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California DO

The Journal of the Osteopathic Physicians & Surgeons of California

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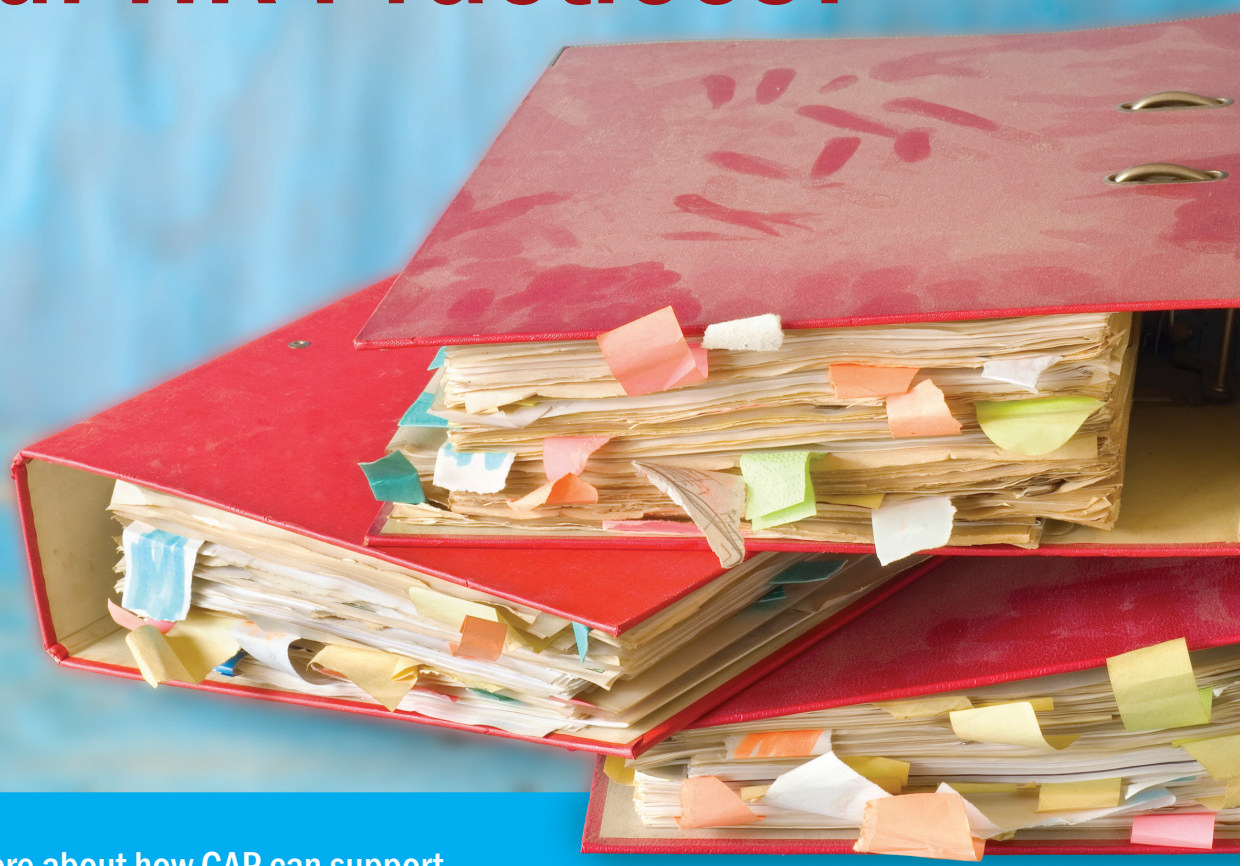

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Opioid Alternatives and Satisfaction Scores

John Kowalczyk, DO, FACOS

The California DO Journal Club is a new approach to the Editor's Article that you may remember seeing here in past issues. Each issue will feature one member of the Editorial Team providing readers with interesting and relevant reviews of medical articles gleaned from other sources. The intent is to provide some insight into the topics raised as well as sources for further reading. We hope you enjoy it!

- The Editorial Team

I chose this article as it represents two aspects in medicine today: the first being the need to address chronic pain using alternatives to opioids and the second is the barrage of media reviews that are available.

First, the need to address pain issues with options other than opioids as we are now being placed under the microscope and under legal ramifications when the patient has undergone a significant adverse reaction to opioid medication. This also includes the possibilities of trauma to innocent bystanders from motor vehicle accidents caused by our patients.

The second is the growing use of satisfaction scores that burden the application for medical therapies. The satisfaction or lack of satisfaction scores are influencing many practices as to services they may provide. I am concerned that these changes in practices may not be in the best interest of medical care as we start to focus on what the appearance might be. The technique that the article describes offers the opportunity to increase your overall patient satisfaction score, while still providing quality medical care.

Osteopathic physicians are trained in our early days to assess the neurological and musculoskeletal systems with care and detailed attention. We are therefore able to utilize this knowledge to apply the appropriate type of supplemental management, which includes the injection therapies associated with the dermatome anatomy.

We are trained in treating trigger points with both OMM and injections. The concept of neural therapy injections is no more than an extension of what we are already trained to do. The possibility of an added benefit which might extend the overall chronologic time period of pain relief is an added benefit to this additional therapy.

There appears to be an added benefit to selected patients with pain improvement and satisfaction of results with affordable and practical techniques. The use of local anesthesia is a very cost-effective mechanism that will not break the bank for the provider or the patient.

I add this article for review as another tool to treat pain management patients and ways to improve patient satisfaction. There are several books that have demonstrated the application of this technique. Our understanding and knowledge of the anatomy from aspects of musculoskeletal, neurologic, and the lymphatic gives us an advantage over our allopathic colleagues.

https://www.opsc.org/resource/resmgr/california_do/neural_therapy-patient_satis.pdf

OSTEOPATHIC *Physicians & Surgeons* OF CALIFORNIA

A Time of Milestones

Minh Nguyen, DO, President, OPSC

This year Western University College of Osteopathic Medicine of the Pacific graduated 224 new Doctors of Osteopathic Medicine and Touro University College of Osteopathic Medicine in Vallejo graduated 135. Congratulations to the Class of 2019; it is a tremendous milestone in the lives of these graduates. Spring is indeed a time of milestones in medical careers not just for graduations, but also for transitions. It was during the Spring forty-five years ago that osteopathic physicians in California experienced our most historical milestone when the California Supreme Court unanimously voted on March 19, 1974 to uphold the Appellate Court's decision that the component of Proposition 22 that restricted the licensing power of the Board of Osteopathic Examiners was unconstitutional. This action by the California Supreme Court restored the practice rights for DOs in California. Since then, in its 59-year history, OPSC has had many milestones and each one was achieved with small determined and committed steps forward. Today, we continue that legacy of building on our past with actions that we are taking now towards our next milestones.

