

RESOLUTION 2023-A

SUBJECT: Provision of on-site Childcare Services at MOA Annual Conventions

SUBMITTED TO: Michigan Osteopathic Association House of Delegates

SUBMITTED BY: MOA Council of Interns and Residents, Women of Excellence

REFERRED TO: Professional Affairs Reference Committee

RECCOMENDATION: Approve as Amended

ACTION TAKEN AT MOA HOD: Approved as Amended

1 **WHEREAS**, in the State of Michigan, 150 hours of Continuing Medical Education (CME)
2 credits per licensure cycle are required for all dos to maintain active licensure without exception;
3 and
4

5 **WHEREAS**, arranging for childcare services may place a financial and logistical burden on physicians
6 and their families, which could limit the number of events and/or overall participation at
7 conferences in order to complete the 150 hours requirement; and
8

9 **WHEREAS**, lack of childcare at conferences may create a barrier to career development and
10 promotion for all physicians and evidence shows that females disproportionately bear the burden
11 of childcare provision; and
12

13 **WHEREAS**, the provision of childcare could support both increased membership and participation in
14 professional organizations by medical students, residents, fellows, and attendings; and now,
15 therefore be it
16

17 **RESOLVED**, that the Michigan Osteopathic Association convene a task force to investigate benefits
18 of providing on-site childcare services at the Annual MOA Spring and Autumn Conventions and
19 present their findings to the House of Delegates in 2024; and, be it further
20

21 **RESOLVED**, that the Michigan Osteopathic Association investigate the potential financial impact of
22 providing childcare services at the annual Spring and Autumn Conventions and present their
23 findings at the House of Delegates in 2024.
24

RESOLUTION 2023-B

SUBJECT: Reducing Burdens in the Utilization of Step Therapy

SUBMITTED TO: Michigan Osteopathic Association House of Delegates

SUBMITTED BY: Council of Interns and Residents

REFERRED TO: Professional Affairs Reference Committee

RECOMMENDATION: Approve as Amended

ACTION TAKEN AT MOA HOD: Approved as Amended

1 **WHEREAS**, Step therapy is a process by which medical insurers (private or public) provide coverage
2 for more expensive medications, only after less expensive medications have been prescribed first,
3 even if the lower cost medications may be less effective in the management of the medical
4 condition; and
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6 **WHEREAS**, By the time the patient has exhausted treatments as dictated by the step therapy, their
7 medical condition could clinically worsen as well as suffering adverse symptoms as a consequence;
8 and
9

10 **WHEREAS**, difficulty in obtaining exceptions by physicians to the step therapy dedicated regimen,
11 may ultimately increase health care costs; and
12

13 **WHEREAS**, Insurance-mandated step therapy likely to impede access to newer, innovative
14 therapies; and
15

16 **WHEREAS**, while utilization management like step therapy defines access for patients, it often does
17 not keep pace with clinical guidelines*; and
18

19 **WHEREAS**, Michigan is one of the few states in the United States that does not have clarity around
20 the exceptions process, and provides no timeline for submission and approval of exception requests
21 to the step therapy mandated regimen; now, therefore be it
22

23 **RESOLVED**, that the MOA puts forth efforts to provide resources to its members regarding the
24 current framework for the step therapy exemption process; and, be it further
25

26 **RESOLVED** that the Michigan Osteopathic Association advocates to state lawmakers and relevant
27 stakeholders to improve the step therapy exception process in Michigan; and, be it further
28

29 **RESOLVED**, that the MOA advocates to the American Osteopathic Association to work with relevant
30 stakeholders to ensure step therapy protocols are based on medical criteria and clinical guidelines
31 developed by independent experts; and, be it further

RESOLVED, that the MOA advocates to the American Osteopathic Association to work with relevant stakeholders to streamline the exemption process for patients to move from step therapy.

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BACKGROUND INFORMATION:

Step therapy is used by numerous public and private insurers in the state of Michigan. While step therapy has been implemented with the goal of reducing health care costs, there are disease states in which step therapy may inadvertently increase health care costs. In particular, step therapy does not do well in the treatment of rare diseases and other medical conditions where new, more effective therapies are produced. For example, when an individual changes insurance plans, they may be required to go off a successful treatment and take a less effective medicine. For rare disease patients, the use of step therapy protocols is particularly concerning, as it can take years to find a diagnosis and a treatment that works. Hence, we are advocating for an exception process to be advocated for at a state level so that clinicians may prescribe treatments outside of the regimen mandated by the step therapy.

