

MINUTES

Ohio Osteopathic Association Board of Trustees

November 14, 2020
9:30 am

ZOOM

Members present were: Members present were: Sandra L. Cook, DO; Jennifer J. Gwilym, DO; Nicklaus J. Hess, DO; Charles D. Milligan, DO; Henry L. Wehrum, DO; John C. Baker, DO; Michael E. Dietz, DO; Andrew P. Eilerman, DO; Nicholas G. Espinoza, DO; Melinda E. Ford, DO; Douglas W. Harley, DO; Katherine Hovsepian-Eilenfeld, DO; Chelsea A. Nickolson, DO; Kristina M. Kazimir, OMS II. Guests present were: Robert W. Hostoffer, DO; Beth A. Longenecker, DO; Governor Mike DeWine; Phil Ennen, Governor's Testing Team; David Pugach, JD, SVP of Public Health, AOA. Staff: Matt Harney, MBA; Cheryl Markino; Joanne Barnhart; and Carol Tatman

Dr. Cook called the meeting to order at 9:36am. She asked the trustees to introduce themselves and provide any updates. Dr. Eilenfeld said they had their Westside Seminar virtual in September. She said it was well received and it was one of the highest attendance they've had. She said they were going to be meeting soon virtually to pick research award winners for the upcoming January conference. Dr. Harley stated they haven't had any new activity. Dr. Ford said they had a couple of executive committee meetings and they have a meeting planned for December. Dr. Cook then asked the Executive Committee to introduce themselves.

Next Steps for Pandemic Planning--Governor DeWine

Mr. Harney announced that Governor DeWine has joined the meeting. Mr. Harney welcomed him to the Board meeting and thanked him for taking time out of his busy schedule to participate. He gave Governor DeWine a little background on the Board. He thanked him for his leadership during the pandemic. He said the OOA has worked to support his efforts. He told him we along with other associations led a social media campaign by promoting masks and distancing. He then turned it back over to Dr. Cook.

Dr. Cook thanked the Governor for being there. She said that his team wanted to know what questions the physicians were getting from patients. She opened the discussion to the Board. Dr. Wehrum said he knows that there is immediate testing available at certain testing centers, He said one of his patients asked and he didn't know the answer. He asked if anything will be posted on the ODH website or affiliate websites, if that information will be updated and posted.

The governor said that there was no statewide system and that they try to keep information updated regarding testing. He said testing is being done by hospitals, universities, and pharmacies and they try to keep up with that information. He said the testing capacity in the state has gone up. He said we were 8th per capita in testing and at one point we were 43rd. He said the market hasn't expanded as expected but it will. He said the ODH website should indicate where people can go for testing. He said Ohio State is testing every day at the fairgrounds.

Dr. Hostoffer introduced himself and thanked the governor for his leadership regarding the virus. He asked the governor how the vaccine will be distributed in Ohio. He said he know the most at risk and first caregivers will receive it first, but how will the vaccine be distributed to the

other citizens. The governor said he had been told that we should receive our first shipment of 30,000 in December. He said our priorities are aligned with those of the federal government. Gov. DeWine said we're going to start with people who work and live in nursing homes. We will then go to the medical professionals who are working directly with COVID patients, and then go from there. He said some of this is not very clear with shipping and the initial vaccine is going to be two shots. The storage will have to be frozen. Gov. DeWine said the priorities are to save lives and getting it out quickly. Unfortunately, current pollings shows half of Ohioans will not take the vaccine. He think that will change once the FDA approves it and once people start taking it. He said we still have a ways to go. He said part of his message to the state of Ohio is that we're going get through this, that there's hope.

Dr. Hostoffer said he sits on the AOA Board of Trustees and one part of the health initiative is to promote the vaccine. He said he is excited that there is hope and that he is our Governor.

