



# Pennsylvania Osteopathic Medical Association (POMA)

## **PUBLIC POLICY COMPENDIUM**

*(Contains public policies adopted from 2004 to Present)*

*Last updated September 29, 2021*

Pennsylvania Osteopathic Medical Association  
1330 Eisenhower Boulevard  
Harrisburg, PA 17111

### **Ambulatory Surgery Centers (ASCs)**

The Pennsylvania Osteopathic Medical Association (POMA) supports legislation to align Pennsylvania's Ambulatory Surgery Centers (ASCs) procedures with CMS, forgoing the need for waiver applications to the Pennsylvania Department of Health. *(Approved Motion, May 1, 2021, BOT.)*

### **Any Willing Provider**

The Pennsylvania Osteopathic Medical Association (POMA) calls on all health care systems and insurers operating in Pennsylvania to make the health of Pennsylvania residents their top priority and to take immediate and effective action to provide access by Pennsylvanians to the health care services and health insurance that patients choose, thereby maximizing patient safety and the quality of care afforded to patients; and further that POMA protect patient access to healthcare providers and health insurers of their choice, preserve the continuity of healthcare patients receive and maximize patient safety. *(Res. 2014-1, HOD 2014; Reaffirmed as Amended via Res., HOD 2021.)*

### **Athletic Trainers**

The Pennsylvania Osteopathic Medical Association (POMA) supports "the athletic trainers to be licensed as long as they are under the supervision/collaboration of a physician." *(Approved Motion, August 8, 2009, BOT; Revised Approved Motion, November 2, 2019, BOT.)*

### **Balance Billing**

The Pennsylvania Osteopathic Medical Association (POMA) supports legislation that takes the patient out of the middle of billing and network disputes between physicians and insurers and provides for fair and reasonable reimbursement for physicians. *(Approved Motion, February 8, 2020, BOT.)*

### **Certified Registered Nurse Anesthetist (CRNA)**

POMA support House Bill 912 of 2021, PN 0898, to require physician oversight of certified registered nurse anesthetist (CRNA) when administering anesthesia. *(Approved Motion, May 2, 2021, BOT.)*

### **Certified Registered Nurse Practitioners (CRNPs)**

The Pennsylvania Osteopathic Medical Association (POMA) recommends to the State Board of Osteopathic Medicine that CRNPs are to be employees in order for the osteopathic physician to enter into a collaborative agreement. *(Approved Motion, August 13, 2005, BOT.)*

### **CPR and Choking Prevention**

The Pennsylvania Osteopathic Medical Association (POMA) supports the Infant CPR and Choking Education and Prevention Act, House Bill 783 of 2019, PN 1815. *(Approved Motion, May 28, 2019, Exec. Comm.)*

### **Evaluation and Management in Osteopathic Manipulative Treatment (OMT)**

The Pennsylvania Osteopathic Medical Association (POMA) recommends the distinction between the philosophy of osteopathic principles and practice (osteopathic evaluation and diagnosis) from osteopathic therapeutic medical services; and further POMA recommends to all reimbursement agencies that payment for these therapeutic procedural services be deemed reimbursable, separately and additionally, to capitated payments for osteopathic history, physical and diagnostic services; and further, POMA supports the American Osteopathic Association (AOA) in its effort to ensure universal reimbursement for OMT, in addition to Evaluation and Management visit, when appropriate. *(Res. 2005-3, HOD 2005; Reaffirmed as Amended via Res., HOD 2021.)*

**Expert Testimony-Penalties (in Medical Liability Cases)**

*(Res. 2005-7, HOD 2005; Sunset via Res., 2021, HOD 2021.)*

**Expert Witness Testimony (in Medical Liability Cases)**

*(Res. 2005-6, HOD 2005; Sunset via Res. 2021, HOD 2021.)*

**Expedited Partner Therapy**

The Pennsylvania Osteopathic Medical Association (POMA) supports legislation permitting Expedited Partner Therapy. *(Approved Motion, November 6, 2020, BOT.)*

**False Claims Act (State)**

The Pennsylvania Osteopathic Medical Association (POMA) opposes enacting a state false claims act because creating a more litigious environment for physicians treating the medical assistance population is not in the patient's best interest, and legitimate fraudulent activities can be litigated through the federal False Claims Act. *(Approved Motion, February 8, 2020, BOT.)*

**Health Disparities**

The Pennsylvania Osteopathic Medical Association (POMA) recognizes the fact that health care disparities exist and affect a large population of individuals in Pennsylvania and the entire United States.

