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Resolution Committee Recommendations in order of HOD Agenda

Resolution Committee Recommends Approval of Res-S-13-11

Resolution Committee Recommends Approval of Res-S-13-01 with Amendments

Resolution Committee Recommends Approval of Res-S-13-05 with Amendments

Resolution Committee Recommends Approval of Res-S-13-07 with Amendments

Resolution Committee Recommends Approval of Res-S-13-09 with Amendments

Resolution Committee Recommends Approval of Res-S-13-10 with Amendments

Resolution Committee Recommends Not to Approve Res-S-13-06

Resolution Committee Recommends Not to Approve Res-S-13-12

Resolution Committee Recommends Res-S-13-02, S-13-03 and S-13-4 be withdrawn by the authors

Res-S-13-08 has been withdrawn

Proposed resolution amendments are noted with ~~strikethrough~~ or underlines. An underline is an addition; a strikethrough is a removal of that wording. The exception is Res-S-13-11, because it is a proposed constitutional amendment and all editing is too the constitution and not the resolution.

Resolutions Committee Membership

Resolutions Committee Chair- Whitney Fix-Lanes, National Political Affairs Director PNWU

Committee members

Shoja Rahimian LECOM – Erie
Matt Robinson OUHCOM
Kruti Patel WCUCOM
Blair Cushing TCOM
Matthew Smith OSUCOM
Loc Nguyen ATSU SOMA
Ellia Ciammaichella TUNCOM

Non-voting Member- Tracey Bastiaans, SOMA VP

Resolution or Amendment:Res-S-13-11
Subject: ***Creation of a second Pre-SOMA position (all underlines are constitution changes)***

1 **WHEREAS**, the Pre-Student Osteopathic Medical Association (Pre-SOMA) organization is
2 currently made up of over 50 chapters nationwide.
3 **WHEREAS**, handing this entire organization over to a single member of Student
4 Osteopathic Medical Association (SOMA) for management has been the standard practice
5 since the creation of pre-SOMA.
6 **WHEREAS**, the continued growth of pre-SOMA along with the increased number of
7 applicants for osteopathic schools has created an immense workload for the single member of
8 the pre-SOMA staff.
9 **WHEREAS**, the amount of information that needs to be passed on during end of the year
10 transitions is so large that contacts/projects/membership information are at risk for being lost.
11 **WHEREAS**, the growth of pre-SOMA necessitates the expansion of the national staff to
12 more than a single individual
13 **WHEREAS**, the expansion of the "pre-SOMA director" position to two positions would
14 decrease workload
15 **WHEREAS**, the expansion of the "pre-SOMA director position to two positions would
16 facilitate a smoother transition period from year to year
17 **RESOLVED**, that the Student Osteopathic Medical Association Constitution be amended so
18 that the position Senior Pre-SOMA Director is added to the list of positions located
19 in Article XVI Section 4.
20 **RESOLVED**, that the Student Osteopathic Medical Association Bylaws be amended so that
21 Article II Section 2 Subsection J *Pre-Soma Director* be amended so that the subsection title
22 shall be Senior Pre-SOMA Director, and the subsection shall read:

The Senior Pre-SOMA Director shall:

1. Remain in contact with all Pre-SOMA chapters across the nation.
2. Offer guidance and support for all Pre-SOMA members.
3. Receive from each Pre-SOMA chapter an annual list of officers, members, and an additional annual list of chapter activities.
4. Disseminate information via local chapter leaders (SOMA & Pre-SOMA Chapters) as well as the national Pre-SOMA listserv.
5. Encourage constant growth and expansion of the program through establishment of new chapters.
6. Strive to increase membership in all existing chapters.
7. Remain in contact with AACOM and ~~P~~pre-health advisors at undergraduate universities across the nation on a regular basis; in order to, ensure ~~ensuring~~ that information about Pre-SOMA is made available to all pre-health students.
8. Ensure that each Pre-SOMA chapter submits the required forms by the published deadlines throughout the year.
9. Act as a mentor for all Pre-SOMA members by answering questions and referring students to other medical students, DOs, or associated professionals as appropriate.
10. Update the Pre-SOMA Guide ~~each year,~~annually~~, as well as,~~ and all other Pre-SOMA Documents and the Pre-SOMA web page as needed.

43 11. Advertise, collect applications for, and select winners for the annual DO Day on Capitol Hill scholarships.
44

45 12. Encourage members to attend fall and spring conventions, and during
46 conventions ensure that Pre-SOMA members have proper accommodations,
47 are informed about what is happening, and introduce the students Pre-SOMA
48 members in attendance to other SOMA members.

49 13. Hold as their primary goal the assistance of all Pre-SOMA members in their
50 endeavor to become successful osteopathic physicians.

51 14. Work in conjunction with the Pre-SOMA director and delegate tasks as
52 needed.

53 15. Educate the deputy Pre-SOMA director about the operations of pre-SOMA in
54 preparation for transition at the end of each academic year.

55 **RESOLVED**, that the Student Osteopathic Medical Association Bylaws be amended so that
56 Article II Section 2 Subsection K, L, M, O, and P be changed to SubSection L, M, O, P, and
57 Q respectfully and that a new Subsection K be created titled Pre-SOMA Director and shall
58 read:

59 The Pre-SOMA Director Shall:

60 1. Assist the Senior Pre-SOMA director in all operations of pre-SOMA.

61 2. Be responsible for the same duties as the Senior Pre-Soma Director as listed
62 in the Student Osteopathic Medical Association Bylaws.

