

# RESOLUTION 2024-A

SUBJECT: Advocating for Osteopathic Physician Representation in Media

SUBMITTED TO: Michigan Osteopathic Association House of Delegates

SUBMITTED BY: Michigan Osteopathic Association Council of Interns and Residents

REFERRED TO: Public Affairs Committee

RECOMMENDATION: Approved as Amended

ACTION TAKEN AT MOA HOD: Adopted as Written

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1 **Whereas**, the portrayal of healthcare professionals in mainstream media significantly influences  
2 public perceptions and understanding of medicine, shaping attitudes toward different medical  
3 specialties and approaches to patient care; and  
4

5 **Whereas**, doctor of osteopathic medicine (DOs) represent a distinct and valuable segment of the  
6 healthcare workforce, bringing a unique perspective and skillset rooted in osteopathic principles  
7 and practices to the delivery of patient care; and  
8

9 **Whereas**, the visibility of DOs in media such as television shows, movies, and online platforms  
10 can help to educate the public about osteopathic medicine, dispel misconceptions, and promote  
11 the integration of osteopathic principles into mainstream healthcare discourse<sup>1</sup>; and  
12

13 **Whereas**, the representation of diverse voices and experiences in media is essential for fostering  
14 inclusivity, promoting diversity within the medical profession, and ensuring that patients from all  
15 backgrounds feel represented and understood; now, therefore be it  
16

17 **RESOLVED**, that the Michigan Osteopathic Association (MOA) advocate for its continued  
18 representation of osteopathic physicians in media, including but not limited to television shows,  
19 documentaries, podcasts, social media platforms, and news outlets; and, be it further  
20

21 **RESOLVED**, that the MOA continue to collaborate with media and entertainment industry  
22 stakeholders, professional associations, and content creators to actively seek out opportunities to  
23 feature DOs in their programming and reporting, highlighting their unique perspective, expertise,  
24 and contributions to healthcare to facilitate greater visibility and recognition of osteopathic  
25 physicians and, be it further  
26

27 **RESOLVED**, that the MOA independently and in collaboration with the American Osteopathic  
28 Association promote education for members about engagement-with media opportunities,  
29 including social media, and how to serve as ambassadors for osteopathic medicine, through  
30 sharing their stories, insights, and expertise to educate and inspire audiences across various  
31 media platforms.

## References

1. Cole, A. (2024, February 5). *Examining the coverage of DOs in the mainstream media*. The DO. Retrieved February 16, 2024, from <https://thedo.osteopathic.org/columns/examining-the-coverage-of-dos-in-the-mainstream-media/>

# RESOLUTION 2024-B

SUBJECT: Expanding Naloxone and Other Opioid Reversal Agent or Antagonist Availability and Accessibility: Promoting Emergency Use in Communities

SUBMITTED TO: Michigan Osteopathic Association House of Delegates

SUBMITTED BY: Michigan Osteopathic Association Council of Interns and Residents

REFERRED TO: Public Affairs Committee

RECOMMENDATION: Approve as Amended

ACTION TAKEN AT MOA HOD: Adopted as Amended

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1 **Whereas**, in 2018 more Michiganders (2 809) died from drug overdoses than car accidents<sup>1</sup>,  
2 killing about 47 000 people per year nationwide<sup>6</sup>; and

3  
4 **Whereas**, in 2020 142.8 million prescriptions of opioids were filled in Michigan<sup>1</sup>; and in 2021,  
5 the per capita cost of a fatal opioid overdose in Michigan was \$2357<sup>2</sup>; and

6  
7 **Whereas**, having naloxone and other opioid reversal agent or antagonist accessible in public  
8 areas such as grocery stores, pharmacies, gas stations, libraries, and community centers has been  
9 suggested to allow community members to promptly reverse opioid overdoses and establish  
10 greater trust among individuals using opioids<sup>6</sup>; and

11  
12 **Whereas**, facilitating access to the opioid reversal agent, naloxone and other opioid reversal  
13 agent or antagonist, in areas of high need through agencies like Families Against Narcotics'  
14 HARM:LESS and Harm Reduction Michigan could work towards improving the safety of  
15 patients struggling with substance use<sup>5,8</sup>; and