After our May board meeting, we held our customary legislative gathering, but this year we dedicated more time to building a relationship with a legislator. Several of our board members and myself spent an evening with Assembly Member Tyler Diep. We were able to share with him more depth about osteopathic medicine and OPSC and how we can work together to help improve quality medical care for all Californians. In addition to working with individual legislators, we also continue building relationships with organizations within the house of medicine. Building on our relationship with the California Podiatric Medical Association (CPMA), I was honored to address their recent house of delegates. In addition to OPSC, the California Medical Association (CMA) and the California Orthopedic Association (COA) was also in attendance and we were all committed to working together for all Californians, identifying common issues such as dealing with Anthem Modifier 25 and reaching shared positions on legislative bills going through the legislature this year. I believe that it is these sort of steps in finding common ground that will help OPSC to reach greater heights.

We are also strengthening our relationship with the AOA. We are extremely fortunate to have leaders like Norm Vinn, DO, Geradine O'Shea, DO, and James Lally, DO, who work closely with the AOA. With their help and guidance, we were able to quickly resolve a matter with the use of the term "board certification" for osteopathic neurosurgeons. We also have several CA osteopathic physician leaders serving on AOA committees and task forces to ensure that our voices are heard. California is indeed well represented at our national organization. Our Executive Director, Nick Birtcil, has been instrumental in continuously reaching out to the AOA and building new connections with the leaders and staffers at the AOA. And as we make final preparations for this year's AOA House of Delegates (HOD), we will be bringing forth a couple of resolutions that the OPSC board approved that we strongly believe will improve the practice of osteopathic medicine in the country. Specifically, the resolutions will address the need to develop a national guideline for OMT privileging, and also to support for equal acceptance of COMLEX-USA for DO students in all US residency programs. I want thank Dr. Bill Henning on leading this effort and to everyone serving on the HOD committee and volunteering to attend this year's AOA HOD. Personally, one of the reasons that I always look forward to attending the AOA HOD is to be a part of the osteopathic family and the pride that comes from being there and to witness the tremendous amount of leadership within our profession across the country. I always come back more energized and extremely proud to be a DO.

Together, I have no doubt that we are continuing the efforts of our predecessors on building an even stronger professional organization that represents all DOs in California.

Besides our external focus and efforts, we also have been working on strengthening our organization from within. We have completed our survey of California DOs and I am looking forward to reviewing those results with our board to ensure that we are continuing to bring values to our members and to find new ways to increase our membership. Thank you to all those who participated in the survey

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Reaching Out

Nick Birtcil, OPSC Executive Director

The past few months have seen a whirlwind of legislative activity as the state assembly and state senate both moved at breakneck speed to address legislation by the prescribed legislative deadlines. Scores of bills were considered, some passed and some held, leading up to the legislative summer recess. With representatives now back at home in the district, we take pause to evaluate the legislative landscape and look forward to the second half of this legislative year.

Our legislative efforts have been successful in early 2019. As you will read in Matt Back's legislative update, we scored early victories at the state capitol. However, much work remains for the House of Medicine and the osteopathic profession.

Early engagement with legislators and relationship building will be paramount to our efforts around a proactive legislative agenda in the years to come. One of my first action items at OPSC was to actively reach out to elected officials and begin the long process of establishing lasting relationships between our great organization and our elected representatives. I'm happy to report that through the midpoint of this year, I've attended scores of legislative receptions and meetings across the state, actively seeking to engage with decisionmakers and legislative staffers. I very much enjoy these meetings and hope to bring more OPSC members along as we prioritize advocacy efforts for our association. In an effort to make advocacy more accessible to our membership, I'm scheduling a "Grassroots Advocacy 101" breakout session during the upcoming Fall conference in Monterey and Annual Conference in San Diego in 2020. My goal for these optional breakout sessions will be to give you all a foundation in the basics of grassroots advocacy and demystify the process in which individuals interact with their legislative representatives.

Another goal set early in my tenure was to reach out to other stakeholders in the health care space and find common ground and alignment on issues impacting the practice of medicine in California. As part of that effort, OPSC President Minh Nguyen, DO and I attended the California Podiatric Medical Association (CPMA) House of Delegates meeting held in Anaheim, CA. During his speech, Dr. Nguyen hit on something that I've always felt is important in the association world. "We should seek collaboration, when possible, to achieve our common goals." I took some time to think about this statement and compare it against our current action plan as an association. We have access to a plethora of allies as we seek to expand the profession in California. Although we may not agree on 100% of the issues, there is still value in working in collaboration for the good of patients and the overall practice of medicine. I will continue to actively engage stakeholders and bring recommendations to your Board on initiatives we can take with others in California. With regard to CPMA specifically, I look forward to continuing to build on what has become a positive relationship. We are currently supporting their legislative effort to reintroduce podiatric care into Medi-Cal and I'm sure we'll be able to find common ground on a number of issues relating to medicine in the future.

Top: Nick with Assemblymember Cecilia Aguiar-Curry

Middle: From the left to right of the picture: Senator Andres Borgeas, Nick Birtcil, Lisa Maas, Senator Brain Jones, Senator Brian Dahle, Roxanne Gould

Bottom: Nick speaking with Assemblymember Cottie Petrie-Norris

Finally, I'm pleased to report that we have completed our first professional statewide membership survey. We received a resounding response from member and non-member physicians and students. Completing these surveys can be difficult and I'd like to thank the over four hundred individuals who took time out of their day to offer feedback on our association. We will be sharing a full report with your Board as we move forward. I'm excited to share more specific information with you all after the Board has had an opportunity to review the data in the survey. ■

Summer Legislative Update

Matt Back, OPSC Lobbyist

2019-20 Legislative Session

The California Legislature has hit their stride making significant progress on the 2,500 bills introduced this year. All remaining and eligible bills have made it through their house of origin and heard by at least one policy committee in the second house. To use a sports analogy, we have reached halftime and the Legislature is taking their month-long summer break returning for action on August 12. The 2nd half is condensed into a two-month race to secure passage in the legislature and a Governor's signature. The final month of the legislature tends to be the most active and unpredictable time in the Capitol. Nearly all pending bills will need to pass an Appropriations Committee test and two full floor votes (Assembly and Senate) before reaching the Governor's desk for his signature or veto. Legislators are narrowing their focus while getting some insights from the administration on last minutes changes needed to secure the Governor's support. Governor Newsom then has until October 13 to act on all bills that reach his desk at the end of session.