Dr. Ford said the feedback she is hearing from patients is over half the patients said they will not take the vaccine. She said some of them say it's only a cold and they have no fear of it. She said some still think it's a conspiracy that the virus doesn't exist or has been blown out of proportion. Gov. DeWine said they hear this every day. He said in Ohio a month ago we had 1,000 people in hospitals with COVID-19 and a week ago we had 2,000 and today we have over 3,000. He said it's going up at a faster rate than he thought it could rise. He said the day before we were over 8,000 new cases that day alone. He said if we can't slow this down the state will shut down on its own. He said he talked with the Superintendent of Pickaway County schools and they are concerned about not having enough bus drivers and keeping teachers in class. The Monday after that meeting he said he was making it mandatory for mask wearing and enforcing it. He said there was a huge increase in cases from weddings and funerals. He said they have to go by the same standards as restaurants--no dancing, stay seated, wear masks when walking around, etc. He said the worst is from the way people live their daily lives--gathering for football games, cookouts, get-togethers, sleepovers etc.

Dr. Milligan asked about the refrigeration of the vaccine and if there's a plan to acquire adequate refrigeration. The Governor said that some of the containers the vaccine is shipped in is what will be used to store the vaccine for however many days is needed. He said that may change, but that's what they were told about a week ago. He said the National Guard is involved with the logistics. He said General Harris has been working on that with his team. Some of it is going to be shipped by the federal government.

The Governor had to attend another conference. The Board thanked him for his time and information.

Dr. Cook introduced Dr. Longenecker who recently entered the meeting. Dr. Longenecker said there was a company in The Plains who has a wide range deep fridge system. She said it has applied to be a distribution site. She said they are actually looking for a portable system that they can take on their vans to take to the 27 counties they serve to vaccinate. She said it's about \$3,000-\$3,500 for the portable and is hoping for some grant money.

Consent Agenda

Dr. Cook asked if there were any questions or comments on the minutes, financials, and reports. She asked for a motion to approve. **Dr. Hess made a motion to approve. Seconded by Dr. Gwilym. Approved unanimously.**

President's Report

Dr. Cook said they have done a number of efforts to support the use of masks and appropriate social distancing. She said we had excellent attendance at the AOA House of Delegates and thanked all who attended virtually. She turned it over to Mr. Harney to report the rest.

Executive Director's Report

Mr. Harney started off by thanking everyone for their volunteerism to the profession and the Board. He said the conversation with Governor DeWine had been perused for a few months. He said we wanted him to participate for a couple of reasons. One, to elevate the osteopathic profession in the mind of our Governor, and hopefully benefit from that awareness. And two, to provide a voice for care provided outside of hospital settings. He said a lot of the pandemic preparedness has been built around the hospital systems. He thinks it went well with the Governor and hopes it was helpful for everyone.

He said moving forward with the next stage of the pandemic, we've spent some time on the Executive Committee level talking about the two pronged effort. The first being the extended testing and how we could outline the model infrastructure that could allow some of the smaller clinics to engage in extended testing, while also understanding the vaccine coordination.

Moving on education, we've recently created a two-hour educational session that's required of those physicians wanting to recommend marijuana. The live event was held on September 22 and has been converted into an on-demand version. Members receive a discount.

He said the elections were last week. Most notably, the OOPAC Committee finalized a questionnaire for state legislative candidates. He said we sought positions on items such as scope of practice, HB 177, pandemic response, support for Medicaid funding, and OU-HCOM. We received 46 responses. He thanked the committee for their work.

He said the lame duck legislative session, which Dr. Gwilym will be covering in her report, is going to be a flurry of activity in the next few weeks.

He said the OOA continues to issue surveys to members to inform our work. He said we spend a lot of time working to gain member input. One of the things that members initially indicated was they needed PPE. We've added as a member benefit a PPE group buying opportunity through a consortium of other state medical associations. From our website, you can place orders for N95s, shields, gowns, three sizes of gloves, masks. Members receive a five percent discount.

He said we continue to update our COVID-19 resource page with clinical guidance, state orders, telehealth information, and licensure updates as those occur. He said Osteofacts seems to be our broadest communication tool, quickly providing the relevant information that our members want. He said in yesterday's Osteofacts we included a form seeking input on anything our doctors want to hear about.

He said he and Dr. Cook provided an OOA Update to the NW District conference last week.

He also offered a friendly reminder about DOCME. Many of our Virtual Spring Seminar presentations are on that site as on-demand offerings. There are huge member discounts offered on the site and asked the Board to share that info with their colleagues.

