HOUSE OF DELEGATES’ REFERENCE COMMITTEE DESCRIPTION:

- Committee on Educational Affairs (200 series)
  This reference committee reviews and considers matters relating to osteopathic education, osteopathic colleges, and postdoctoral training.

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RESOLVED, that the Bureau of Osteopathic Education recommends that the following policy be REAFFIRMED.

(Old language is crossed out and new language is in CAPS)

H213-A/15 GRADUATE MEDICAL EDUCATION – TRAINING OF US MEDICAL SCHOOL GRADUATES

The American Osteopathic Association advocates for the elimination of limitations on the number of funded graduate medical education positions to accommodate increases in US medical school enrollment; places great emphasis on establishing graduate medical education opportunities for osteopathic medical school graduates in geographic areas that lack adequate training capacity and as needed to meet future workforce needs. 2009; referred 2014; approved as amended 2015.

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None
Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: ADOPTED

DATE: October 14, 2020
RESOLVED, that the Bureau of Osteopathic Education recommends that the following policy
be REAFFIRMED.

(Old language is crossed out and new language is in CAPS)

H214-A/15 RURAL SITES – OSTEOPATHIC EDUCATION IN
The American Osteopathic Association encourages clinical rotations in rural settings by
osteopathic medical students and graduates during their respective predoctoral and postdoctoral

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: ADOPTED

DATE: October 14, 2020
RESOLVED, that the Bureau of Osteopathic Education recommends that the following policy be REAFFIRMED as AMENDED.

(Old language is crossed out and new language is in CAPS)

H216-A/15 DIRECTORS OF MEDICAL EDUCATION OVERSEEING
OSTEOPATHIC POSTDOCTORAL TRAINING PROGRAMS

The American Osteopathic Association will continue the present requirement that the Director of Medical Education overseeing osteopathic postdoctoral training programs must be an osteopathic physician ENCOURAGENSURE THE CONTINUED TEACHING OF OSTEOPATHIC PRINCIPLES AND PRACTICES THROUGH BUT NOT LIMITED TO OSTEOPATHIC RECOGNITION IN GRADUATE MEDICAL EDUCATION PROGRAMS AND ENCOURAGES OSTEOPATHIC PHYSICIANS TO SEEK FACULTY AND ADMINISTRATIVE POSITIONS IN GRADUATE MEDICAL EDUCATION PROGRAMS. 2010, reaffirmed 2015.

Explanatory Statement: Submitted by Author
The BOE recommends this policy be sunset because Directors of Medical Education are not required by the ACGME.

Background Information: Provided by AOA Staff
Current AOA Policy: None
Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: ADOPTED as AMENDED
DATE: October 14, 2020
RESOLVED, that the Bureau of Osteopathic Education recommends that the following policy be REAFFIRMED.

(Old language is crossed out and new language is in CAPS)

H217-A/15 AUTOPSIES

The American Osteopathic Association encourages medical schools, private hospital systems and public medical facilities to allow the viewing of autopsies by medical students and residents for teaching purposes. 2010; reaffirmed 2015.

Explanatory Statement: Submitted by Author
None provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None
Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: ADOPTED

DATE: October 14, 2020
SUBJECT: H219-A/15 CLARITY REGARDING MATCHING SERVICE LISTING OF AOA RESIDENCIES WITH ACGME PRE-ACCREDITATION STATUS

SUBMITTED BY: Bureau of Osteopathic Education

REFERRED TO: Committee on Educational Affairs

RESOLVED, that the Bureau of Osteopathic Education recommends that the following policy be SUNSET.

(Old language is crossed out and new language is in CAPS)

H219-A/15 CLARITY REGARDING MATCHING SERVICE LISTING OF AOA RESIDENCIES WITH ACGME PRE-ACCREDITATION STATUS

The American Osteopathic Association (AOA) will provide guidance to the osteopathic student body regarding the timelines of residency program transition between the NRMP and NMS matching services. The AOA will openly distribute information regarding the match transition and its implications to osteopathic medical students applying to those residency programs, starting in the period leading up to the pre-accreditation eligibility of AOA residency programs. 2015

Explanatory Statement: Submitted by Author
The BOE recommends this policy be sunset because the AOA no longer offers a separate AOA Match.

Background Information: Provided by AOA Staff
Current AOA Policy: None
Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: ADOPTED (for sunset)

DATE: October 14, 2020
RESOLVED, that the Bureau of Osteopathic Education recommends that the following policy be REAFFIRMED.