16  
17 **Whereas**, the implementation of naloxone and other opioid reversal agent or antagonist in local  
18 public buildings across Michigan counties has been met with a positive response from local  
19 communities<sup>7,8</sup>; and the implementation of increasing community access to naloxone and other  
20 opioid reversal agent or antagonist could decrease emergency room visit costs, deaths, and  
21 stigma around addiction; and

22  
23 **Whereas**, there is a significant financial barrier to obtaining naloxone and other opioid reversal  
24 agent or antagonist as one-unit retails for about \$135, and while a prescription is not needed to  
25 obtain naloxone and other opioid reversal agent or antagonist, many pharmacies require the  
26 patient to be evaluated by a healthcare professional before selling naloxone and other opioid  
27 reversal agent or antagonist, thereby introducing a potential financial and logistical burden; and

28  
29 **Whereas**, state-wide community focused support groups such as Families Against Narcotics  
30 work to provide evidence-based services to people affected by addiction but continue to  
31 primarily be sustainable through inconsistent sources of funding; and  
32

33 **Whereas**, naloxone and other opioid reversal agent or antagonist are shelf-stable for three years,  
34 therefore, most expenses related would be triannual; and existing channels of funding for  
35 naloxone and other opioid reversal agent or antagonist coming to market are already established  
36 through the Substance Abuse and Mental Health Services Administration (SAMHSA) and the  
37 Michigan Department of Health and Human Services (MDHHS); and

38  
39 **Whereas**, additional funding can be acquired through partnerships with local cities and their  
40 police departments; and now, therefore be it

41  
42 **RESOLVED**, that MOA advocate to the Michigan State legislature to consider the  
43 implementation of a steady funding program for community programs to increase the  
44 accessibility of naloxone and other opioid reversal agent or antagonist coming to market  
45 through federal, state, and local channels; and

46  
47 **RESOLVED**, that the MOA submit this resolution to the American Osteopathic Association for  
48 consideration to implement such programs across additional states.

## REFERENCES

1. *Opioid Resources*. (2024). State of Michigan. Retrieved from <https://www.michigan.gov/opioids>
2. Centers for Disease Control and Prevention. (2021, April 16). State-level economic costs of opioid use disorder and fatal opioid overdose. Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report. Retrieved from <https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7015a1-H.pdf>
3. Wasilevich, E. (2021). Public Use Dataset EMS Responses to Probable Opioid Overdose. Department of Health and Human Services.
4. *About the Epidemic*. (2024). State of Michigan. Retrieved from <https://www.michigan.gov/opioids/about-the-epidemic>
5. *HARM:LESS*. (n.d.). Families Against Narcotics. Retrieved from <https://www.familiesagainstnarcotics.org/harmless>
6. White ND. Increasing Naloxone Access and Use to Prevent Opioid Overdose Death and Disability. *Am J Lifestyle Med*. 2018 Oct 20;13(1):33-35. doi: 10.1177/1559827618803874. PMID: 30627074; PMCID: PMC6311609.
7. Woods, M. (2023, January 22). *Wayne State University program provides free Narcan in vending machines*. ClickOnDetroit. Retrieved March 31, 2024, from <https://www.clickondetroit.com/health/2023/01/22/wayne-state-university-program-provides-free-narcan-in-vending-machines/>
8. Gustafson, A. (2023, July 2). *These bins once held newspapers. Now they hold Narcan — and hope*. *Michigan Advance*. Michigan Advance. Retrieved March 31, 2024, from <https://michiganadvance.com/2023/07/02/these-bins-once-held-newspapers-now-they-hold-narcan-and-hope/>