He said since the last meeting he has had the good fortune to be nominated and accepted some positions on various osteopathic organizations. He was appointed to the AOA Bureau on

Affiliate Relations, VP of the National Association of Osteopathic Foundations, and Treasurer of the American Osteopathic Society of Executive Directors. He said he looks forward to representing Ohio DOs in these various capacities.

Dr. Wehrum congratulated him on his appointments.

Governor's Testing Team—Phil Ennen

Mr. Harney introduced Phil Ennen, who serves on the Governor's testing team. Mr. Ennen has been assigned with developing infrastructure for expanded testing and how to partner with various licensed independent practitioners.

Mr. Ennen said the work he has been doing with ordering providers is approaching rapid testing on a very large scale. He said that's the upside. The down side is these tests are CLIA waiver tests, which means there needs to be an ordering provider. He began engaging with the provider associations to come up with a resolution to providers who want to participate but need a lot of questions answered. He said he came up with the first draft of the document and shared that. Mr. Harney said that material was shared in the board packet.

Mr. Ennen said he's been asked to make this a more living document instead of a static document, including proposed testing solutions. They want to make sure they don't use a test solution with poor design. In addition, he's been asked to work into the document more details about how patients will be educated prior to the testing and post results. Providers want to see what kind of information these patients are going to receive about testing and the testing result. He has also been asked to develop, almost like a grid, of testing solutions that have been evaluated, reviewed, and profiled, matched against appropriate target populations. He's currently reviewing New York state testing guidelines and pathways. Ordering providers will want review and provide input on information that's given to patients--especially information regarding a positive test result. He said the document he shared previously has been slightly amended and will make additional updates moving forward.

Dr. Cook thanked Mr. Ennen for taking the time to attend our meeting. She said we will do everything we can to support these efforts.

OU-HCOM Report

Dr. Longenecker said she wanted let us know that Governor DeWine actually gave a shout out on October 27 by wearing a Heritage College tie in his afternoon press conference.

She said they resumed clinical rotations over the summer. She said they currently have 99% of the students who are slated on an active clinical rotation, in rotation currently. She said they brought the new class in last August and have their second-year class doing pre-clinical course work in a hybrid fashion. They're doing all the small things online. They come onto campus to do anatomy, OMM, and clinical skills testing. She said everything is being done fully masked. The students are in small groups of eight to ten. She said they had one positive test in the lab. She said they want to minimize the potential infection activity in their classes and they've been really successful. They've had only 13 students test positive, and 81 in quarantine among all four years (1000 medical students). She said they plan to resume the same thing in the spring semester. She said they asked the students not to be involved with COVID-19 positive patients. She said some of the other colleges allow their students to see COVID-19 patients on a voluntary basis. She said the fourth-year students are not traveling out of state and residents are interviewing online. Currently, all student interviews are online. They can come tour the school in person though.

Dr. Longenecker said there is a coalition for physician accountability that is being organized in a partnership between the American Association of Colleges of Osteopathic Medicine, the ACGME, the AAMC, FSMB, and multiple licensing boards across the country.

She said the Athens campus did a phased reopening for the undergraduate students. She said they had about 2,000 students come on Tuesday. She said the plan is to increase the number of students next semester, but that will depend on the current situation with COVID-19. They will not be bringing undergraduate students back after Thanksgiving and will not be starting the spring semester until after Martin Luther King Jr. Day. The medical students are going to be on their regular schedule.

On the facility update, the renovations in Dublin are to be completed in March. The new building in Athens is really coming along. They're supposed to get a certificate of occupancy right before Christmas. She said, since they can't move everything in 20 days, they will not start the new curriculum in that building until the Fall semester. They will be moving some of the administrative support over the Christmas break. The class of 2024 and 2025 will start in the new building in August.

Mr. Harney asked what the pandemic has had on medical student applications. She said they are seeing a record number of with over 5,000 applications already. She said if you look at the AACOM list, there is an increase of over 4% from last year. She said there has been a lot of advertising that is impacting the number of applications.

OU-HCOM Student Leadership Report

Student Doctor Kazimir thanked the Board for having her here today. She wanted to take a moment to say thank you very much for valuing student's feedback and giving Alex, Lauren, and herself an opportunity to speak to you all today and at each meeting.

