



Pennsylvania Osteopathic Medical Association (POMA)

PUBLIC POLICY COMPENDIUM

(Contains public policies adopted from 2004 to Present)

Last updated 13 November, 2025

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.*)

Anesthesia Assistants Licensure

The Pennsylvania Osteopathic Medical Association (POMA) supports the licensing of anesthesia assistants as represented in [House Bill 1956 of 2021, PN 2237](#). (*Via Res., 2023, HOD 2023.*)

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.*)

Athletic Trainers Scope of Practice

The Pennsylvania Osteopathic Medical Association (POMA) supports changes to the scope of practice of the athletic trainers in the following ways:

Amending the term "physically active person" to include: "An individual who engages in an activity that may be associated with an injury, disorder, or medical condition which requires a level of strength, endurance, flexibility, range of motion, speed, or agility or could result from exercise, sports, recreation, wellness, or employment."

And further POMA supports adding exceptions to the prohibition on athletic trainers performing invasive procedures to include:

"An athletic trainer licensed to practice may, with the direction of a licensed physician, perform the following invasive procedures:

- Rectal thermometry;
- Intramuscular or subcutaneous medication administration injections;
- Airway adjuncts, if in conformity with basic life support (BLS) protocols and instruments;
- Capillary finger sticks for purpose of testing blood glucose levels;
- Nasal plugs;
- Blister and nail care;
- Administration of naloxone;
- Removal of superficial foreign bodies; and

- Procedures that the Board determines to be permissible. Nothing shall be construed to require a physician to authorize a licensed athletic trainer to perform invasive procedures pursuant to a written protocol.”

(Via Res., 2023, HOD 2023.)

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.)*

Biomarkers

The Pennsylvania Osteopathic Medical Association (POMA) joins the coalition established to support legislation requiring insurance coverage for biomarker testing, *(Via Res., 2023, HOD 2023.)*

Certified Registered Nurse Anesthetist (CRNA)

The Pennsylvania Osteopathic Medical Association (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 Anesthetist (CRNA) – Supervision

The Pennsylvania Osteopathic Medical Association (POMA) endorses the following principles on behalf of Osteopathic anesthesiology physicians:

- 1) The Medical Staff Organization of each licensed facility should identify the type of physician supervision required for CRNA administered anesthesia based on the specific conditions under which patient care is to be provided.
- 2) Physicians who wish to supervise CRNA administered anesthesia should specifically request such privileges as part of the facility’s credentialing process, demonstrate training and experience appropriate to the care to be provided, and agree in writing to accept responsibility for the care of the supervised CRNA. *(Approved Motion, November 4, 2023, BOT.)*

Certified Registered Nurse Practitioners (CRNPs)

The Pennsylvania Osteopathic Medical Association (POMA) recognizes the valuable contributions of Certified Registered Nurse Practitioners (CRNPs) within a physician-led, team-based model of care. This framework ensures that patients receive comprehensive, high-quality medical treatment under the direction of highly trained physicians.

However, POMA maintains that permitting CRNPs to practice independently, without physician oversight, poses significant risks to patient safety and the overall quality of healthcare. The depth and breadth of physician training, which includes a minimum of 10,000 hours of education and clinical experience, significantly surpasses the approximately 500 hours of training required for CRNPs. This discrepancy raises serious concerns about whether CRNPs, without physician supervision, are adequately prepared to manage the full complexity of medical conditions encountered in daily practice. POMA also contends with the assertion that CRNPs would increase access to care, particularly in rural and underserved areas. In states where CRNPs have been granted full practice authority, there has been no significant increase in the distribution of healthcare providers to rural areas. Instead, CRNPs tend to practice in the same urban and suburban regions as physicians, often in specialized fields rather than primary care.

Furthermore, POMA emphasizes the need for transparency in healthcare settings regarding provider credentials. Patients should be fully informed when they are being treated by a CRNP rather than a physician. Misrepresentation or lack of clarity in provider titles can lead to confusion and undermine patient trust in the medical system.

