No. 20-5408

IN THE UNITED STATES COURT OF APPEALS
FOR THE SIXTH CIRCUIT

ADAMS & BOYLE, P.C., et al.,
Plaintiffs-Appellees,

v.

HERBERT H. SLATERY, III, Attorney General of Tennessee, et al.,
Defendants-Appellants.

On Appeal from the United States District Court for the
Middle District of Tennessee, Case No. 3:15-cv-00705
Judge Bernard A. Friedman

BRIEF OF AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS AND OTHER NATIONWIDE ORGANIZATIONS OF MEDICAL PROFESSIONALS AS *AMICI CURIAE* IN SUPPORT OF PLAINTIFFS-APPELLEES AND IN OPPOSITION TO THE STAY MOTION

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CORPORATE DISCLOSURE STATEMENT

Amici curiae certify that no *amicus* is a publicly held corporation, that no *amicus* has a parent company, and that no publicly held corporation owns 10% or more of any *amicus*'s stock.

Dated: April 24, 2020 /s/ *Matthew D. Besser*

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INTEREST OF *AMICI CURIAE*

Amici are nationwide, non-partisan organizations of leading medical professionals and experts in the United States, whose policies represent the considered judgment of many health care professionals in this country. They represent the doctors and nurses who are on the front lines caring for patients and fighting the COVID-19 pandemic, at great personal cost.

Amici submit this brief to provide the medical community's perspective on Executive Order 25 (EO-25). It is the consensus of the nation's medical experts that the COVID-19 pandemic does not justify restricting or prohibiting abortion care. In fact, EO-25 will increase, rather than decrease, use of hospital resources and personal protective equipment (PPE). A full list of *amici* is provided in an appendix.[1]

[1] No counsel for a party authored this brief in whole or in part, and no entity or person, other than *amici curiae*, their members, and their counsel, made a monetary contribution to the preparation or submission of this brief. *See* Fed. R. App. P. 29(a)(4)(E). The parties have consented to the filing of this brief. *See* Fed. R. App. P. 29(a)(2).

INTRODUCTION AND SUMMARY OF ARGUMENT

Tennessee has attempted to broadly restrict abortion during the COVID-19 pandemic. *Amici* are leading societies of medical professionals, whose policies represent the considered judgment of many health care professionals in this country. In *amici*'s judgment, EO-25's abortion restrictions lack valid medical justification. If permitted to take effect, they will severely harm women and medical professionals.

EO-25 prohibits "surgical and invasive procedures that are elective and non-urgent."[2] The state has interpreted EO-25 to permit medication abortions, which are available through the eleventh week of pregnancy, but to ban all other abortions, except in cases of emergency.[3]

Doctors and other medical professionals who violate the order are subject to criminal penalties, including fines of up to $2,500 and impris-

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[2] Tenn. Exec. Order No. 25, *An Order to Reduce the Spread of COVID-19 By Limiting Non-Emergency Healthcare Procedures* § 2 (Apr. 8, 2020) (EO-25), https://perma.cc/968C-FGNY.

[3] *See* Op. & Order Granting Pls.' Mot. for a Prelim. Inj. 8-9 & n.4, D. Ct. Dkt. 244 (Apr. 17, 2020) (Opinion).

onment for up to nearly one year, and to losing their professional licenses.[4] EO-25 is effective through April 30, 2020,[5] but that date likely will be extended.

This ban on procedural abortion is contrary to the considered judgment of the country's leading physician organizations.[6] *Amici* understand that the COVID-19 pandemic is a public health crisis that requires the full attention and resources of the health care system. But banning procedural abortion will not help address the pandemic. Most procedural abortions do not require any hospital resources and use only minimal PPE. And banning them will actually *increase* use of those resources and contribute to spread of the virus. The Court should affirm the order granting the preliminary injunction and deny the stay motion.

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[4] *See* Tenn. Code Ann. §§ 40-35-111(e)(1), 58-2-119, 58-2-120, 63-6-214; Opinion 4.

[5] EO-25 § 6.

