California Academy of Family Physicians

POLICY COMPENDIUM

Gender, Sexual & Reproductive Health Policies

CAFP
California Academy of Family Physicians

GENDER, SEXUAL AND REPRODUCTIVE HEALTH

This section contains policy about gender, sexual and reproductive health.

60.01 Abortion Rights

60.01a Access

Abortion Access Under Publicly Funded Health Plans
CAFP endorses the principle that women receiving healthcare paid for through health plans funded by state or federal governments should be provided with access to the full range of reproductive options when facing an unintended pregnancy.

CAFP urges the AAFP to engage in advocacy efforts to overturn the Hyde Amendment that bans federal funding for abortions. *(CoD 3/2008)*
Topic: Medi-Cal

Beyond Roe: Reproductive Health Care Accessible to Everyone
CAFP will work with the AAFP to advocate against restrictions to funding for reproductive services, including the Hyde Amendment, and further be it

CAFP will work with other medical professional societies, such as ACOG, to oppose restrictions to funding for reproductive services, including the Hyde Amendment, and further be it

CAFP encourage the AAFP to work with other medical professional societies, such as ACOG, to oppose restrictions to funding for reproductive services, including the Hyde Amendment. (BoD 6/2021)

Informed Consent and Resource Provision
The woman considering an elective abortion should be informed adequately of the potential health risks of both abortion and continued pregnancy. The physician should also provide to the pregnant patient either:

- Information regarding: financial and other assistance available to her; financial and other assistance available to the child; and the availability of licensed and/or regulated adoption agencies; or
- Resources where such information can be obtained. *(CoD 2/1993)*

Removing Routine Ultrasound in Medication Abortion Protocols
CAFP advocate for the elimination of barriers to abortion access resulting from ultrasound requirements that are not clinically indicated.

CAFP support the unbundling of pre- and post- abortion ultrasound in the Medi-Cal reimbursement requirements for medication abortion.

CAFP support efforts by AAFP to unbundle ultrasound in medication abortion protocols for Medicaid reimbursement in all states. *(BoD 7/2020)*

Repeal the Hyde Amendment
CAFP endorses the principle that women receiving health care paid for through health plans funded by state or federal governments who have coverage for continuing a pregnancy also should have coverage for ending a pregnancy.

CAFP will urge the AAFP to engage in advocacy and lobbying efforts to overturn the Hyde Amendment, which bans federal funding for abortions. *(BoD 4/2017)*

Reproductive Freedom and Comprehensive Counseling
CAFP believes physicians should seek, through extensive education and patient counseling, to decrease the number of unwanted pregnancies. However, should a woman become pregnant, it is her legal right to make reproductive decisions, including the decision to carry the pregnancy to term or to have a safe, legal abortion. *(CoD 2/1993)*

60.01b Mifepristone / Misoprostol

Deregulation and Prescriber Support for Mifepristone
CAFP share resources that educate family physicians on any changes to medication abortion regulations.

CAFP support access to Mifepristone and Misoprostol in pharmacies.

CAFP support FDA deregulation of Mifepristone or other evidence-based medication for miscarriage management and abortion. *(BoD 4/2023)*

REMS / Mifepristone
CAFP endorses the principle that the REMS classification on mifepristone is not based on scientific evidence and limits access to abortion care. *(BoD 4/2018)*

CAFP support the safety and efficacy of mifepristone by continuing advocacy efforts with the FDA to remove the risk evaluation and mitigation strategies (REMS) classification on mifepristone to conform with current evidence.