The osteopathic medical profession has long upheld rigorous educational, training, and certification standards that exceed the minimum requirements for medical practice. These high standards ensure patient safety, effective treatment, and excellence in care. Given these factors, POMA asserts that CRNPs should continue to function within a collaborative care model and that their scope of practice must align with their formal education and clinical training. Expanding their role beyond these parameters without sufficient training and oversight would compromise patient safety and the integrity of medical care.

Additionally, POMA raises concerns regarding the malpractice liability framework in the context of independent CRNP practice. The current liability structure is built around physician-led care, and significant revisions would be necessary to address the legal and financial implications of independent practice.

In conclusion, while POMA supports the critical role of CRNPs as valuable members of the healthcare team, we strongly advocate for maintaining a physician-led model to ensure the highest standards of patient care, safety, and medical accountability. (Res. 2025-3, HOD 2025)

Collective Bargaining by Physicians

The Pennsylvania Osteopathic Medical Association (POMA) supports the right of physicians to engage in collective bargaining as long as it is consistent with the Osteopathic Oath.” *(Approved Motion, August 12, 2023, 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.)*

Direct Primary Care Model

POMA supports the Direct Primary Care model and the enabling state legislation represented in House Bill 41, PN 20, of 2021, *(Approved Motion, August 13, 2022, BOT.)*

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.)*

Eye Examinations for School Aged Children

The Pennsylvania Osteopathic Medical Association (POMA) opposes Senate Bill 780 P.N. 875 of 2023, legislation that would mandate 3 eye health and vision examinations for school-age children, upon school admission, in the 4th grade, and the 8th grade because they are medically unnecessary and current law provides for ample vision screening. *(Approved Motion, August 12, 2023, BOT.)*

Fair Share Act, Tort Reform

The Pennsylvania Osteopathic Medical Association (POMA) supports amending and strengthening the 2011 law §42 Pa.C.S.A. §7102, on comparative negligence so defendants pay only their fair share in jury payouts and renaming the law the Fair Share Act, *(Res. 2023, HOD 2023.)*

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.)*

Hospital Closure Policy:

The Pennsylvania Osteopathic Medical Association is committed to the wellbeing of our members, our patients, and the communities we serve.

Over the past five years, Pennsylvania has witnessed the closure of at least 26 hospitals. These closures not only disrupt the delivery of healthcare but also undermine the economic stability of communities and have been tied to increases in crime. We are deeply concerned about these closures and their devastating impact on physicians, patients, and families across the Commonwealth. Access to emergency services, specialty care, obstetrical services, and primary care has been diminished by the unilateral actions of hospital owners and corporate entities.

It is the policy of POMA to preserve the integrity and value of hospitals and health systems in order to ensure quality, compassionate, and accessible care for patients in every community of our Commonwealth.

POMA strongly supports rural hospitals, which often serve as the only access point to care in their regions. Protecting and strengthening these facilities is essential to maintaining emergency and specialty care, supporting local economies, and safeguarding the health of rural communities.

We urge our legislators, the administration in Harrisburg, and physicians to work collaboratively – both creatively and legally – to address a key factor contributing to hospital closures: inadequate insurance reimbursement for the services provided to our patients. POMA advocates for sustainable solutions that prioritize the long-term viability of healthcare facilities, rather than pursuing approaches that primarily benefit profit-driven entities with little regard for the needs of patients and communities. Such approaches have repeatedly led to negative outcomes, including hospital closures across the commonwealth and the nation.

We believe our patients and our communities deserve the compassionate, accessible care that our physicians and hospitals are willing and able to provide. (Approved Motion, November 1, 2025, BOT.)

Hospitals – Nurse to Patient Ratios

POMA supports the safest nurse to patient ratio based on best practices and quality care, specific to the needs of a hospital or healthcare system. (*Approved Motion, April 28, 2022, BOT.*)

Immunizations – Pharmacists

Pharmacists. As an integral part of the health care system pharmacists play an important role in providing some health services.

