decision and state actions to limit or ban abortion care will likely have a profound impact on the practice of obstetrical and gynecologic medicine. While changing practice patterns will not be fully known for some time, as the pipeline of students to trainees to board-certified physicians is nearly a decade long, several impacts are likely:

- Practice employment patterns may shift, with more physicians completing residency and seeking employment in states where abortion remains legal. This may exacerbate already critical shortages in certain geographic areas for OB/GYNs generally, not just those who provide family planning and abortion services. In three states with abortion restrictions (Florida, Utah and Texas), four major metropolitan areas are already at the highest risk of OB/GYN shortages.²² Moreover, four states with restrictions (Arizona, Florida, Missouri and Texas) have seven major metropolitan areas where OB/GYN workloads are the highest in the nation.
- Some procedures used for abortions are used for other types of women's health care, such as for miscarriages. Lack of clinical training for OB/GYN residents in the provision of these services will impact the ability of these trainees once in clinical practice to treat a wide range of clinical problems that women may face with these procedures.
- Some OB/GYNs who are currently practicing but whose practice does not include family planning and abortion care may reorient their practice to provide those services. This cohort may require education and training depending on how long out of practice those physicians may be.
- Provider groups recruiting and employing OB/GYN physicians after residency may need to develop training programs for physicians who completed residency training without the required training in family planning and abortion care.

Perspective on Additional Unknowns

There are many additional unknowns with respect to the impact of *Dobbs* on the medical education and training ecosystem in the United States. The situation will continue to evolve, influenced by a multitude of actors, including the educational institutions responsible for medical education, the teaching hospitals and provider groups responsible for clinical training of residents; the federal government and agencies, particularly the Centers for Medicare & Medicaid Services (CMS), as the primary funder of GME; state governments and agencies; national accrediting bodies such as the LCME, ACGME and COCA; and numerous professional medical and osteopathic societies but importantly the American College of Obstetrics and Gynecology, the Association of American Medical Colleges, and others. Some of the most critical unknowns include:

- What will the impact be on women's health overall and, in particular, women's health in communities already facing significant shortages of women's health providers?

- Will medical school application volume trends shift away from schools located in states that ban abortion? If so, will the overall capacity of the medical education system be able to absorb the needed matriculating students to maintain the overall pipeline of physicians trained and deployed in the United States, particularly in women’s health?
- Under the reaffirmed ACGME requirements, will OB/GYN residency programs begin to lose accreditation, and if so, what will the impact be on the availability of adequate training slots for GME trainees in OB/GYN medicine?
- Will OB/GYN programs in states that permit abortion be able to absorb the training needs of OB/GYN residents in states that ban abortion?
- Could Medicare, through its GME funding authority, change funding to teaching hospitals where OB/GYN residency programs lose accreditation and are not providing required training in family planning and abortion care?
- Will employment practice patterns materially change in the next decade as the next two classes of OB/GYN residents complete their training and enter the workforce? Which patient populations and geographies will be most affected?
- While *Dobbs* targets abortion specifically, surgical and medical abortions are inextricably linked to broader reproductive health care and family planning, which includes contraception. A ban on contraception, under consideration in several state legislatures, would impose even greater burdens and chaos on medical education and training, including education for other professions such as pharmacy.²³

There are also critical questions not addressed within the scope of this paper regarding other medical specialties that provide women’s services, particularly Family Medicine, and other health professionals, such as nurses, who are essential to the fabric of women’s health care services across the country. Restrictions on the legality of abortion will also significantly impact the education and training pipelines of these provider types and further exacerbate overall issues relating to access to women’s health services across the country.

Looking Forward

As a result of the *Dobbs* decision, women’s health providers across the country are now navigating an ever-changing and complex legal landscape within which to provide women in every community across the country the care that they need. As this paper makes clear, this new complexity extends further upstream into the educational and training programs for women’s health providers of all types. Leadership is needed to bring together stakeholders across the country both to successfully navigate the immediate-term issues that educators are facing and to protect the integrity of the education and training system in the long term.