Submitted by:
Jonathan Wong, OMS-III (Chicago College of Osteopathic Medicine)
Kaitlin Dewhirst, OMS-III (Lincoln Memorial DeBusk College of Osetopathic Medicine)

Action Taken:
Date:
Effective Time Period: Ongoing

Resolution or Amendment: Res-S-13-01
Subject: Equity in Federal Student Aid for Graduate Students

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1 **WHEREAS,** the Affordable Care Act has created 50 million new patients,[i] many of whom are
2 within underserved and rural communities; and

3 **WHEREAS,** the number of physicians newly licensed each year is outpaced by the number of new
4 patients that need healthcare service; and

5 **WHEREAS,** osteopathic medical schools are committed to training future physicians to provide
6 quality healthcare for many underserved and rural communities;[ii] and

7 **WHEREAS,** allopathic medical schools are equally committed to training future physicians to
8 provide quality health care for many underserved and rural communities; and

9 **WHEREAS,** many students who are first in their family to attend medical school are from areas of
10 underserved and rural communities and do not have the family financial support to finance their
11 education without obtaining loans; and

12 **WHEREAS,** the average cost of four years of attendance of medical school was $263,964 in 2010-
13 11;[iii] and

14 **WHEREAS,** many medical students fund the cost of their education with Stafford and graduate
15 PLUS Student Loans, which currently have a fixed interest rate of 6.8 percent and 7.9 percent,
16 respectively; and

17 **WHEREAS,** the accrued interest rate on loans for the average cost of attendance amount to $46,000
18 at graduation, with a resulting monthly payment of over $2,100 over an extended 30 year plan; and

19 **WHEREAS,** the average annual salary of a first year physician resident is $40,000 to $50,000; and

20 **WHEREAS,** the bond equivalent rate of the 91-day Treasury bill is 0.086 percent as of May 2012;[iv]
21 and

22 **WHEREAS,** the historical interest rates for the Graduate Unsubsidized Stafford Loan have been:
23 2.82% (2003-04), 2.77% (2004-05), 4.70% (2005-06), 6.80% (2006-13);[v] and

24 **WHEREAS,** the historical interest rates for the Graduate PLUS Student Loan have been: 4.22%
25 (2003-04), 4.17% (2004-05), 6.10% (2005-06), 7.90% (2006-13);[vi] and

26 **WHEREAS,** the federal student loan system started implementing disparate interest rates between
27 undergraduate and graduate loans beginning in 2008; and

28 **WHEREAS,** undergraduate Subsidized Stafford Loans and Unsubsidized Stafford Loans currently
29 have a fixed interest rate of 0 percent and 3.4 percent, respectively; and

30 **WHEREAS**, students strongly factor in financial costs versus benefits when choosing a career and
31 many choose subspecialties instead of primary care because of the financial advantage;[vii] and

32 **WHEREAS**, medical student loan reform would facilitate students to consider primary care without
33 dwelling on the financial ramifications; therefore, be it

34 **RESOLVED,** that the Student Osteopathic Medical Association (SOMA) increase its partnership
35 with the Council of Osteopathic Student Government Presidents, American Medical Student
36 Association, the Medical Student Section of the American Medical Association, and other
37 associations aligned in SOMA's interest to persuade the federal government to protect the future of
38 healthcare service by reducing Graduate Unsubsidized Stafford Loan and Graduate PLUS Student
39 Loan interest rates to align with market value <u>with a fixed cap</u>; and be it further

40 **RESOLVED,** that the Student Osteopathic Medical Association increase its partnership with the
41 Council of Osteopathic Student Government Presidents, American Medical Student Association, the
42 Medical Student Section of the American Medical Association, and other associations aligned in
43 SOMA's interest to persuade the federal government to protect the future of healthcare service by
44 restoring interest subsidies on need-based Graduate Stafford Loans; and be if further

45 ~~**RESOLVED,** That line 35 to 39 of Res F-12-06 be amended as follows: RESOLVED, that SOMA~~
46 ~~recommend to the AOA that the AOA advocate to members of Congress to set equitable interest~~
47 ~~rates for Direct Stafford Loans and Graduate PLUS Loans issued by the United States Department of~~
48 ~~Education such that interest rates on these loans align with market value.~~

Submitted by:
Ellia Ciammaichella, OMS II (TUNCOM)
Arta Zowghi, OMS II (Arizona College of Osteopathic Medicine)

Action Taken:
Date:
Effective Time Period: Ongoing

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[i] U.S. Healthcare: Newly Insured Patients May Have Trouble Finding Primary Care Physicians, Science News, http://www.sciencedaily.com/releases/2012/11/121126164413.htm (posted Nov. 26, 2012)
[ii] AACOM letter to Member of Congress on February 15, 2013, http://www.aacom.org/advocacy/topics/testimony/Documents/02-15-13_MOC.pdf
[iii] Carolyne Krupa, Medical Students Still Burdened by High Debt Loads, American Medical Association, http://www.ama-assn.org/amednews/2012/08/27/prsb0827.htm (posted Aug. 12, 2012).
[iv] Federal Stafford, Federal PLUS, Federal SLS, and Federal Consolidation Interest Rate Calculations for the Period July 1, 2012 – June 30, 2013, http://www.fp.ed.gov/attachments/interest/Rates2012.pdf
[v] Historical Interest Rates Provided by FinAid, http://www.finaid.org/loans/historicalrates.phtml
[vi] Historical Interest Rates Provided by FinAid, http://www.finaid.org/loans/historicalrates.phtml
[vii] Myrle Croasdale, Subspecialties Flourish as IM Residents Shun Primary Care, American Medical News, http://today.uchc.edu/headlines/2005/may05/primarycare.html (reported May 16, 2005)

Resolution: Res-S-13-05
Subject: Alternate Site for Comprehensive Osteopathic Medical Licensing Examination for the United States (COMLEX-USA) Level 2-PE