# RESOLUTION 2024-C

SUBJECT: SUPPORTING THE RIGHTS OF RESIDENTS TO UNIONIZE

SUBMITTED TO: Michigan Osteopathic Association House of Delegates

SUBMITTED BY: Michigan Osteopathic Association Council of Interns and Residents

REFERRED TO: Professional Affairs Committee

RECOMMENDATION: Approve as Amended

ACTION TAKEN AT MOA HOD: Adopted as Written

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1 **Whereas**, residents in medical training programs across the United States, including those in  
2 Michigan, often face challenges related to long work hours, inadequate compensation, lack of  
3 adequate supervision, insufficient resources, insufficient staff support and limited control over  
4 their work environments<sup>2</sup>; and  
5

6 **Whereas**, these challenges can contribute to, decreased quality of patient care, and/or adverse  
7 effects on the well-being and mental health of residents; and  
8

9 **Whereas**, unionization has been shown to provide residents with a collective voice to negotiate  
10 for fair wages, reasonable working conditions, and improved patient safety standards<sup>1</sup>; and  
11

12 **Whereas**, the Michigan Osteopathic Association (MOA) is committed to promoting the welfare  
13 and professional development of osteopathic physicians and medical students within the state;  
14 now, therefore, be it  
15

16 **RESOLVED**, that the Michigan Osteopathic Association supports the right of residents to form  
17 and join labor unions to advocate for their interests; and be it further  
18

19 **RESOLVED**, that the Michigan Osteopathic Association encourages all residency programs  
20 within the state to engage in constructive dialogue with their residents regarding their concerns  
21 and to respect the rights of residents to organize and collectively bargain; and, be it further  
22

23 **RESOLVED**, that the Michigan Osteopathic Association pledges to actively advocate for  
24 policies at the state and national level that support the rights of residents to unionize in order to  
25 promote fair and equitable working conditions in medical training programs; and, be it further  
26

27 **RESOLVED**, that copies of this resolution shall be transmitted to all residency programs in  
28 Michigan, the American Osteopathic Association, relevant state and federal legislators, and other  
29 stakeholders involved in graduate medical education

## References

1. Elsouiri, K. (2023, January 3). *Pros and cons of joining a labor union in residency: Is it really worth it?* The DO. Retrieved February 16, 2024, from <https://thedo.osteopathic.org/columns/pros-and-cons-of-joining-a-labor-union-in-residency-is-it-really-worth-it/>
2. Stern, C., & Quart, A. (2023, March 24). *Medical Residents Nationwide Are Unionizing. What Does That Mean for the Future of Healthcare?* Economic Hardship Reporting Project. Retrieved February 16, 2024, from <https://economichardship.org/2023/03/medical-residents-nationwide-are-unionizing-what-does-that-mean-for-the-future-of-healthcare/>

# RESOLUTION 2024-D

SUBJECT: INCREASING MENTAL HEALTH CRISIS TRAINING FOR EMERGENCY MEDICINE (EM) PHYSICIANS

SUBMITTED TO: Michigan Osteopathic Association House of Delegates

SUBMITTED BY: Michigan Osteopathic Association Council of Interns and Residents

REFERRED TO: Professional Affairs Committee

RECOMMENDATION: Approve as Amended

ACTION TAKEN AT MOA HOD: Adopted as Written

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1 **Whereas**, individuals with a behavioral health emergency such as suicidal ideations, severe  
2 depression, or psychosis frequently seek assistance for those issues at the same location to which  
3 they would go for other emergent medical needs; and  
4

5 **Whereas**, Emergency physicians often may have limited training in behavioral emergencies in  
6 emergency medicine. (There are a few EM programs that include significant experience or  
7 training in emergency psychiatry and the American Board of Emergency Medicine board  
8 certification exam has historically included very few questions that pertain to behavioral issues<sup>2</sup>);  
9 and  
10

11 **Whereas**, providing comprehensive education and training in de-escalation techniques for  
12 residents in emergency medicine residency programs can improve their ability to manage  
13 challenging psychiatric patient encounters, reduce the risk of harm, and improve the quality of  
14 care provided to these patients in crisis; now<sup>1</sup>, therefore, be it  
15

16 **RESOLVED**, that the Michigan Osteopathic Association (MOA) advocates to the relevant  
17 stakeholders for greater emphasis on psychiatric emergencies in residency, more questions on the  
18 EM board exams, practicing de-escalation techniques in required monitored simulations, and  
19 provide continuing medical education courses on psychiatric emergencies for residents in  
20 emergency medicine residency programs across the state; and, be it further  
21