She said 2020 has been a year filled with many challenges but during these challenges OU-HCOM has grown and shown dedication to our community, our patients, and our students. She gave a few highlights of many initiatives our students are taking. She said at the last meeting Lauren mentioned how we have been working on our Wellness SGA position and bringing equitable student health services to Cleveland and Dublin students. During the pandemic, mental health has been a major concern for our student body and she is happy to report that OU-HCOM was able to work with our partners at Syntero to offer 8 free counseling services and discounted rates for students after that number is met. This is a big win for our students as well as faculty and staff and shows our priority during difficult times still lies with the overall health of students.

A new pilot initiative SGA has taken is the SGA Diversity and Inclusion officer. This individual is an elected member from the Student National Medical Association (SNMA) board at each of our campuses. It is an exciting endeavor and we hope that by incorporating these members into our infrastructure we will be able to create initiatives that are more inclusive and progressive at OU-HCOM. She said one such initiative is we have begun looking into working with our community and clinical partners to eliminate race based GFR measuring. We hope to have more to report on this project in the near future but as of now it is exciting to see the progression and ambition our team has to create better outcomes for patients of color.

Lastly, just a quick shout out to our student organizations. During COVID-19 it has been difficult to get involved with our communities and each other. Students have been missing out

on one of the best aspects of medicine involvement and that is working with people regularly. Our student organizations have gotten so creative by having virtual workouts, pen pal initiatives, events held outdoors at parks with distance such as art in the park. It is uplifting to see how badly students want to continue to uplift and be a part of the communities we will one day serve.

She said she hope that during these times you and your families and patients have all remained healthy and well and continue to do so with the coming of the new year. She thanked the Board.

Ohio Legislative Update

Dr. Gwilym thanked Ms. Markino for preparing her slides. She said Mr. Harney added some items and thanked them both. She said much of the legislative info is the same from the last board meeting. Regarding lame duck session, there are several bills on the committee agendas. She starts with the COVID-related bills.

HB 61 would allow mental health providers from certain disclosures of Public Records Laws. Language from SB 31--requiring permission for contact tracing—has been added to the bill. Passed by Senate; House refuses to concur with Senate amendments; Conference Committee named for the House. Not much has been done since the last time they met.

HB 606 provides qualified immunity to physicians and a wide range of health care workers who provide services during a declared disaster or emergency; makes prison staff, grocery-store workers, and first-responders eligible for workers' compensation should they become infected with the coronavirus; and shields state and local governments from coronavirus-related suits. This bill has been signed and will go into effect 12/16/20.

SB 308 removed language that would have continued the immunity into permanent law; holds health care immunity to a reckless standard; eliminates immunity for intentional conduct; and clarifies that orders and recommendations do not create a legal duty for tort law. OOA submitted written proponent testimony to Senate Judiciary Committee. Passed by Senate; assigned to House Civil Justice Committee.

HB 624 requires reporting of specific COVID-19 testing data from the Department of Health. Opponents argued most of the information is already available, infringes on patient confidentiality, and undermines health officials. Passed by House; referred to Senate Government Oversight and Reform Committee.

HB 673 allows pharmacists to conduct COVID-19 and antibody tests. Passed by House; referred to Senate General Government and Agency Review Committee.

HB 679 requires a health benefit plan to reimburse a health care professional for a covered telehealth service, but does not require the reimbursement to be a specific amount. Passed by House; referred to Senate Insurance & Financial Institutions Committee.

SB 1 The Senate unanimously rejected the House's attempt to limit the authority of the Ohio Department of Health Director, by refusing to concur with amendments. Conference managers named in House and Senate.

Moving on to non COVID-19 bills:

HB 11 creates a series of programs to address infant mortality. It was amended to include changes to the state General Revenue Fund, allowing certain Medicaid appropriations to be allocated toward the federal share. Signed into law by Gov. DeWine.

HB 253 would legalize the discharge of consumer grade fireworks, including bottle rockets, firecrackers, and missiles. OOA submitted opposition testimony. Passed House; referred to Senate Transportation, Commerce and Workforce Committee.