WHEREAS, the mission statement of the National Board of Osteopathic Medical Examiners (NBOME) is to "protect the public by providing the means to assess competencies for Osteopathic Medicine and related health care professions;" and

WHEREAS, fourteen of the thirty-seven American Association of Colleges of Osteopathic Medicine (AACOM) campus locations in the United States of America are located west of the Mississippi River; and

WHEREAS, travel to the Philadelphia area is unequally burdensome for students attending school in the western United States; and

WHEREAS, a central location for the western half of AACOM schools would significantly alleviate that burden; and

WHEREAS, the expanding nature of osteopathic education is evident in the addition of three new Colleges of Osteopathic Medicine (COM) in 2013[i], to bring the total to six in the last six years[2]; and

WHEREAS, the increase in number of students requesting to take the COMLEX-USA Level 2-PE will further exacerbate the already narrow choice of time slots available, and

WHEREAS, the aforementioned exam is a required step in licensure; now, therefore, be it

RESOLVED, that SOMA requests NBOME to continue examin~~e~~ing the viability ~~for such an~~ of ~~alternate~~ additional testing locations for COMLEX-USA Level 2-PE and provide a ~~preliminary~~ written report to SOMA on said viability within ~~six~~ three months.

Submitted by:
Katie Bewersdorf (Touro University California College of Osteopathic Medicine)
Andrea Seid (Touro University California College of Osteopathic Medicine)
Kathryn Smith (Touro University California College of Osteopathic Medicine)
Courtney Stallings (Touro University California College of Osteopathic Medicine)
Madeline Nguyen (Touro University California College of Osteopathic Medicine)

Action Taken:

Date:

Effective Time Period: Ongoing

AACOM Welcomes Three New Member Colleges**.** May 2, 2012. Accessed February 20, 2013. http://www.aacom.org/news/releases/Pages/2012_May02.aspx
[2] A Report on a Survey of Osteopathic Medical School Growth, 2007-08. Thomas Levitan, Med. Accessed February 20, 2013.
http://publish.aacom.org/resources/bookstore/Documents/college_growth_report_2008.pdf
1

Resolution or Amendment: Res-S-13-07
Subject: UPDATE AND MAINTENANCE OF STUDENTDO.COM

---

1 **WHEREAS**, Prospective members use studentdo.com as a factor when considering
2 membership in SOMA; and

3 **WHEREAS**, An updated studentdo.com would increase membership and chapter
4 participation on a national level; and

5 **WHEREAS**, Studentdo.com currently features an outdated format, and publications dating
6 to 2011; and;

7 **WHEREAS**, Chapter leaders require a single organized location to post their chapter reports
8 in a timely manner and to reference other chapters for collaboration; now; therefore, be it

9 **RESOLVED**, That the SOMA Board of Trustees initiate a plan to update the format and
10 publications of studentdo.com including an area for chapter reports; and, be it further

11 **RESOLVED**, ~~That the SOMA Board of Trustees implement this plan before October 1st~~
12 ~~2013 and, be it further~~

13 **RESOLVED**, That the SOMA Board of Trustees ~~also create~~ <u>include</u> a ~~strategic~~ plan to
14 maintain an updated studentdo.com website <u>within the strategic plan and will present a report</u>
15 <u>on its status to the Fall 2013 SOMA Convention</u> ~~indefinitely~~.

Submitted by:

Jimmy DeMeo, OMS II (Lake Erie College of Osteopathic Medicine)
Arta Zowghi, OMS II (Midwestern University Arizona College of Osteopathic Medicine)
Alexis Cates, OMS II (William Carey University College of Osteopathic Medicine)
Katie Eggerman, OMS II (Des Moines University College of Osteopathic Medicine)

Action Taken:
Date:

Effective Time Period: Ongoing

Resolution: Res-S-13-09
Subject: INCREASE THE NUMBER OF ELIGIBLE BLOOD DONORS

WHEREAS, more than 38,000 units of blood are needed every day across the nation, ~~available only from willing donors;~~ with less than 38% of the eligible population donating regularly[1] and

WHEREAS, the policy of excluding Men who have sex with Men (MSM) from donating blood began due to concerns of the HIV/AIDS epidemic in 1977, and currently prevents an estimated 2,600,000 men from making ~~more than 219,000~~ blood donations ~~annually~~ with an estimated loss of 219,000 blood donations annually[2]; and

WHEREAS, our knowledge surrounding HIV/AIDS~~, including the at-risk populations~~ has increased greatly since the 1970s, and includes methods of testing that will yield positive results ~~just~~ 7 days after infection[3] ; and

WHEREAS, thousands of potential donors who identify as MSM are turned away ~~unnecessarily~~ due to this policy, despite ~~the fact~~ that all donated blood is tested for blood-borne pathogens, including HIV Types 1 and 2, utilizing NAT and Antibody detection[3] with a screening error rate between 1 in 2 million[3] and a risk of both tests yielding a false negative of 0.1 per 2 billion[4], therefore be it

RESOLVED, that Student Osteopathic Medical Association (SOMA) recommends the American Osteopathic Association (AOA) stand with the American Red Cross, American Blood Centers and American Association of Blood Banks (AABB) in calling to an end ~~to~~ the

19 indefinite deferment period for MSM, and support~~s~~ the American Red Cross, AABB and

20 American Blood Banks request that the FDA ~~allow~~ modify the exclusion criteria for MSM

21 ~~should be modified~~ to be consistent with deferrals for those judged to be at an increased risk

22 of infection ~~via heterosexual routes~~, be it further

23 **RESOLVED**, that SOMA recommends the AOA support~~s~~ lobbying measures aimed toward~~s~~

24 Congress and the FDA with the ~~end result~~ intention of amending this discriminatory policy ~~so~~

25 ~~that all people who are willing and eligible may donate blood~~.

