

NEWSLETTER
2024

Internal News

NAVIGATING THE CROSSROADS OF CARE:

Shaping the Future of Healthcare

Internal News

Where are we now with women's reproductive rights?

In the aftermath of **Dobbs**, the not-so-united states have taken **sharply different paths** on reproductive rights.

Osteopathic medical students across the nation have advocated to **protect women's autonomy** and **access to care**.

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Resolution Spotlight

Traditional medical students are well into their **late 20s and early 30s** by the time they finish a standard 8-year medical education and residency. Many **delay childbearing**, which increases health risks. **F-24-08** urges for **fertility preservation and family planning education** in medical training to help balance careers and family goals.

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External News

Will **Trump and RFK Jr.'s** bold healthcare overhaul **revolutionize** the system or leave **vulnerable Americans** behind? The nation is **divided** over their sweeping proposed reforms.

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Advocacy Focus

WOMEN'S RIGHTS: THE FIGHT FOR REPRODUCTIVE JUSTICE

By Anika Gupta

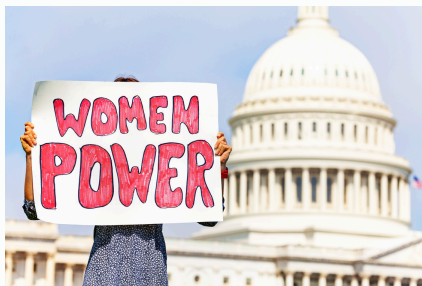


Photo by Canva

During this past election cycle, ten states had the chance to decide the future of reproductive rights in their state. After the Supreme Court's Dobbs decision, voters in many states have weighed in on constitutional amendments regarding abortion. Arizona, Colorado, Maryland,

Missouri, Montana, Nevada, and New York are all states where measures protecting abortion rights succeeded. In Florida, Nebraska, and South Dakota state constitution measures protecting abortion failed.

The Arizona ballot passed Proposition 139, meaning the state cannot interfere with the right to an abortion before fetal viability and can't penalize anyone for assisting an individual in obtaining an abortion as well. Similarly, in Colorado Amendment 89 was passed so the government would be prohibited from preventing that right. Additionally, the amendment specified that the state cannot interfere with health insurance coverage for abortions and also repealed a provision in the state constitution that limits the use of public funds for abortions. In Missouri, a similar amendment was passed but it

does allow the general assembly to enact laws to regulate abortion after fetal viability. However, abortions to protect the physical and mental health of the pregnant person are protected. In Nevada, Question 6 was brought up for consideration by voters which would create a constitutional right to an abortion without interference by state and local governments. Since this amendment was citizen-initiated, it has to pass in two consecutive general elections.

Nebraska had two initiatives on the ballot this year. Initiative 434 would prevent abortions after the second and third trimester, except in medical emergencies or when pregnancy results from sexual assault or incest. Initiative 439 would amend the state constitution to establish a fundamental right to an abortion until fetal viability or to protect the life of the pregnant patient. Voters

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ended up approving Initiative 434. In South Dakota, Amendment G was also not passed which would have regulated abortion on a trimester basis. Currently, all abortions in South Dakota are banned except for preserving the life of the pregnant woman.



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The SOMA has passed many resolutions advocating for women's right to reproductive healthcare access and support of Roe v. Wade. Resolution S-19-31 was written by medical students from Alabama College of Osteopathic Medicine. It called upon the American Osteopathic Association (AOA) to stand by the American College of Obstetrics and Gynecology (ACOG) in their recommendation for safe and legal abortion resources. Resolution S-24-53 further advocated for access to reproductive services by calling for the decriminalization of self-induced abortions. The resolution was originally approved in 2019 and reaffirmed in 2024. The resolution opposed legislation that criminalizes self-induced abortions on the basis that these efforts may threaten the well-being of the patients.

