

The Honorable Tom Cole
Chairman
House Appropriations Committee
H-307, The Capitol
Washington, DC 20515

The Honorable Susan Collins
Chair
Senate Appropriations Committee
S-128, The Capitol
Washington, DC 20510

The Honorable Rosa DeLauro
Ranking Member
House Appropriations Committee
1036 Longworth House Office Building
Washington, DC 20515

The Honorable Patty Murray
Vice Chair
Senate Appropriations Committee
S-146A, The Capitol
Washington, DC 20510

October 10, 2025

Dear Chairman Cole, Ranking Member DeLauro, Chair Collins, and Vice Chair Murray,

On behalf of the American College of Obstetricians & Gynecologists, American Society for Reproductive Medicine, American Urogynecologic Society, Society of Gynecologic Oncology, and Society for Maternal-Fetal Medicine, we write to express our concern with Title II, Section 237 of the Fiscal Year 2026 Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill (“LHHS bill”) advanced by the House Appropriations Committee on September 9th. The language under this section inappropriately interferes with medical education and is likely to result in patient harm. We therefore respectfully request that it not be included in the final conferenced LHHS bill.

Section 237 would prohibit federal funding for medical residencies and other clinician training programs that teach abortion care, including counseling and referrals, unless trainees “opt-in” to receive such training. This change would be a departure from the current “opt-out” system, which has been the standard in obstetrics and gynecology residency programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) since 1996. For nearly 30 years, the “opt-out” system has proven to strike the appropriate balance between ensuring comprehensive training is the standard while respecting the fact that some residents may have objections.

Abortion care is a component of comprehensive, evidence-based medicine and can be necessary to preserve a patient’s health or life in certain circumstances. Conditions such as preterm prelabor rupture of membranes, when the amniotic sac ruptures early and creates the risk of a life-threatening infection, and hypertensive disorders of pregnancy, which can lead to seizures, stroke, or organ failure, may require an abortion to prevent the pregnant women from dying or

suffering major, irreversible harm to her health. Furthermore, many of the same skills used in abortion care are used in miscarriage management. Incomplete miscarriage, in which some of the pregnancy tissue remains in the uterus, also carries risk of life-threatening infection if not properly addressed. Aspiring obstetrician-gynecologists, and other clinicians who wish to provide reproductive health care, should be prepared to deliver standard of care treatment to the many patients who will require evacuation of the uterus over the course of their careers.

Section 237 also stipulates that federal funding would be barred from programs that discriminate against trainees who do not opt-in under the new proposed framework. This language is wholly unnecessary. Under the current framework, residents can and do opt-out of such training; we reject the implication that these trainees are discriminated against or that other trainees who do not wish to receive the training feel coerced into accepting it. Discrimination against trainees who do not wish to participate in abortion care is also illegal under multiple existing federal statutes.

We also urge you to consider the consequences of contributing to the increasingly inhospitable environment for obstetrician-gynecologists in our country. ACOG members in many states must now contend with threats of prison time, fines, and loss of licensure for providing the evidence-based care described above. As a result, some are leaving the profession and current medical students may be deterred from pursuing obstetrics and gynecology as a specialty. Creating additional roadblocks to comprehensive training, with existential consequences for programs that fail to comply, will result in fewer clinicians capable of providing needed care to our wives, daughters, and American women writ large.

Thank you for your consideration of this important matter. To discuss further, please do not hesitate to contact the ACOG Government Affairs Department at govtrel@acog.org.

Sincerely,

American College of Obstetricians & Gynecologists
American Society for Reproductive Medicine
American Urogynecologic Society
Society of Gynecologic Oncology
Society for Maternal-Fetal Medicine