1. Blood Facts and Statistics. American Red Cross Web site. http://www.redcrossblood.org/learn-about-blood/blood-facts-and-statistics. Accessed July 14, 2012.
2. Goldberg, Naomi, and Gary Gates. "Effects of Lifting Blood Donation Bans on Men Who Have Sex with Men." *Williams Institute*. Web. 14 Jul. 2012. <http://www.kent.edu/uhs/upload/formattedmsm_goldberg_gates.pdf>.
3. Blood Testing. American Red Cross Website. http://www.redcrossblood.org/learn-about-blood/what-happens-donated-blood/blood-testing. Accessed July 14, 2012
4. Leiss, William, and Dan Krewski. "MSM Donor Deferral Risk Assessment: An Analysis using Risk Management Principles."
5. *See attached* (http://www.aabb.org/pressroom/statements/Pages/bpacdefernat030906.aspx)
6. Vanacore, Tara sun, and Abagail Barnes. Tainted: Why Gay Men Still Can't Donate Blood. The Atlantic. October 12, 2012. *http://www.theatlantic.com/health/archive/2012/10/tainted-why-gay-men-still-cant-donate-blood/262722/?google_editors_picks=true*

Submitted by:
Brian Wlosinski, OMS II (Lake Erie College of Osteopathic Medicine)
Robert Gesumaria, OMS III (University of Medicine & Dentistry of New Jersey)
Jack Annunziato, OMS II (University of Medicine & Dentistry of New Jersey)
Emmalynn Sigrist, OMSII (Philadelphia College of Osteopathic Medicine)
Action Taken: (leave blank)

Date: (leave blank)

Effective Time Period: Ongoing

Behavior-Based Blood Donors Deferrals in the Era of Nucleic Acid Testing (NAT)

Blood Products Advisory Committee, March 9, 2006
Steven Kleinman, MD

Senior Medical Advisor, AABB

AABB, America's Blood Centers (ABC) and American Red Cross (ARC) thank the Food and Drug Administration (FDA) for the opportunity to speak at today's meeting. AABB, ABC, and ARC commend FDA for holding a workshop to review the issues associated with the deferral of prospective blood donors on the basis of an elicited history of behavioral risk. In the context of that workshop, we would like to comment on the deferral criteria for men who have previously had sex with men.

On September 14th, 2000, AABB spoke before the Blood Products Advisory Committee, making the following recommendation:

"Since 1997 AABB has advocated that the deferral period for male to male sex be changed to 12 months. Modifying the deferral time period for male to male sexual contact to 12 months will make that deferral period consistent with the deferral period for other potentially high risk sexual exposures and will improve the clarity and consistency of the donor screening questions. The potential donor will be directed to focus on recent, rather than remote risk behaviors and should have better recall for answers to the screening questions."

The recommendation was not accepted, largely on the grounds that any relaxation in the criteria would increase the number of Human Immunodeficiency virus (HIV) seropositive individuals presenting to give blood and thereby increase risk to recipients because of false negative laboratory screening or inadvertent release of infectious units. We now have evidence to show that the vast majority of donors with prevalent infections will be positive by both antibody tests and nucleic acid amplification testing (NAT), thus assuring redundancy in laboratory testing.

AABB, ABC and ARC believe that the current lifetime deferral for men who have had sex with other men is medically and scientifically unwarranted and recommend that deferral criteria be modified and made comparable with criteria for other groups at increased risk for sexual transmission of transfusion-transmitted infections. Presenting blood donors judged to be at risk of exposure via heterosexual routes are deferred for one year while men who have had sex with another man even once since 1977 are permanently deferred.

Current duplicate testing using NAT and serologic methods allow detection of HIV-infected donors between 10 and 21 days after exposure. Beyond this window period, there is no valid scientific reason to differentiate between individuals infected a few

months or many years previously. The FDA-sanctioned Uniform Donor History Questionnaire was developed recognizing the importance of stimulating recall of recent events to maximize the identification of donors at risk for incident, that is, recent, infections. From the perspective of eliciting an appropriate risk history for exposure to HIV and other sexually transmitted infections, the critical period is the three weeks immediately preceding donation since false negative NAT and serology reflect these window-period infections, and the length of these window periods provide the scientific basis for the deferral periods imposed for at risk sexual behaviors.

It does not appear rational to broadly differentiate sexual transmission via male-to-male sexual activity from that via heterosexual activity on scientific grounds. Neither does it seem reasonable to extend this reasoning to other infectious agents. To many, this differentiation is unfair and discriminatory, resulting in negative attitudes to blood donor eligibility criteria, blood collection facilities and, in some cases, to cancellation of blood drives. We think FDA should consider that the continued requirement for a deferral standard seen as scientifically marginal and unfair or discriminatory by individuals with the identified characteristic may motivate them to actively ignore the prohibition and provide blood collection facilities with less accurate information.

AABB, ABC and ARC acknowledge the concern that relaxation of deferral criteria may increase the number of presenting donors who are marker positive. However, this impact has not been measured directly; it has only been modeled using what may be incomplete assumptions. The blood collectors are willing to assist in collecting data regarding the actual impact of changes in the deferral, in order to allow for informed decision-making, and/or for the development of additional, appropriate interventions to ameliorate the impact.

In summary, AABB, ABC and ARC believe that the deferral period for men who have had sex with other men should be modified to be consistent with deferrals for those judged to be at risk of infection via heterosexual routes. We believe that this consideration should also be extended to donors of human cells, tissues and cellular and tissue-based products.