(Old language is crossed out and new language is in CAPS)

H223-A/15 BLUE RIBBON COMMISSION REPORT

The American Osteopathic Association (AOA) encourages colleges of osteopathic medicine to collaborate with appropriate regulatory authorities, licensing boards, certifying boards, the National Board of Osteopathic Medical Examiners, and other stakeholders in their pursuit of innovative pilot studies to produce primary care, competency-based physician team leaders and the AOA will monitor the outcomes of these pilot programs and the route to board certification. 2015

FISCAL IMPACT: $0

ACTION TAKEN: ADOPTED

DATE: October 14, 2020
SUBJECT: AOA TO SUPPORT EDUCATION AND ADVOCATE FOR POLICIES RELATING TO CLIMATE CHANGE

SUBMITTED BY: Maine Osteopathic Association

REFERRED TO: Committee on Educational Affairs

WHEREAS, there is agreement within the scientific community that the Earth is undergoing adverse global climate change and that anthropogenic contributions are significant; and

WHEREAS, these climate changes will create conditions that affect public health, with disproportionate impacts on vulnerable populations, including children, the elderly, and the economically disadvantaged; and

WHEREAS, the American Osteopathic Association (AOA) has encouraged efforts to promote standards which will prevent human suffering and death from environmental threats and hazards; and supported efforts to eradicate environmentally related health risks since 1970; now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) supports educating the medical community on the potential adverse public health effects of global climate change; and, be it further

RESOLVED, that AOA encourages American Association of Colleges of Osteopathic Medicine (AACOM) to advocate for their member osteopathic medical schools to incorporate the health implications of climate change into their curricula, including topics such as population displacement, heat waves and drought, flooding, infectious and vector-borne diseases, and potable water supplies and, be it further

RESOLVED, that AOA advocates for and support epidemiological, translational, clinical and basic science research, in order that global climate change policy decisions related to health care and treatment have an appropriate evidence base and, be it further

RESOLVED, that AOA encourages physicians to assist in educating patients and the public on environmentally sustainable practices, and to serve as role models for promoting environmental sustainability.

Explanatory Statement: Submitted by Author

Explanatory Statement: Reference Committee
The Committee heard testimony mostly against the resolution. Advocates commented that environmental health is a public health issue. The Committee believes that the current policy, H402-A/18 demonstrates the AOA’s commitment to Environmental Health. In H402-A/18, the AOA strongly encourages the federal government to increase its efforts to promote standards which will
prevent human suffering and death from environmental threats and hazards; and reaffirms its commitment to support governmental agencies' efforts in eradicating environmentally related health risks. Regarding this resolution’s call for incorporating health implications of climate change into osteopathic medical school curricula, the Committee believes that osteopathic medical schools should have the autonomy to choose their curricula based on the COCA requirements, their curriculum committee, and their mission statement, and that this was beyond the scope and authority of the AOA.

Background Information: Provided by AOA Staff
Current AOA Policy: H402-A/18 ENVIRONMENTAL HEALTH
Prior HOD action on similar or same topic: Policy reaffirmed in 2018.

FISCAL IMPACT: $0

ACTION TAKEN: NOT ADOPTED

DATE: October 14, 2020
SUBJECT: ADOPTION OF SPECIFIC INFORMED CONSENT GUIDELINE FOR SENSITIVE EXAMS UNDER ANESTHESIA FOR EDUCATION PURPOSES

SUBMITTED BY: Student Osteopathic Medical Association

REFERRED TO: Committee on Educational Affairs

WHEREAS, patient consent is critical to patient care; and

WHEREAS, physicians, residents, and medical students have a duty to respect the autonomy of patients; and

WHEREAS, sensitive exams are defined as pelvic exams, rectal exam, clinical breast exam, urogenital exams\(^1\); and

WHEREAS, the performance of sensitive exams under general anesthesia without specific informed consent can lead to severe psychological stress for the patient, damage to the patient provider relationship, and a distressing experience for the medical student or resident\(^2\); and

WHEREAS, thirty-nine states have no law explicitly banning the practice of performing pelvic exams on general anesthetized patients without their specific consent\(^3\); and

WHEREAS, in a study conducted in 2003, 90% of students surveyed had completed a pelvic exam on general anesthetized patient who had not given informed consent\(^4\); and

WHEREAS, If asked for specific consent prior to surgery, 62% of women claimed they would consent to a medical student performing a pelvic exam while under general anesthesia for educational purposes, showing that asking does not significantly impact learning opportunities\(^5\); now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) adopt guidelines that require the practicing physician or resident to obtain specific informed consent before the resident or medical student performs a sensitive exam for educational purposes on a patient who is under general anesthesia.