AAFP consider providing education, as appropriate, on early pregnancy loss management in relevant programming at FMX, maternity care conference, and women's health conference on a rotational basis. *(BoD 3/2019)*

Support for Over-the-Counter Application for Misoprostol
CAFP support the over-the-counter status of misoprostol or other abortion medication without a prescription if evidence shows it to be safe and effective. *(BoD 4/2023)*

60.02 Contraception

Access to Oral Contraceptive Pills Over-the-Counter
CAFP endorses the policy that oral contraceptive pills be made available over-the-counter, weighing the risks versus the benefits based on currently available data; and

CAFP endorses the policy that oral contraceptive pills be included among FDA-approved over-the-counter contraceptive methods and supplies covered by insurers and Medicaid. *(CoD Res. A-05-13)*

Access to Oral Contraceptives Pills Over-the-Counter Without Regard to Age
CAFP endorses the policy that there be no age restriction to oral contraceptive pill availability over-the-counter. *(BoD 7/2016)*

End Age Restriction on Emergency Contraception (EC) Access
CAFP will advocate for emergency contraception to be available over-the-counter to all women of reproductive. *(CoD 3/2012)*

Support for over-the-counter application for Ulipristal Acetate (Ella)
That the CAFP support the over-the-counter status of Ulipristal and oral emergency contraceptives without a prescription if evidence shows it to be safe and effective *(BoD 4/2023)*

Insurance Coverage of Contraception and Contraception Services
All California insurers should provide coverage for the full array of available contraceptive methods, including both devices and insertion of IUD and contraceptive implants.

CAFP encourages all California insurers including Medi-Cal to cover a minimum of a 12-month supply of the full array of contraceptives at retail pharmacies in one visit, unless there are medical contraindications to doing so, in which case a patient should receive at least a 90-day supply.

CAFP will work toward ensuring equal compensation for family physicians with other physicians for all family planning services. *(CoD 3/2008)*

Long-Acting Reversible Contraception (LARC)
CAFP support a policy that long-acting reversible contraceptive methods be a recommended option for postpartum women prior to hospital discharge.

CAFP support a policy assuring coverage of LARC device and placement separate from the global fee, prior to hospital discharge for all women who select these methods. *(BoD 4/2015)*
Topic: IUD

Medicaid Coverage of Over-the-Counter Emergency Contraception

CAFP will advocate that emergency contraception, whether over-the-counter or by prescription, be a covered benefit under Medi-Cal for all women of reproductive age. *(BoD 7/2016)*

United States Medical Eligibility Criteria for Contraceptive Use (USMEC)
CAFP endorses the United States Medical Eligibility Criteria for Contraceptive Use (USMEC) and will promote USMCE with an announcement and link on www.familydocs.org and will request that the AAFP join the American College of Obstetricians and Gynecologists in endorsing the US Medical Eligibility Criteria for Contraceptive Use (USMEC) and similarly promote USMCE with an announcement and link on www.aafp.org. (*CoD 3/2012)*

60.03 Inclusive Pathways to Parenthood

Second Parent and Joint Adoptions
CAFP supports adoption based solely on the welfare of the child regardless of marital status, gender, race, ethnicity, sexual orientation, disability, national origin, political affiliation or religious belief. *(CoD 2/1997)*

Support for Full Coverage of Infertility and Fertility Diagnoses and Treatments
CAFP supports legislation and advocacy efforts encouraging all insurers to include coverage for treatments to help build families for people of all sexual and gender identities and single individuals including infertility, assisted reproductive technology, fertility preservation, ovarian stimulation, cryopreservation, and sperm banking. (*BoD 4/23)*

Marriage Amendment
CAFP opposes any proposed marriage amendment to the Constitution of the United States related to its impact on financial access to care and legal protections for children in diverse and traditional families. *(CoD 3/2007)*

60.04 Menstrual Health

Power to Menses
CAFP support efforts that expands access to menstrual hygiene products (pads, tampons, menstrual cups, etc.) for all people who menstruate, regardless of gender identity. *(BoD 4/2023)*

60.05 Postpartum Care

Increasing Transportation Access in the Postpartum Period
CAFP support that persons of any gender identity in their postpartum period and foster parents, adoptive parents, and legal guardians have access to transportation, including but not limited to ride shares, from delivery to one year, and should include transportation, for maternal care, newborn visits and ongoing care as needed without any barriers to access. *(BoD 4/2023)*

60.06 Reproductive Health Education

Abortion Education
Support and recommend that programs offer training of medical students, residents and new physicians in the basic skills of termination of pregnancy, and encourage medical training institutions to provide such training.