AABB is an international association dedicated to advancing transfusion and cellular therapies worldwide. Our members include 1800 hospital and community blood centers, transfusion and transplantation services and 8000 individuals involved in activities related to transfusion and transplantation medicine. For over 50 years, AABB has established voluntary standards and inspected and accredited institutions. Our members are responsible for virtually all of the blood collected and more than 80 percent of the blood transfused in this country. AABB's highest priority is to maintain and enhance the safety and availability of the nation's blood supply.

Founded in 1962, America's Blood Centers is North America's largest network of community-based blood programs. Seventy-seven blood centers operate more than 600 collection sites in 45 U.S. states and Canada, providing half of the United States, and all of Canada's volunteer donor blood supply. These blood centers serve more than 180

million people and provide blood products and services to more than 4,200 hospitals and health care facilities across North America. ABC's U.S. members are licensed and regulated by the U.S. Food & Drug Administration. Canadian members are regulated by Health Canada.

The American Red Cross, through its 35 Blood Services Regions and five National Testing Laboratories, supplies nearly half of the nation's blood supply. Over six million units of Whole Blood were collected from more than four million Red Cross volunteer donors, separated into 12 million components, and supplied to 3000 hospitals to meet the transfusion needs of patients last year.

Resolution: Res-S-13-10
Subject: REPORTING CHAPTER EVENTS TO NATIONAL SOMA

WHEREAS, monthly reports from SOMA chapters to the region trustees have been either inconsistent or incomplete,

WHEREAS, region trustees require accurate reporting of events from each chapter in their respective regions to ensure that each chapter has maintained activity,

WHEREAS, quarterly reports are more feasible for chapter leaders and allow for more chapter events to take place within that given time period; now, therefore, be it

RESOLVED, the national liaison officers of each chapter must document all events, or an absence thereof, via quarterly reports in addition to their two chapter reports to their respective region trustee by the first day of September, December, March and June.~~, and be it further~~

~~**RESOLVED**, if no events were held in a particular quarter, the national liaison officer is required to inform their respective region trustee.~~

Submitted by:
Alexis Cates, OMS II (William Carey University College of Osteopathic Medicine)
Jim DeMeo, OMS II (Lake Erie College of Osteopathic Medicine)
Katie Eggerman, OMS II (Des Moines University College of Osteopathic Medicine)
Arta Zowghi, OMS II (Midwestern University Arizona College of Osteopathic Medicine)

Action Taken: (leave blank)

Date: (leave blank)

Effective Time Period: Ongoing

Resolution: Res-S-13-06
Subject: TO PROMOTE DIVERSITY, EQUITY, AND INCLUSION IN OSTEOPATHIC MEDICAL SCHOOLS

---

13 **WHEREAS**, as future leaders of the osteopathic medical profession, we strive to promote
14 diversity, equity, and inclusion at our respective institutions; and

15 **WHEREAS**, we consider diversity to be the respectful interaction among individuals from
16 different backgrounds who represent different races, ethnicities, nationalities, genders,
17 religions, socioeconomic circumstances, sexual orientations, and gender identities; and

18 **WHEREAS**, the SOMA Mission Statement calls on us to promote unity within the
19 profession; and

20 **WHEREAS**, the Osteopathic Core Competency of Professionalism calls on us to
21 demonstrate respect for colleagues, other health care professionals, and their practices, to
22 openly discuss cultural issues and be responsive to cultural cues, and to demonstrate how to
23 cope with differences in people in a constructive way; and

24 **WHEREAS**, we are called to assist the health care team in developing a mutually acceptable,
25 culturally responsive plan for patients; and

26 **WHEREAS**, the regular practice of equity and inclusion is critical in establishing and
27 maintaining lines of communication among healthcare professionals in an ongoing effort to
28 improve the quality of healthcare; therefore, be it

29 **RESOLVED**, that, as osteopathic medical student leaders, we must foster safe environments
30 that facilitate and encourage discussions of diversity, equity, and inclusion among our
31 respective student bodies and academic communities, including faculty, staff, and
32 administrators; and be it further

33 **RESOLVED**, that these discussions should represent the voices of all members of our
34 respective institutions and be conducted in a respectful and tolerant manner; and

35 **RESOLVED**, that our common goal is to cultivate diverse educational communities that
36 provide welcoming environments for professional development in which students, faculty,
37 staff, and administrators from different backgrounds and perspectives can thrive.

38

Submitted by:
Selim Sheikh, OMS I (William Carey University College of Osteopathic Medicine)
Nabil Baddour, OMS II (William Carey University College of Osteopathic Medicine)
Hailey Thompson, OMS I (William Carey University College of Osteopathic Medicine)

Action Taken:

Date:

Effective Time Period: ***Ongoing***

Resolution: Res-S-13-12
Subject: Tenets of Osteopathic Medicine and the ACGME/AOA Merger

WHEREAS, in light of the proposed Unified Accreditation System under the Accreditation Council for Graduate Medical Education (ACGME)[1]; and

WHEREAS, the history of Osteopathic Medicine is not without prior attempts of a merger with allopathic medicine; for example, in the nineteen-sixties in the State of California; and

WHEREAS, during the course of those events, an osteopathic school and a hospital were converted to allopathic institutions, and D.O. degrees were no longer awarded in the State of California[2]; and

WHEREAS, there were only four states where osteopathic schools remained in which to enact the same in order to completely eliminate all osteopathic education, thereby bringing an imminent end to the osteopathic profession and practice in its entirety; and

WHEREAS, a supreme court decision over a decade later overturned the merger, however not without significant damage to the osteopathic profession in the State of California, including 86% of the osteopathic physicians exchanging their D.O. licensure for an M.D. license under political pressure, amounting to about 1600 out of 2000 practicing D.O.'s[3]; and