¹ 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

² The *Dobbs* decision affects many provider types in medicine (i.e., other medical specialties such as Internal Medicine, Emergency Medicine, Family Medicine, Pediatrics, and Surgery) and in other health professions such as nursing and pharmacy. This analysis focuses on medical specialists in OB/GYN only.

³ Adapted from the ACGME.

⁴ Most, but not all, state licensing boards require specific hours of continuing medical education over a specific number of years to maintain licensure. <https://www.fsmb.org/siteassets/advocacy/key-issues/continuing-medical-education-by-state.pdf/> and <https://www.boardvitals.com/blog/cme-requirements-by-state/>

⁵ Adapted from the Guttmacher Institute [Abortion Policy Tracker](#). While the categorization of states' abortion laws includes "very protective," no state had this designation at the time data were pulled and therefore it was not included in Table 1.

⁶ Kaiser Family Foundation. 2022 State Ballot Initiatives on Abortion Rights. September 20, 2022. <https://www.kff.org/policy-watch/2022-state-ballot-initiatives-abortion-rights/>

⁷ Guttmacher Policy Institute. Abortion Policy Tracker. Accessed online: <https://states.guttmacher.org/policies/>

⁸ Guttmacher Policy Institute. Abortion Policy Tracker. Accessed online: <https://states.guttmacher.org/policies/>

⁹ Association of American Medical Colleges. Medical School Enrollment Data (Analyzed by Manatt). Accessed online: <https://www.aamc.org/media/5976/download?attachment>

¹⁰ Association of American Medical Colleges. Medical School Enrollment Data (Analyzed by Manatt). Accessed online: <https://www.aamc.org/media/5976/download?attachment>

¹¹ Accreditation Council for Graduate Medical Education. Accreditation Data Systems, Public (Analyzed by Manatt). Accessed online: <https://apps.acgme-i.org/ads/Public>

¹² Accreditation Council for Graduate Medical Education. Accreditation Data Systems, Public (Analyzed by Manatt). Accessed online: <https://apps.acgme-i.org/ads/Public>

¹³ Association of American Medical Colleges. Physician Retention Statistics (Analyzed by Manatt). Accessed online: <https://www.aamc.org/data-reports/students-residents/interactive-data/report-residents/2021/table-c6-physician-retention-state-residency-training-state>

¹⁴ Association of American Medical Colleges. Physician Retention Statistics (Analyzed by Manatt). Accessed online: <https://www.aamc.org/data-reports/students-residents/interactive-data/report-residents/2021/table-c6-physician-retention-state-residency-training-state>

¹⁵ In Iowa, North Dakota, South Carolina and West Virginia, the ban is currently blocked and abortion remains available. In Arizona and Wisconsin, the status of the pre-*Roe* ban is unclear.

¹⁶ Guttmacher classifies Michigan, Montana and Wyoming as having some restrictions, but abortion bans are currently blocked in these states. Consequently, the total numbers of medical students and OB/GYN residents in states where abortion is illegal or may soon be illegal is somewhat higher than the figures in the table.

¹⁷ This number does not take into account OB/GYN trainees in years 2–4 who may also not receive this training before program completion. Therefore, this number is likely underestimated.

¹⁸ <https://www.thefire.org/university-of-idaho-guidance-on-abortion-laws-september-23-2022/>

¹⁹ <https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2021/legislation/H0017.pdf>

²⁰ 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

²¹ School of Medicine and Public Health, University of Wisconsin-Madison. Statement from the Dean and Chair of Obstetrics and Gynecology. <https://www.med.wisc.edu/news-and-events/2021/may/testimony-on-sb260-from-dean-robert-n-golden/>

²² Doximity. 2019 OB-GYN Workforce Study: Physician Shortages Contribute to Women’s Health Crisis. September 2019. https://s3.amazonaws.com/s3.doximity.com/press/2019_ob_gyn_workforce_study.pdf

²³ Ollove, M. Some States Already Are Targeting Birth Control. Pew Stateline. May 19, 2022. <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2022/05/19/some-states-already-are-targeting-birth-control>

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