Other resolutions from SOMA have taken a broader approach by advocating for continued funding of Title X-funded family planning services. These services play a crucial role in providing contraceptive services and preventing unintended pregnancies and abortions each year. Access to family planning has been proven to reduce maternal and infant morbidity and mortality. Given the public health impact of these services, resolution S-16-20 written by medical students from AT Still University of Osteopathic Medicine in Arizona aimed to advocate for continued funding for these services given how critical they are.

Overall, there is a lot of uncertainty about the future of women's rights and their access to reproductive health services. Every state has varying legislation with a lot of nuance and variable interpretation. As someone interested in going into OBGYN, I will continue to advocate for women's rights alongside my peers and work to restore their right to autonomy over their bodies and lives.

Resolution SPOTLIGHT

**F-24-08 SUBJECT: ADVOCATING
FOR FERTILITY PRESERVATION AND
FAMILY PLANNING EDUCATION FOR
MEDICAL STUDENTS**

By Joy Jarnagin

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Due to the extensive length and demands of medical education, many physicians delay childbearing, which is associated with higher risks of infertility, high-risk pregnancies, and financial burdens from fertility treatments. Moreover, less than half of medical students receive education on fertility, fertility preservation, age-related decline, in vitro fertilization (IVF), or oocyte cryopreservation.

As a result, students at the UNTHSC Texas College of Osteopathic Medicine wrote F-24-08 to bring awareness, education, and resources to students. The resolution, passed during the Fall SOMA House of Delegates, advocates for including fertility preservation

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Political Affairs

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and family planning education in medical training to support medical students and residents in making informed decisions about their careers and family lives. It calls on SOMA to recognize these challenges and advocate for educational resources and accommodations to address them. By doing so, this resolution will hopefully help alleviate the physical, emotional, and financial burdens often encountered by trainees considering parenthood, empowering them to make informed decisions about their careers and families.

For further information on [F-24-08](#), visit the [SOMA Policy Database!](#)
*Nominate an outstanding SOMA member for Member Spotlight [HERE](#).

External News

TRUMP'S HEALTHCARE OVERHAUL: WHAT RFK JR.'S APPOINTMENT MEANS FOR U.S. HEALTH POLICY

By Mitchell Stoddard

President-Elect Donald Trump's re-election in 2024 and his nomination of Robert F. Kennedy Jr. as Secretary of Health and Human Services could significantly change the U.S. healthcare system. Trump's ["concepts of a plan"](#) for healthcare emphasize deregulation, [scaling back the Affordable Care Act](#) (ACA), and expanding short-term health plans. His administration may also renew efforts to give states greater control over Medicaid, reflecting his broader goal of reducing federal oversight in favor of market-driven solutions. While supporters purport that these changes may lower costs and simplify regulations, critics warn they could leave vulnerable populations

without sufficient healthcare coverage.

Kennedy's appointment adds complexity to this agenda. Known for criticizing agencies like the FDA and CDC, Kennedy advocates for reducing corporate influence in public health and reevaluating vaccine approval processes. [For example](#), he has highlighted concerns about pesticides, food additives, and vaccine safety, proposing tighter scrutiny. This could lead to stricter regulations on food and agriculture industries, contrasting with [Trump's earlier environmental and agricultural deregulation](#).



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Their combined agenda could reshape healthcare, focusing on decentralization, reducing bureaucracy, and challenging entrenched corporate and regulatory practices. However, these proposals face significant resistance. Public health experts caution that altering vaccine protocols could undermine disease prevention efforts, and industry groups are likely to challenge stricter oversight of food and drug policies. Advocacy groups and legal challenges could further complicate efforts to implement these reforms.

Ultimately, Trump and Kennedy's healthcare policies could foster innovation and reduce federal bureaucracy, but they risk eroding public trust and weakening safety nets for low-income Americans. The balance between reform and maintaining robust public health safeguards will shape the future of U.S. healthcare.

SOMA members wishing to get more involved can contact their local representatives and draft pertinent resolutions for the next house!

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