WHEREAS, there was a period of twenty years (1964 – 1984) without osteopathic education in the State of California; and

---

[1] AOA, ACGME Move Toward Unified Accreditation for Graduate Medical Education Programs http://www.osteopathic.org/inside-aoa/Pages/ACGME-single-accreditation-system.aspx

[2] D'Amico v. Board Of Medical Examiners. 11 Cal. 3d 1.Sac. No. 7976. Supreme Court of California. March 19, 1974. THEODORE A. D'AMICO et al., Plaintiffs and Appellants, v. BOARD OF MEDICAL EXAMINERS et al., Defendants and Appellants; BOARD OF OSTEOPATHIC EXAMINERS et al., Defendants and Respondents http://law.justia.com/cases/california/cal3d/11/1.html

[3] The Paradox of Osteopathy. Joel D. Howell, M.D., Ph.D..N Engl J Med 1999; 341:1465-1468November 4, 1999DOI: 10.1056/NEJM199911043411910 http://www.nejm.org/doi/full/10.1056/NEJM199911043411910

16 **WHEREAS,** at the time of the merger, the AMA regarded osteopathy as a “cult”[4]; and

17 **WHEREAS,** the osteopathic profession has come a long way since that time, from earning respect
18 from its allopathic counterparts, to working side by side with said counterparts in hospitals, clinics, and
19 the like, to progressing scientific study into osteopathic manipulative treatments, and perhaps most
20 importantly, by increasing awareness, understanding, and demand from patients; and

21 **WHEREAS,** the AOA’s House of Delegates approved the Tenets of Osteopathic Medicine as follows:

22 *1. The body is a unit; the person is a unit of body, mind, and spirit.*

23 *2. The body is capable of self-regulation, self-healing, and health maintenance.*

24 *3. Structure and function are reciprocally interrelated.*

25 *4. Rational treatment is based upon an understanding of the basic principles of*

26 *body unity, self-regulation, and the interrelationship of structure and function.*[5]*;*

27 now, therefore, be it

28 **RESOLVED,** that SOMA requests these events to be deemed relevant to the current discussions and
29 negotiations between the AOA, AACOM, AMA and ACGME regarding the Unified Accreditation
30 System, and that the Tenets of Osteopathic Medicine will be upheld by AOA and AACOM throughout
31 said current and future discussions, negotiations, and agreements regarding Graduate Medical
32 Education (GME).

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[4] Osteopathy Special Report of the Judicial Council to the AMA House of Delegates
James H. Berge, M.D.; J. Morrison Hutcheson, M.D.; Robertson Ward, M.D.; George A. Woodhouse, M.D.; Homer L. Pearson, M.D. *JAMA.* 1961;177(11):774-776. doi:10.1001/jama.1961.73040370010008.
http://jama.jamanetwork.com/article.aspx?articleid=331708

[5] Tenets of Osteopathic Medicine
http://www.osteopathic.org/inside-aoa/about/leadership/Pages/tenets-of-osteopathic-medicine.aspx

Submitted by:
Katie Bewersdorf (Touro University College of Osteopathic Medicine – California)
Andrea Seid (Touro University College of Osteopathic Medicine – California)
Courtney Stallings (Touro University College of Osteopathic Medicine – California)
Madeline Nguyen (Touro University College of Osteopathic Medicine – California)

Action Taken:

Date:

Effective Time Period: ongoing

Resolution or Amendment: Res-S-13-02
Subject: Equity in Federal Student Aid for Graduate Students

1 **WHEREAS,** the Affordable Care Act has created 50 million new patients,[i] many of whom are
2 within underserved and rural communities; and

3 **WHEREAS,** the number of physicians newly licensed each year is outpaced by the number of new
4 patients that need healthcare service; and

5 **WHEREAS,** osteopathic medical schools are committed to training future physicians to provide
6 quality healthcare for many underserved and rural communities;[ii] and

7 **WHEREAS,** allopathic medical schools are equally committed to training future physicians to
8 provide quality health care for many underserved and rural communities; and

9 **WHEREAS,** many students who are first in their family to attend medical school are from areas of
10 underserved and rural communities and do not have the family financial support to finance their
11 education without obtaining loans; and

12 **WHEREAS,** the average cost of four years of attendance of medical school was $263,964 in 2010-
13 11;[iii] and

14 **WHEREAS,** many medical students fund the cost of their education with Stafford and graduate
15 PLUS Student Loans, which currently have a fixed interest rate of 6.8 percent and 7.9 percent,
16 respectively; and

17 **WHEREAS,** the accrued interest rate on loans for the average cost of attendance amount to $46,000
18 at graduation, with a resulting monthly payment of over $2,100 over an extended 30 year plan; and

19 **WHEREAS,** the average annual salary of a first year physician resident is $40,000 to $50,000; and

20 **WHEREAS,** the bond equivalent rate of the 91-day Treasury bill is 0.086 percent as of May 2012;[iv]
21 and

22 **WHEREAS,** the historical interest rates for the Graduate Unsubsidized Stafford Loan have been:
23 2.82% (2003-04), 2.77% (2004-05), 4.70% (2005-06), 6.80% (2006-13);[v] and

24 **WHEREAS,** the historical interest rates for the Graduate PLUS Student Loan have been: 4.22%
25 (2003-04), 4.17% (2004-05), 6.10% (2005-06), 7.90% (2006-13);[vi] and

26 **WHEREAS,** the federal student loan system started implementing disparate interest rates between
27 undergraduate and graduate loans beginning in 2008; and