HB 388 regarding surprise medical billing. Creates a multi-step process for negotiating out-of-network payments. The medical profession, insurance industry, and lawmakers have been working on the issue for more than a year. Under the proposal, an out-of-network provider sends its bill to the patient's insurance company. The insurer can propose a different payment: the highest of their in-network rate, their out-of-network rate, or the federal Medicare rate. The provider can either accept the payment or negotiate another rate. If that fails, the parties go to arbitration with the loser paying 70% of arbitration costs and the winner paying the rest, with the added expense intended to encourage an agreement during the negotiation period. Passed House; referred to Senate Insurance & Financial Institutions.

SB 252 to prohibit "fail first" coverage of drugs to treat stage four advanced metastatic cancer. Passed Senate; referred to House Health Committee.

HB 469 directs insurers to count all payments towards the deductible—whether made by the patient or through a co-pay assistance program from, for example, charities, churches, drug manufacturers. In recent years, health plans have refused to apply this portion as part of a practice called "co-pay accumulator adjustment."

OOA is among the 40 patient advocacy groups and health care provider organizations that support the bipartisan legislation and signed-on to a letter to Gov. Mike DeWine in April requesting an Executive Order that would require insurers to accept all forms of financial assistance to help patients pay for medications through their mandated co-payment or deductible requirements. Under consideration in House Health Committee. Proponents pushing for action during lame duck.

HB 177 deals with APRN scope of practice. HB 177 has taken on many different iterations as we're nearing a ninth version of the bill following an IP meeting on October 23. In the current version of the bill, the standard care agreement between nurse practitioners and physicians is removed after the APRN completes 2,000 hours of collaboration—and allows the collaboration to be with an APRN who has obtained the requisite hours. The bill also bans physicians from prescribing Schedule II drugs from convenience care clinics. The bill has received 6 hearings in the House Health Committee. The OOA has provided testimony multiple times in opposition to this bill. The bill remains under consideration in House Health Committee. Proponents pushing for action during lame duck.

HB 747 introduced August 10, prohibits Pharmacy Board from preventing the prescription and use of approved medications or pharmaceuticals, including hydroxychloroquine, for off-label treatment. Referred to Health Committee.

SCR 14 declares racism a public health crisis and calls on the Governor to establish a working group to promote racial equity. The OOA submitted testimony to the Senate Health, Human Services and Medicaid Committee in support. The House companion has not received a hearing.

Telehealth

The Ohio Department of Medicaid filed permanent rules to continue expanded telehealth options beyond the COVID-19 pandemic.

- Expand eligible telehealth services
- Increase eligible providers
- Relax barriers for patient access

Per ODM, there have been approximately 2.6 million telehealth claims since March. Previously, ODM providers averaged less than 1,000 telehealth claims/month for physical health services.

Moving on to the elections, Dr. Gwilym reported 115 state legislative seats were up--16 Senate seats and 99 House. The OOPAC survey was sent to all and we had 46 responses. She said the first year we did this, we had only 8 or 9 responses.

We had two DO candidates for Ohio General Assembly: Terry Johnson, DO, who retained his Ohio Senate, District 14 and first-time candidate Rachel Morocco, DO, fell short in her race for Ohio House District 67.

Dr. Gwilym provided additional overviews of the composition of both the House and Senate as well as leadership for both chambers.

She finished her report by mentioning the House Health Committee already met Nov. 10 and plans to meet six more times during lame duck. Currently, the committee has 96 bills referred.

Federal Legislative Update

Dr. Cook then welcomed AOA Senior Vice President of Public Policy David Pugach, JD, to the meeting. Mr. Pugach expressed appreciation for the opportunity to speak with us.

He then provided an overview of AOA public policy functions:

- Federal Lobbying: The AOA engages directly with lawmakers to advocate for policies that support the osteopathic profession.
- State Advocacy: The AOA collaborates with state osteopathic associations to engage with state lawmakers on issues that affect our physicians and patients.
- Regulatory Advocacy: The AOA studies and evaluates regulatory proposals that could impact the profession, submits comments to federal agencies, and engages directly with federal agencies' leadership to promote our goals.
- Osteopathic Representation on Federal Advisory Committees and Panels: We regularly submit nominations and advocate for the selection of our DOs on federal advisory committees and panels, so that the osteopathic perspective on health issues is represented on committees and panels.
- Grassroots: Lawmakers need to hear from their constituents on important issues and the AOA works to ensure the voice of DOs and medical students is heard through online advocacy and meetings.
- Campaigns*: The American Osteopathic Information Association supports the campaigns of candidates who will further our profession's goals and values.