This year, of course, is different because we have a new Governor that has never had to decide the fate of hundreds of bills. Except for a few bills, the Governor has yet to show his cards making it difficult for legislators to know how he will act once the bills reach his desk. This is fairly standard as most Governor's wait until the end of the legislative process before making their opinions known. Gavin Newsom has largely worked well with this legislature which shares many of his philosophical beliefs and policy goals, but it's inevitable that he will veto certain bills. How that dynamic plays out and the impact it will have on his relationship with legislators is an unwritten chapter that will be revealed later this year.

OPSC is actively involved in a number of issues and will be monitoring dozens more. Below is brief update on some of the key measures:

EARLY WINS

Last report we shared the good news regarding AB 149 (Cooper) becoming law, delaying the implementation of a 2018 law that would have required new prescription pads for controlled substances. The rollout of the law was rushed and it was important to delay ensuring patients could access their medicine. OPSC supported this effort.

AB 890 (NP Scope of Practice) – The nurse practitioners once again introduced a bill to expand their scope of practice, seeking the ability to practice certain medical services without physician supervision. The measure passed its first two policy committees but was defeated in the Assembly Appropriations Committee. This is now a two-year bill. OPSC opposed Assembly Bill 890.

SB 201 (Intersex Legislation) – Senator Wiener (D-SF) via Senate Bill 201 was attempting to legislate the practice of medicine for individuals considered "intersex." This controversial bill removed a parents' ability to make medical decisions on behalf of their minor child, while limiting the role of physicians' ability to provide care to patients. SB 201 was defeated in its first policy committee after an extensive and emotional debate. OPSC and the larger "house of medicine" was opposed to this measure. We should expect Senator Wiener to pursue this policy again in 2020.

SB 276 (Vaccinations) – Senator Pan (D-Sacramento) is back with another vaccination related measure. This bill increases state oversight of medical exemptions to mandatory vaccinations required for school entry and standardizes reporting of such exemptions. OPSC supports SB 276 that continues to pass each legislative hurdle. Governor Newsom expressed some concerns earlier this year but the bill has since been tweaked and Governor Newsom is expected to support the measure if and when it reaches his desk.

STATE BUDGET

In addition to the active legislative calendar, legislators and Governor Newsom are required to pass a budget prior to the new fiscal year that begins on July 1 of each year. This exercise has become somewhat routine after voters passed two significant reforms — 1) legislators don't get paid if a budget isn't passed on time, 2) the threshold to pass a budget now only requires a simple majority vs. a 2/3 supermajority which would necessitate some interaction with the minority party. Also, the state's coffers are full, which is a result of a strong economy, low unemployment, and record level stock market. It's certainly easier to make budgetary decisions when spending money instead of cutting programs.

The recently enacted 2019-2020 state budget totals $214.8 billion, of which $147.8 billion is General Fund.

Governor Newsom is following Jerry Brown's lead in maintaining a balanced budget with a significant reserve. The Budget will end the year with total reserves of $19.2 billion, of which $16.5 billion being deposited into state's Rainy Day Fund. The budget also includes an extra $9 billion commitment over the next four years to pay down unfunded

Summer Legislative Update

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pension liabilities and invests $4.5 billion to eliminate the "Wall of Debt" that was built up during the recession and budget deficits.

Governor Newsom and legislative leaders clearly used the budget process to pursue a wide range of policy objectives that they are touting as a way to tackle affordability challenges, while expanding opportunity for all Californians. The Budget supports Californians facing the cost crisis by expanding health care access, increasing housing production, making large investments in education, expanding a Working Families Tax Credit and investing in early childhood education and development.

Below are some top-level highlights of the state budget.

Health Care

The Budget preserves health coverage protections for Californians and includes a series of proposals that leads the nation in reducing health care costs and increasing access for families.

- Invests $1.45 billion over three years to increase Covered California health insurance premium support for low-income Californians – and provides premium support for the first time to qualified middle-income individuals earning up to $72,000 and families of four earning up to $150,000, partially funded by restoration of an enforceable Individual Mandate
- Expands Medi-Cal coverage to all income-eligible undocumented young adults ages 19 through 25
- Includes an increase of $1 billion, using Prop 56 funding, to support increased rates to Medi-Cal providers, expanded family planning services, and value-based payments that encourage more effective treatment of patients with chronic conditions
- Invests in and supports California's seniors by expanding health and other vital state services to this fast-growing part of California's population
- Ends the "senior penalty" in Medi-Cal by raising the income eligibility limit for older Californians
- Expands eligibility to 138 percent of the federal poverty level for the Medi-Cal Aged, Blind and Disabled program, estimated to help 22,000 Californians
- Alzheimer's disease funding including $3 million for research grants with a focus on women and communities of color, and $5 million for Alzheimer's disease local infrastructure
- Establishes a pathway to transition Medi-Cal's drug benefit to a model where the state is directly bargaining for the lowest drug prices
- Restores the 7 percent across the board reduction to IHSS service hours

Housing Affordability

- The Budget invests $1.75 billion in the production and planning of new housing. It includes support to local governments to increase housing production
- To assist renters, the Budget includes $20 million to provide legal aid for renters and assist with landlord-tenant disputes, including legal assistance for counseling, renter education programs, and preventing evictions

"Parents Agenda"

The Budget includes a Parents Agenda that addresses specific cost-of-living issues faced by young parents and parents of small children.