28 **WHEREAS,** undergraduate Subsidized Stafford Loans and Unsubsidized Stafford Loans currently
29 have a fixed interest rate of 0 percent and 3.4 percent, respectively; and

30 **WHEREAS**, students strongly factor in financial costs versus benefits when choosing a career and
31 many choose subspecialties instead of primary care because of the financial advantage;[vii] and

32 **WHEREAS**, medical student loan reform would facilitate students to consider primary care without
33 dwelling on the financial ramifications; therefore, be it

34 **RESOLVED,** That the Student Osteopathic Medical Association increase its partnership with the
35 Council of Osteopathic Student Government Presidents, American Medical Student Association, the
36 Medical Student Section of the American Medical Association, and other associations aligned in
37 SOMA's interest to persuade the federal government to protect the future of healthcare service by
38 reducing Graduate Unsubsidized Stafford Loan and Graduate PLUS Student Loan interest rates to
39 align with market value.

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Submitted by:

Ellia Ciammaichella, OMS II (TUNCOM)
Arta Zowghi, OMS II (Arizona College of Osteopathic Medicine)

Action Taken:
Date: *February 21, 2012*
Effective Time Period:

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[i] U.S. Healthcare: Newly Insured Patients May Have Trouble Finding Primary Care Physicians, Science News, http://www.sciencedaily.com/releases/2012/11/121126164413.htm (posted Nov. 26, 2012)
[ii] AACOM letter to Member of Congress on February 15, 2013, http://www.aacom.org/advocacy/topics/testimony/Documents/02-15-13_MOC.pdf
[iii] Carolyne Krupa, Medical Students Still Burdened by High Debt Loads, American Medical Association, http://www.ama-assn.org/amednews/2012/08/27/prsb0827.htm (posted Aug. 12, 2012).
[iv] Federal Stafford, Federal PLUS, Federal SLS, and Federal Consolidation Interest Rate Calculations for the Period July 1, 2012 – June 30, 2013, http://www.fp.ed.gov/attachments/interest/Rates2012.pdf
[v] Historical Interest Rates Provided by FinAid, http://www.finaid.org/loans/historicalrates.phtml
[vi] Historical Interest Rates Provided by FinAid, http://www.finaid.org/loans/historicalrates.phtml
[vii] Myrle Croasdale, Subspecialties Flourish as IM Residents Shun Primary Care, American Medical News, http://today.uchc.edu/headlines/2005/may05/primarycare.html (reported May 16, 2005)

Resolution or Amendment: Res-S-13-03
Subject: Equity in Federal Student Aid for Graduate Students

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1 **WHEREAS**, the Affordable Care Act has created 50 million new patients,[i] many of whom are
2 within underserved and rural communities; and

3 **WHEREAS**, the number of physicians newly licensed each year is outpaced by the number of new
4 patients that need healthcare service; and

5 **WHEREAS**, osteopathic medical schools are committed to training future physicians to provide
6 quality healthcare for many underserved and rural communities;[ii] and

7 **WHEREAS**, allopathic medical schools are equally committed to training future physicians to
8 provide quality health care for many underserved and rural communities; and

9 **WHEREAS**, many students who are first in their family to attend medical school are from areas of
10 underserved and rural communities and do not have the family financial support to finance their
11 education without obtaining loans; and

12 **WHEREAS**, the average cost of four years of attendance of medical school was $263,964 in 2010-
13 11;[iii] and

14 **WHEREAS**, many medical students fund the cost of their education with Stafford and graduate
15 PLUS Student Loans, which currently have a fixed interest rate of 6.8 percent and 7.9 percent,
16 respectively; and

17 **WHEREAS**, the accrued interest rate on loans for the average cost of attendance amount to $46,000
18 at graduation, with a resulting monthly payment of over $2,100 over an extended 30 year plan; and

19 **WHEREAS**, the average annual salary of a first year physician resident is $40,000 to $50,000; and

20 **WHEREAS**, the bond equivalent rate of the 91-day Treasury bill is 0.086 percent as of May 2012;[iv]
21 and

22 **WHEREAS**, the historical interest rates for the Graduate Unsubsidized Stafford Loan have been:
23 2.82% (2003-04), 2.77% (2004-05), 4.70% (2005-06), 6.80% (2006-13);[v] and

24 **WHEREAS**, the historical interest rates for the Graduate PLUS Student Loan have been: 4.22%
25 (2003-04), 4.17% (2004-05), 6.10% (2005-06), 7.90% (2006-13);[vi] and

26 **WHEREAS**, the federal student loan system started implementing disparate interest rates between
27 undergraduate and graduate loans beginning in 2008; and

28 **WHEREAS**, undergraduate Subsidized Stafford Loans and Unsubsidized Stafford Loans currently
29 have a fixed interest rate of 0 percent and 3.4 percent, respectively; and

30 **WHEREAS**, students strongly factor in financial costs versus benefits when choosing a career and
31 many choose subspecialties instead of primary care because of the financial advantage;[vii] and

32 **WHEREAS**, medical student loan reform would facilitate students to consider primary care without
33 dwelling on the financial ramifications; therefore, be it

34 **RESOLVED**, That the Student Osteopathic Medical Association increase its partnership with the
35 Council of Osteopathic Student Government Presidents, American Medical Student Association, the
36 Medical Student Section of the American Medical Association, and other associations aligned in
37 SOMA's interest to persuade the federal government to protect the future of healthcare service by
38 restoring interest subsidies on need-based Graduate Stafford Loans.