Support the education of medical students, residents and new physicians regarding the need for physician providers of termination of pregnancy, and the medical and public health importance of access to safe termination of pregnancy.

Recommend Family Medicine Residency Programs provide residents with annual up-to-date lectures in all evidence-based contraception and pregnancy options counseling. *(CoD 4/2005)*

Recommend Family Medicine Residencies consider adopting an "opt out" policy on abortion training, in which medication and aspiration abortion would be included in residency curriculum, but residents may choose not to participate if they are opposed to performing abortions. *(CoD 4/2005)*

Increase IUD Education in Family Medicine
CAFP supports training and competency in appropriate use of Intrauterine Devices as an integral part of full-scope family medicine.

CAFP advises all California residency programs to include core curriculum on evidence-based indications and hands-on insertion training to competency.

CAFP endorses increased continuing professional development opportunities and resident education regarding Intrauterine Device eligibility and insertion. *(CoD Res. A-06-13)*

Increased Percentage of Women's Reproductive Health Topics at AAFP FMX and NCRS
CAFP will advocate through AAFP to the Family Medicine Experience (FMX) Curriculum Advisory Panel (CAP) to increase the weight of women's reproductive health topics at future FMX events and remove the four percent cap. And that the CAFP via its delegation will submit a resolution to the AAFP calling on the AAFP to increase the representation of women's reproductive health topics among future AAFP CME events. *(BoD 7/2018)*

Scope of Comprehensive Reproductive Health Training
Statement on Comprehensive Reproductive Training

CAFP and the CRN recognize the interest of medical students in understanding the scope of reproductive training they will receive at a prospective family medicine residency program. In order to best understand these issues, CAFP encourages

students to engage with residency faculty in person during the interview process and has prepared a set of questions to facilitate the conversation.

The following questions will be available at the student and resident page on the CAFP website and linked from the statement on the CAFP Residency Program Directory:

1. What forms of birth control does your program train residents to provide/administer? How is this training incorporated into the curriculum and/or rotations? Are there outside opportunities or electives to receive additional education on forms of birth control that residents are not trained to administer? Would a resident at your program be able counsel patients but not provide certain types of birth control if it was not in line with his or her beliefs?
2. Does your program train residents in vaginal deliveries and care of the pregnant female? How is this training incorporated into the curriculum and/or rotations?
3. Are there any hospitals or clinics I would do rotations at in this program that would have limitations on reproductive health training?
4. Does your program train residents in elective pregnancy termination? How is this training incorporated into the curriculum and/or rotations?
5. If not, are there outside opportunities or electives to receive this training? Would a resident be able to opt out of certain parts of reproductive health training, such as pregnancy termination?
6. How does your program fully educate and also accommodate learners that have beliefs and practices that are not in line with all of your curricular components as it relates to reproductive training? *(BoD 2/2016)*

60.07 Reproductive Justice and the Legal System

Improved Quality of Reproductive Health for Incarcerated People
CAFP advocate for improved access to timely but non-coercive reproductive health care, including non-directive options counseling and abortion for incarcerated people in California, and improved accountability of correctional facilities in complying with existing reproductive health law. (*BoD 9/2020, updated 9/2026)*

Oppose Criminalization of Abortion Care
CAFP oppose the criminalization of physicians providing abortion care. *(BoD 7/2019)*

Oppose Forced Sterilization and Contraceptive Coercion of Incarcerated and Detained Individuals
CAFP will work with AAFP to advocate for public transparency of the investigation of allegations of forced sterilizations in detention centers and for policies that prevent contraceptive coercion. *(BoD 6/2021)*

Stand with our Patients, Prevent Criminalization for Pregnancy Outcomes

CAFP help disseminate available materials regarding general constitutionally protected medical information and mandated reporting laws around pregnancy and pregnancy outcomes, and be it further

CAFP consider including a session on protecting physicians and patients from criminalization regarding pregnancy outcomes, including self-managed abortion at a Clinical Forum, and be it further

