HOUSE OF DELEGATES ANNUAL MEETING

OCTOBER 4-6, 2024

RESOLUTION 105(24)

SUBJECT: OPPOSE FUNDING FOR CRISIS PREGNANCY CENTERS

AUTHOR: CAITLIN GUSTAFSON, MD

SPONSORED BY: IDAHO COALITION FOR SAFE HEALTHCARE, AND IDAHO ACADEMY OF FAMILY PHYSICIANS

WHEREAS, Crisis Pregnancy Centers (CPCs) are organizations that pose as clinical centers, but provide misinformation, and yet are exempt from regulatory, licensure, and credentialing requirements that apply to legitimate health care facilities[1]; and

WHEREAS, CPCs often have unlicensed volunteers that wear white coats and see women in exam rooms, and CPCs are often not licensed clinics[1]; and

WHEREAS, The Society for Adolescent Health and Medicine (SAHM), and the North American Society for Pediatric and Adolescent Gynecology (NASPAG) have issued a joint position paper that CPCs do not adhere to medical and ethical practice standards and should thus not be supported by

governments[2]; and

WHEREAS, The American Academy of Obstetricians and Gynecologists (ACOG) lists CPCs as a barrier to abortion access by providing inaccurate medical information and misinforming patients[3]; and

WHEREAS, The American Public Health Association has put forth a policy statement calling for the end of government funding of CPCs[4]; and

WHEREAS, The American Academy of Family Physicians (AAFP) believes that abortion is health care and women have the right to make their own reproductive decisions [5, 6]; and

WHEREAS, The AAFP promotes access to evidence-based reproductive health care[7]; and

WHEREAS, The AAFP supports efforts to hold CPCs accountable for false or misleading advertising about the pregnancy-related services they offer[8], yet there is no history of action on this stance; and

WHEREAS, The AAFP believes patients should not be referred to crisis

pregnancy centers or pregnancy resource centers, which frequently use manipulative tactics and deliver biased and medically inaccurate information; and

WHEREAS, The Accreditation Council for Graduate Medical Education (ACGME) program requirements for graduate medical education in family medicine include comprehensive options counseling for unintended pregnancy as a mandatory component of training, which is contradictory to the behavior of CPCs[9]; therefore be it

RESOLVED, Idaho Medical Association adopt the American Academy of Obstetricians and Gynecologists definition of Crisis Pregnancy Centers as “facilities that represent themselves as legitimate reproductive health care clinics providing care for pregnant people, but actually aim to dissuade people from accessing certain types of reproductive health care, including abortion care and even contraceptive options” [10]; and be it further

RESOLVED, Idaho Medical Association (IMA) oppose the use of state and federal funds to support Crisis Pregnancy Centers (CPC) and that the IMA actively lobby against efforts of the Idaho Legislature to direct funds for the support of CPCs, thus

ensuring that government funding goes only to legitimate health care organizations that provide comprehensive, medically accurate, and nondirective counseling and referrals.

EXISTING IMA POLICY: NONE

IMA FISCAL NOTE: $

STATE OF IDAHO FISCAL NOTE: NO IMPACT

IMA RESOURCE ALLOCATION: VERY HIGH

DEGREE OF DIFFICULTY: VERY HIGH

References:

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3. ACOG: Committee on Health Care for Underserved Women. ACOG Committee Opinion: Increasing Access to Abortion. Obstet Gynecol. 2020; 136(6): e107-115. https://www.acog.org/clinical/clinical-guidance/committee-

opinion/articles/2020/12/increasing-access-to-abortion

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5. Resolution 410. AAFP COD 2019. https://www.aafp.org/about/congress-delegates/2019/resolutions/health-of-public-science/resolution-no-410-washington-a-promoting-access-to-abortion.mem.html

6. Resolution 412. AAFP COD 2019. https://www.aafp.org/about/congress-delegates/2019/resolutions/health-of-public-science/newyork-c.mem.html

7. AAFP Policy: Reproductive and Maternity Health Services. 2014 COD and 2018 COD. https://www.aafp.org/about/policies/all/reproductive-maternity-health-services.html

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HOUSE OF DELEGATES ANNUAL MEETING

OCTOBER 4-6, 2024

RESOLUTION 106(24)

SUBJECT: PROTECTING REPRODUCTIVE HEALTH RIGHTS

AUTHOR: LOREN COLSON, DO

SPONSORED BY: IDAHO COALITION FOR SAFE HEALTHCARE, AND IDAHO ACADEMY OF FAMILY PHYSICIANS

WHEREAS, In analysis done by the Idaho Physician Well-Being Action Collaborative, Idaho had 22 percent fewer obstetricians and over 50 percent fewer maternal-fetal medicine specialists practicing when comparing data from August 2022 to November 2023; and

