

Political Affairs Newsletter



February 2026



DO Day: A Chance to Get Involved in Advocacy!

Sierra Bryl, OMS-II

Mark your calendars: DO Day starts March 25th in Washington DC! This is the perfect time to connect with like-minded professionals, learn something new, and advocate at the highest level.

The key event that students buzz about most is attending congressional meetings on Capitol Hill, right where the action happens. A variety of topics are discussed and may include healthcare affordability, student loans, health disparities, federal funding and more. This is a perfect place to get acclimated to the intimidating environment of legislation and advocacy. The strategies learned at DO Day can be extended far beyond this weekend, and students often use what they learned to additionally enact change at a local level. Don't miss this chance to impact future

patients and colleagues! Flights for SOMA members are discounted and the Westin Arlington is providing a discounted stay until March 3rd.

Highlights

Internal News
Spotlight

Mark your calendars for DO Day in Washington D.C.!

Resolution
Spotlight

Check out resolution F-25-28 which advocates for non-accrual of interest for medical student loans on page 2.

External News
Spotlight

Interested in all the talk about GLP-1? Check out page 2!



Resolution Spotlight

Alena Khalil, OMS-III

F-25-28 SUBJECT: ADVOCATING FOR NON ACCRUAL OF INTEREST ON MEDICAL STUDENT LOANS DURING UNDERGRADUATE MEDICAL EDUCATION

The average medical student graduates with \$234,597 in educational debt, not including pre-medical loans. During undergraduate medical education, student loans continue to accrue interest, resulting in an estimated additional \$46,547 on Direct Unsubsidized Loans at 7.94% and \$52,392 on Direct PLUS Loans at 8.94% (base on 2025-2026 academic year data). This accrued interest capitalizes upon completion of undergraduate medical education, further increasing overall debt.

Building on the AOA's support for interest-free deferment of federal medical student loans during residency training, and recognizing the ongoing need to reduce the financial burden on medical students, SOMA members from the Idaho College of Osteopathic Medicine authored Resolution F-25-28. This resolution advocates for SOMA's support in urging relevant stakeholders to eliminate interest accrual on both federal and private medical student loans during undergraduate medical education.

For further information on F-25-28, visit the [SOMA Policy Database!](#)



External News

FROM COMMERCIALS TO CLINIC: THE RISE OF PEPTIDE THERAPIES IN POPULAR CULTURE
Mitchell Stoddard, OMS-III

This year's Super Bowl ads turned America's largest TV audience toward weight-loss drugs and peptide therapies, with more than 120 million viewers seeing commercials promoting GLP-1 medications and related health products. Telehealth brands and pharmaceutical campaigns signaled that drugs once prescribed quietly in clinics are now marketed as mainstream lifestyle solutions.

At the center of this moment are peptides, short chains of amino acids that act as

messengers in the body. In medicine, peptides such as glucagon-like peptide-1 (GLP-1) receptor agonists regulate appetite and glucose metabolism. Examples include semaglutide medications like Ozempic and Wegovy and tirzepatide products such as Mounjaro and Zepbound. Originally injectable, newer oral peptide formulations are gaining traction and expanding public interest. Public adoption is rising quickly. About 12% of U.S. adults report using a GLP-1 drug, and projections suggest use could triple by 2030, representing tens of billions in annual spending. At the same time, an estimated 1.5 million Americans use compounded versions mixed by pharmacies to provide lower-cost alternatives when brand-name drugs are unavailable or unaffordable.

This rise reflects both promise and concern. GLP-1 therapies have demonstrated

meaningful weight loss and metabolic improvements, offering new options for obesity and type 2 diabetes. Oral options may further improve accessibility and adherence. However, critics warn that heavy advertising may frame these drugs as “quick fixes,” potentially discouraging lifestyle changes like diet and exercise that remain essential for long-term health. Growing reliance on telehealth prescribing without coordinated follow-up also raises concerns about oversight and safety.

Compounded and unapproved peptides further complicate the landscape. Because these products are not FDA-evaluated and lack standardized safety monitoring, patients may receive inconsistent dosing or additives without clear evidence of benefit or safety. Meanwhile, online promotion of unapproved injectable peptides marketed for performance or anti-aging exposes users to unpredictable risks outside medical supervision.

As this market expands, regulatory scrutiny is increasing, with the FDA emphasizing that marketing should not replace clinical oversight in guiding treatment decisions. For medical students, this trend matters because it shows how innovation, marketing, and patient expectations increasingly shape healthcare delivery, requiring future physicians to balance excitement about new therapies with evidence-based patient counseling. SOMA members wishing to get more involved can draft pertinent resolutions and contact their local representatives.

SOMA members wishing to get more involved can contact their local representatives and reach out to members of the National Board of Directors for ways to be involved!

Nominate an outstanding SOMA member for Member Spotlight [HERE](#)



Thanks to our Newsletter Committee

Political Affairs Director: Dylan Bogle, OMS-IV
Political Affairs Director-Elect: Emma Whittman, OMS-II

Project Manager: Joy Jarnagin, OMS-IV
Editor in Chief: Chirag Shah, OMS-IV

Internal News: Sierra Bryl, OMS-II
External News: Mitchell Stoddard, OMS-III
Policy News: Alena Khalil, OMS-III

Design by: National SOMA Public Relations Committee; Vani Ganesh OMS-III, Lauren Buchman OMS-II