22 **RESOLVED**, that the MOA encourages residency program directors and administrators to  
23 prioritize the development and implementation of psychiatric de-escalation training initiatives  
24 that are evidence-based, interactive, and tailored to the unique needs and challenges of  
25 emergency medicine practice; and, be it further  
26

27 **RESOLVED**, that the MOA urges support residency training programs in the identification of  
28 resources, training materials, and expert faculty to facilitate the delivery of effective de-  
29 escalation training to residents; and, be it further

30

31 **RESOLVED**, that the MOA encourages ongoing evaluation and assessment of de-escalation  
32 training programs to ensure their effectiveness, relevance, and alignment with best practices in  
33 emergency medicine education.

#### References

1. *Michigan Behavioral Health Capacity in Emergency Departments*. (2019, March 5).  
State of Michigan. Retrieved February 16, 2024, from [https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder3/Folder56/Folder2/Folder156/Folder1/Folder256/MDHHS\\_Hospital\\_BH\\_Capacity\\_Report-FINAL\\_UPDATED\\_March\\_2019.pdf?rev=a0fbb58c25914790a696dc7460c08a6b](https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder3/Folder56/Folder2/Folder156/Folder1/Folder256/MDHHS_Hospital_BH_Capacity_Report-FINAL_UPDATED_March_2019.pdf?rev=a0fbb58c25914790a696dc7460c08a6b)
2. Zun, L. (2016, March 2). *Care of Psychiatric Patients: The Challenge to Emergency Physicians*. NCBI. Retrieved February 16, 2024, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4786237/>

# RESOLUTION 2024-E

SUBJECT: ELIMINATING DISCRIMINATION AGAINST RESIDENTS PURSUING  
OSTEOPATHIC BOARD CERTIFICATIONS

SUBMITTED TO: Michigan Osteopathic Association House of Delegates

SUBMITTED BY: Michigan Osteopathic Association Council of Interns and Residents

REFERRED TO: Professional Affairs Committee

RECOMMENDATION: Approve as Amended

ACTION TAKEN AT THE MOA HOD: Adopted as Written

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1 **Whereas**, the osteopathic medical profession has a long-standing tradition and unique approach  
2 to healthcare that emphasizes holistic patient care and osteopathic manipulative treatment  
3 (OMT); and  
4

5 **Whereas**, osteopathic residency programs provide comprehensive training that incorporates  
6 osteopathic principles and practices in preparing osteopathic physicians to deliver high-quality  
7 patient care while also promoting the distinctiveness of the osteopathic profession<sup>1</sup>; and  
8

9 **Whereas**, some residency programs have historically placed expectations or pressures on  
10 osteopathic residents to pursue allopathic board certifications, potentially undermining the  
11 unique identity and contributions of osteopathic medicine<sup>3</sup>; and  
12

13 **Whereas**, such expectations may create unnecessary stress and conflict for osteopathic residents,  
14 detracting from their training experience and professional development; and now, therefore, be  
15 it<sup>2,3</sup>  
16

17 **RESOLVED**, that the Michigan Osteopathic Association (MOA) advocates for the elimination  
18 of expectations or pressures on osteopathic residents within residency programs to pursue  
19 allopathic board certifications; and, be it further  
20

21 **RESOLVED**, that the MOA encourages residency programs to recognize and respect the unique  
22 training and qualifications of osteopathic physicians, including their ability to practice  
23 osteopathic principles and OMT in the delivery of patient care; and, be it further  
24

25 **RESOLVED**, that the MOA urges residency program directors and administrators to foster an  
26 inclusive and supportive environment that values and promotes the distinctiveness of osteopathic  
27 medicine, without imposing unnecessary requirements, financial burden, or expectations related  
28 to allopathic board certifications; and, be it further  
29

30     **RESOLVED**, that the MOA commits to advocating for policies and guidelines at the state and  
31     national level that uphold the integrity and autonomy of osteopathic residency training programs  
32     and the osteopathic medical profession as a whole.