POMA recognizes that understanding what health care disparities exist and what populations are mostly affected is key to improving health care outcomes for those individuals most affected.

Races and ethnicity, sexual orientation, socioeconomic status (i.e., education and income), age (the very young and the very old), and geographic location are some of the many disparities that exist in our society. The access inequalities that are the subsequent consequences have led to dramatically increased morbidity and mortality in those most vulnerable populations.

In our own Gettysburg, Pa. President Abraham Lincoln addressed this indirectly by asking all the living to carry on the unfinished work of those that came before us. With that in mind,

POMA supports efforts to improve health policy that reduces the health disparities and further educates our physicians of this problem while striving to achieve solutions for these vulnerable patients. *(Approved Motion, November 6, 2020, BOT.)*

**Immunizations – Pharmacists**

The Pennsylvania Osteopathic Medical Association (POMA) adopts the American Osteopathic Association position to oppose allowing the administration of immunizations by pharmacists or other non-physicians in locations not having a physician in attendance. *(Res. 2011-2; HOD 2011.)*

**Informed Consent**

The Pennsylvania Osteopathic Medical Association (POMA) supports Senate Bill 425 of 2021, PN 0429, to permit physicians with the ability to delegate informed consent duties, if the physician chooses. *(Approved Motion, May 1, 2021, BOT.)*

**Lactation Consultants**

*Policy Sunset. (Approved Motion, November 2, 2019, BOT.)*

### **Medical Care Availability and Reduction of Error Fund ("Mcare")**

The Pennsylvania Osteopathic Medical Association (POMA) remains opposed to the unconstitutional taking of funds (as affirmed by the Courts) from the MCARE Fund which physicians have paid into and have legal standing to be returned back into the MCARE Fund from the Commonwealth of Pennsylvania. *(Approved Motion, November 7, 2009, BOT; Revised via Approved Motion, November 2, 2019, BOT.)*

### **Mental Health Reimbursement**

*(Res. 2007-2, HOD 2007; Sunset via Res., 2021, HOD 2021)*

### **Non-Physician Clinicians**

The DO/MD medical model has proven its ability to provide professionals with complete medical education and training and testing needed to ensure patient safety. Thus, it is appropriate that the practice of medicine and the quality of medical care are the responsibility of properly licensed physicians. POMA further supports the concept of uniform licensure pathways for non-physician clinicians, based upon scope of practice. It opposes any legislation or regulation which would authorize the independent practice of medicine by an individual who has not completed the state's requirements for physician licensure.

As non-physician clinicians continue to seek wider roles, public policy dictates patient safety and proper patient care should be foremost in mind when the issues encompassing expanded practice rights for non-physician clinicians – autonomy, scopes of practice, prescriptive rights, liability and reimbursement, among others – are addressed.

A. Patient Safety. POMA supports the "team" approach to medical care, with the physician as the leader of that team. POMA further supports the position that patients should be made clearly aware at all times whether they are being treated by a non-physician clinician or a physician. POMA recognizes the growth of non-physician clinicians and supports their rights to practice with appropriate physician involvement, including collaborative agreements, written protocols and other practice oversight models.

B. Independent Practice. It is POMA's position that roles within the "team" framework must be clearly defined, through established protocols and signed agreements, so physician involvement in patient care is sought when a patient's case dictates. POMA believes nonphysician clinician professions that have traditionally been under the supervision of physicians must retain physician involvement in patient care. Those non-physician clinician professions that may gain practice opportunities independent of physicians must involve physicians in patient care when warranted. All non-physician clinicians must refer a patient to a physician when the patient's condition is beyond the non-physician clinician's scope of education, training or expertise.

C. Liability. POMA endorses the view that physician liability for non-physician clinician actions should be reflective of the quality of supervision being provided and should not exonerate the non-physician clinician from liability. It is POMA's position that nonphysician clinicians acting autonomously of physicians should be held to the equivalent degree of liability as that of a physician. Within any prospective independent practice framework, POMA further believes that non-physician clinicians should be required to obtain malpractice insurance in Pennsylvania that is equivalent to physicians.