Explanatory Statement: Submitted by Author
Performing sensitive exams on unconscious patients for educational purposes is not a new practice\(^6\). Public awareness in the 1990's saw the introduction of limited state legislation against the practice\(^7\). Today there are 11 states that have banned the performance of sensitive exams under anesthesia without specific consent\(^8\); Wisconsin and Florida have proposed bills under consideration\(^9,10,11\). It is difficult to predict the number of educational pelvic exams under anesthesia without specific consent being performed today but recent lawsuits as well as reports from patients and medical students indicate the practice is still occurring nationally\(^{12,13,14}\).
References

Explanatory Statement: Reference Committee
The Committee respectfully recommends this resolution be referred back to its authors, the Student Osteopathic Medical Association (SOMA). The Committee was supportive of the resolution’s intent but felt that current policy, H223-A/19, is broad enough to include the encounters such as that referred to in the resolution. The Committee recommends that the SOMA study current AOA policy H223-A/19 and consider resubmitting a resolution for a future HOD that amends H223-A/19, should the SOMA believe there is a need to include specific informed consent for sensitive exams under anesthesia in the current AOA policy. In addition, the Committee also recommends the authors consider defining sensitive exams in a Resolved statement so that its definition will be included in the AOA policy compendium.

Background Information: Provided by AOA Staff
Current AOA Policy: H223-A/19 EDUCATION OF STUDENTS AND FACULTY ON OBTAINING PERMISSION BEFORE ALL STUDENT AND PATIENT ENCOUNTERS

Prior HOD action on similar or same topic: Policy approved in 2019.

Fiscal Impact: $0
ACTION TAKEN: REFERRED (to Student Osteopathic Medical Association)

DATE: October 14, 2020
RES. NO. H208 - October 13, 2020 – Page 1

SUBJECT: INCORPORATING ENCOURAGING CONTINUING MEDICAL EDUCATION OPPORTUNITIES ON HUMAN TRAFFICKING

SUBMITTED BY: Student Osteopathic Medical Association

REFERRED TO: Committee on Educational Affairs

WHEREAS, human trafficking is defined as the use of force, fraud, or coercion to obtain some type of labor or commercial sex act, COMPLEX CRIME INVOLVING THE EXPLOITATION OF SOMEONE FOR THE PURPOSES OF COMPELLED LABOR OR A COMMERCIAL SEX ACT, THROUGH THE USE OF FORCE, FRAUD, OR COERCION. WHEN A PERSON UNDER 18 IS USED TO PERFORM A COMMERCIAL SEX ACT, IT IS HUMAN TRAFFICKING WHETHER OR NOT THERE IS ANY FORCE, FRAUD, OR COERCION

WHEREAS, an estimated 40.3 million people are victims of human trafficking globally, 4.8 million of which are in forced sexual exploitation for profits of an estimated $99 Billion US dollars per year; and

WHEREAS, 1 million children are victims of sex trafficking globally; and

WHEREAS, 14,500 to 17,500 people are trafficked into the United States each year; and

WHEREAS, 1 in 6 reported runaways in the United States are presumed to be victims of child sex trafficking; and

WHEREAS, trafficking victims experience higher rates of the following healthcare concerns: STI's, pregnancy, unsafe abortion, malnourishment, illness from unsanitary conditions, and physical and mental abuse manifestations such as PTSD and depression; and

WHEREAS, studies have shown that 28-88% of trafficking victims have come into contact with the healthcare system while being trafficked; and

WHEREAS, the American College of Osteopathic Emergency Physicians reports that only 10% of physicians recognize human trafficking victims and 3% of emergency physicians receive training on human trafficking; and

WHEREAS, only three medical schools in the United States have formal case based simulation training in identifying victims of human trafficking during the first three years of medical education, none of which are osteopathic medical schools; and

WHEREAS, “Educating healthcare professionals on the topic cannot be limited to one subspecialty as trafficking victims have a wide variety of physical symptoms… To reach the widest range of subspecialties, education must occur during undergraduate medical education and focus on practical aspects of providing care for trafficked persons as well as identifying elements of trafficking; and
WHEREAS, a multitude of organizations, including the World Health Organization, have released statements regarding the need for awareness of the signs of human trafficking in healthcare professionals; and

WHEREAS, it is recommended that medical school and emergency medicine residency curricula should include training in recognizing and intervening for patients surviving human trafficking; and

WHEREAS, American Osteopathic Association policy H401-A/14 Human Trafficking—Awareness as a Global Health Problem acknowledges human trafficking as a global public health problem and encourages awareness among osteopathic physicians; now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) incorporate ENCOURAGE continuing medical education opportunities on recognizing the signs and risk factors of human trafficking.

