

Protecting the Patient-Physician Relationship

Promote policies that protect and preserve patient-physician relationships, including access to reproductive health care, LGBTQ+ and gender-affirming care.

Why Action is Needed

Over the past several years, actions have occurred that have eroded patient autonomy, been detrimental to the patient-physician relationship, and undermined patient access to the full range of reproductive health care services, including abortion. The U.S. Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization* to overturn *Roe v. Wade*'s guaranteed federal right to abortion set back reproductive health care by restricting access to abortion services. It also jeopardizes access to other related medical services and privacy protections, such as contraception or fertility treatments in some states. As a result of the decision, abortion access has been severely curtailed or banned in at least 24 states. Its implications have also included criminalizing the provision of a range of health care services, severely harming the patient-physician relationship.

In the post-*Dobbs* era, a [recent report](#) indicates that at least 210 pregnant people faced criminal charges for conduct associated with pregnancy, pregnancy loss, or birth, the highest single-year total. The report defines pregnancy criminalization as occurring "when the state wields a criminal law to render acts associated with a pregnancy, pregnancy loss, birth, and/or associated healthcare the subject of criminal prosecution."

Since the last general election, seven of 10 ballot initiatives that expanded abortion access and protections passed. These included measures in red states, for example: 1) Missouri, permitting abortion up until fetal viability; and 2) Montana, affirming the right to make decisions to obtain abortion until fetal viability. There was activity in purple states including: 1) Nevada, protecting access to abortion up until fetal viability, but will take 2 years to go fully into effect; and 2) Arizona, protecting access to abortion until fetal viability. Further intruding upon the patient-physician relationship are restrictions to gender-affirming care. Since 2021, [13 states](#) have restricted gender-affirming services for minors and/or adults, and at least 30 states introduced legislation in 2023 that would restrict access to this care. Since 2021, [24 states](#) have banned hormone therapy for transgender youth with gender dysphoria. There has been a proliferation of [anti-LGBTQ+](#) legislation at the state level, with more than 450 anti-LGBTQ+ bills introduced last year. At least five states have imposed bans making it a [felony crime](#) to provide certain forms of best practice medical care for transgender youth.

Gender-affirming care has reached the U.S. Supreme Court. In *U.S. v. Skrmetti*, the question is whether Tennessee's law banning gender-affirming hormone therapies for transgender minors violates the Equal Protection Clause of the US Constitution. Tennessee's ban specifically permits these same hormone medications when they are provided in a way that Tennessee considers "consistent" with a person's sex designated at birth. This means, for example, a doctor could prescribe estrogen to a cisgender teenage girl for any clinical diagnosis but could not do the same for a transgender girl diagnosed with gender dysphoria.

ACP's Position

Policymakers should respect the principle of patient autonomy and ensure access for all patients to the full range of reproductive health care services, including abortion. Additionally, [reproductive health care decisions](#) are foundational to the patient-physician relationship. We [strongly oppose](#) medically unnecessary government restrictions on any health care service. In the recent paper "[Reproductive Health Policy in the United States: An ACP Policy Brief](#)"