REFERENCES

<https://www.steptherapy.com/step-therapy-legislation-by-state/>

<https://rarediseases.org/state/michigan/>

https://rarediseases.org/wp-content/uploads/2022/04/20220310_Safe-Step-Coalition-RFI-Comments_Healthy-Futures-Task-Force-Subcommittee-on-Treatments.pdf

*Researchers at Tufts Medical Center recently found that step therapy was applied to 38.9% of drug coverage decisions, and more than half (55.6%) of those decisions required more steps than the clinical guidelines for diseases like multiple sclerosis, psoriasis, psoriatic arthritis, or chronic migraines.

RESOLUTION 2023-C

SUBJECT: Improving Discharge Outcomes for Patients Experiencing Homelessness

SUBMITTED TO: Michigan Osteopathic Association House of Delegates

SUBMITTED BY: Council of Interns and Residents

REFERRED TO: Public Affairs Reference Committee

RECOMMENDATION: Approve as Amended

ACTION TAKEN AT THE MOA HOD: Approved as Amended

1 **WHEREAS**, people with chronic conditions experiencing homelessness have higher rates of
2 hospitalizations than people who are housed, and healthcare costs are 3.4 times higher for
3 unsheltered versus sheltered individuals with inpatient medical costs that are 4.1 times higher for
4 unsheltered individuals when compared to sheltered; and¹

5
6 **WHEREAS**, barriers to accessing care such as lack of insurance and transportation, as well as poor
7 continuity of care result in frequent visits by those experiencing homelessness to the emergency
8 department as their primary or only source of health care, and following discharge, these patients
9 have a greater risk of returning to the emergency department with readmission, typically for the
10 same or a similar diagnosis as their initial visit; and²

11
12 **WHEREAS**, each year, approximately 1,100 individuals living on the street, in tents, in cars, or in
13 places not fit for human habitation are connected to shelter, housing, behavioral health supports,
14 and other resources for their safety and well-being through Michigan's Projects for Assistance in
15 Transition from Homelessness (PATH) program and other street outreach funding; and³

16
17 **WHEREAS**, medical respite programs in Michigan designated for those experiencing homelessness
18 may be underutilized due to the lack of information to providers about such programs; now,
19 therefore be it⁴

20
21 **RESOLVED**, that the MOA encourage educational opportunities for physicians on executing holistic,
22 cost-effective and evidence-based discharge planning while being cognisant of the unique
23 healthcare and social needs of individuals experiencing homelessness; and, be it further

24
25 **RESOLVED**, that the MOA advocate for and encourage collaborative efforts and communication
26 between health systems, street medicine outreach programs, primary care providers, recuperative
27 care centers, and other stakeholders; and, be it further
28

RESOLVED, that the MOA develop a task force that will evaluate the current state of transitions in care for the unhoused population in Michigan and report back with actionable items and/or educational opportunities for physicians at the MOA HOD in 2024.

References

Del Buono, Benedict C., et al. "Prioritizing homelessness in emergency medicine education: A concept paper." *NCBI*, 23 June 2022, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9222893/>. Accessed 17 February 2023.

Gilchrist, Garlin. "Ending Homelessness In Michigan." *Ending Homelessness In Michigan*, State of Michigan, 2021, https://www.michigan.gov/mcteh/-/media/Project/Websites/mcteh/Annual-Reports/2021-Annual-Report_pages-1024.pdf?rev=347e2067015c4d2c82bc727a620fe021&hash=0C7B029D41235B56224C09D6A7FEC6B1. Accessed 17 February 2023.

MICHIGAN'S CAMPAIGN TO END HOMELESSNESS. "MICHIGAN'S CAMPAIGN TO END HOMELESSNESS." *MCTEH Action Plan*, State of Michigan, 2023, <https://www.michigan.gov/mcteh/-/media/Project/Websites/mcteh/2023-25-MCTEH-Action-Plan-and-related-items/MCTEH-Action-Plan-2023-25.pdf?rev=0410a3c5d92d40aab2e12f1245b74cdf>. Accessed 17 2 2023.