#### References

1. *AOA files suit against ABIM*. (2021, January 7). American Osteopathic Association. Retrieved February 16, 2024, from <https://osteopathic.org/2021/01/07/aoa-files-suit-against-abim/>
2. *Candidates for Special Consideration*. (n.d.). ABIM. Retrieved February 16, 2024, from <https://www.abim.org/certification/policies/candidates-for-special-consideration/>
3. *Why Would an Osteopathic Resident Become ABIM Board Certified?* (2019, January 8). ABIM Blog. Retrieved February 16, 2024, from <https://blog.abim.org/why-would-an-osteopathic-resident-become-abim-board-certified>

# RESOLUTION 2024-F

SUBMITTED TO: Michigan Osteopathic Association House of Delegates

SUBMITTED BY: Michigan Osteopathic Association Council of Interns and Residents &  
Michigan Osteopathic Association Student Liaison Committee

REFERRED TO: Professional Affairs Committee

RECOMMENDATION: Withdrawn. Sent back to the author to be resubmitted at the 2025 HOD

SUBJECT: DESIGNATED SEAT AT THE MOA HOD FOR MOA STUDENT LIAISONS

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1 **Whereas**, the Student Liaison Committee (SLC) plays a crucial role within the Michigan  
2 Osteopathic Association (MOA) by representing the interests and perspectives of osteopathic  
3 medical students in the state; and  
4

5 **Whereas**, the insights and contributions of osteopathic medical students are invaluable to the  
6 decision-making processes of the MOA, particularly regarding matters affecting medical  
7 education, training, and the future of the osteopathic profession; and  
8

9 **Whereas**, providing dedicated representation for the Student Liaison Committee within the  
10 Michigan House of Delegates would ensure that the voices of osteopathic medical students are  
11 heard and considered at the highest levels of MOA governance; and  
12

13 **Whereas**, granting the Student Liaison Committee a voting block in the Michigan House of  
14 Delegates would empower osteopathic medical students to actively participate in shaping the  
15 policies and priorities of the MOA; and, therefore, be it  
16

17 **RESOLVED**, that the Michigan Osteopathic Association hereby advocates for the establishment  
18 of a dedicated voting block for the Student Liaison Committee within the Michigan House of  
19 Delegates; and, be it further  
20

21 **RESOLVED**, that the Michigan Osteopathic Association commits to working collaboratively  
22 with the Student Liaison Committee to ensure effective representation and meaningful  
23 engagement within the MOA governance structure

# RESOLUTION 2024-G

SUBJECT: Ending Early School Times in Michigan

SUBMITTED TO: Michigan Osteopathic Association House of Delegates

SUBMITTED BY: Dr. Andrew Adair

REFERRED TO: Public Affairs Committee

RECOMMENDATION: Approve as Written

ACTION TAKEN AT MOA HOD: Adopted as Written

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1 Whereas, inadequate sleep in adolescents has been shown to reduce academic performance,  
2 increase tardiness, and decrease mental health, in addition to a myriad of negative physical health  
3 issues; and  
4

5 Whereas, the American Academy of Sleep Medicine recommends 8-10 hours of sleep per night  
6 for adolescents; and  
7

8 Whereas, the sleep-wake cycle is delayed in adolescents due to alterations in the two processes  
9 that regulate sleep: the circadian rhythm, with development of a more evening-type circadian  
10 phase preference, and the homeostatic process, with slower accumulation of sleep pressure; and  
11

12 Whereas, at the time of puberty, children experience a physiologically delayed sleep phase of  
13 about two hours compared to their prior sleep schedule; and  
14

15 Whereas, the two above cycles contribute to a later sleep onset and morning awakening, for  
16 example, an adolescent that falls asleep at 11:00 PM would need to sleep until 7:30 AM or later  
17 to obtain sufficient sleep and develop progressive circadian alignment; and  
18