Explanatory Statement: Submitted by Author
The following bibliography are the citations referenced in WHEREAS statements above.

References
Explanatory Statement: Reference Committee
The Committee recommends amendments to correct terminology and statistics and to reduce the perceived fiscal impact on the AOA as well as encourage all CME sponsors to consider providing educational offerings on this topic. Further, the Committee was informed that a number of State licensing boards already include this topic among those required.

Background Information: Provided by AOA Staff

**Current AOA Policy:** H401-A/19 HUMAN TRAFFICKING – AWARENESS AS A GLOBAL HEALTH PROBLEM

**Prior HOD action on similar or same topic:** Policy reaffirmed in 2019.

**FISCAL IMPACT:** Up to approximately $130,000 in additional expense. The amount of additional expense will depend upon the type of activity and number of CME hours involved. For example, a conservative estimate based upon a one CME hour journal article would be $13,000, whereas, a high-end estimate based upon a 10 credit CME in-person workshop could be $130,000.

**ACTION TAKEN:** REFERRED (to Bureau of Osteopathic Education with proposed amendments)

**DATE:** **October 14, 2020**
SUBJECT: INCORPORATING ENCOURAGING CONTINUED MEDICAL EDUCATION REGARDING INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

SUBMITTED BY: Student Osteopathic Medical Association

REFERRED TO: Committee on Educational Affairs

WHEREAS, “developmental disabilities” are defined as a group of lifelong conditions due to an impairment in physical, learning, language, behavioral areas, or self-care before the age of 22; and

WHEREAS, people with disabilities make up the largest legally protected group in the country since the passage of the ADA in 1990; and

WHEREAS, over a billion people live with a disability, including 54 million Americans according to the World Report on Disability; and

WHEREAS, the life expectancy of people with intellectual disabilities has increased by 200% over the past 80 years, while the life expectancy of the general population has increased by approximately 30%; and

WHEREAS, for the first time in the course of human history, there are now more adults living with intellectual and developmental disabilities (I/DD) than children; and

WHEREAS, it has been shown that people with disabilities report seeking more healthcare than people without disabilities and have greater unmet needs; and

WHEREAS, Patients with intellectual disabilities also encounter additional challenges in accessing healthcare compared to the general population; and

WHEREAS, health promotion and preventative medical care rarely target people with disabilities; examples range from a lower rate of cervical and breast screenings for patients to unmonitored weight for patients with I/DD compared to patients without I/DD; and

WHEREAS, communication barriers and complexity of social/medical situations for this particular population were the main reasons clinicians felt like they were not able to deliver adequate care; and

WHEREAS, barriers to receiving healthcare are not only physical, but also perhaps more importantly related to the knowledge and attitudes of healthcare providers; and

WHEREAS, people with disabilities have cited negative attitudes and behaviors of healthcare providers as the most formidable barriers to accessing healthcare services; and
WHEREAS, medical students, residents, and practicing physicians have demonstrated
deficiencies in the most basic patient care towards common forms of disability, such as
cerebral palsy and learning disabilities; and

WHEREAS, given the range in exposure to clinical populations, there is no guarantee that
medical students will interact with patients with disabilities in medical school; and

WHEREAS, providers have reported feeling inadequate in addressing this population’s
healthcare needs due to lack of education received in prior years of schooling, and illnesses that are readily apparent in persons without disabilities may remain
undiagnosed in individuals with I/DD; and

WHEREAS, 40% of internal medicine physicians do not feel comfortable caring for patients
with chronic disease of childhood-onset secondary to lack of familiarity with the
literature, lack of training with this population, and lack of coordination among
specialists; and

WHEREAS, Section 5307 of the Patient Protection and Affordable Care Act states that a
model disability curriculum should be developed that addresses “cultural competency, prevention, public health proficiency, reducing health disparities, and aptitude for
working with individuals with disabilities”; however, only a few healthcare programs
have included disability topics within their curriculum; and

WHEREAS, a multitude of medical schools have incorporated education tools within their
curriculum to improve medical students’ preparedness for communicating with persons
with disabilities that led students to report feeling more prepared and knowledgeable
about properly caring for this community; and

WHEREAS, a study of pre-clinical medical school curriculum focused on healthcare disparities
of and biases towards disabled communities in an effort to change the current attitudes
of healthcare providers towards persons with disabilities led to the majority of medical
students involved in this curriculum development course responding positively and
believing community involvement with patients would be helpful for future clinical
work; and

WHEREAS, results from physician education seminars for a clinical improvement program in
the treatment of the intellectual and developmental disabilities population reveal
statistically significant improvements in self-assessed competence and clinician
knowledge; and