WHEREAS, Idaho's ratio of obstetricians per women in the state is one of the worst in the country; and

WHEREAS, The Idaho legislature since passing the Total Abortion Ban in 2020 and having gone into effect in 2022 has failed to provide a usable health exception for performing an abortion; and

WHEREAS, The Idaho Attorney General's office continues to litigate

abortion exceptions even in the case of medical emergencies such as those protected under the Emergency Medical Treatment and Active Labor Act; and

WHEREAS, Physicians remain criminalized for providing abortions, and the Idaho Medical Association opposes criminalization of physicians for providing evidence-based medical care; and

WHEREAS, Survey data from Idahoans United for Women and Families shows that a majority of Idahoans support the right to an abortion pre-viability and the vast majority support the right to an abortion if there is a medical emergency; and

WHEREAS, Survey data from Idahoans United for Women and Families shows that a majority of Idahoans believe that the decision to have an abortion should be between a woman, her family, and her doctor; therefore be it

RESOLVED, Idaho Medical Association support any legislation or ballot measure that seeks to protect a patient's right to reproductive healthcare including access to abortion prior to fetal viability.

EXISTING IMA POLICY: IMA will oppose any legislation that criminalizes

evidence-based medical care that is determined necessary by the patient's healthcare provider. With this statement, we reaffirm our commitment to protecting the physician-patient relationship, and that medical decisions should be made between a patient and their physician without government interference. Further, IMA will not have an official position on abortion and believes it is up to individual members to decide their position on abortion. (HOD 2023)

IMA FISCAL NOTE: $$$

STATE OF IDAHO FISCAL NOTE: NO IMPACT

IMA RESOURCE ALLOCATION: HIGH

DEGREE OF DIFFICULTY: HIGH

References:

https://www.adamedicalsociety.org/assets/docs/FINAL%20Post%20Roe%20Idaho%20Data%20Report%20Feb.%202024.pdf

https://static1.squarespace.com/static/64f7b51a5c79f975cbf1379a/t/6622859d37442466db3f45fe/1713538462768/IDUWF+Polling+Roundup.pdf

HOUSE OF DELEGATES ANNUAL MEETING

OCTOBER 4-6, 2024

RESOLUTION 107(24)

SUBJECT: RESPECT FOR EMBRYONIC HUMAN LIFE

AUTHOR: DAVID LEACH, MD, FACS

SPONSORED BY: DAVID LEACH, MD, FACS

WHEREAS, Members of the Idaho Medical Association (IMA) have historically pledged themselves to the highest standards of Hippocratic Medicine, and those values should always be reflected in the policy positions of the IMA; and

WHEREAS, An “organism” is defined as “(1) a complex structure of interdependent and subordinate elements whose relations and properties are largely determined by their function in the whole, and (2) an individual constituted to carry on the activities of life by means of organs separate in function but mutually dependent: a living being.”; and

WHEREAS, The process of human fertilization culminates in conception wherein the nuclei of the sperm and ovum dynamically interact, lose their individual identities, and give rise to an

entirely unique entity called the zygote or conceptus; and

WHEREAS, The human organism possesses specific capacities, powers, and properties including the capacity to be acted upon by maternal molecules, wherein all parts work together in a self-directed manner to bring the whole organism toward maturity; and

WHEREAS, The science of embryology affirms that life of the human organism begins at conception and that the human zygote and subsequent human embryo is a genetically whole, distinct human entity or organism from the moment fertilization is complete; and that this process of change and development proceeds along a continuum that does not end at birth but extends into adulthood, transforming the single-celled human zygote into a multicellular adult human being; and

WHEREAS, Every human deserves the opportunity to fully develop, be born, and experience life until natural death; and

WHEREAS, The Idaho Unborn Dignity Act (Section 39-9306) strictly prohibits the use of aborted bodily remains or embryonic stem cells of an aborted infant for research, experimentation,

or transplantation, except under narrowly defined circumstances; and this law prohibits anyone from conducting experiments on an unborn infant intended for abortion unless the experimentation is directly therapeutic to that infant; and

WHEREAS, The eugenics movement of the late 19th and early 20th centuries sought to improve the human species by promoting the detestable practices of "selective breeding" among those with more desirable genetic traits and forced sterilization of those humans deemed "unfit' because of their disabilities or undesirable characteristics; and