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Submitted by:

Ellia Ciammaichella, OMS II (TUNCOM)
Arta Zowghi, OMS II (Arizona College of Osteopathic Medicine)

Action Taken:
Date: *February 21, 2012*
Effective Time Period:

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[i] U.S. Healthcare: Newly Insured Patients May Have Trouble Finding Primary Care Physicians, Science News, http://www.sciencedaily.com/releases/2012/11/121126164413.htm (posted Nov. 26, 2012)
[ii] AACOM letter to Member of Congress on February 15, 2013, http://www.aacom.org/advocacy/topics/testimony/Documents/02-15-13_MOC.pdf
[iii] Carolyne Krupa, Medical Students Still Burdened by High Debt Loads, American Medical Association, http://www.ama-assn.org/amednews/2012/08/27/prsb0827.htm (posted Aug. 12, 2012).
[iv] Federal Stafford, Federal PLUS, Federal SLS, and Federal Consolidation Interest Rate Calculations for the Period July 1, 2012 – June 30, 2013, http://www.fp.ed.gov/attachments/interest/Rates2012.pdf
[v] Historical Interest Rates Provided by FinAid, http://www.finaid.org/loans/historicalrates.phtml
[vi] Historical Interest Rates Provided by FinAid, http://www.finaid.org/loans/historicalrates.phtml
[vii] Myrle Croasdale, Subspecialties Flourish as IM Residents Shun Primary Care, American Medical News, http://today.uchc.edu/headlines/2005/may05/primarycare.html (reported May 16, 2005)

Resolution or Amendment: Res-S-13-04
Subject: Equity in Federal Student Aid for Graduate Students

1 **WHEREAS,** the Affordable Care Act has created 50 million new patients,[i] many of whom
2 are within underserved and rural communities; and

3 **WHEREAS,** the number of physicians newly licensed each year is outpaced by the number
4 of new patients that need healthcare service; and

5 **WHEREAS,** osteopathic medical schools are committed to training future physicians to
6 provide quality healthcare for many underserved and rural communities;[ii] and

7 **WHEREAS,** allopathic medical schools are equally committed to training future physicians
8 to provide quality health care for many underserved and rural communities; and

9 **WHEREAS,** many students who are first in their family to attend medical school are from
10 areas of underserved and rural communities and do not have the family financial support to
11 finance their education without obtaining loans; and

12 **WHEREAS,** the average cost of four years of attendance of medical school was $263,964 in
13 2010-11;[iii] and

14 **WHEREAS,** many medical students fund the cost of their education with Stafford and
15 graduate PLUS Student Loans, which currently have a fixed interest rate of 6.8 percent and
16 7.9 percent, respectively; and

17 **WHEREAS,** the accrued interest rate on loans for the average cost of attendance amount to
18 $46,000 at graduation, with a resulting monthly payment of over $2,100 over an extended 30
19 year plan; and

20 **WHEREAS,** the average annual salary of a first year physician resident is $40,000 to
21 $50,000; and

22 **WHEREAS,** the bond equivalent rate of the 91-day Treasury bill is 0.086 percent as of May
23 2012;[iv] and

24 **WHEREAS,** the historical interest rates for the Graduate Unsubsidized Stafford Loan have
25 been: 2.82% (2003-04), 2.77% (2004-05), 4.70% (2005-06), 6.80% (2006-13);[v] and

26 **WHEREAS,** the historical interest rates for the Graduate PLUS Student Loan have been:
27 4.22% (2003-04), 4.17% (2004-05), 6.10% (2005-06), 7.90% (2006-13);[vi] and

28 **WHEREAS,** the federal student loan system started implementing disparate interest rates
29 between undergraduate and graduate loans beginning in 2008; and

30 **WHEREAS,** undergraduate Subsidized Stafford Loans and Unsubsidized Stafford Loans
31 currently have a fixed interest rate of 0 percent and 3.4 percent, respectively; and

32 **WHEREAS**, students strongly factor in financial costs versus benefits when choosing a
33 career and many choose subspecialties instead of primary care because of the financial
34 advantage;[vii] and

35 **WHEREAS**, medical student loan reform would facilitate students to consider primary care
36 without dwelling on the financial ramifications; therefore, be it

37 **RESOLVED,** That line 35 to 39 of Res-F-12-06 be amended as follows: RESOLVED, that
38 SOMA recommend to the AOA that the AOA advocate to members of Congress to set
39 equitable interest rates for Direct Stafford Loans and Graduate PLUS Loans issued by the

40 United States Department of Education such that interest rates on these loans align with

41 market value.

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Submitted by:

Ellia Ciammaichella, OMS II (TUNCOM)
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[i] U.S. Healthcare: Newly Insured Patients May Have Trouble Finding Primary Care Physicians, Science News, http://www.sciencedaily.com/releases/2012/11/121126164413.htm (posted Nov. 26, 2012)

[ii] AACOM letter to Member of Congress on February 15, 2013, http://www.aacom.org/advocacy/topics/testimony/Documents/02-15-13_MOC.pdf

[iii] Carolyne Krupa, Medical Students Still Burdened by High Debt Loads, American Medical Association, http://www.ama-assn.org/amednews/2012/08/27/prsb0827.htm (posted Aug. 12, 2012).

[iv] Federal Stafford, Federal PLUS, Federal SLS, and Federal Consolidation Interest Rate Calculations for the Period July 1, 2012 – June 30, 2013, http://www.fp.ed.gov/attachments/interest/Rates2012.pdf

[v] Historical Interest Rates Provided by FinAid, http://www.finaid.org/loans/historicalrates.phtml

[vi] Historical Interest Rates Provided by FinAid, http://www.finaid.org/loans/historicalrates.phtml

[vii] Myrle Croasdale, Subspecialties Flourish as IM Residents Shun Primary Care, American Medical News, http://today.uchc.edu/headlines/2005/may05/primarycare.html (reported May 16, 2005)