Mr. Pugach then provided an update on 2020 advocacy projects with states as well as federal advocacy. There were several successful initiatives in regulatory affairs, COVID-19 liability protections, and telemedicine.

The AOA/AOID also issued a Provider Relief Survey, including results 742 DOs from 47 states and 40 specialties. The most important takeaways from the survey:

- 95% of physicians responding have experienced a reduction in practice revenue.
- About half have received some level of financial relief.
- 75% say they need additional relief.

The AOA is planning a follow-up survey in the coming weeks.

Moving on to the 2020 Election results, he said it's projected that Joe Biden will be the next President. The Republicans will have at least 50 seats in the Senate and Democrats will have a slight majority in the House. He said every single member of the congressional delegation in Ohio remained the same. The upcoming key transition events include:

Pre-election "planning" phase

- Name transition chair(s) and key staff
- Develop relationships with the GSA, FBI, OPM, OGE, current administration, and Congress
- Set goals and develop project plan for transition

Post-election "transition phase"

- Appointing key White House and agency staff
- Deploy teams to agencies for policy/structure review
- Finalizing policy agenda/schedule
- Naming cabinet

Post-inauguration "handover" phase

- New admins must fill about 4,000 political positions
- Over 1,200 positions require Senate confirmation
- Official transition organization must also wind down

He also listed the pending legislation in the current Congress:

- FY 2021 appropriations bills;
- Expiring public health programs, including THCGME and NHSC;
- COVID-19 financial relief and public health support
- The Improving Seniors' Timely Access to Care Act;
- The Dr. Lorna Breen Health Care Provider Protection Act;
- Budget Neutrality Adjustment (Impacting E/M Rates);
- Surprise Medical Billing; and
- Maternal Health.

Mr. Pugach also mentioned the following grassroots efforts: Physician Burnout Prevention, Financial Relief, Medical Liability Reform, and Student Debt Relief

He also mentioned the following resolutions of importance in terms of access to care:

H336-A/19 - EXTENDING MEDICAID COVERAGE TO 12 MONTHS POSTPARTUM - The American Osteopathic Association supports state legislation, Section 1115 waiver applications, and federal legislation to extend Medicaid coverage to 12-months postpartum.

H338-A/18 - UNINSURED – ACCESS TO HEALTH CARE - The American Osteopathic Association supports federal and state efforts to increase access to affordable health care coverage through initiatives that expand coverage to the uninsured through the efficient use of both private and public resources and supports efforts to reform programs such as Medicaid, Medicare, and State Child Health Insurance Program (SCHIP) to provide coverage to

populations that would otherwise lack health care coverage and ultimately, access to needed health care services.

H313-A/17 - HEALTH CARE THAT WORKS FOR ALL AMERICANS - The American Osteopathic Association has a priority goal to encourage the US Congress for passage of legislation to further the national health care debate; that this public debate address the major issues that threaten the ability of osteopathic physicians to provide quality, cost-efficient health care to their communities, including the availability of affordable health insurance for all citizens, inclusion of osteopathic physicians, training institutions, and osteopathic manipulative services on insurance company reimbursement, and the fundamental question of Professional Liability Tort Reform; and that follow up activity assures that Congress enacts the appropriate legislation that assures the accomplishments of the above-listed goals.

H320-A/16 - MEDICAID PHARMACEUTICAL BENEFITS - The American Osteopathic Association should advance federal and state policies that ensure Medicaid beneficiaries have access to high-quality health care at the same level of non-Medicaid beneficiaries, to include all healthcare services and products including relevant pharmaceuticals, medical devices, and therapies.

Looking Ahead to the 117th Congress, top issues include: Continued focus on COVID-19, Healthcare access and affordability, Rural health, Telehealth, and Workforce Issues. This list could also include anything unfinished in 2020, including: FY 2021 appropriations bills; Expiring public health programs, including THCGME and NHSC; Surprise Medical Billing; and the Maternal Health (MOMS Act). Mr. Pugach asked if there were any questions.