WHEREAS, in order to improve the quality of healthcare for people with I/DD, individual
providers must expand their knowledge base and skill set via professional education to
be integrated with didactic and clinical training that include: direct interactions with
these patients, history taking, cultural practices, diagnostic treatment, as well as
counseling and supporting individuals; and

WHEREAS, AOA sponsored conferences since January 1, 2019 did not discuss specific topics
regarding the care and treatment of the adult intellectual and developmental disabilities
population; and
WHEREAS, AOA Resolution H211-A/18 “encourages osteopathic medical schools to develop and implement curricula on the care of people with developmental disabilities”\(^{10}\); and

WHEREAS, by instilling earlier education into the medical curriculum, along with continuing education for all levels of practice, improvements may be seen in the degree of comfort and quality of care that is delivered\(^{10}\); now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) incorporates ENCOURAGES CONTINUING MEDICAL EDUCATION OPPORTUNITIES content regarding intellectual and developmental disability care for adults—during AOA-sponsored conferences.

Explanatory Statement: Submitted by Author

The following bibliography are the citations referenced in WHEREAS statements above.

References


Explanatory Statement: Reference Committee
The Committee heard mixed testimony on this resolution. Advocates wished to highlight the topic of
disability through inclusion during AOA conferences. Those in opposition cited the potential fiscal
note. The Committee believes the AOA House of Delegates should not mandate specific CME content
at AOA-sponsored conferences. Decisions on CME content should be based on the CME sponsor’s
practice gap analysis of its intended audience, which may include sessions regarding the care of disabled
patients.

Background Information: Provided by AOA Staff
Current AOA Policy: None
Prior HOD action on similar or same topic: None

FISCAL IMPACT: Up to approximately $130,000 in additional expense.
The amount of additional expense will depend upon the type of activity and number of CME hours
involved. For example, a conservative estimate based upon a one CME hour journal article would be
$13,000, whereas, a high-end estimate based upon a 10 credit CME in-person workshop could be
$130,000.

ACTION TAKEN: ADOPTED as AMENDED
DATE: October 14, 2020
SUBJECT: RECOMMENDATION OF BUPRENORPHINE WAIVER TRAINING IN OSTEOPATHIC MEDICAL SCHOOLS

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Educational Affairs

WHEREAS, opioid overdose has become a leading cause of death in the United States; and

WHEREAS medication-assisted treatment (MAT), including buprenorphine formulations and other opioid receptor agonists and antagonists, is an effective, evidence-based treatment for opioid use disorder (OUD) and is an integral part of guidelines promoted by the National Institute on Drug Abuse and the American Society of Addiction Medicine; and

WHEREAS the Drug Addiction Treatment Act of 2000 (DATA 2000) requires prescribers to undergo a training regimen designed by the US Drug Enforcement Agency (DEA) before receiving authorization to prescribe MAT; and

WHEREAS the American Osteopathic Association and its member institutions are committed to fully equipping osteopathic medical students with the evidence-based tools needed to meet the most pressing needs of 21st century medicine; now, therefore be it

RESOLVED, the American Osteopathic Association recommends that osteopathic medical schools will adopt and incorporate an approved DATA 2000 waiver training program into their core curricula, with implementation no later than the matriculating class of 2022.

Explanatory Statement: Submitted by Author
The following bibliography are the citations referenced in WHEREAS statements above.

References

**Explanatory Statement: Reference Committee**

The Committee believes the policy as written is inappropriate because the AOA lacks sufficient authority over educational curricula, as that rests with the COCA. Curricular initiatives addressing the treatment of pain and opioid use disorder already currently exist at many osteopathic medical schools. In addition, the Committee believes that waiver training in osteopathic medical school may be too early since osteopathic medical students do not have DEA certificates and would be more appropriate training during residency, temporally closer to the time when they would prescribe medications for opioid use disorder.

**Background Information: Provided by AOA Staff**

**Current AOA Policy:** None

**Prior HOD action on similar or same topic:** None

**FISCAL IMPACT:** $0

**ACTION TAKEN:** NOT ADOPTED

**DATE:** October 14, 2020
SUBJECT: REFERRED RES. NO H-224 – A/2019 AOA BOARD CERTIFICATION TERMINOLOGY

SUBMITTED BY: Bureau of Osteopathic Specialists

REFERRED TO: Committee on Educational Affairs

RESOLVED, THAT THE TERMINOLOGY FOR AMERICAN OSTEOPATHIC ASSOCIATION ISSUED BOARD CERTIFICATIONS SHOULD STATE THAT A CERTIFICATE HOLDER IS “BOARD CERTIFIED IN THE PRINCIPLES AND PRACTICE OF OSTEOPATHIC “SPECIALTY”

Explanatory Statement: Submitted by Author:
The BOS believes that adding Osteopathic in front of the specialty name is redundant and unnecessary. The certification is an osteopathic certification because it comes from the American Osteopathic Association, and therefore, the inclusion of Osteopathic Principles and Practices is strongly implied. There is no doubt that the certification is osteopathic as the word osteopathic appears on each certificate a minimum of five (5) times.