D. Educational Standards. DOs/MDs have proven and continue to prove the efficacy of their education, training, examinations, and regulation and physician involvement for the unlimited practice of medicine and it is POMA's firm conviction that only holders of DO and MD degrees be licensed for medicine's

unlimited practice. The osteopathic profession has continually proven its ability to meet and exceed standards necessary for the unlimited practice of medicine, as non-physician clinicians seek wider roles, standards of education, training, examination, and regulation and physician involvement must all be adopted to protect the patient and ensure that proper patient care is being given. POMA holds the position that education, training, examination and regulation must all be documented and reflective of the expanded scopes of practice being sought by non-physician clinicians. POMA recognizes there may be a need for an objective, independent body to review and validate non-physician clinician standards. *(Via Res., 2021, HOD 2021.)*

#### **Nursing Interstate Licensure Compact**

POMA is neutral on legislation that provides for a nursing interstate licensure compact. *(Approved Motion, August 7, 2020, BOT.)*

#### **Nursing Home - Long-Term Care**

The nursing home/long-term care attending physician provide prescriptions for medication received in the facilities for no less than 14 days and no more than 30 days after discharge; and further, that the nursing home/long-term care attending physician should not certify the need of medically required equipment, visiting nurse care and home physical therapy for more than 30 days after discharge. *(Res. 2005-8, HOD 2005.)*

#### **Pain Management and Opioid Use Policy**

The Pennsylvania Osteopathic Medical Association (POMA) understands the need to provide effective pain relief and encourages all health care providers to receive training on appropriate opioid prescribing, particularly for patients who suffer from acute and chronic pain. Osteopathic physicians are uniquely qualified to provide non-pharmacologic alternatives to treat pain through the use of Osteopathic Manipulative Medicine (OMM) and POMA advises physicians to consider the safest appropriate treatment for patients. The routine prescription of opioids to treat pain has, in some cases, resulted in addiction, overdose and death. POMA provides continuing medical education on proper opioid prescribing practices and management of acute and chronic pain, including the application of OMM. *(Approved Motion, January 2018, BOT.)*

#### **Patient Centered Medical Home (PCMA)**

POMA supports the patient centered medical home (PCMH.) *(Res. 2008-4, HOD 2008; Reaffirmed via Res. 2021, 2021.)*

#### **Personal Care Facility - Orders and Treatments**

The Pennsylvania Osteopathic Medical Association (POMA) petition the Department of Health with the following recommendations: All orders and/or recommended treatment for residents of a personal care facilities be reviewed by the primary care/attending physician for approval before implementation, behavioral health/psychiatric centers must provide periodic reports on personal care facility residents, for who they are rendering care, to the primary care/attending physician, evaluate funding, as proposed by the Legislative Budget and Finance Committee, dated 2007, and evaluate the quality of care of personal care facilities, as done for nursing home facilities, in the Department of Health inspection process. *(Res. 2014-2, HOD 2014.)*

**Pharmacists (Reporting to State Vaccine Registry)**

The Pennsylvania Osteopathic Medical Association (POMA) supports efforts to require pharmacists report to a patient's primary care physician any immunizations they administer and enter it into an immunization registry maintained by the Pennsylvania Department of Health. *(Approved Motion, August 14, 2021, BOT.)*

**Physician Assistants (Countersignature)**

The Pennsylvania Osteopathic Medical Association (POMA) supports requirements for physicians to review and countersign physician assistant notes in charts. *(Approved Motion, February 4, 2012; Revised via Approved Motion, November 6, 2020, BOT.)*

**Physician Assistants (Seat on State Board of Osteopathic Medicine)**

The Pennsylvania Osteopathic Medical Association (POMA) supports adding an additional Osteopathic physician to the State Board of Osteopathic Medicine (Board), adding a physician assistant seat to the Board and removing the physician assistant from the rotating seat on the Board. *(Approved Motion, May 26, 2021, Exec. Comm.)*

**Physician Assistant (Supervising Ratios)**

The Pennsylvania Osteopathic Medical Association (POMA) supports the existing 4:1 ratio but would support a negotiated product of 6:1 in hospital settings and 7:1 in hospital settings if necessary. *(Approved Motion, May 26, 2021, Exec. Comm.)*

**Physician Assistant (Utilization by Supervising Physician)**

When the physician assistant (P.A.) and or a supervising physician request that a P.A. be credentialed to perform services and/or procedures above and beyond those outlined in the "Rules and Regulations for Physician Assistant Utilization" (25-171), then the physician assistant and supervising physician must produce documentation of satisfactory training; and further, when the services and/or procedures or above and beyond the supervising physician's normal scope of practice, then the supervising physician must supply evidence of further training and compliance for these services and/or procedures; and further, the training physician who verifies competence must perform the services and/or procedures as part of his/her normal scope of practice; and further, the Pennsylvania Osteopathic Medical Association (POMA) may request the legislature and the Pennsylvania State Board of Osteopathic Medicine to enact these changes. *(Res. 2005-9, HOD, 2005.)*