[6] Am. Coll. of Obstetricians & Gynecologists (ACOG), *Joint Statement on Abortion Access During the COVID-19 Outbreak* (Mar. 18, 2020) (*ACOG Joint Statement*), https://perma.cc/52S9-LHUA; Am. Coll. of Surgeons, *COVID-19 Guidelines for Triage of Gynecology Patients* (Mar. 24, 2020) (*American College of Surgeons Statement*), https://perma.cc/4KXE-24KY; Am. Med. Ass'n, *AMA Statement on Government Interference in Reproductive Health Care* (Mar. 30, 2020) (*AMA Statement*), https://perma.cc/2YZR-2UXT.

ARGUMENT

I. Abortion is essential, time-sensitive, and safe health care

Abortion is an essential component of comprehensive health care. Like all medical matters, decisions regarding abortion should be made by patients in consultation with their physicians and health care professionals and without undue interference from outside parties.[7] The medical community recognizes that "[a]ccess to legal and safe pregnancy termination . . . is essential to the public health of women everywhere."[8]

Abortion also is a common medical procedure. In 2017, medical professionals performed over 860,000 abortions nationwide,[9] including

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[7] ACOG, *Statement of Policy, Abortion* (reaffirmed 2017) (*ACOG Abortion Policy*), https://perma.cc/73RA-RMUK.

[8] Editors of the *New England Journal of Medicine* et al., *The Dangerous Threat to* Roe v. Wade, 381 New Eng. J. Med. 979, 979 (2019) (stating the view of the editors, along with several key organizations in obstetrics, gynecology, and maternal-fetal medicine, including the American Board of Obstetrics and Gynecology); *see ACOG Joint Statement*; *American College of Surgeons Statement; AMA Statement.*

[9] Rachel K. Jones et al., *Abortion Incidence and Service Availability in the United States, 2017*, at 7 (2019) (*Abortion Incidence 2017*).

12,140 in Tennessee.[10] Approximately one-quarter of American women will have an abortion before the age of 45.[11]

Abortion is one of the safest medical procedures performed in the United States, and the vast majority (95%) of abortions are performed in clinics or doctor's offices, not in hospitals.[12] Complication rates from abortion are extremely low—even lower than other common medical procedures.[13] Most complications are relatively minor and can be easily treated at a clinic and/or with antibiotics.[14]

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[10] Guttmacher Inst., *State Facts About Abortion: Tennessee* (2020), https://perma.cc/RX3Z-HE4Y.

[11] Rachel K. Jones & Jenna Jerman, *Population Group Abortion Rates and Lifetime Incidence of Abortion: United States, 2008-2014*, 107 Am. J. Pub. Health 1904, 1908 (2017).

[12] *See, e.g.*, Rachel K. Jones & Kathryn Kooistra, *Abortion Incidence and Access to Services in the United States, 2008*, 43 Perspectives on Sexual & Reprod. Health 41, 42 (2011) (*Abortion Incidence 2008*); Theodore Joyce, *The Supply-Side Economics of Abortion*, 365 New Eng. J. Med. 1466, 1467 (2011) (Joyce); National Academies of Sciences, Engineering, & Medicine, *The Safety and Quality of Abortion Care in the United States* 10 (2018) (*Safety and Quality of Abortion Care*).

[13] *Safety and Quality of Abortion Care* 10, 36 ("legal abortions in the United States . . . are safe and effective," and "[s]erious complications are rare," affecting fewer than 1% of patients); *see id.* at 51–68.

[14] *See* Ushma D. Upadhyay et al., *Incidence of Emergency Department Visits and Complications After Abortion*, 125 Obstetrics & Gynecology 175, 181 (2015) (Upadhyay); *Safety and Quality of Abortion Care* 60, 116;

Medication abortion is a safe and effective option in the first trimester.[15] Patients typically take the medication to complete the procedure at home.[16] But for some women, medication abortion is not medically appropriate because of underlying health conditions or other factors.[17] Procedural abortions commonly are performed in clinics or doctor's offices, as opposed to hospitals.[18]

While abortion is a safe and common medical procedure, it is also a time-sensitive one for which a delay may increase the risks or potentially make it completely inaccessible. The consequences of being unable to obtain an abortion profoundly impact a person's life, health, and well-being.

ACOG, *Induced Abortion: What Complications Can Occur with an Abortion?* (2015), https://perma.cc/DFU5-WL5D.

[15] *See Safety and Quality of Abortion Care* 10, 51–55.