WHEREAS, Ethical concerns are justified when human embryos are altered, graded, or screened for phenotypic traits or undesired genetic variations. Such practices are inherently discriminatory because they aim to selectively eliminate less desirable embryos in favor of embryos deemed more fit or suitable for use by the more developed, presumably superior organism. When the more developed and more powerful organism exerts such prejudicial actions against his or her lesser developed, presumably inferior counterpart, their discriminatory practices violate the spirit and ideals of Hippocratic medicine; therefore be it

RESOLVED, Idaho Medical Association oppose the use of whole human embryos or any part thereof in scientific experimentation of any kind, and will hold to the principles and spirit of Hippocratic medicine and denounce the modification, grading, or genetic screening of human embryos as unjustly discriminatory and prejudicial; and be it further

RESOLVED, Idaho Medical Association will oppose the waste, careless handling, abandonment, or deliberate destruction of human embryos; and be it further

RESOLVED, Idaho Medical Association promote medical practices and policies that accord with the dignity and value of all human life from fertilization to natural death, helping ensure that all actions taken in the medical field reflect this solemn commitment.

EXISTING IMA POLICY: NONE

IMA FISCAL NOTE: $$$

STATE OF IDAHO FISCAL NOTE: NO IMPACT

IMA RESOURCE ALLOCATION: HIGH

DEGREE OF DIFFICULTY: HIGH

References:

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2. Sadler, T. W. (2011). Langman's Medical Embryology (12th ed.). Lippincott Williams & Wilkins.

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6. O'Rahilly, Ronan and Müller, Fabiola. Human Embryology & Teratology. 2nd edition. New York: Wiley-Liss, 1996, pp. 8, 29 "Although life is a continuous process, fertilization is a critical landmark because, under ordinary circumstances, a new, genetically distinct human organism is thereby formed.... The combination of 23 chromosomes present in each pronucleus results in 46 chromosomes in the zygote. Thus the diploid number is restored and the embryonic genome is formed. The embryo now exists as a genetic unity."

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HOUSE OF DELEGATES ANNUAL MEETING

OCTOBER 4-6, 2024

RESOLUTION 108(24)

SUBJECT: SUPPORT FOR ASSISTED REPRODUCTIVE TECHNOLOGIES, INCLUDING IN VITRO FERTILIZATION, AS A REPRODUCTIVE HEALTH OPTION

AUTHOR: IMA BOARD OF TRUSTEES

SPONSORED BY: IMA BOARD OF TRUSTEES AND AMERICAN COLLEGE OF OBSTETRICS AND GYNECOLOGY- IDAHO SECTION

WHEREAS, Infertility affects approximately 10-15 percent of couples worldwide, causing significant emotional, psychological, and social stress; and

WHEREAS, Assisted reproductive technologies (ART) include all fertility treatments in which either eggs or embryos are handled; and

WHEREAS, In Vitro Fertilization (IVF) is a medically recognized and scientifically advanced procedure that has enabled millions of individuals and couples to conceive and bear children and offering hope to those facing reproductive challenges; and

WHEREAS, IVF is a safe and effective procedure that has undergone significant advancements since its inception, with ongoing

improvements in success rates and a better understanding of associated risks; and

WHEREAS, Access to ART, including IVF, is essential for ensuring reproductive rights and equity, allowing individuals and couples to pursue their family-building goals regardless of biological, medical, or social circumstances; and

WHEREAS, Supporting ART aligns with the broader commitment to reproductive health, autonomy, and the right to choose when and how to build a family; and

WHEREAS, It is essential to ensure that ART services are accessible, affordable, and supported by comprehensive healthcare policies, including insurance coverage, to reduce financial and logistical barriers for those in need; and

WHEREAS, Public education and awareness about reproductive health options are critical to dispelling myths, reducing stigma, and encouraging informed decision-making among prospective parents; therefore be it

RESOLVED, Idaho Medical Association affirms its strong support for Assisted Reproductive Technologies, including In Vitro

Fertilization, as evidence-based standard of care treatments, and vital reproductive health options, helping individuals and couples achieve their family-building goals; and be it further

RESOLVED, Idaho Medical Association expresses its support for policies and programs that reduce barriers to Assisted Reproductive Technologies and In Vitro Fertilization, including insurance coverage, financial support mechanisms, and patient education; and be it further

RESOLVED, Idaho Medical Association will oppose legislative efforts intended to prohibit, limit, or increase barriers to access Assisted Reproductive Technologies and In Vitro Fertilization.

EXISTING IMA POLICY: NONE

IMA FISCAL NOTE: $

STATE OF IDAHO FISCAL NOTE: POTENTIAL BUDGET INCREASE

IMA RESOURCE ALLOCATION: HIGH

DEGREE OF DIFFICULTY: HIGH

References:

https://www.cdc.gov/art/whatis.html