19 Whereas, only 8% of schools in Michigan have start times of 8:30 AM or later; and  
20

21 Whereas, substantial evidence is beginning to reveal later school times reduce chronic sleep loss,  
22 decrease tardiness, improve mental health, safe driving, and academic performance; now,  
23 therefore be it  
24

25 Resolved, that the Michigan Osteopathic Association (MOA), identify insufficient sleep and  
26 sleepiness of middle and high school students as a public health issue; and be it further  
27

28 Resolved, that the MOA educate physicians about this public health issue in such a way that they  
29 can better inform their patients and the public about the negative health effects of inadequate  
30 sleep on adolescents; and be it further

31  
32 Resolved, that the MOA encourage legislative efforts that provide students the opportunity for  
33 the physiologically required amount of sleep to protect the opportunity for improved scholastic  
34 performance, physical health, and mental wellbeing by requiring school start times to be no  
35 earlier than 8:30 AM.

36  
37 Relevant AOA Policy

38  
39 H427-A/20 SLEEP DISORDERS – PROMOTING THE UNDERSTANDING AND  
40 PREVENTION OF

41  
42 The American Osteopathic Association supports programs that promote education and  
43 understanding of sleep and its impact on health and encourages osteopathic physicians to educate  
44 their patients about sleep disorders and the importance of sleep and its impact on health.

45  
46 H427-A/21 5-2-1-0+10 CAMPAIGN FOR AMERICAN CHILDREN

47  
48 The American Osteopathic Association recommends the continued support of the 5-2-1-0+10  
49 campaigning for America's children. 5-2-1-0+10 stands for the 5 servings of fruits and  
50 vegetables each day, 2 hours or less of recreational screen time per day, 1 hour of physical  
51 activity per day, 0 sweetened or sugary drinks, and 10 hours of sleep every night for children.

# RESOLUTION 2024-H

SUBJECT: Administrative Regions

SUBMITTED TO: Michigan Osteopathic Association House of Delegates

SUBMITTED BY: MOA Board of Trustees

ACTION TAKEN AT MOA HOD: Adopted as Written

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**Whereas**, the Bylaws of the Association require the House of Delegates to establish, by resolution, geographic regions from which Trustees may be elected; and

**Whereas**, the Bylaws further require such resolution to determine the number of geographic regions, to fix the boundaries of each geographic region and to specify the number of Trustees to be elected from each region; and

**Whereas**, as Resolution 1999-B setting forth those specifications is now superseded by amendments in the Bylaws approved at this Annual Meeting, the House of Delegates hereby adopts the following:

**Be It Resolved**, that the current five-region structure be reduced to a four-region structure.

**Be It Resolved**, that the following components will be included in the following regions:

Region 1 – Tri-County Osteopathic Medical Association (formerly Wayne, Oakland, and Macomb Osteopathic Medical Associations)

Region 2 – Ingham, Southeastern, and Southwest

Region 3 – Saginaw, Eastern, Genesee, Kent, and Western

Region 4 – Northern

**Be It Resolved**, that Board seats will be reduced from 13 to 12, for the Association year 2024-2025, and 11 thereafter, including representation as follows:

Region 1 – 2 members (Trustee or officer)

Region 2 – 1 member (Trustee or officer)

Region 3 – 1 member (Trustee or officer)

Region 4 – 1 member (Trustee or officer)

At-Large – 2 Trustees, serving 1-year terms

At Large – 2 Trustees, serving 2-year terms (Trustee or officer)

Student – 1 trustee

Resident – 1 trustee

34    **Be It Resolved**, that in the transition Association years of 2024-2026, any Trustee whose term  
35    has not yet expired may continue to serve the remainder of that term. The nomination and  
36    election of At-Large Trustees for 1 and 2 year terms shall proceed as open seats occur.

# RESOLUTION 2024-I

SUBJECT: Warning the Profession and Public about the Potential Dangers of Kratom Use

SUBMITTED TO: Michigan Osteopathic Association House of Delegates

SUBMITTED BY: Rachel A Young, DO

REFERRED TO: Public Affairs Committee

RECOMMENDATION: Approve as Written

ACTION TAKEN AT MOA HOD: Adopted as Written

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## RESOLUTION NO.