[16] Rachel K. Jones & Jenna Jerman, *Abortion Incidence and Service Availability in the United States, 2014*, 49 Perspectives on Sexual & Reprod. Health 17, 24 tbl. 5 (2017) (*Abortion Incidence 2014*).

[17] *See* ACOG & Soc'y of Family Planning, *Practice Bulletin No. 143: Medical Management of First-Trimester Abortion* 6 (Mar. 2014) (*ACOG Practice Bulletin 143*), https://perma.cc/5B6K-2HY3.

[18] *Abortion Incidence 2017*.

II. EO-25 will make safe, legal abortion largely inaccessible in Tennessee

EO-25 allows medication abortion but bans all non-emergency procedural abortions. Women who are ineligible for medication abortions—either because they are not good candidates[19] or because they are more than eleven weeks pregnant[20]—generally will not be able to obtain abortion care. The effect of EO-25 is to ban approximately 5060% of the abortions that plaintiffs perform.[21]

The state characterizes EO-25 as merely delaying abortion care.[22] But while EO-25 is in effect, many women will pass the 20-week mark at which abortion becomes unavailable in Tennessee.[23] And once EO-25 expires, existing facilities may not have enough capacity to immediately

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[19] Contraindications for medication abortion include ectopic pregnancy, intrauterine device (IUD) in place, systemic corticosteroid therapy, adrenal failure, coagulopathy or anticoagulant therapy, and intolerance or allergy to mifepristone. Women also are not good candidates for medication abortion if they are unable or unwilling to adhere to care instructions, desire quick completion of the abortion process, are not available for follow-up contact, or cannot understand the instructions because of language or comprehension barriers. *ACOG Practice Bulletin 143*, at 6.

[20] *See* Opinion 9 n.4.

[21] *See id.* at 9.

[22] Combined Emergency Mot. For Stay Pending Appeal & Merits Br. 19, Dkt. 4 (6th Cir. Apr. 20, 2020).

[23] *See* Tenn. Code Ann. § 39-15-212.

provide abortion care for all who seek it, which will delay the service even further.[24] As of 2017, there were only eight abortion clinics in Tennessee, serving some 1.3 million women of reproductive age.[25]

Delays in receiving care can compromise patients' health. Abortion should be performed as early as possible because, although abortion procedures are among the safest medical procedures, the rate of complications increases as the pregnancy progresses.[26]

As a result of EO-25, some women will travel out of state to seek abortion care. One recent study concluded that if Tennessee were to shut down legal abortion (as EO-25 does in non-emergency cases after eleven weeks), the "[a]verage (median) one-way driving distance to an abortion clinic" for a woman of reproductive age in Tennessee would increase from 26 miles to 119 miles (or 358% longer).[27] Further, each of Tennessee's

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[24] Kari White et al., *The Potential Impacts of Texas' Executive Order on Patients' Access to Abortion Care* 2, Tex. Policy Evaluation Project, Research Brief (2020) (*Potential Impacts*), https://perma.cc/5V3F-25UK.

[25] *See* Jonathan Bearak et al., *COVID-19 Abortion Bans Would Greatly Increase Driving Distances for Those Seeking Care,* Guttmacher Inst. (updated Apr. 8, 2020) (Bearak), https://perma.cc/XR74-YBDY.

[26] *Safety and Quality of Abortion Care* 75; *see ACOG Abortion Policy*; Upadhyay 181.

[27] Bearak.

seven neighboring states imposes a waiting period of 18 hours or more, with four requiring in-person consultation visits that necessitate two separate trips to the facility.[28] Many women will not have the means to travel out of state, particularly as COVID-19 has created "economic uncertainty from lost wages and need to care for children who are at home."[29]

EO-25 will likely cause some women to resort to unsafe methods of care. Studies have found that women are more likely to self-induce abortions when they face barriers to reproductive services.[30] Women who are unable to travel out of state are more likely to attempt to self-induce abortion or seek an illegal abortion.[31] Methods of self-induction may rely on harmful tactics such as herbal or homeopathic remedies, getting

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[28] *See* Guttmacher Inst., *Counseling and Waiting Periods for Abortion* (2020), https://perma.cc/TW5C-ZNBJ.

[29] *See Potential Impacts* 3.