- Expands paid family leave from six to eight weeks for each parent or caretaker of a newborn child, potentially allowing a child to benefit from as much as four months of paid family leave. This will bring California closer to the goal of six months of paid family leave, helping more workers, especially lower-wage workers, who pay into the system take the benefits
- Puts California on the path to provide universal access to preschool for all four-year olds and full-day kindergarten, including funding for childcare workers, expanding state-subsidized facilities and increasing slots
- Provides resources for lower-income parents, including: home-visiting services, black infant health programs, developmental and trauma screenings, temporary cash assistance to families with children to meet basic needs, child savings accounts to support future higher education expenses and a sales tax exemption on diapers and menstrual products
- Establishes or increases Cal Grant Access Awards for student parents attending the University of California, California State University, or California Community Colleges. This two-generation approach will help students complete their education, increase their future earning potential, and provide additional support to their children

Education: K-14

- Makes highest-ever investment in K-14 education, including approximately $5,000 more per K-12 pupil than eight years ago
- Invests $90 million to recruit and retain qualified educators to teach in a high-need field at priority schools and address California's teacher shortage, and invests $43.8 million to provide training and resources for classroom teachers and paraprofessionals to build capacity around key state priorities

- Supports students with specialized needs by providing a 19.3-percent increase in funding for special education

Education: Higher Ed

- Significantly increases funding for higher education, facilitating tuition freezes and increased enrollment slots at both the University of California and California State University systems for the 2019-20 school year
- Provides support for community college students by funding two years of free community college tuition for first-time, full-time students

Homelessness

- Provides homelessness emergency aid to local governments for emergency housing vouchers, rapid rehousing programs and emergency shelter construction
- Increases mental health supports, which includes expanding Whole Person Care services that provide wrap-around health, behavioral health and housing services, and building strategies to address the shortage of mental health professionals in the public mental health system
- Funds rapid rehousing and basic needs initiatives for students in the University of California, California State University and California Community College systems
- Moves youth correctional facilities from the California Department of Corrections and Rehabilitation to a new department under the Health and Human Services Agency to enable the state to better provide youth offenders with services and support reentry
- Provides local law enforcement training on use of force and de-escalation, while restoring funding to maintain training and improve competency for local correctional and law enforcement personnel
- Overhauls the substance use disorder programs in prison, including integrating medically assisted treatment and reentry services as appropriate

KEY BILLS

AB 149 (Cooper D) Controlled substances: prescriptions.
Status: Approved by the Governor. Chaptered by Secretary of State - Chapter 4, Statutes of 2019.
Current law classifies certain controlled substances into designated schedules. Current law requires prescription forms for controlled substance prescriptions to be obtained from security printers approved by the department, as specified. Current law requires those prescription forms to be printed with specified features, including a uniquely serialized number. This bill would delay the requirement for those prescription forms to include a uniquely serialized number until a date determined by the Department of Justice that is no later than January 1, 2020. The bill would require, among other things, the serialized number to be utilizable as a barcode that may be scanned by dispensers. **Position:** Support

AB 407 (Santiago D) Fluoroscopy and radiography permit or certification and continuing education: exceptions.
Status: Read second time and amended. Re-referred to Com. on APPR.
The Radiologic Technology Act makes it unlawful for any licentiate of the healing arts to administer or use diagnostic, mammographic, or therapeutic X-ray on human beings in this state, unless that person is certified by the State Department of Public Health and acting within the scope of that certification. The act requires the department to prescribe minimum qualifications for granting a fluoroscopy permit and continuing education requirements for the holders of that permit. This bill would, notwithstanding the above-described requirement to be certified to administer or use diagnostic, mammographic, or therapeutic X-ray on human beings in this state, authorize a physician and surgeon or a doctor of podiatric medicine to provide fluoroscopy and radiography services and supervise radiologic technologists prior to receiving a Fluoroscopy X-ray Supervisor and Operator's permit or certification, if the physician and surgeon or the doctor of podiatric medicine submits to the department evidence of completing radiation safety training provided by a facility accredited by the Centers for Medicare and Medicaid Services, as specified. **Position:** Watch

AB 528 (Low D) Controlled substances: CURES database.
Status: Withdrawn from committee. Re-referred to Com. on APPR.
Would require a dispensing pharmacy, clinic, or other dispenser to report the information required by the CURES database no more than one working day after a controlled substance is dispensed. The bill would similarly require the dispensing of a controlled substance included on Schedule V to be reported to the Department of Justice using the CURES database. **Position:** Watch

AB 890 (Wood D) Nurse practitioners: scope of practice: unsupervised practice.
Status: 2 YEAR BILL
Would establish the Advanced Practice Registered Nursing Board within the Department of Consumer Affairs, which would consist of 9 members. The bill would authorize a nurse practitioner who holds a certification as a nurse practitioner from a national certifying body recognized by the board who practices in certain settings or organizations

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to perform specified functions without supervision by a physician and surgeon, including ordering and interpreting diagnostic procedures, certifying disability, and prescribing, administering, dispensing, and administering controlled substances. **Position:** Oppose

AB 1529 (Low D) Cannabis vaporizing cartridges: universal symbol.

Status: Read second time. Ordered to third reading.

Would implement the labeling requirements of AUMA by requiring a cartridge that contains cannabis or a cannabis product that is intended to be inserted into an electronic device that creates an aerosol or vapor to bear an established universal symbol that is not smaller than 1/4 inch wide by 1/4 inch tall. **Position:** Watch

AB 1611 (Chiu D) Emergency hospital services: costs.

Status: Read second time, amended, and re-referred to Com. on HEALTH.

Would require a health care service plan contract or insurance policy issued, amended, or renewed on or after January 1, 2020, to provide that if an enrollee or insured receives covered services from a noncontracting hospital, the enrollee or insured is prohibited from paying more than the same cost sharing that the enrollee or insured would pay for the same covered services received from a contracting hospital. The bill would require a health care service plan or insurer to pay a noncontracting hospital for emergency services rendered to an enrollee or insured pursuant to a specified formula, would require a noncontracting hospital to bill, collect, and make refunds in a specified manner, and would provide a dispute resolution procedure if any party is dissatisfied with payment. **Position:** Watch

SB 159 (Wiener D) HIV: preexposure and postexposure prophylaxis.