The Pennsylvania Osteopathic Medical Association (POMA) recognizes the challenges associated with the vaccination process and strongly supports that pharmacists be given appropriate training and education regarding vaccine storage, method of administration and potential for immediate or potential post injection reactions.

POMA strongly suggests verification of vaccines given at a pharmacy be sent to the primary physician via fax or other secure communication within a 72-hour period. (*Res. 2011-2; HOD 2011. Reaffirmed as Amended via Res., HOD 2021.*)

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.*)

Informed Consent (Private Areas Examinations)

The Pennsylvania Osteopathic Medical Association (POMA) supports legislation that requires informed consent for patients who are anesthetized or unconscious in a facility, before pelvic, breast, rectal and prostate examinations can be rendered, as represented in Senate Bill 815, PN 1016 of 2021. *(Approved Motion, November 6, 2021, BOT.)*

Lactation Consultants

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

Licensed Practical Nurse – Death Pronouncement in Hospice Settings

The Pennsylvania Osteopathic Medical Association (POMA) supports LPNs being provided the ability to pronounce death in a hospice setting only, and that they receive training on the process. *(Approved Motion, August 12, 2023, 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

The Pennsylvania Osteopathic Medical Association (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.*)

Osteopathic Physician Licensure

The Pennsylvania Osteopathic Medical Association (POMA) supports legislation to establish a short-term license for Osteopathic physicians from other states in the United States. (*Approved Motion, April 28, 2022, BOT.*)

Pain Medication Prescribing

The Pennsylvania Osteopathic Medical Association (POMA) supports the treatment and access to legitimate medical care for patients in need of management of acute, subacute, and chronic pain. POMA is aware of the ever-growing addiction and abuse of opioids and the current health crisis that has developed because of it. Yet we are acutely aware that it is the physicians' purview to provide or refer care for pain management that is deemed medically appropriate and necessary for our patients.

POMA encourages physicians to keep up with CME requirements needed to stay current on best practice data and education in that field. We also encourage the continued need to educate the public

about the appropriate use of opioids and the potential risks involved with abuse of these drugs. However, POMA does not support policies that limit access and coverage of appropriate pharmacologic and non-pharmacologic treatments, including osteopathic manipulative treatment (OMT), to manage pain.

POMA supports the right of our physicians to treat their patients as individuals as they navigate and use the guidelines recommended through evidence-based medicine. We also support programs like the prescription drug monitoring programs (PDMPs) that allow us to monitor a patient's prescription history. POMA also supports the treatment of substance use disorders and the education of our physicians, students, and the public about the proper use of these substances.
(Via Res., 2023, HOD 2023.)

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)

The Pennsylvania Osteopathic Medical Association (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.)*

Physical Therapists (Scope of Practice, Dry-Needling and Treatment by a Physician)

The Pennsylvania Osteopathic Medical Association (POMA) opposes the scope of practice expansions of physical therapists to perform dry-needling treatment and increasing the timeframe from 30 days to 90

days before a patient is referred to a physician as represented in SB 785, P.N. 514 of 2021. *(Approved Motion, February 5, 2022, 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, 2019](#). *(Approved Motion, May 28, 2019, Exec. Comm.)*

Physicians Right of Conscience Policy Statement

The Pennsylvania Osteopathic Medical Association (POMA) believes Osteopathic physicians are ethically bound to inform patients of available options with regard to treatment, and if an Osteopathic physician has an ethical, moral or religious belief that prevents them from providing a medically approved service, they should recuse themselves from that aspect of care and refer the patient to another physician or location. *(Approved Motion, November 4, 2023, BOT.)*

Physician Treatment Mandates

The Pennsylvania Osteopathic Medical Association (POMA) opposes treatment mandates prescribed by law as represented in Coronavirus Infection Medication Act, HB 1741, P.N. 1972 of 2021. *(Approved Motion, February 5, 2022, BOT.)*