[30] *See, e.g.*, Lisa H. Harris & Daniel Grossman, *Complications of Unsafe and Self-Managed Abortion*, 382 New Eng. J. Med. 1029, 1029 (2020).

[31] *See* ACOG, Comm. on Health Care for Underserved Women, *Opinion Number 613: Increasing Access to Abortion*, 124 Obstetrics & Gynecology 1060, 1061-62 (2014) (*ACOG Opinion 613*); Elizabeth G. Raymond et al., *Mortality of Induced Abortion, Other Outpatient Surgical Procedures and Common Activities in the United States*, 90 Contraception 476, 478 (2014).

punched in the abdomen, using alcohol or illicit drugs, or taking hormonal pills.[32]

III. There is no medical justification for applying EO-25 to procedural abortion, which will severely harm women and medical professionals

A. The COVID-19 pandemic does not justify restricting or prohibiting abortion care in Tennessee

The state claims that EO-25's abortion restrictions will reduce demands on hospital resources and preserve PPE.[33] The order will not further those goals; instead, it will make the problem worse.[34]

Permitting abortion care—which is essential, time-sensitive health care—will not substantially increase the burdens hospitals face as a result of the COVID-19 pandemic. The vast majority of procedural abortions are performed in non-hospital settings, and they typically require only minimal PPE (gloves, a surgical mask, and reusable eyewear).[35]

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[32] Daniel Grossman et al., *Knowledge, Opinion and Experience Related to Abortion Self-Induction in Texas* 3, Tex. Policy Evaluation Project, Research Brief (2015).

[33] *See* EO-25, at 2.

[34] *See, e.g.*, Michelle J. Bayefsky et al., *Abortion During the Covid-19 Pandemic – Ensuring Access to an Essential Health Service*, New Eng. J. Med (Apr. 9, 2020) (Bayefsky), https://perma.cc/X88X-UYHG.

[35] Tara C. Jatlaoui et al., *Abortion Surveillance – United States 2015*, 67 Morbidity & Mortality Weekly Rep. 1, 33 tbl. 11 (2018); Joyce 1467; *see*

Very, very few abortions result in complications that require hospitalization.[36]

Banning procedural abortion will make hospital and PPE shortages worse. Pregnant women remain in the health-care system. They often visit hospitals (including emergency rooms) for evaluation before labor and delivery. Most women also give birth in hospitals, and some births require surgery. Each of these events requires hospital resources, including PPE. Thus, as the district court found, there is "no evidence" in this case "that any appreciable amount of PPE would actually be preserved if EO-25 is applied to procedural abortions," and in fact "procedural abortion uses less PPE and involves significantly less patient interaction than carrying a pregnancy to term and giving birth."[37]

Abortion Incidence 2014, at 24 tbl. 5; *Abortion Incidence 2008*, at 42; Daniel Grossman, *Abortions Don't Drain Hospital Resources*, Boston Review (Apr. 17, 2020), https://perma.cc/822S-RXDW.

[36] Ushma D. Upadhyay et al., *Incidence of Post-Abortion Complications and Emergency Department Visits Among Nearly 55,000 Abortions Covered by the California Medi-Cal Program* slide 28 (Jan. 28, 2014), https://perma.cc/Y4NJ-WM7Q.

[37] Opinion 11; *see* Bayefsky (pregnancy "could lead to much more contact with clinicians and greater need for PPE, thereby increasing risks to both patients and staff").

Further, women who attempt unsafe, unmanaged abortions may require emergency hospitalization. And women who travel to another state to obtain an abortion may contribute to the spread of COVID-19.[38]

Amici are on the front lines of the COVID-19 pandemic. Their members are caring for patients every day in trying circumstances and in cases where they have not been provided adequate PPE or testing. *Amici* recognize the importance of conserving the hospital resources and PPE that the nation's medical professionals need to care for people during this critical time. But banning procedural abortion will not serve that goal.

B. The order will harm women and pose a serious threat to medical professionals in Tennessee

EO-25 means women may travel outside the state to obtain abortions, attempt to self-induce abortions through potentially harmful methods, or ultimately be unable to obtain abortions at all, forcing them to carry an unwanted pregnancy to term.[39] Each of these outcomes increases the likelihood of negative consequences to a woman's physical

[38] *See* Centers for Disease Control & Prevention, *Coronavirus Disease 2019 (COVID-19) – Travel in the US* (last reviewed Apr. 22, 2020), https://perma.cc/2QA7-TL9M.