Explanatory Statement: Reference Committee
At the 2019 House of Delegates, the House referred Resolution H224-A/19 to the Bureau of Osteopathic Specialists (BOS) for review and recommendation. Resolution H211, submitted by BOS, does not respond to the 2019 House of Delegates request, and therefore, Resolution H224-A/19 still requires final action by the House of Delegates. The Committee presents Substitution Resolution H211, which is the resolved statement from H224-A/19. The testimony heard by the Committee was in opposition to this language, and generally supportive of the current terminology included on AOA board certificates. The Committee supports the BOS and its member certifying boards, believing that the BOS and its member certifying boards must have the authority to determine the terminology used on AOA board certificates. Current AOA board certificates state the word, “Osteopathic” a minimum of five (5) times and the Committee believes this to be sufficient.

Background Information: Provided by AOA Staff
Current AOA Policy: None
Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: NOT ADOPTED

DATE: October 14, 2020
SUBJECT: AOA BOARD CERTIFICATION TERMINOLOGY

SUBMITTED BY: Massachusetts Osteopathic Society

REFERRED TO: Committee on Educational Affairs

WHEREAS, the mission statement of the American Osteopathic Association (AOA) is to “advance the distinctive philosophy and practice of osteopathic medicine”; and

WHEREAS, the mission statement of the Bureau of Osteopathic Specialties (BOS) states that “the BOS is the certifying body for the approved specialty boards of the AOA and is dedicated to establishing the high standards for certification of osteopathic physicians”; and

WHEREAS, the AOA advertises the DO difference on www.doctorsthatdo.org, by stating that “There are more than 100,000 DOs in the US, practicing their distinct philosophy in every medical specialty. We have additional training in OMT and use this tool to help diagnose, treat and prevent illness and injury”; and

WHEREAS, www.doctorsthatdo.org also claims that “by combining the latest advances in medical technology with OMT, Doctors of Osteopathic Medicine offer their patients the most comprehensive care available in medicine today”; and

WHEREAS, osteopathic medical schools provide 4 years of distinct training in Osteopathic Principles and Practice (OPP) and OMT via minimal standards established by ECOP, including over 200 hours of training in OMT, with practical exams, OSCE, and COMLEX exams”; and

WHEREAS, the results of a survey of 214 people, 96% of whom were practicing DOs across the USA, shows that 88% of respondents agree that osteopathic certification terminology should clearly state a holder is certified in osteopathic principles and practice; and

WHEREAS, Appendix A of the July 2018 BOS Handbook has approved terminology for certification already approved that states, “General certification represents a distinct and well defined field of osteopathic medical practice; now, therefore be it

RESOLVED, that the terminology for American Osteopathic Association issued board certifications should state that a certificate holder is “Board certified in the Principles and Practice of Osteopathic “Specialty”.

Reference Committee Explanatory Statement:
Specific terminology on certificates is determined by the BOS and the individual certifying boards. The Committee requests the BOS report back to the 2020 House of Delegates on this issue.

ACTION TAKEN **REFERRED** *(to Bureau of Specialists)*

DATE **July 27, 2019**

ACTION TAKEN: **NOT ADOPTED** by action of substitute resolution H211 – Oct. 13 2020

DATE: **October 14, 2020**
SUBJECT: RESIDENCY REDISTRIBUTION OF CENTER FOR MEDICARE/MEDICAID SERVICES FUNDING FOLLOWING SINGLE ACCREDITATION SYSTEMS (SAS)

SUBMITTED BY: Osteopathic Physicians & Surgeons of California

REFERRED TO: Committee on Educational Affairs

WHEREAS, the Accreditation Council of Graduate Medical Education (ACGME) ratified the Memorandum of Understanding (MOU) for the Single Accreditation Systems (SAS) with the American Osteopathic Association (AOA) and American Association of Colleges of Osteopathic Medicine (AACOM) in 2014 for the transition of AOA accredited residencies into ACGME accredited programs starting in 2015; and

