

PROTECT PHYSICIAN AND HEALTH CARE PROVIDER INTEGRITY FROM POLITICAL INTERFERENCE ORDINANCE

Summary: The Protect Physician and Health Care Provider Integrity from Political Interference Act would enable physicians and health care providers to refuse state-dictated procedures and mandated lectures that violate accepted medical standards and the ethics of their profession.

Background Summary

Across the country, policymakers are passing abortion laws that violate patient privacy and conflict with professional and ethical standards of medical care. The laws they are enacting put [politicians' words](#) in the mouths of health care providers, [prohibit providers](#) from communicating important health information, mandate [unnecessary procedures](#) or outdated modes of care, and [much more](#).

When government regulations infringe upon medical standards or interfere in the doctor-patient relationship, they undermine patient-centered care. “Politicians are increasingly overstepping their boundaries by considering and enacting unprecedented numbers of measures that inappropriately infringe on clinical practice and patient-physician relationships and improperly intrude into the realm of medical professionalism, often without regard to established, evidence-based care guidelines” [according to the executive leadership](#) of the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American College of Physicians, and the American College of Surgeons. In fact, the American Medical Association adopted a [resolution](#) in opposition to “any government regulation or legislative action on the content of the individual clinical encounter between a patient and physician without a compelling evidence-based benefit to the patient, a substantial public health justification, or both.”

Political interference in reproductive health care has become commonplace.

For example, some states require reproductive health providers to give patients seeking abortion care medically inaccurate information that falsely asserts a link between abortion and breast cancer. Others require providers to tell patients that medication abortion may be “reversible,” an assertion that has no medical support. In some states the legislature has passed laws to require medical providers to perform an ultrasound regardless of need prior to an abortion (in some states providers must describe and display the image). Laws requiring these ultrasounds have already been proposed in Montana and defeated. In other states legislators have forced reproductive health care providers to delay abortion care for up to 72 hours for no medical reason.

All patients deserve health care that is medically appropriate and based on scientific evidence. All health care providers should be able to give their patients high quality, individualized care based on their professional judgment, without fear of political intrusion that undermines professional standards of care. All patients are entitled to receive care based on their individual needs and what is medically appropriate, not on a political ideology.

PROPOSED ORDINANCE

SECTION 1. SHORT TITLE

This Ordinance shall be called the “Protect Physician Health Care Provider Integrity from Political Interference Ordinance.”

SECTION 2. FINDINGS AND PURPOSE

A. **FINDINGS**—The City of _____ finds that:

- 1) Since antiquity, physicians and health care providers have taken an oath to treat patients to the best of their ability, with knowledge rooted in clinical experience and scientific consensus.
- 2) In fact, physicians and health care providers have both a professional and an ethical responsibility to provide the best possible care to their patients.
- 3) But in recent years, this state and others have made it difficult, and in some cases even illegal, for doctors to keep that sacred obligation. Laws have been enacted requiring doctors to lie to patients about medical evidence, to keep silent even when the doctor has an ethical duty to speak, to perform medical procedures that are unnecessary and contrary to good medical practices, and to delay medical procedures even when delay is not only unnecessary, but may be harmful to the patient.
- 4) Our state should provide the best possible medical care to every patient, allowing physicians and health care providers to provide evidence-based, medically accurate care.
- 5) We recognize the need to provide the best medical care and, on behalf of the citizens of the City of Missoula, we enact this Ordinance.

(B) PURPOSE—This Ordinance is enacted to protect the health, safety and welfare of patients by supporting evidence based, medically accurate reproductive health care.

SECTION 3. SUPPORT FOR THE PRACTICE OF SCIENCE-BASED MEDICINE

After Section XXX, the following new section XXX shall be inserted:

A. **DEFINITIONS**—In this section:

- 1) “Evidence-based” means the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient, integrating individual clinical expertise with the best available external clinically relevant evidence from systematic research.

[Bill drafting note: Many states have already defined “evidence-based” in their insurance codes, and if that’s true in your state, you may wish to use the same definition for consistency.]

- 2) “Medically accurate” means information that is:
 - a) Verified or supported by the weight of peer reviewed medical research conducted in compliance with accepted scientific methods;

b) Recognized as medically sound and objective by leading medical organizations with relevant expertise, such as the American Medical Association, the American College of Obstetricians and Gynecologists, the American Public Health Association, the American Psychological Association, the American Academy of Pediatrics, the American College of Physicians and the American Academy of Family Physicians; or government agencies such as the Centers for Disease Control, the Food and Drug Administration, the National Cancer Institute and the National Institutes of Health; and leading national or international scientific advisory groups such as the Institute of Medicine and the Advisory Committee on Immunization Practices; or

c) Recommended by or affirmed in the medical practice guidelines of a nationally recognized accrediting organization.

3) “Appropriate for the patient” means care consistent with applicable health and professional standards; the patient’s clinical and other circumstances; and the patient’s reasonably known wishes and beliefs.

4) “State” means the state and every county, city, town, municipal corporation, and quasi-municipal corporation in the state as well as any branch, department, agency or instrumentality, or individual acting under color of law of the state or a subdivision of the state.

(B) RIGHT TO PRACTICE SCIENCE-BASED MEDICINE

1) Notwithstanding any other provision of law, the state shall not require a licensed physician or other health care providers, or a person operating under his or her authority, to provide a patient with:

a) Information that is not, in the physician’s or health care provider’s reasonable professional medical judgment, medically accurate and appropriate for the patient; or

b) A medical service in a manner that is not, in the physician’s or health care provider’s reasonable professional medical judgment, evidence-based and appropriate for the patient.

2) Notwithstanding any other provision of law, the state shall not prohibit a licensed physician or health care providers, or a person operating under his or her authority, from providing a patient with:

a) Information that is, in the physician’s or health care provider’s reasonable professional medical judgment, medically accurate and appropriate for the patient; or

b) A medical service in a manner that is, in the physician’s or health care provider’s reasonable professional medical judgment, evidence-based and appropriate for the patient.

(C) DOCUMENTATION AND EXISTING STANDARDS OF CARE

1) A physician or health care provider who determines that a state requirement is not evidence-based or medically accurate, and determines that following a state requirement is not appropriate to the patient, shall document his or her decision in writing, including the medical basis for the determination. This documentation shall be retained in the patient’s file as required by state law.

2) Nothing in this section shall be construed to alter existing professional standards of care or abrogate the duty of a licensed health care practitioner to meet the applicable standard of care.

SECTION 4. SEVERABILITY

The provisions of this Ordinance shall be severable, and if any phrase, clause, sentence or provision is declared to be invalid or is preempted by federal law or regulation, the validity of the remainder of this Ordinance shall not be affected.

SECTION 5. EFFECTIVE DATE

This Ordinance shall take effect on _____.