Status: Do pass as amended, and be re-referred to the Committee on [Appropriations] with recommendation: To Consent Calendar (PASS)

Would authorize a pharmacist to furnish preexposure prophylaxis and postexposure prophylaxis in specified amounts and would require a pharmacist to furnish those drugs if certain conditions are met, including that the pharmacist determines the patient meets the clinical criteria for preexposure prohylaxis or postexposure prophylaxis consistent with federal guidelines. The bill would require a pharmacist, before furnishing preexposure prophylaxis or postexposure prophylaxis, to complete a training program approved by the board. Because a violation of these requirements would be a crime, this bill would impose a state-mandated local program. **Position:** Neutral as amended

SB 201 (Wiener D) Medical procedures: treatment or intervention: sex characteristics of a minor.

Status: 2 YEAR BILL

Would, absent a medical necessity, prohibit a physician and surgeon from performing any treatment or intervention on the sex characteristics of an intersex minor without the informed consent of the intersex minor, as specified. **Position**: Oppose

SB 276 (Pan D) Immunizations: medical exemptions.

Status: Read second time and amended. Re-referred to Com. on APPR.

Would require the State Department of Public Health, by January 1, 2021, to develop and make available for use by licensed physicians and surgeons an electronic, standardized, statewide medical exemption request that would be transmitted using the California Immunization Registry (CAIR), and which, commencing January 1, 2021, would be the only documentation of a medical exemption that a governing authority may accept. The bill would specify the information to be included in the medical exemption form, including a certification under penalty of perjury that the statements and information contained in the form are true, accurate, and complete. **Position**: Support

SB 425 (Hill D) Health care practitioners: licensee's file: probationary physician's and surgeon's certificate: unprofessional conduct.

Status: Re-referred to Com. on APPR.

Current law requires the Medical Board of California and specified other boards responsible for the licensure, regulation, and discipline of health care practitioners to separately create and maintain a central file of the names of all persons who hold a license, certificate, or similar authority from that board, including prescribed historical information for each licensee. Current law makes the contents of any central file that are not public records confidential, except that the licensee or their counsel or a representative are authorized to inspect and have copies made of the licensee's complete file other than the disclosure of the identity of an information source. Current law authorizes a board to protect an information source by providing a copy of the material with only those deletions necessary to protect the identity of the source or by providing a comprehensive summary of the substance of the material. This bill would delete the specification that the summary be comprehensive. **Position**: Watch

SB 446 (Stone R) Medi-Cal: hypertension medication management services.

Status: 2 YEAR BILL

Would provide that hypertension medication management services

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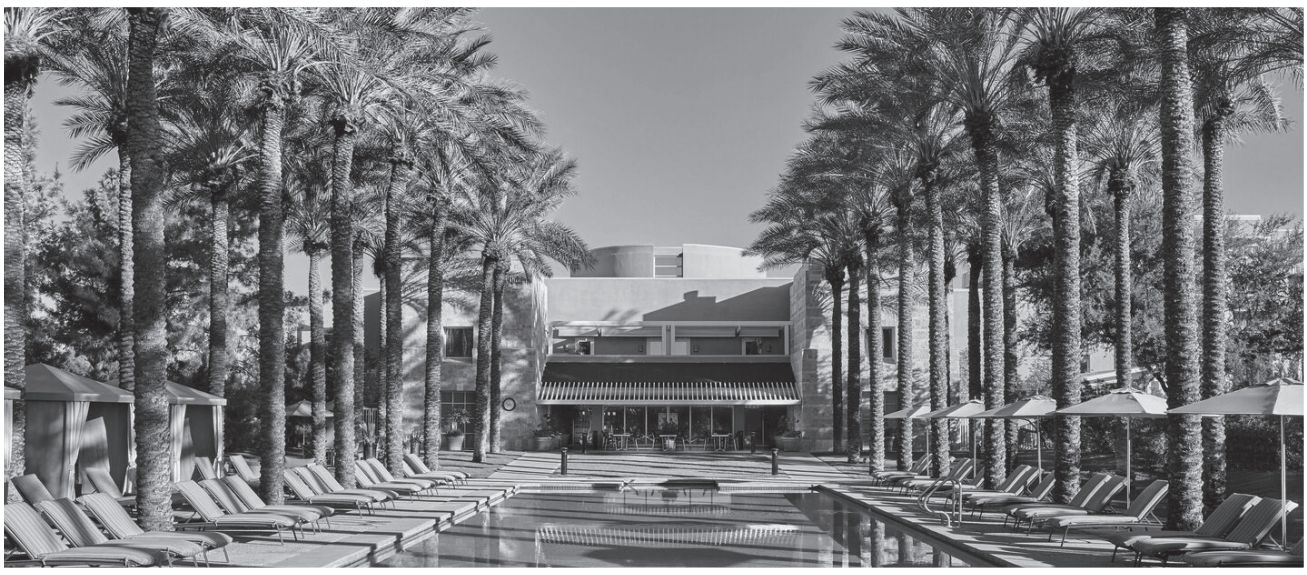

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The American College of Osteopathic Internists is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The American College of Osteopathic Internists designates this live activity for a maximum of 41 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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are a covered pharmacist service under the Medi-Cal program, as specified. **Position**: Oppose

SB 697 (Caballero D) Physician assistants: practice agreement: supervision.

Status: Action From B.&P.: Do pass as amended.To APPR.

The Physician Assistant Practice Act requires the physician assistant and the supervising physician and surgeon to establish written guidelines for adequate supervision, and authorizes the supervising physician and surgeon to satisfy this requirement by adopting protocols for some or all of the tasks performed by the physician assistant, as provided. The act additionally authorizes a delegation of services agreement to authorize a physician assistant to order durable medical equipment, to approve, sign, modify, or add to a plan of treatment or plan of care for individuals receiving home health services or personal care services, or to certify disability, as provided. This bill would remove the requirement that the Physician Assistant Board make recommendations to the Medical Board of California concerning the formulation of guidelines for the consideration and approval of applications by licensed physicians and surgeons to supervise physician assistants. **Position**: Watch

AB 241 (Kamlager-Dove D) Implicit bias: continuing education: requirements.

Status: Re-referred to Com. on APPR.

Would, by January 1, 2022, would require all continuing education courses for a physician and surgeon to contain curriculum that includes specified instruction in the understanding of implicit bias in medical treatment. The bill, by January 1, 2022, would require associations that accredit continuing education courses to develop standards to comply with these provisions. **Position**: Watch

AB 290 (Wood D) Health care service plans and health insurance: third-party payments.