WHEREAS, the majority of Graduate Medical Education (GME) residency funding is by Centers of Medicare Medicaid Services (CMS) through direct graduate medical education (DGME) funding and indirect funding (IME); and

WHEREAS, the vast majority of those AOA accredited residencies that applied under SAS successfully achieved ACGME accreditation but without an increase in the total CMS funded GME residency positions; and

WHEREAS, a percentage of AOA accredited programs did not apply for ACGME accreditation and will close after the July 2020 date with a loss of CMS funded GME positions during a time when more funded ACGME positions are needed; and

WHEREAS, the consequence of many the AOA accredited programs not applying for transition from AOA accreditation to ACGME accreditation will be the loss of CMS funded positions and will significantly affect those communities that had GME positions prior to July 1, 2020 and are in need for medical care; and

WHEREAS, CMS may redistribute some or all the GME funded but closed residency training positions to other ACGME residencies; now therefore be it

RESOLVED, that the American Osteopathic Association (AOA) advocate and work in conjunction with the Accreditation Council of Graduate Medical Education (ACGME) to advocate for the continued development and Centers of Medicare Medicaid Services (CMS) funding of ACGME accredited residency training programs in rural and underserved areas affected by Graduate Medical Education (GME) residency position losses; and, be it further

RESOLVED, that the AOA advocates that CMS prioritizes funding new residency positions, and that these funds are not used to offset non-CMS funded residency positions.

Explanatory Statement: Submitted by Author
None provided.
Explanatory Statement: Reference Committee
The Committee received testimony that was mostly against the adoption of this resolution, including a desire by the authors to withdraw the resolution. The Committee believes that the current policies, H213-A/15, H329-A/16, and H201-A/19 satisfactorily address the concepts proposed within this resolution.

Background Information: Provided by AOA Staff
Current AOA Policy:
H329-A/16 GRADUATE MEDICAL EDUCATION FUNDING AND INCENTIVES
H201-A/19 GRADUATE MEDICAL EDUCATION – INCREASING OPPORTUNITIES

Prior HOD action on similar or same topic: H320-A/16 policy approved in 2016; H201-A/19 reaffirmed in 2019.

FISCAL IMPACT: $0

ACTION TAKEN: NOT ADOPTED
DATE: October 14, 2020
WHEREAS, the goal of osteopathic medical schools is to train competent, caring physicians who will be comfortable caring for people in all clinical care settings, and

WHEREAS, all osteopathic medical schools have developed their own method of assessment designed to assure that students acquire and demonstrate core clinical skills, and

WHEREAS, the COVID-19 pandemic has created challenges and risks to students who have to travel to national standardized examinations administered by the National Board of Osteopathic Medical Examiners (NBOME) to one of two standardized testing centers run by the NBOME, and

WHEREAS, the COVID-19 pandemic has created challenges and risks to students by exposing students to standardized patients, and

WHEREAS, the NBOME is still striving to schedule and administer a standardized clinical skills/performance evaluation examination to all current osteopathic medical students in a safe manner, and

WHEREAS, the NBOME has provided conflicting information on scheduling dates for this examination to osteopathic medical students which has necessitated multiple rescheduled examinations, and

WHEREAS, communication from the NBOME on plans to make the performance evaluation/clinical skills exam safe for students and with key stakeholders needs to be done in a timely manner, and

WHEREAS, the time and resources required of students to take the clinical skills/performance evaluation removes students from the learning environment with required travel for longer than other alternatives, and

WHEREAS, all osteopathic medical schools have clinical skills training sites at each college of osteopathic medicine, and

WHEREAS, technology has provided us with new efficient and safe ways to assess the same skills; now therefore be it,

RESOLVED, that the American Osteopathic Association (AOA) work with key stakeholders to provide safe and remote clinical skills testing without granting a monopoly to any one business entity; and be it further
RESOLVED, that clinical skills testing in a standardized, safe and effective format be provided in the safest manner possible even if that means that the tests be provided through the Colleges of Osteopathic Medicine or other entities such as state or specialty societies, and be it further

RESOLVED, that American Association of Colleges of Osteopathic Medicine (AACOM) and the AOA work to create a feedback system for the National Board of Osteopathic Medical Examiners’ (NBOME) performance regarding communication with students and key stakeholders, and attention to safety and industry standards in scheduling test administration to see how the NBOME performs and where an increased focus might be necessary to meet the standards expected.

Explanatory Statement: Submitted by Author
None provided.

Explanatory Statement: Reference Committee
The Committee heard mixed testimony, but mostly against the adoption of this resolution. The Committee believes that the resolution is not within the AOA’s authority. The AOA does not mandate the work of AACOM, NBOME, or Colleges of Osteopathic Medicine. The intent of the resolution is wholly supported, and the Committee is hopeful that the clinical skills testing will be given in a standardized, safe and effective format.