CAFP support legislative efforts to ensure that Health Information Exchanges protect sensitive medical records related to abortion, gender affirming care, or substance use across state lines, and be it further

CAFP help disseminate available materials related to reproductive rights navigation tools. *(BoD 8/2023)*

60.08 Transgender Health

Policy Principles on Transgender and Gender Expansive Patients

- Asserts that every patient or learner presenting to a family physician, family medicine residency or other health care/practice environment has the right to be provided with a safe, equitable, knowledgeable, culturally sensitive, and accepting environment free from discrimination regardless of gender identity status.
- Opposes all public and private discrimination against transgender and gender-expansive individuals in the areas, including but not exclusive of, health care, employment, housing, public accommodation, education, and licensing.
- Supports existing state and federal laws that protect people from discrimination based on gender expression and identity and opposes laws that compromise the safety and health of transgender and gender-expansive people by failing to provide this protection.
- Asserts that family physicians should not discriminate against classes or categories of patients in the delivery of needed health care. Such classes and categories include gender identity and expression.
- Asserts that the medical procedures attendant to gender-affirming/confirming surgeries and therapies such as hormones or other medications that adhere to the prevailing standards of care are not “cosmetic” or “elective,” but are understood to be medically necessary.
- Supports safe and humane conditions for transgender people in any form of detention, with individuals’ right to self-identify their gender under such detention conditions, and asserts that transgender and gender-expansive prisoners should have the same access to medically necessary care as non-incarcerated transgender and gender-expansive people and that medically necessary care includes gender-affirming treatments and procedures.
- Recognizes that biological sex, gender identity, and sexual orientation are separate facets of a patient’s intersectional identity.
- Asserts that electronic health records, billing systems, and insurance be designed to respect the asserted gender identity and preferred name of each patient while

maintaining confidentiality and avoiding duplicate charts. The inclusion of sexual orientation/gender identity allows for more accurate information and measurement of health disparities.
- Supports the inclusion of transgender and gender-expansive people in development of both health and social determinants of health research and policy, including clinical trials and observational studies, in order to better understand health disparities and to build a stronger evidence base for transgender and gender minority health.
- Encourages medical schools and graduate medical education programs to develop and incorporate educational material, tools, and training that will allow physicians to provide knowledgeable and respectful care to transgender and gender-expansive patients. *(BoD 1/2019)*

Topic: gender affirming care

Defend and Uphold Provision of Gender Affirming Care

CAFP opposes actions that prohibit funding for gender affirming care services for any age groups, and government actions to stop funding hospitals and facilities that provide gender affirming care at their facilities; and

CAFP opposes the exclusion of insurance coverage of gender affirming care for any age groups

CAFP supports protections for physicians who provide evidence-based gender-affirming care in California and opposes criminal, civil, or licensure actions against them.

CAFP opposes policies that would prevent health care professionals from receiving payment from government-funded health insurance programs solely because they provide gender-affirming care. *(BoD 4/2026)*

Topic: gender affirming care

Expansion of Transgender Medical Education

CAFP supports the concept of transgender education for all levels of medical providers and supports the provision of comprehensive care for the transgender community. CCPD supports the principal; however, recommends the CAFP Board collaborate with other state chapters to bring this issue to AAFP. (*BoD 7/2021)*

Topic: gender affirming care

Genital Surgeries in Intersex Children

CAFP supports the delay of medically unnecessary sex organ modification procedures on an individual born with variations in their physical sex characteristics until the child is able to participate in the informed consent process; and be it further

CAFP supports policies that protect the right of minors for self-determination of their bodies and identities. *(BoD 7/2021)*

60.09 Vasectomy

Vasectomy as a Preventive Service

CAFP supports amending the list of preventative services provided under the Affordable Care Act to include contraceptive services for all, including vasectomy. *(BoD 5/2014, updated 9/2026)*

Vasectomy Training During Family Medicine Residency

CAFP support the training of vasectomy in all ACGME-accredited family-medicine residency programs in California. (*BoD 4/2026)*