1 WHEREAS, kratom is a substance derived from a tropical tree, *Mitragyna speciosa*, native to  
2 Southeast Asia traditionally used to alleviate pain, fatigue, enhance mood (1,2,4); and

3 WHEREAS, kratom acts as an opioid agonist that acts on the mu opioid receptor, leading to  
4 stimulant effects (in low doses) and sedative effects (in high doses), which can lead to  
5 psychotic symptoms, and psychological and physiological dependence (1); and

6 WHEREAS, the use of kratom in the United States increased 10-fold from 2010 to 2015 and is  
7 easily accessible without a prescription at smoke shops, gas stations, or on the internet; and

8 WHEREAS, according to the Substance Abuse and Mental Health Services Administration's  
9 National Survey on Drug Use and Health, an estimated 1.7 million Americans aged 12 and  
10 older used kratom in 2021 to treat pain, anxiety, depression, opioid use disorder, and opioid  
11 withdrawal (2); and

12 WHEREAS, there is limited scientific evidence to support its safety and efficacy, and concerns  
13 have been raised about its potential for addiction, abuse, and adverse effects, including  
14 seizures, liver damage, and death; and

15 WHEREAS, in 2017 the FDA issued a public health advisory about kratom and the Drug  
16 Enforcement Administration (DEA) identified kratom as a drug of concern, although it is  
17 still not classified or regulated as a controlled substance (3); and

18 WHEREAS, the Centers for Disease Control (CDC) recognizes kratom as a potential source of fatal  
19 overdose (3); and

20 WHEREAS, the American Medical Association (AMA) has a policy statement noting it is  
21 inappropriate to authorize the sale, marketing or distribution of kratom given there is no  
22 Federal Drug Administration (FDA) approval for any prescription or over-the-counter drug  
23 products containing kratom or its two main chemical components mitragynine and 7-  
24 hydroxymitragynine (7-OH-mitragynine) (2,4); now, therefore be it

- 25 RESOLVED, that the Michigan Osteopathic Association (MOA) promote learning opportunities for  
26 its members about kratom, its current accessibility and use by the public, and concerns  
27 regarding safety and efficacy or lack thereof; and, be it further
- 28 RESOLVED, that the MOA encourages the American Osteopathic Association (AOA) to write a policy  
29 statement opposing kratom being available for marketing, purchase, or prescription until such  
30 time that the FDA and other relevant regulatory agencies evaluate its safety and appropriateness  
31 for sale; and, be it further
- 32 RESOLVED, that the MOA submit a properly formatted version of this resolution to the American  
33 Osteopathic Association (AOA) for consideration at the 2024 House of Delegates.

#### References:

1. Synthetic and Receptor Signaling Explorations of the *Mitragyna* Alkaloids: Mitragynine as an Atypical Molecular Framework for Opioid Receptor Modulators. Andrew C. Kruegel, Madalee M. Gassaway, Abhijeet Kapoor, András Váradi, Susruta Majumdar, Marta Filizola, Jonathan A. Javitch, and Dalibor Sames. *Journal of the American Chemical Society* 2016 138 (21), 6754-6764 DOI: 10.1021/jacs.6b00360. <<https://pubs.acs.org/doi/10.1021/jacs.6b00360>>.
2. FDA and Kratom. US Food and Drug Administration, Web. 20 February 2024. <<https://www.fda.gov/news-events/public-health-focus/fda-and-kratom>>.
3. Olsen EO, O'Donnell J, Mattson CL, Schier JG, Wilson N. *Notes from the Field: Unintentional Drug Overdose Deaths with Kratom Detected — 27 States, July 2016–December 2017*. MMWR Morb Mortal Wkly Rep 2019;68:326–327. DOI: <http://dx.doi.org/10.15585/mmwr.mm6814a2external icon>.
4. Kratom. United States Drug Enforcement Administration, Web. October 2022. <<https://www.dea.gov/factsheets/kratom>>; <<https://www.dea.gov/sites/default/files/2023-04/Kratom%202022%20Drug%20Fact%20Sheet.pdf>>.