Background Information: Provided by AOA Staff
Current AOA Policy: H206-A/16 COMLEX-USA LEVEL 2-PE
Prior HOD action on similar or same topic: Policy reaffirmed in 2016.

FISCAL IMPACT: $0

ACTION TAKEN: **NOT ADOPTED**

DATE: **October 14, 2020**
SUBJECT:  AUDITION ROTATIONS FOR OSTEOPATHIC MEDICAL STUDENTS

SUBMITTED BY:  Iowa Osteopathic Medical Association

REFERRED TO:  Committee on Educational Affairs

WHEREAS, the Single Accreditation System (SAS) was fully implemented on July 1, 2020; and

WHEREAS, most FOURTH-YEAR medical students must choose to schedule visiting student or “audition” rotations at hospitals institutions, other than those affiliated with their own medical school which that sponsor residencies into which the student desires to match; and

WHEREAS, some hospitals institutions charge fourth-year medical students a fee for participating in audition visiting student rotations; and

WHEREAS, in some hospitals institutions, fourth-year osteopathic medical students are required to pay substantially higher fees than allopathic students are required to pay or are being refused the opportunity to participate in audition visiting student rotations solely because they are enrolled in an osteopathic medical college; and

WHEREAS, this places osteopathic medical students at a significant disadvantage in matching into their desired residency program and causes them to incur significantly higher expenses compared to allopathic medical students; now therefore be it,

RESOLVED, that the American Osteopathic Association (AOA), through its representatives to the Accreditation Council in Graduate Medical Education (ACGME) partner with interested stakeholders including, but not limited to, the Association of American Medical Colleges (AAMC) and American Association of Colleges of Osteopathic Medicine (AACOM) to address seek changes to the institutional accreditation standards to prohibit the discriminatory practice of prohibiting medical students from visiting student rotations or charging different fees to medical students based solely on their osteopathic training charging osteopathic medical students a fee different than that is charged to allopathic students for audition visiting student rotations (e.g. audition rotations); and, be it further

RESOLVED, that the AOA work with any and all relevant organizations to also seek any other necessary changes in institutional or residency standards policies and/or practices that prohibit visiting student rotations or charge inequitable fees to medical students based solely on their osteopathic training to prevent any ACGME accredited institution or program from discriminating that may allow for bias against osteopathic medical students or residents in any way; and, be it further
RESOLVED, that when the AOA WILL CONTINUE TO ADVOCATE FOR
OSTEOPATHIC MEDICAL STUDENTS AND RESIDENTS WITH
INSTITUTIONS, PROGRAMS, AND OTHER RELEVANT STAKEHOLDERS
WHEN THE AOA becomes aware of any instance of discrimination against
osteopathic medical students, it shall advocate on behalf of the students with the
institution.

Explanatory Statement: Submitted by Author

1. See the following example:

“The University of Iowa Carver College of Medicine annually accepts applications from visiting fourth year medical students from LCME accredited schools. (We cannot accept applications from D.O. students in Osteopathic programs)”

“Visiting Student Information and Application”, University of Iowa, Carver School of Medicine, https://medicine.uiowa.edu/md/student-support/visiting-student-information-and-application, accessed June 10, 2020

“A nonrefundable application fee of $150 for MD students is due on receipt of an offer for externship. DO and International medical students are required to pay a nonrefundable fee of $4,150 on receipt of an offer for externship.”

“Visiting Students for Academic Year 2020-2021”, University of Colorado School of Medicine, http://www.ucdenver.edu/academics/colleges/medicalschool/education/studentaffairs/extern/Pages/default.aspx, accessed June 10, 2020

“2. APPLICATION FEE – NOT REQUIRED FOR LCME-APPROVED OR DOMESTIC MEDICAL SCHOOLS.

Osteopathic Students: $50 payable to “UIC” in the form of a money order, traveler’s check or cashier’s check.
Fee waived (LCME/domestic)”


Explanatory Statement: Reference Committee

The committee heard mixed testimony but general support for the premise of the initial resolution. It was noted that the ACGME does not have purview over medical students or any fees charged to them for visiting, or "audition", rotations. The committee believes that the proposed amended resolution captures the spirit of the initial resolution and addresses the responsible stakeholder organizations.

Background Information: Provided by AOA Staff

Current AOA Policy: None

Prior HOD action on similar or same topic: None
FISCAL IMPACT: $0

ACTION TAKEN: ADOPTED as AMENDED

DATE: October 14, 2020