Mr. Harney asked if he had any insight on the COVID relief bill as it relates to PPP eligibility for c6 organizations. Mr. Pugach said whether or not those nonprofits will be included really hinges on what the broader negotiations are. If there is an appetite to do the larger, stand alone COVID 19 package, then there will be policy changes that will be included and he'd assume that the c6 fix would be among them. However, if there isn't a consensus on pulling together a bigger package, it's an impediment to the c6 change. He said his best guess right now is there are a number of challenges working against seeing something big this year. He said Congress is back this coming week but it's more about their organizational meetings. He said it's unclear what the White House is willing to support, and that's a major factor.

Dr. Cook thanked him for attending our meeting and for the information he provided.

AOA Update

Dr. Hostoffer said it was a pleasure being back with the Board. He said there's been a lot of things going on within the AOA . He said there will be a mobile app for the AOA shortly.

He said OMED was a wonderful event and was held virtually. He said they had 3,878 registrants. Of those, 3136 were DOs. There were 419 first timers, and 547 non-members. He said there was a big push for better revenue sharing with specialty affiliates. He said the turnaround time for reimbursement sent to specialty affiliates has been shortened dramatically.

Moving on to the public relations issue with FIGS and their disparaging of DOs. AOA CEO Kevin Klauer, DO, got ahold of FIGS' Executive Board. He said there was a statement of potential legal action. FIGS turned around and immediately retracted the negative comments regarding osteopathic physicians and submitted an apology. Also, within 24 hours a check for \$100,000 was deposited into the AOA account. He said it's going to be used for advancement

of women in medicine. He said the AOA and Dr. Klauer did a great job protecting the profession.

He said the AOA House of Delegates went very well. He said it had to go into a second session. He said everyone had an opportunity to speak offer their opinion. He said a lot of the resolutions passed and the business went ahead despite the virtual nature of the meeting. He said the AOA is working on through the boards reciprocity for ABMS certified DOs. He said this will allow any DO who is certified by ABMS to have reciprocity through our AOA boards. This will be coming up in the near future.

He said the JAOA will be getting a new name. It's going to be The Journal of Osteopathic Medicine. The logo will remain the same. It will be a totally online version. He said he is very happy with the editor and his ideas and he thinks it's going to be a wonderful product.

He said he is the Chair of the Research and Health Initiative. He said they are starting a new research project. He said this is an AOA contracted observational explorative study. The cost is \$100,000--five grants of \$20,000 each paid over 18 months. In an effort to support Osteopathic Recognition, this grant will be aimed at OMM instructors--hospital or non-hospital based, OMM, hospitals or COM-based, and residents working with an OMM instructor or department. The intent is to study the effects of OMM technique on disease. The grant can be used for equipment, participant recruitment, and consultation fees. The grant shall not be used for animal studies or salary support. The research will be in an abstract poster oral presentation at OMED and a manuscript submitted to the JOA. The JOA has collaborated with us on this. The JOA will provide a fast track peer review and publication of the manuscript generated from this grant. The JOA will provide a unique logo to be played on the public manuscripts and the recipients of the grants will have free access to the Scholar Series. He said that's the first part. We will have our standard grants going out that come to about \$400,000. They were able to pull together \$100,000 to focus on this new grant.

The second part of this committee is the Healthcare Initiative. The first initiative approved by the Board is immunization. The focus is going to be on COVID-19 immunization as well as influenza immunization. They are going to be looking to collaborate and involve the state affiliates, COMs, and students. The efforts will promote immunization to the general public and remove fear from vaccinations. They'll move forward as quickly as possible.

The second initiative is healthcare disparities as revealed to us by the COVID epidemic. One big disparity is access. That access is relative to the physician shortage. That'll be another healthcare initiative. Dr. Hostoffer is very pleased with the support he's gotten from AOA President Dr. Ely in bringing this to the AOA.

Dr. Hostoffer said they placed a new Scholar Series program—Scholar Teacher 2—to fruition. He thanked Mr. Harney and Ms. Markino for placing this on the OOA website. He encouraged everyone to take the Scholar programs.

Dr. Cook thanked Dr. Hostoffer for all the hard work he's put into the Scholar Series programs and for serving on the AOA Board.

Dr. Cook also mentioned the SMBO update was in the packet.

Dr. Gwilym made a motion to adjourn. Seconded by Dr. Harley. Approved. The meeting adjourned at 12:00pm.