Status: Re-refered to Com. on APPR.

Would require a health care service plan or an insurer that provides a policy of health insurance to accept payments from specified third-party entities, including an Indian tribe or a local, state, or federal government program. The bill would also require a financially interested entity, as defined, other than those entities, that is making a third-party premium payment to provide that assistance in a specified manner and to perform other related duties, including disclosing to the plan or the insurer the name of the enrollee or insured, as applicable, for each plan or policy on whose behalf a third-party premium payment will be made. **Position**: Watch

AB 370 (Voepel R) Physicians and surgeons: forms: fee limitations.

Status: 2 YEAR BILL

Would limit the amount that a physician and surgeon licensee may charge a patient for filling out medical forms, including applications for state disability insurance, to a reasonable fee, based on the actual time and cost for filling out the form, as specified. The bill would provide that a violation of these provisions is not a crime. **Position**: Support

AB 387 (Gabriel D) Task force: adverse drug events: prescriptions.

Status: Re-referred to Com. on APPR.

Would create the Prescription Labeling and Adverse Drug Event Prevention Advisory Task Force, with membership as prescribed, to develop specified information and make recommendations to the boards and to the Legislature on the ways to increase adherence to prescription medication and decrease adverse drug events. The bill would require the task force to report on its findings and recommendations. The bill would require each board, following submission of the report, to adopt regulations to implement recommendations in the report that are within the jurisdiction of the relevant board to enact through regulation if, in the independent determination of the board, the regulations will achieve the goals of improving the patient opt-in process, increasing the prevalence of patient opt- in, and reducing the prevalence of adverse drug events. **Position**: Oppose

AB 414 (Bonta D) Health care coverage: minimum essential coverage.

Status: Withdrawn from committee. Re-referred to Coms. on GOV. & F. and HEALTH.

Senate Bill 78, of the 2019–20 Regular Session, would create the Minimum Essential Coverage Individual Mandate to ensure an individual and the individual's spouse and dependants maintain minimum essential coverage, and would impose the Individual Shared Responsibility Penalty for the failure to maintain minimum essential coverage. This bill, on or before March 1, 2022, and annually on or before March 1 thereafter, would require the Franchise Tax Board to report to the Legislature on specified information regarding the Minimum Essential Coverage Individual Mandate, the Individual Shared Responsibility Penalty, and state financial subsidies paid for health care coverage. **Position**: Watch

AB 521 (Berman D) Physicians and surgeons: firearms: training.

Status: Re-referred to Com. on APPR.

Under current law the University of California has the authority to establish and administer a Firearm Violence Research Center to research firearm violence. The bill would, upon adoption of a specified resolution by the Regents of the University of California, require the center to develop multifaceted education and training programs for medical and mental health providers on the prevention of firearm-related injury and death, as specified. **Position**: Watch

AB 544 (Brough R) Professions and vocations: inactive license fees and accrued and unpaid renewal fees.

Status: 2 YEAR BILL

Current law provides for the licensure and regulation of professions and vocations by various boards within the Department of Consumer Affairs. Existing law provides for the payment of a fee for the renewal of certain licenses, certificates, or permits in an inactive status, and, for certain licenses, certificates, and permits that have expired, requires the payment of all accrued fees as a condition of reinstatement of the license, certificate, or permit. This bill would limit the maximum fee for the renewal of a license in an inactive status to no more than 50% of the renewal fee for an active license. **Position**: Watch

AB 613 (Low D) Professions and vocations: regulatory fees.

Status: In committee: Testimony taken. Hearing postponed.

Would authorize each board within the Department of Consumer Affairs to increase every 4 years any fee authorized to be imposed by that board by an amount not to exceed the increase in the California Consumer Price Index for the preceding 4 years, subject to specified conditions. The bill would require the Director of Consumer Affairs to approve any fee increase proposed by a board except under specified circumstances. By authorizing an increase in the amount of fees deposited into a continuously appropriated fund, this bill would make an appropriation. **Position**: Watch

AB 617 (Mullin D) Stem Cell and Regenerative Therapy Regulation Advisory Group.

Status: 2 YEAR BILL

Would require the Medical Board of California, no later than February 1, 2020, to establish the Stem Cell and Regenerative Therapy Regulation Advisory Group comprised of specified members, including 3 members appointed by the CIRM, as specified. By imposing a duty on the CIRM to appoint members to the Stem Cell and Regenerative Therapy Regulation Advisory Group, the bill would require for passage a 70% vote. The bill, on or after July 1, 2020, would authorize the board to make the appointments that CIRM fails to make. **Position**: Watch

AB 678 (Flora R) Medi-Cal: podiatric services.

Status: Read second time and amended. Re-referred to Com. on APPR.

Current law provides that prior authorization for podiatric services provided on an outpatient or inpatient basis is not required if specified conditions are met, including an urgent or emergency need for services at the time of service. This bill would repeal these provisions, and would instead prohibit the requirement of prior authorization for podiatric services provided by a doctor of podiatric medicine if a physician and surgeon rendering the same services would not be required to provide prior authorization. The bill would clarify that a doctor of podiatric medicine acting within their scope of practice and providing specified services is subject to the same Medi-Cal billing and services policies as required for a physician and surgeon, including a maximum numerical service limitation in any one calendar month. **Position**: Support

AB 690 (Aguiar-Curry D) Pharmacies: relocation: remote dispensing site pharmacy: pharmacy technician: qualifications.

Status: Read second time. Ordered to third reading.

Would authorize relocation of a pharmacy that is destroyed or severely damaged as a result of a natural disaster or due to events that led to a declared federal, state, or local emergency, if no changes are made to the management and control, or ownership, of the pharmacy, and all applicable laws and regulations are followed, and require that the board be notified of the relocation immediately upon identification of the new location. The bill would specify the qualifications for a registered pharmacy technician to work at a remote dispensing site pharmacy, relating to licensing, certification, education, and minimum work experience, including completion of at least 2,000 hours of experience within the previous 2 years. **Position**: Watch

AB 714 (Wood D) Opioid prescription drugs: prescribers.

Status: Read second time. Ordered to third reading.