¹ Gilchrist, Garlin. "Ending Homelessness in Michigan." 2021. State of Michigan. https://www.michigan.gov/mcteh/-/media/Project/Websites/mcteh/Annual-Reports/2021-Annual-Report_pages-1024.pdf?rev=347e2067015c4d2c82bc727a620fe021&hash=0C7B029D41235B56224C09D6A7FEC6B1

² Sun R, Karaca Z, and Wong HS. "Characteristics of Homeless Individuals Using Emergency Department Services in 2014." 2017. Agency for Healthcare Research and Quality, Rockville. www.hcup-us.ahrq.gov/reports/statbriefs/sb229-Homeless-ED-Visits-2014.pdf.

³ Gilchrist, Garlin. "Ending Homelessness in Michigan." 2021. State of Michigan. https://www.michigan.gov/mcteh/-/media/Project/Websites/mcteh/Annual-Reports/2021-Annual-Report_pages-1024.pdf?rev=347e2067015c4d2c82bc727a620fe021&hash=0C7B029D41235B56224C09D6A7FEC6B1

⁴ Schrag J. "Health care for the homeless: Essential Hospitals and Community Partnerships." 2015. American Essential Hospitals. <https://nhchc.org/wp-content/uploads/2019/08/homelessness-quality-brief-june-2015.pdf>

RESOLUTION 2023-D

SUBJECT: Spartan Strong: Emphasizing AOA/AOIA Stance on Gun Reforms to Political Leaders

SUBMITTED TO: Michigan Osteopathic Association House of Delegates

SUBMITTED BY: Michigan Osteopathic Association Student Liaison Committee

REFERRED TO: Public Affairs Reference Committee

RECEOMMENDATON: Approve as Amended

ACTION TAKEN AT MOA HOD: Approved as Amended

WHEREAS, the National Rifle Association (NRA) continues to lobby for the use of semi-automatic-style rifles, such as the AR-15, with no corresponding gun safety laws¹ or common sense legislation; and

WHEREAS, on the night of February 13, 2023, Michigan State University was impacted by a mass shooting that had taken place on campus, causing three fatalities, leaving five in critical condition, and many traumatized; and

WHEREAS, the American Osteopathic Association (AOA) calls out for congress to label gun violence as a national public health issue, fund appropriate research on gun violence as part of future federal budgets, and establish constitutionally appropriate restrictions on the manufacturing and sale of large-capacity magazines and firearms with features designed to increase their rapid and extended killing capacity^{2,3}; and

WHEREAS, the American Osteopathic Information Association (AOIA) currently has formal relations with political figures through their Osteopathic Political Action Committee (OPAC), in which they continue to advocate for the Osteopathic profession⁴; now, therefore be it

RESOLVED, that the MOA regularly advocates through appropriate public advocacy groups regarding AOA and MOA policies on gun safety; and, be it further

RESOLVED, that the MOA formally recognizes gun violence as a Public Health Emergency and develops a task force to further explore the impacts of gun violence and the emotional, psychiatric, and antisocial behaviors of the perpetrators of gun violence on public health with a supporting white paper summarizing their findings to present at the MOA HOD in 2024.

FISCAL NOTE:

REFER TO:

The MOA Student Liaison Committee would like to dedicate this resolution to the three souls that were lost on February 13, 2023: Alexandria Verner, Arielle Anderson, and Brian Fraser. Most notably, we would like to dedicate this resolution as a means of contributing to the medical community on behalf of Arielle, an aspiring medical student.

References

1. Nra-Ila, & Association, N. R. (n.d.). ILA: House-Passed Gun Ban Shows the Importance of the Election This November. Retrieved from <https://www.nra-ila.org/articles/20220801/house-passed-gun-ban-shows-the-importance-of-the-election-this-november>
2. COMPREHENSIVE GUN VIOLENCE REFORM, H630-A/18, AOA <https://osteopathic.org/wp-content/uploads/policies/Policy-H630-A-18-Comprehensive-Gun-Violence-Reform.pdf>
3. FIREARM VIOLENCE, H442-A/20, AOA, https://osteopathic.org/wp-content/uploads/policies/Policy_H442-A-20_Firearm_Violence.pdf
4. About OPAC. Retrieved from https://www.osteopathicpac.org/Webpublish/controller.aspx?SiteName=OPACNew&Definition=About&SV_Section=About