AAPLOG

Comment on CMS Proposed Rule: Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals (IPPS) and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year (FY) 2027 Rates; Requirements for Quality Programs; and Other Policy Changes
(CMS-1849-P)
RINs 0938-AV79
June 6, 2026

The American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG) is the largest non-sectarian pro-life medical professional organization in the world, representing approximately 8,000 women's healthcare professionals. We were founded to represent the vast majority of OB/GYNs who do not perform induced abortion, which intends the death of our fetal patients. We recognize based on the medical evidence that this practice is not healthcare, and we are passionate about providing excellent, evidence-based healthcare to ALL our patients.

We appreciate and support the proposed rule's changes regarding prohibition against unlawful discrimination. However, we comment primarily to urge CMS to also incorporate into this proposed rule a change that would require medical training programs that receive graduate medical education (GME) funds to offer abortion training as a voluntary opt-in option only.

Prior to the 1990s, no abortion training was required for medical training in obstetrics. In 1996, the Accreditation Council for Graduate Medical Education (ACGME) first introduced an abortion training requirement (with only an opt-out option) for OB/GYN training programs to be accredited, in response to a petition from the advocacy group Medical Students for Choice.[i] However just a few months later, the Coats-Snowe amendment was passed, which is a federal conscience protection that states that residency programs will be deemed accredited by the federal government, or any state or local government that receives federal funds, even if programs fail to comply with abortion training accreditation requirements.

In response to a request from programs for clarification on accreditation requirements given this new policy, the ACGME altered its abortion training requirement to state that rather than abortion training being required for all residents, a training program could not prevent a resident who desired training in induced abortion from being able to access that – essentially setting up an "opt-in" abortion training system. **For nearly three decades opt-in training was the standard. In 2018, the ACGME once again began enforcing an opt-out abortion training system.** The opt-out requirement was a significant departure from decades of precedent. **Prior to 2018,**

OB/GYN residents were graduating with plenty of experience in how to treat the full spectrum of pregnancy complications.

An implication of abortion training now being opt-out rather than opt-in is that it has set an expectation that induced abortion is a normal part of everyday OB/GYN practice. We know this is not the case as 76-93% of OBs do not perform induced abortions.[ii]

Under an opt-out system, if residents do not want to train in abortion for any reason, they must approach those higher in authority than themselves, and who are responsible for their evaluations and future career trajectories, to opt out of such training. This makes it very difficult for first year residents to have the courage to say to their attending physicians that they do not want to do something that is considered standard training. It sets up an extremely coercive environment, where many residents feel that they need to "go along to get along." Because of this, many residents who do not have enough courage will be coerced into performing abortions even though this might violate a deeply held belief or moral conviction.

To be clear, this training is in induced abortion procedures, whose sole intent is ending the life of a preborn human being.[1] This is not regarding training in procedures like dilation and evacuation (D&E) or dilation and curettage (D&C), which are used in such scenarios as miscarriage treatment and without the ultimate goal of ending the preborn child's life. **Training in induced abortion is not necessary in order for OB/GYN residents to be able to provide fully comprehensive women's reproductive healthcare, as evidenced by the decades in which this training was either not required or was offered as an opt-in option.**

The opt-out ACGME requirement not only can violate the consciences of individual residents, but it also forces religious training hospitals to facilitate something that they have a strong moral objection to because it requires they make induced abortion a standard part of training at their program (without an opt-out option if they wish to be accredited). This is a violation of religious liberty for these institutions.

The opt-out requirement for abortion training violates several federal statutes. The Hyde Amendment prevents federal funds from facilitating abortions except in limited circumstances. However, these GME programs that are requiring training in abortion, and therefore abortions to be performed, are receiving a significant amount of federal funds both through GME funding and through CMS reimbursements, and the abortions residents are training in are going to rarely fall within the specific permissible exceptions under Hyde. If medical training programs are going to provide training in induced abortion

[1] The CDC defines induced abortion as: "an intervention…intended to terminate a suspected or known intrauterine pregnancy and that does not result in a live birth." This definition excludes management of intrauterine fetal death, early pregnancy failure/loss, ectopic pregnancy, or retained products of conception.

(outside of the exceptions provided for by federal amendments such as Hyde), they should have to provide the funds for this separate from government funding.

The requirement for training in induced abortion with only an opt-out option also violates the federal Coats-Snowe Amendment.[iii] As Texas Attorney General Ken Paxton explains in Opinion No. KP-0395 from December of 2021:

"The Coats-Snowe Amendment, enacted in 1996, generally prohibits discrimination against a health care entity for refusing to engage in certain abortion-related activities. It specifically provides that [t]he Federal Government, and any State or local government that receives Federal financial assistance, may not subject any health care entity to discrimination on the basis that -- (1) the entity refuses to undergo training in the performance of induced abortions, to require or provide such training, to perform such abortions, or to provide referrals for such training or such abortions."