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 Motion, November 6, 2021, BOT.)*

PDMP – Pennsylvania’s Pharmaceutical Drug Monitoring Program – Mandated Reporting

The Pennsylvania Osteopathic Medical Association (POMA) opposes legislation requiring first responder agencies and hospitals to report the administration of Narcan/Naloxone to the Pennsylvania Prescription Drug Monitoring Program (PDMP) of (ABC-MAP), as represented in HB 1005, P.N. 1780 of 2021. *(Approved Motion, February 5, 2022, BOT.)*

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.)*

Psilocybin

The Pennsylvania Osteopathic Medical Association (POMA) supports legislation requiring the state to study the substance of Psilocybin, as represented in HB 1959, P.N. 2260 of 2021. *(Approved Motion, February 5, 2022, BOT.)*

Restrictive Covenants/Non-Compete Clauses

The Pennsylvania Osteopathic Medical Association (POMA) generally supports eliminating restrictive covenants/non-compete language from contracts for physicians, *(Res. 2023, HOD 2023.)*

Rotating Internship Removal

The Pennsylvania Osteopathic Medical Association House of Delegates directs the POMA to work with The Pennsylvania State Board of Osteopathic medicine to help remove the requirement of the rotating internship or its recognized equivalent for unrestricted licensure. *(Res.2022-3, HOD 2022.)*

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.)

Vaccination Policy:

The Pennsylvania Osteopathic Medical Association (POMA) affirms its commitment to advancing the health and wellbeing of Pennsylvanians through the application of evidence-based medicine.

Vaccines are among the most effective public health measures to prevent disease and to protect our most vulnerable populations through community immunity, significantly reducing disease burden and mortality from specific illnesses. Vaccines provide a rational treatment that enhances the body's natural capacity for self-regulation and inherent healing. POMA continues to support vaccine recommendations guided by rigorous scientific research, continuous surveillance of vaccine safety and efficacy, and the expertise of medically trained public health officials.

Osteopathic physicians are committed to:

1. Evidence-Based Practice: Ensuring that vaccine administration and counseling are informed by the best available scientific data and clinical guidelines.
2. Patient-Centered Care: Respecting the autonomy of patients while compassionately providing clear and accurate education on vaccine safety, including benefits and associated risks.
3. Public Health: Supporting immunization programs that protect communities, including individuals in high-risk populations such as children, older adults, and those with chronic conditions.
4. Combating Misinformation: Addressing vaccine hesitancy and misinformation through evidence-based communication.

POMA strongly supports policies that expand access to safe and effective vaccines, strengthen surveillance and research on vaccine-preventable diseases, and uphold osteopathic principles by integrating prevention, education, and evidence-based care to treat the whole person. Through these efforts, POMA remains dedicated to improving public health outcomes and reinforcing trust in the essential role of vaccines in modern medicine. (Approved Motion, November 1, 2025, 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) 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.*)

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 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.*)

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.*)

Workplace Violence

The Pennsylvania Osteopathic Medical Association (POMA) recognizes that acts of violence and online threats against healthcare workers—including physicians, nurses, staff, and other medical professionals—pose a significant threat to their safety, well-being, and ability to provide quality patient care.

POMA supports legislative and regulatory efforts to ensure that acts of violence against healthcare workers are prosecuted as felonies, consistent with the protections afforded to first responders, such as law enforcement officers, firefighters, and emergency medical personnel.

Additionally, POMA opposes any stigma or retaliation against healthcare workers who report incidents of workplace violence or advocate for safer working conditions. Healthcare professionals should have the right to perform their duties without fear of harm or retribution.

POMA urges all stakeholders, including lawmakers, healthcare institutions, and law enforcement agencies, to work collaboratively in addressing workplace violence and ensuring the safety of all healthcare professionals across the Commonwealth. (*Approved Motion, November 1, 2025, BOT.*)