**Physician Assistants (Written Agreements)**

The Pennsylvania Osteopathic Medical Association (POMA) supports the requirement that the State Board of Osteopathic Medicine approve all written agreements. *(Approved Motion, May 26, 2021, Exec. Comm.)*

**Physician-Patient Relationship (Interference)**

The Pennsylvania Osteopathic Medical Association (POMA) opposes the Compassion and Care for Medical Challenging Pregnancies Act, [House Bill 1058, PN 1675](#). *(Approved Motion, May 28, 2019, Exec. Comm.)*

**PDMP – Pennsylvania's Pharmaceutical Drug Monitoring Program – Access**

The Pennsylvania Osteopathic Medical Association (POMA) opposes Managed Care Organizations (MCOs) access to data reported to, and collected by, the state Prescription Drug Monitoring Program

(PDMP), represented in House Bill 1562 of 2021, PN 1694. *(Approved via Electronic Vote, September 27, 2021, Exec. Comm.)*

### **Prior Authorization**

The Pennsylvania Osteopathic Medical Association (POMA) supports legislation that would simplify and streamline the prior authorization process. *(Approved Motion, May 28, 2019, Exec. Comm.)*

### **Tuberculosis Screening Payment**

*(Res. 2008-4, HOD 2008; Sunset Via Res. 2021, HOD 2021.)*

### **Vaccinations - Government Mandated Treatment of Unvaccinated Patients**

The Pennsylvania Osteopathic Medical Association (POMA) opposes government mandating treatment for patients who choose not to get vaccinated based on the following:

- POMA recognizes people have the option to delay or forgo vaccinations, Osteopathic physicians have to protect, not only their patient choice rights, but all patients in physician offices.
- POMA believes patients should be vaccinated in accordance with CDC recommendations on immunization.
- POMA members are encouraged to educate patients and their families on the need to be vaccinated on the medical conditions that can be prevented.
- Forcing a physician-patient relationship by the government that may already be damaged because of the patient not getting vaccinated is detrimental to both patient and physician.

*(Approved Motion, Nov. 6, 2020, BOT.)*

### **Vaping and E-Cigarettes**

The Pennsylvania Osteopathic Medical Association (POMA) supports FDA and state regulation of the ingredients of all electronic cigarette cartridges, requiring ingredient labels and warnings, and eliminating the usage of flavors that are banned in traditional cigarettes.

POMA supports the FDA and state regulation prohibiting sales and advertisements of electronic cigarettes to persons under the age of 18. Advertisements for electronic cigarettes should be subject to the same rules and regulations that are enforced on traditional cigarettes.

POMA further encourages state government action to banning the use of electronic cigarette devices in spaces where traditional cigarettes are currently barred from use.

POMA promotes tobacco and nicotine cessation treatment, and the usage of any such treatment that has been proven safe and effective by the FDA.

POMA supports research by the FDA and other organizations into the health and safety impact of e-cigarettes and liquid nicotine.

POMA supports physicians considering the risks of recommending e-cigarettes to patients, as well as requesting that their patients submit voluntary reports to the U.S. department of health and human services safety reporting portal ([www.safetyreporting.hhs.gov](http://www.safetyreporting.hhs.gov)) if they sustain adverse reactions to e-cigarettes.

POMA opposes tampering with any manufactured e-cigarette cartridge for any alternative use, including cannabinoids. *(Approved Motion, November 6, 2020, BOT.)*

**Water Supply Safety**

The Pennsylvania Osteopathic Medical Association (POMA) convey to the American Osteopathic Association (AOA) a call for international conference to resolve this worldwide problem; and further, the AOA recommend that the federal government hold a national conference to resolve problems related to states' water supplies and contamination; and further, federal agencies conduct local conferences dealing with education and implementation of water conservation and pollution prevention; and further, ecological considerations and technical research be adequately funded by all state and federal agencies. *(Res. 2006-2, HOD 2006.)*

**Venue – Medical Professional Liability Cases**

The Pennsylvania Osteopathic Medical Association (POMA) supports actions to require medical liability lawsuits filed in Pennsylvania, must be filed in the county where the alleged action took place, as represented in House Bill 1540, PN 1671 of 2021. *(Approved Motion, August 14, 2021, BOT.)*

**Water Supply Shortage**

The Pennsylvania Osteopathic Medical Association (POMA) urges the American Osteopathic Association to strongly urge the United States Government to organize a blue-ribbon panel do you address this problem at home and abroad; and further, that state and local governments develop plans to avoid future water problems; and further, that the American people receive information and instruction on methods to avoid water shortage. *(Res. 2006-1, HOD 2006.)*