[39] *See, e.g.*, *Abortion Incidence 2017*, at 3, 8.

and psychological health that could be avoided if abortion services were available.[40]

EO-25 also poses serious threats to physicians and medical professionals. In addition to fighting the COVID-19 pandemic, doctors and medical professionals must try to figure out how they can continue providing care without violating the order and worry about the state criminally prosecuting them for doing their jobs. Under EO-25, doctors, nurses, and other medical professionals who perform abortion care that is constitutionally protected and medically necessary could lose their licenses and even be subject to criminal penalties. Those are draconian sanctions to place on individuals who are only attempting to offer the best possible care to their patients.

[40] *See, e.g.*, *ACOG Opinion 613*.

CONCLUSION

The Court should affirm the order granting the preliminary injunction and deny the motion to stay that order.

Respectfully submitted,

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CERTIFICATE OF SERVICE

I hereby certify that on April 24, 2020, I electronically filed the foregoing brief with the Clerk of the Court using the CM/ECF system. I further certify that all participants in this case are registered CM/ECF users and that service will be accomplished via CM/ECF.

Dated: April 24, 2020 /s/ *Matthew D. Besser*

CERTIFICATE OF COMPLIANCE

Pursuant to Federal Rule of Appellate Procedure 32(g), the undersigned counsel for *Amici Curiae* certifies that this brief:

(i) complies with the type-volume limitation of Rules 27 and 29(a)(5) because it contains 2,529 words, including footnotes and excluding the parts of the brief exempted by Rule 32(f); and

(ii) complies with the typeface and type style requirements of Rule 32(a) because it has been prepared using Microsoft Office Word 2016 and is set in Century Schoolbook font in a size equivalent to 14 points or larger.

Dated: April 24, 2020 /s/ *Matthew D. Besser*

APPENDIX

LIST OF *AMICI CURIAE*

1. The **American College of Obstetricians and Gynecologists** (ACOG) is the nation's leading group of physicians providing health care for women. With more than 60,000 members – representing more than 90 percent of all obstetricians-gynecologists in the United States – ACOG advocates for quality health care for women, maintains the highest standards of clinical practice and continuing education of its members, promotes patient education, and increases awareness among its members and the public of the changing issues facing women's health care. ACOG is committed to ensuring access to the full spectrum of evidence-based quality reproductive health care, including abortion care, for all women. ACOG opposes medically unnecessary laws or restrictions that serve to delay or prevent care. ACOG has previously appeared as *amicus curiae* in various courts throughout the country. ACOG's briefs and guidelines have been cited by numerous courts as providing authoritative medical data regarding childbirth and abortion.

2. **AAGL** is a professional medical association of 7,500 minimally invasive gynecologic surgeons and is the global leader in minimally

invasive gynecologic surgery. AAGL's mission is to elevate the quality and safety of health care for women through excellence in clinical practice, education, research, innovation and advocacy. AAGL is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

3. The **American Academy of Family Physicians** (AAFP) is the national medical specialty society representing family physicians. Founded in 1947 as a not-for-profit corporation, its 134,600 members are physicians and medical students from all 50 states, the District of Columbia, Guam, Puerto Rico, the Virgin Islands, and the Uniformed Services of the United States. AAFP seeks to improve the health of patients, families, and communities by advocating for the health of the public and serving the needs of its members with professionalism and creativity.

4. The **American Academy of Nursing** (Academy) serves the public by advancing health policy through the generation, synthesis, and dissemination of nursing knowledge. Academy Fellows are inducted into the organization for their extraordinary contributions to improve health

locally and globally. With more than 2,800 Fellows, the Academy represents nursing's most accomplished leaders in policy, research, administration, practice, and academia.

5. The **American Academy of Pediatrics** (AAP) is a non-profit professional organization founded in 1930 dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults. Its membership is comprised of 67,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists. AAP has become a powerful voice for child and adolescent health through education, research, advocacy, and the provision of expert advice. AAP has worked with the federal and state governments, health care providers, and parents on behalf of America's families to ensure the availability of safe and effective reproductive health services.

