Internal News - Miranda Willis, OMS II

The December SOMA advocacy focus is the business of medicine. This article will focus on a few of the resolutions that SOMA members have written with the intention of keeping medical care costs affordable and treatment accessible.

In the spring of 2018, a resolution titled “Combating Pharmaceutical Evergreening to Decrease Healthcare Costs and Increase Quality, Competition” was submitted by students from the University of Pikeville - KCOM. Evergreening is the practice by which companies are able to extend the patent on a drug by changing its shape, color, dose, etc. in a way that does not increase the efficacy of the medication. This practice prevents generic drugs from reaching the market, reduces competition, and keeps prices high. The resolution asked that the SOMA and the AOA advocate for and support efforts to combat evergreening. This resolution was presented at the 2018 AOA House of Delegates meeting as H-629 - A/2018, where it was approved. The Ad Hoc Committee of the AOA HoD felt that the spirit of the resolution further pursued that AOA’s current goal to advocate for the promotion of fair drug pricing.

In the fall of 2018, students from Rowan University SOM and NYITCOM collaborated to create a resolution titled, “Promoting Availability of Epinephrine Autoinjectors in Public Spaces.” This resolution asked that the SOMA campaign to promote increased availability of epinephrine autoinjectors in public spaces and raise awareness about the benefits of doing so. Some of the main arguments for approval were the increased prevalence of food allergies as a public health and food safety concern as well as the timeline for successful intervention in an anaphylactic event. This resolution was preceded by AOA resolution H-333 - A/2017, which supports increased availability of epinephrine in all forms to properly trained individuals. In 2018, H-352 by the AOA advocated for the availability of epinephrine products to schools, restaurants, sporting events, etc. It also advocated for appropriate training and funding so that providing epinephrine products to those in need would not be a financial burden on any individual business or institution. This resolution also created an initiative so that all further effort by the AOA on the topic of epinephrine availability would be known as the William G Anderson, DO Initiative for the Availability of Epinephrine Products.

The final resolution for this month was written in fall of 2018 by students from Liberty University COM and Rowan University COM. Titled “Childcare Services for Residency/Fellowship Programs,” this resolution asked the SOMA to support an increase in the number of institutions offering childcare and an increase in the accessibility of information regarding childcare at these institutions. The evidence for approval stated in this resolution cited physicians needing to work part-time to care for their children as a compounding factor in the physician shortage. Further, the lack of childcare services during residency and fellowship training was cited as a major stress factor for physicians both in training and in practice. This resolution was approved by the SOMA HoD.

TLDR: The SOMA reflects this month’s advocacy focus on the business of medicine through resolutions centered on combating pharmaceutical evergreening, increasing access to epinephrine autoinjectors, and supporting the provision of childcare services by residency and fellowship institutions. The SOMA makes clear through the resolutions approved in the House of Delegates that patient care and fair practices will always be at the forefront of our minds as physicians.

External News - Olivia Scholes, OMS III

2023 Medicare Physician Pay Cuts

Beginning in January, physicians face detrimental payment cuts if the demand for payment reform goes unaddressed. H.R. 8800 “Supporting Medicare Providers Act of 2022” is a bipartisan legislation that would stop the scheduled cuts. Payment cuts will not only perpetuate the burnout, suicidality, and financial strain American physicians currently face, but will also significantly impede patient access to healthcare. Learn more about the issue and find a template for contacting your representatives in this article from the Medical Group Management Association (MGMA). Learn more about the issue and the American Medical Association (AMA) stance and advocacy efforts in this article (4 minute read).

Spotlight - Isabella Mazzei, OMS II

F-22-22 Addressing the Student Loan Burden

There are so many words that can be used to describe medical school: exciting, intriguing, and oh so expensive. The average medical student graduates with over $300k in debt and ends up paying over an additional $200k in interest. This can be attributed to a few factors; namely the rising cost of tuition, costs of living, and the fact that neither graduate nor professional students qualify for subsidized Stanford loans. Luckily, OMS-II’s Syed Rizvi and Urja Parkih from Michigan State COM addressed this problem by writing F22-22: Addressing the Medical Student Loan Debt.

This resolution calls for the US Department of Education to allow medical students to qualify for the Stanford Subsidized Student Loan Plan. Qualifying for the subsidized loan plans would mean that any interest accrued while the student is in school is paid for by the government. This resolution has the potential to save students, future residents, and future physicians hundreds of thousands of dollars over years of practice. The best part? F22-22 was passed by the House of Delegates at OMED in Boston this past October!

For more information on F22-22, please visit studentDO.org.
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