

ILLINOIS STATE MEDICAL SOCIETY

**Resolution 02.2021-02
(A-22)**

Introduced by: Raymond A. Dieter, Jr., MD, ISMS Member

Subject: Ending Abortion

Referred to: Council on Medical Service

1 Whereas, each year women become pregnant when not desired nor wanted;
2 and

3 Whereas, it requires a man and woman to initiate pregnancy; and

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5 Whereas, prevention may be a more acceptable solution to abortion; and

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7 Whereas, legal provocation and conviction has not led to a decreased usage;
8 therefore, be it

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10 RESOLVED, that ISMS endorse the provision of free birth control
11 preventatives for both men and women; and be it further

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13 RESOLVED, that a similar resolution be forwarded to the AMA.

Fiscal Note:

n/a

Existing ISMS policy related to this issue:

The preventive medicine approach to the problem of unwanted pregnancies should be encouraged through family life education in the schools, wider dissemination of family planning information, including birth control information and devices, and encouragement of research in population control methods. (HOD 1971; Last BOT Review 2014)

The decision to perform an abortion is a medical matter to be determined by agreement between the patient and the physician. Abortions must be performed in conformance

with state and federal law and current medical standards, and when so performed shall not be considered unethical. Physicians shall not be required to perform or participate in an abortion by hospital regulations or any other institutional requirement. (HOD 1980 Amended; Reaffirmed 2009; BOT Reaffirmed 2003; Last BOT Review 2010)

ISMS advocates sexual abstinence, sexual responsibility and sex education programs for unmarried teens as prevention of sexually transmitted diseases, including AIDS, and unwanted teenage pregnancy. (HOD 1995; Last BOT Review 2014)

It is the policy of ISMS to 1) condemn age-based, cost-based, and other non-medical barriers to contraceptive drug access 2) support equitable access to over-the-counter (OTC) contraceptives, including those forms of contraception recommended for OTC sale, forms of screening, and prescribing by non-physicians 3) prohibit cost-sharing obstacles to OTC contraceptive drug access, and full coverage of all contraception without regard to prescription or OTC utilization, since all contraception is essential preventive health 4) advocate for simpler FDA OTC drug approval applications and registration, as well as regulations that promote access to sufficient varieties of OTC contraception in the marketplace 5) advocate for the legislative and/or regulatory mechanisms needed to grant these improvements to OTC contraceptive drug access and quality care. (HOD 2017)

ISMS supports a standing order from either the director of Public Health (if a physician) or the medical director of the Department of Public Health (if the director is not a physician) for the provision of Short-Acting Hormonal Methods of Contraception and Contraceptive Injection (as defined by the U.S. Food and Drug Administration) to individuals who are without risk, as determined by a self-screening risk assessment tool (detailed below), whose responses are confirmed by a pharmacist. To ensure patient safety: 1) Pharmacists should strongly encourage patients to schedule a follow-up visit to a licensed physician within one year of receiving Short-Acting Hormonal Methods of Contraception and Contraceptive Injection; 2) During that follow-up visit, physicians should verify that patients are not at risk, as determined through the screening risk assessment tool; and 3) The State should monitor who receives Short-Acting Hormonal Methods of Contraception and Contraceptive Injection through the standing order, for purposes of follow-up. (2019 Annual Meeting)