

NINA MOINI: I'm Nina Moini. Thanks for tuning in to Minnesota Now. Medical doctors don't always train in the states where they end up working. And for OB/GYNs in particular, that can mean navigating conflicting state laws around which procedures are allowed. Democrat Kelly Morrison is an OB/GYN who represents Minnesota's third district in Congress. She's promoting a bill later today that would provide funding to help medical residents in states with strict abortion bans travel for some of their training.

Dr. Erin Stevens will also be speaking in favor of this bill this afternoon. She's Legislative Chair of Minnesota's Chapter of the American College of OB/GYNs, and she joins me now. Thanks for being with us, Dr. Stevens.

ERIN STEVENS: Thank you so much for having me.

NINA MOINI: And maybe people don't know that people don't always train in states where they end up working, but I think most of us know there's a lot of travel and ending up in different states that can happen for people throughout their medical careers. They're kind of all over the place sometimes. But what do you see the problem being that the legislation here seeks to address from your perspective?

ERIN STEVENS: Right. I mean, people train all over the country. And when it comes to residency, there's a huge algorithm that essentially places people in residency programs where they interviewed. So you might end up somewhere that wasn't your favorite choice. And we know that abortion legislation can change at any time in any place, especially ever since *Dobbs*. So you might start residency in a state that you think, well, this is very favorable to reproductive health care. And then midway through, some piece of legislation is introduced that really limits the ability for training.

And if we're not exposed to abortion care and full-spectrum OB/GYN care to train in the best ways possible to provide standard, evidence-based, safe health care to everyone, it really limits our competency when we graduate and we go out into the real world and are kind of on our own, practicing in various places. And so the ability for residents and other trainees to be able to travel to locations where they can actually learn the right way to provide this type of care is critical in making sure that we have a competent workforce.

NINA MOINI: Can you talk a little bit just, I guess, more broadly about what types of experience could be difficult for medical students to get in states with abortion bans?

ERIN STEVENS: Yeah. I mean, not just-- there's not just limitations on what people call elective abortions. The way that legislation is worded and enforced, it can impact the way that people are able to manage miscarriages, ectopic pregnancies, and complications that arise within pregnancy. So it really makes it so we're not able to provide some of the procedures and medications and just basic counseling and interpretation of ultrasounds and labs that we might have exposure to otherwise in a place that is able to expose training for comprehensive OB/GYN care.

NINA MOINI: Is this something-- you mentioned [*Dodd*, ?] the [*Dodd* ?] decision. And is this something you're already seeing is an issue? Or how prevalent has this been?

ERIN STEVENS: Yeah. So since the *Dobbs* decision, there has been a dramatic decrease in medical school and residency applications for states that have severe abortion restrictions. Residents and medical students aren't wanting to learn in places where they're not going to actually learn the right way to do things and learn the standard of care.

But we can't leave those places without those trainees, without a workforce to provide care to patients. We know those same states have some of the highest rates of maternal and infant morbidity and mortality. So these are people who are really in need. And if we don't have medical students and residents going to those states, there's going to be worse outcomes for patients.

So we already see it as a problem that we're having less interest in people training in those places. But residents that do end up training in those states that have severe abortion restrictions, they have reported that they feel like they're not as prepared to provide some of this other type of care as well, and not feeling that they're quite ready when they graduate to be able to manage miscarriage appropriately or ectopic pregnancy appropriately without waiting until someone is on the verge of death to be able to provide the appropriate health care that they need.

NINA MOINI: So this bill would provide grants essentially to help programs host medical students from other states and to reimburse students for costs associated with that travel. Do you think that would be effective in addressing the problem you're talking about?

ERIN STEVENS: I think it would be really helpful, because these residents and other trainees, they do need exposure to this type of care. And we do know that residents are traveling to other states to get this type of opportunity already at this point.

Here in Minnesota, our various programs have accepted residents from other locations to be able to provide them this education and training as well. But that's a huge burden and strain on the residents themselves and the residency programs. You have to identify the location you can go to. You have to travel. You have to pay for wherever you're going to stay outside of your own home when you're at this different location, maybe arrange things otherwise.

The residency program has to figure out how to support these residents while they're here and fit them in in various places. So having additional funding for both the residency programs and the residents to reduce some of those out-of-pocket costs, to be able to be exposed to this type of care is better for patient outcomes, and for, again, having doctors that are prepared to do everything that they need to do when they're out of training and they're on their own in the real world.

NINA MOINI: I would assume in states that have strict abortion laws, they don't want people to be learning these types of skills. I mean, abortion typically cuts across party lines in Congress. Do you see this bill getting bipartisan support and getting support from those who represent states with abortion bans or really strict abortion laws?

ERIN STEVENS: I think that is going to be very tricky, absolutely. This is something that as an OB/GYN, I myself and my colleagues can certainly see where this is critical, and we support it wholeheartedly. But people who are legislators in states that have already done everything they can to prevent people from accessing this type of care and providers from providing this type of care are going to be really suspicious of a bill that's going to support people to travel to other states, just like they have tried to block the ability for patients to travel to other states to receive care or receive care via telehealth. They're really trying to end abortion altogether.

So I think it will be tricky to garner bipartisan support. But we want to make sure that we are getting the word out there about how important this is so we can appeal to people, whatever political party, and make sure we're endorsing policies that are actually helpful for our medical workforce and the patients who are in need of health care.

NINA MOINI: And you alluded to the strain that can be created in other states, like here in Minnesota where people might be traveling to. We've seen a lot of travel here to Minnesota in recent years, from folks from other states who feel either they can't get gender-affirming care or they can't get abortion care. So I wonder if you are monitoring that or taking into account how certain states will take that influx of people, if you could tell me a little more about how that might be an impact.

ERIN STEVENS: Mm-hmm. Yeah. So right after the *Dobbs* decision, here in Minnesota we saw a huge influx in patients coming in to access care, because Minnesota established ourselves as very much a safe haven for abortion care. Like you mentioned, gender-affirming care, reproductive health care in general.

And there was a point where Planned Parenthood, a huge percentage of their patients were coming from out of state. And that can become very overwhelming for the clinics themselves. And luckily, we've seen a situation where more private clinics and other locations beyond the Planned Parenthoods and specific clinics that people are aware of that provide abortion care, other types of clinics have been able to take on some of that load as well.

And with patients coming in, we do need more providers to be able to be secure to provide that safe, evidence-based health care as well. So taking on additional trainees might actually be helpful in multiple aspects to give them that exposure, but also just help with some of the influx of patients that are coming from other states.

NINA MOINI: And just lastly, Dr. Stevens, are you thinking about just the future of health care? Or how are you thinking about the future of health care if these skills were to become less and less among providers? Which could be the goal over time. What do you think that means for how the country's health care system functions in 10 years and maybe 20?

ERIN STEVENS: Yeah. We already have such a crisis with health care in so many aspects. But particularly when we think of reproductive health care and maternity care, there's large portions of the country that don't have really consistent, easy access to reproductive health care already. And if we are not having trainees graduate with the skills necessary to provide basic health care in this type of setting, we're going to see less and less ability for patients to access that care, more issues with people having hemorrhages and infections and pregnancy complications that could have been very easily managed had there been enough competently trained providers to provide appropriate care.

NINA MOINI: All right. We'll keep an eye on how this legislation turns out. Thanks so much for your time, Dr. Stevens, and your perspective. Really appreciate it.

ERIN STEVENS: Thank you.

NINA MOINI: Dr. Erin Stevens is Legislative Chair of the state's chapter of the American College of OB/GYNs.