Congressional Research Service
Informing the legislative debate since 1914

INSIGHT

Abortion Training for Medical Students and Residents

September 7, 2022

The U.S. Supreme Court's Dobbs v. Jackson Women's Health Organization decision gives states greater discretion to restrict abortion, and a number of states have subsequently done so. This change has implications for medical training both for medical students attending medical school and for medical residents undertaking graduate medical education (GME) training in states with restrictive abortion policies. To be licensed to practice independently as a physician, one must complete medical school and a minimum of three years of GME. Though abortion training is optional for medical students, obstetrics and gynecology (OB/GYN) GME programs must offer this training. Residents with religious or moral objections may elect not to participate. Residents in other medical specialties, such as family medicine, may also seek abortion training, though programs are not required to provide this training.

Changes to the availability of abortion training may have broader effects beyond the availability of abortion services. For example, experts note that abortion training may also be useful in training providers in general obstetrical skills, such as how to manage miscarriages, and note that the loss of abortion training may have broader effects on the preparedness of future physicians and where they choose to locate after they complete their training.

In the wake of the Dobbs decision, students and residents in states with restrictions may seek training in states where abortion is permitted. In addition, the Accreditation Council for Graduate Medical Education (ACGME), the entity that accredits GME programs, has revised its training requirements for OB/GYN training programs to require that all programs, regardless of location, provide residents with access to abortion training in jurisdictions where there are no legal restrictions on abortion. This may create a scenario where students and residents may elect (or be required) to travel for abortion training, which may require additional costs for trainees or their programs. Sites absorbing additional trainees may also face challenges with expanding training, as they may require additional supervising faculty and space for new trainees.

This Insight discusses the federal role in paying for medical training and some options that may be considered to assist programs with accommodating increased demand for training. Physician Assistants and nurse midwives, among others, may also seek abortion training and some of the considerations discussed in this insight may also apply to these trainees; however, these professions are outside of the scope of this Insight.

Congressional Research Service
https://crsreports.congress.gov
IN12002

Federal Role in the Content of GME Training Is Limited

The federal government provides approximately $16 billion in funding for GME (estimated in 2015); however, the federal role is primarily as a funder. It does not set specific content of training programs; rather, to be eligible to receive federal payment, a program must be accredited. Accreditation, through ACGME, involves, among other things, a determination that the program has the appropriate volume of procedures to provide training, has a set curricula in place that includes adequate training in the competencies required for the specific medical specialty, and has appropriate faculty to supervise resident training.

Federal payment for GME is not a reimbursement for the full cost of training. Rather, Medicare—the largest source of GME funding—pays for training by a statutory formula based on a hospital's historical residency training program costs, trended forward. Hospitals determine the type of trainees (i.e., which medical specialties they train, for example family medicine or pediatrics) and Medicare payments do not adjust for any cost differences associated with specialty training (e.g., costs to send residents out-of-state for certain training due to state-level restrictions). Experts have raised concerns about this system, including how much Medicare pays for training and the lack of data available about the true costs of training medical residents. Given that payment is not set to cover the full costs of training, adjusting payment for increased costs that programs may incur due to the Dobbs decision (or any other type of policy change) would be a significant deviation from the Medicare GME funding status quo. Moreover, implementing a payment change would require amending the underlying existing statutory formulas that govern Medicare GME payments.

Other federal programs pay for GME. As with Medicare GME, these programs require that training programs be accredited, but do not set content. These federal programs are also not structured in a way to pay for increased training costs. Specifically, the Health Resources and Services Administration (HRSA) uses statutory formulas to determine payment in its GME programs. HRSA programs may also not be applicable to abortion training, because the training HRSA funds is for outpatient primary care focused facilities and Children's hospitals, which generally do not provide abortion services and, if they do, would not have the volume to support training. Medicaid provides GME payments, but states determine whether GME payments are made and how these payments are provided. Training programs through the Departments of Veterans Affairs (VA) and Defense (DOD) may have GME funding flexibility. However, unlike other types of GME training, the VA and DOD pay for training at their facilities. Both the VA and DOD have restrictions in place regarding the provision of abortion that may make increasing such training challenging because these facilities generally perform few procedures and a sufficient volume of procedures is necessary for training.

Federal Support for Training Content Could Be a Model

No specific grant programs support abortion training or the expansion of such training. However, federal grant programs do support the expansion of medical training in a number of areas. For example, HRSA's Bureau of Health Workforce funds grants to encourage training in primary care and geriatrics. Such support may be provided for developing academic units, for continuing education in specific topic areas (e.g., providing care to underserved populations), and for faculty development. Though some existing primary care programs may support obstetrics and gynecology training, these programs are not focused on abortion training. Existing grant programs in other topics could serve as models to create new programs to expand the capacity of existing programs to absorb additional trainees, which may require additional resources and faculty.

Author Information

Elayne J. Heisler
Specialist in Health Services

Disclaimer