6. The **American College of Physicians** (ACP) is the largest medical specialty organization in the U.S. and has members in more than 145 countries worldwide. ACP membership includes 159,000 internal medicine physicians, related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge

and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

7. The **American Osteopathic Association** (AOA) represents more than 151,000 osteopathic physicians (DOs) and osteopathic medical students; promotes public health; encourages scientific research; serves as the primary certifying body for DOs; and is the accrediting agency for osteopathic medical schools. As the primary certifying body for DOs and the accrediting agency for all osteopathic medical schools, the AOA works to accentuate the distinctiveness of osteopathic principles and the diversity of the profession.

8. The **American Psychiatric Association** (APA) is a non-profit organization representing over 38,800 physicians who specialize in the practice of psychiatry. APA members engage in research into and education about diagnosis and treatment of mental health and substance use disorders, and are front-line physicians treating patients who experience mental health and/or substance use disorders.

9. The **American Society for Reproductive Medicine** (ASRM) is a multidisciplinary not-for-profit organization dedicated to the advancement of the science and practice of reproductive medicine. Its

members include approximately 8,000 professionals. ASRM accomplishes its mission through the pursuit of excellence in education and research and through advocacy on behalf of patients, physicians, and affiliated health care providers.

10. The **American Urogynecologic Society** (AUGS) is the premier non-profit organization representing professionals dedicated to treating female pelvic floor disorders. Founded in 1979, AUGS represents more than 1,900 members, including practicing physicians, nurse practitioners, physical therapists, nurses and health care professionals, and researchers from many disciplines.

11. The **North American Society for Pediatric and Adolescent Gynecology** (NASPAG) is dedicated to providing multidisciplinary leadership in education, research, and gynecologic care to improve the reproductive health of youth. NASPAG conducts and encourages multidisciplinary and inter-professional programs of medical education and research in the field and advocates for the reproductive well-being of children and adolescents and the provision of unrestricted, unbiased, and evidence-based medical practice.

12. The **National Association of Nurse Practitioners in Women's Health** (NPWH) is a national non-profit educational and professional organization that works to ensure the provision of quality primary and specialty health care to women of all ages by women's health and women's health focused nurse practitioners. Its mission includes protecting and promoting a woman's right to make her own choices regarding her health within the context of her personal, religious, cultural, and family beliefs. Since its inception in 1980, NPWH has been a trusted source of information on nurse practitioner education, practice, and women's health issues. In keeping with its mission, NPWH is committed to ensuring the availability of the full spectrum of evidence-based reproductive health care for women and opposes unnecessary restrictions on access that serve to delay or prevent care.

13. The **Society for Maternal-Fetal Medicine** (SMFM), founded in 1977, is the medical professional society for obstetricians who have additional training in the area of high-risk, complicated pregnancies. Representing over 4,000 members, SMFM supports the clinical practice of maternal-fetal medicine by providing education, promoting research, and engaging in advocacy to reduce disparities and optimize the

health of high-risk pregnant women and their babies. SMFM and its members are dedicated to ensuring that medically appropriate treatment options are available for high-risk women.

14. The **Society of Family Planning** (SFP) is the source for science on abortion and contraception. SFP represents approximately 800 scholars and academic clinicians united by a shared interest in advancing the science and clinical care of family planning. The pillars of its strategic plan are (1) building and supporting a multidisciplinary community of scholars and partners who have a shared focused on the science and clinical care of family planning; (2) supporting the production of research primed for impact; (3) advancing the delivery of clinical care based on the best available evidence; and (4) driving the uptake of family planning evidence into policy and practice.

15. The mission of the **Society of Gynecologic Surgeons** is to promote excellence in gynecologic surgery through acquisition of knowledge and improvement of skills, advancement of basic and clinical research, and professional and public education.

16. The **Society of OB/GYN Hospitalists** (SOGH) is a rapidly growing group of physicians, midwives, nurses and other individuals in

the health care field who support the OB/GYN Hospitalist model. SOGH is dedicated to improving outcomes for hospitalist women and supporting those who share this mission. SOGH's vision is to shape the future of OB/GYN by establishing the hospitalist model as the care standard and the Society values excellence, collaboration, leadership, quality and community.