Current law requires a prescriber, as defined, to offer to a patient a prescription for naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid depression when certain conditions are present, including if the patient presents with an increased risk for overdose or a history of substance use disorder, and to provide education on overdose prevention to patients receiving a prescription and specified other persons. This bill would make those provisions applicable only to a patient receiving a prescription for an opioid or benzodiazepine medication, and would make the provisions specific

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to opioid-induced respiratory depression, opioid overdose, opioid use disorder, and opioid overdose prevention, as specified. The bill, among other exclusions, would exclude from the above-specified provisions requiring prescribers to offer a prescription and provide education prescribers when ordering medications to be administered to a patient in an inpatient or outpatient setting. **Position**: Watch

AB 744 (Aguiar-Curry D) Health care coverage: telehealth.
Status: Read second time and amended. Re-referred to Com. on APPR.
Under current law, face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for teleophthalmology, teledermatology, and teledentistry by store and forward. Current law requires a Medi-Cal patient receiving teleophthalmology, teledermatology, or teledentistry by store and forward to be notified of the right to receive interactive communication with a distant specialist physician, optometrist, or dentist, and authorizes a patient to request that interactive communication. This bill would delete those interactive communication provisions, and would instead specify that face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for any health care services provided by store and forward. **Position**: Watch

AB 770 (Garcia, Eduardo D) Medi-Cal: federally qualified health clinics: rural health clinics.
Status: 2 YEAR BILL
Current law provides that federally qualified health center (FQHC) services and rural health clinic (RHC) services, as defined, are covered benefits under the Medi-Cal program, to be reimbursed, in accordance with Medicare reasonable cost principles, and to the extent that federal financial participation is obtained, to providers on a per-visit basis that is unique to each facility. Current law prescribes the reimbursement rate methodology for establishing and adjusting the per-visit rate. This bill would require the methodology of the adjusted per-visit rate to exclude, among other things, a provider productivity standard. The bill would authorize an FQHC or RHC to apply for a rate adjustment for the adoption, implementation, or upgrade of a certified electronic health record system as a change in the scope of service. **Position**: Watch

AB 845 (Maienschein D) Continuing education: physicians and surgeons: maternal mental health.
Status: Read second time. Ordered to third reading.
By July 1, 2019, current law requires a licensed healthcare practitioner who provides prenatal or postpartum care for a patient to offer to screen or appropriately screen a mother for maternal mental health conditions. Current law also requires a general acute care hospital or special hospital that has a perinatal unit to develop to implement, by January 1, 2020, a program relating to maternal mental health conditions including, but not limited to, postpartum depression. This bill requires considering the inclusion of a course in maternal mental health, addressing, among other provisions, the requirements described above. The bill would require the board to periodically update, in determining the continuing education requirements for physicians and surgeons, to consider including a course in maternal mental health, addressing, among other provisions, the requirements described above. **Position**: Watch

AB 888 (Low D) Opioid prescriptions: information: nonpharmacological treatments for pain.
Status: In committee: Testimony taken. Hearing postponed.
Current law requires a prescriber, with certain exceptions, before directly dispensing or issuing for a minor the first prescription for a controlled substance containing an opioid in a single course of treatment, to discuss specified information with the minor, the minor's parent or guardian, or another adult authorized to consent to the minor's medical treatment. This bill would extend that requirement for the prescriber by applying it to any patient, not only a minor, under those circumstances. The bill would also require the prescriber to discuss the availability of nonpharmacological treatments for pain, as defined. **Position**: Watch

AB 1030 (Calderon D) Pelvic examinations: informational pamphlet.
Status: Read second time and amended. Re-referred to Com. on APPR.
Would, on or before July 1, 2020, would require the Medical Board of California, in coordination with the American College of Obstetricians and Gynecologists, the California Medical Association, and the California Academy of Family Physicians, to develop an informational pamphlet for patients undergoing pelvic examinations that includes specified information, including what pelvic and other relevant exams are and how they are performed and privacy expectations for patients. **Position**: Watch

AB 1174 (Wood D) Health care: anesthesia services.
Status: 2 YEAR BILL
Would require a health care service plan, its delegated entity, or a health insurer to notify the Department of Managed Health Care or the Insurance Commissioner before the expiration or plan-, entity-, or insurer-initiated termination of a contract pursuant to which anesthesia services are provided. The bill would require the Department

of Managed Health Care or the Insurance Commissioner to issue a finding that, at the expiration or termination of an anesthesia services contract initiated by a health care service plan, its delegated entity, or a health insurer, contracts are required to be in place with individual health professionals who are licensed by the state to deliver or furnish anesthesia services so that specified requirements are met.
Position: Watch

AB 1246 (Limón D) Health care coverage: basic health care services.
Status: In committee: Hearing canceled at the request of author.
Would require large group health insurance policies, except certain specialized health insurance policies, issued, amended, or renewed on or after July 1, 2020, to include coverage for medically necessary basic health care services and, to the extent the policy covers prescription drugs, coverage for medically necessary prescription drugs.
Position: Watch

AB 1448 (Gray D) Dialysis Patient Quality of Care Assurance Act of 2019.
Status: 2 YEAR BILL
Would require the State Department of Public Health to inspect each licensed chronic dialysis clinic that receives a one- or 2-star quality rating as determined by the federal Centers for Medicare and Medicaid Services under the Five-Star Quality Rating System at least once per calendar year, until the clinic attains at least a 3-star rating. The bill would also require the department to conduct any additional inspection that the department deems necessary to ensure the continuation of high quality medical care for dialysis patients. **Position**: Watch

AB 1467 (Salas D) Optometrists: scope of practice: delegation of services agreement.
Status: Referred to Com. on B., P. & E.D.
Would authorize an optometrist to provide services set forth in a delegation of services agreement, as defined, between an optometrist and an ophthalmologist. Because the bill would expand the scope of practice of optometry, this bill would revise the definition of a crime, thereby imposing a state-mandated local program. **Position**: Watch

AB 1490 (Carrillo D) Medical assistants.
Status: 2 YEAR BILL
Current law defines the term "technical supportive services" to mean simple routine medical tasks and procedures that may be safely performed by a medical assistant who has limited training and who functions under the supervision of a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife. This bill would define "technical supportive services" to also include drawing up a local anesthetic provided specified conditions are met. **Position**: Watch