In his opinion, Attorney General Paxton concludes that Texas medical training programs may offer induced abortion training as opt-in, rather than opt-out. This conclusion is because the ACGME accreditation standard violates the Coats-Snowe Amendment. He also acknowledges how the current opt-out standard has the potential to violate both doctors' and students' conscience rights. The opinion concludes "[g]iven these constitutional and statutory concerns, a graduate medical education program should implement opt-in induced abortion training."

ACGME's accreditation requirements specify:[iv]

- 4.11.i.4. Programs must provide clinical experience or access to clinical experience in the provision of abortions as part of the planned curriculum. 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 different jurisdiction where it is lawful.
- 4.11.i.4.b. For programs that must provide residents with this clinical experience in a different jurisdiction due to induced abortion being unlawful in the jurisdiction of the program, support must be provided for this experience by the program, in partnership with the Sponsoring Institution.

These requirements mean that state and federal funds are likely being used to transport residents across state lines from a state where induced abortion is illegal to a state where it is legal. While this may not explicitly violate pro-life state laws, it certainly violates the spirit of the laws of such states where the elected representatives have prohibited induced abortion.

We acknowledge that the current regulation specifies for an "'approved medical residency program' for purposes of GME payment as a program that meets one of four criteria…(4) is a program that would be accredited except for the accrediting agency's reliance upon an accreditation standard that involves induced abortions, regardless of whether the

standard provides exceptions or exemptions." **However, in reality there is no program that would risk its accreditation based on this provision, because accreditation has implications for federal funding that graduate medical education programs may receive, as well as whether residents will choose their program. In order to become board-certified, physicians must have graduated from an accredited residency program – and ACGME is the only accrediting agency for graduate medical education programs in the United States.** Even with opinions like Attorney General Paxton's, graduate medical education programs are going to be very reticent to shift the training standard in opposition to ACGME's onerous abortion training requirement without direction and protection from the federal government.

Requiring medical residents to opt out of abortion training is within the same vein of prohibiting discrimination, in this instance against medical trainees who do not desire to participate in induced abortion, and therefore either enter the field of obstetrics with trepidation or avoid the field entirely.

Abortion training as opt-out has set up such a coercive environment that many medical students who have an objection to induced abortion are self-selecting out of the field of OB/GYN, so that they will not feel pressured to violate their conscience in that way.[v] This will exacerbate the significant problem that already exists with maternity care deserts across the country.

One of AAPLOG's resident members shared: "I was also told by a program director that opting out of abortion training is ridiculous and absurd, and if I had that thought I shouldn't even bother to apply to their program." The member's name is kept anonymous for their privacy (and understandably so) given this kind of response to what is supposed to be an opt-out system that makes it easy for residents to opt out of abortion training. This is just one of many stories AAPLOG has heard about how coercive, discriminatory, and disincentivizing the opt-out system of abortion training has made the current OB/GYN training environment.

We urge CMS to withhold Medicaid and Medicare reimbursements from any program that requires abortion training with only an opt-out option. In order to receive CMS reimbursements, medical training programs should be required to offer opt-in only abortion training. We are not asking for the prohibition of offering abortion training, but merely a return to the standard of offering it as an opt-in only option, which served OB/GYN training programs well for several decades. Additionally, we urge that programs which do provide abortion training be required to fund such training outside of federal funding. These changes will bring these programs and their training into compliance with federal statutes and avoid conflict with state statutes as well.

Please consider including this change into this proposed rule, or offering an additional proposed rule on this critical issue, for the sake of our patients and our profession.

Respectfully submitted,

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[i] Foster AM, van Dis J, Steinauer J. Educational and Legislative Initiatives Affecting Residency Training in Abortion. JAMA. 2003;290(13):1777–1778. doi:10.1001/jama.290.13.1777

[ii] "Hippocratic Objection to Killing Human Beings in Medical Practice" available at: https://aaplog.org/wp-content/uploads/2019/07/AAPLOG_1-1.pdf

[iii] Opinion No. KP-0395, Office of Attorney General of Texas Ken Paxton from December 13, 2021.

[iv] https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/220_obstetricsgynecology_2025_reformatted.pdf

[v] https://resources.cmda.org/national-poll-faith-based-health-professionals-care-for-all-but-need-conscience-protections-on-moral-issues-2/