AB 1670 (Holden D) Health care coverage.
Status: 2 YEAR BILL
Would authorize a provider that contracts with a health care service plan or health insurer to bill an enrollee or insured for a service that is not a covered benefit if the enrollee or insured consents in writing and that written consent meets specified criteria. The bill would require a contracting provider to provide an enrollee or insured with a written estimate of the person's total cost, based on the standard rate the provider would charge for the service, if the service sought is not a covered benefit under the person's health care service plan contract or health insurance policy. **Position**: Watch

SB 156 (Nielsen R) Health facilities: emergency medical services.
Status: Read second time and amended. Re-referred to Com. on APPR.
Would make legislative findings relating to the impact of the Camp Fire in 2018 on the County of Butte, including the destruction of Feather River Hospital in that county. Pursuant to those provisions, the bill would require the department to issue a special permit to allow a general acute care hospital to offer emergency stabilization services at a location outside of the hospital if the hospital provides satisfactory evidence to the department that, among other things, the hospital has a written transfer agreement with the hospital closest to the location where emergency stabilization services will be provided, and satisfactory evidence to the department that this location meets certain requirements, including that the location is in the County of Butte and serves the same area previously served by Feather River Hospital. **Position**: Support

SB 180 (Chang R) Gene therapy kits: advisory notice and labels.
Status: In Senate. Ordered to engrossing and enrolling.
Would, except as permitted by federal law, prohibit a person from selling in this state a gene therapy kit, as defined, unless the seller includes a notice on the seller's internet website in a conspicuous location that is displayed to the consumer prior to the point of sale, and on a label on the package, in plain view and readily legible, stating that the kit is not for self-administration. The bill would also include legislative findings and declarations. **Position**: Support

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Applying Osteopathic Principles in the Inpatient Setting

Bradley Cox OMS III, Stacey Pierce-Talsma DO

The tenets of osteopathic manipulative treatment (OMT) may be thought of as addressing four major domains. These are: autonomic balance, biomechanical motion, circulation of arterial blood, venous blood and lymphatics; in addition to screening of the whole body and person including mental health and stressors.[1]

OMT should be considered a treatment modality in the in-patient setting as a useful tool for a variety of indications. Despite an increasing number of osteopathic medical graduates, there is concern that OMT use is on the decline.[2] A study done in 2001 found that 50% of DO physician respondents used OMT on less than 5 % of their patients.[3] This is likely due to many perceived barriers on the part of the physician. For instance, research on the use of OMT by emergency medicine physicians found that some of the reasons it was not used were time constraints, billing confusion, lack of confidence in training, and no strong data supporting its utility.[4] Additionally, many physicians may not consider OMT for issues that are not related to musculoskeletal complaints. A recent study at a hospital in Maine on the reasons for seeking an inpatient OMT consult found that nearly half of all consults were solely for musculoskeletal considerations.[5] In addition to the more obvious musculoskeletal complaints, there is evidence OMT could be useful in other settings. In this article we will outline why OMT is a quick, low-cost, effective, and safe modality to reduce pain, hospital length of stay, and potentially even mortality for hospitalized patients.

Hospitalized patients are at risk for nosocomial infections and iatrogenic adverse events including procedural complications, DVT's, adverse drug effects, pain, and psychological distress among others. Medical error alone is a major problem in the United States, with one study out of Johns Hopkins estimating it is the third leading cause of death in United States.[6] Patients are often placed into uncomfortable positions during procedures, which may produce biomechanical strain and somatic dysfunction on various tissues. Furthermore, patients are significantly less mobile during admission, which also places stress and strain on the body.[7] Any musculoskeletal complaints may result in decreased mobility due to pain, placing patients further at risk for reduction in vitality.[8] Health care professionals work to address these issues, however as osteopathic physicians we have added diagnosis and treatment skills which may be beneficial in reducing these risks.

Lymphatic Considerations

Utilization of osteopathic principles and practices consider improvement in lymphatic flow. Immobilized patients cannot properly mobilize venous or lymphatic fluids.[9] Both are reliant on diaphragm excursion and muscular contraction for extrinsic pumping.[10] Moreover, up to two-thirds of lymph mobilization in the body is aided by intrinsic lymph tissue muscular contraction.[11] At the cellular level, lymphatic vessels are lined with smooth muscle arranged similarly to vascular smooth muscle, however like cardiac muscle, there is a rhythmic contraction directed by specific ion channels, which promotes forward propulsion of lymph fluid.[12] In this way, lymph tissue function is somewhat analogous to a single ventricle heart. Like the heart pump, its output is dependent on preload, afterload, contractility, and frequency of contractions.[13] Both frequency and amplitude of contraction of lymph smooth muscle cells are modulated by the autonomic nervous system.[14] Increased central venous pressure due to thoracic congestion, altered autonomics, or biomechanical function can all result in reduced lymph drainage via increased afterload or reduced preload.[15]

Ultimately lymphatics drain fluid from the interstitium containing metabolic waste and excess ions.[16] Lymphatic flow is also essential to immune function and antigen presentation, while disruption of flow has been shown to impair the healing process such as cytokine signaling and differentiation of macrophages and other immune cells.[17] This may result in a state of chronic inflammation, fibrosis, and reduced immune function.[18]

Osteopathic physicians can direct OMT to diagnose, treat and improve the function of the lymphatic system.[19] Animal model studies have demonstrated lymphatic pumping techniques increased flow in the thoracic duct, increased lymph uptake, and increased the number of lymphocytes in circulation.[20] For example, one study conducted on dogs assessed lymph fluid via cannulas in both the thoracic and mesenteric ducts, using labeled leukocytes and 4 minutes of abdominal pumping technique.[21] Interestingly, the increase in leukocytes had no particular preference of leukocyte lineage, increasing all of them proportionately, in both the thoracic and mesenteric duct lymph fluid.[22] Treatments such as thoracic inlet myofascial release, diaphragm myofascial release and lymphatic pumps may be considered for improvement of lymphatic function.

Osteopathic manipulative medicine may assist with other physiologic parameters during a patient's hospital stay. A small pilot study conducted on post-sternotomy patients showed patients who received OMT plus standard rehabilitation had an increased mean inspiratory volume and reduction of pain, compared to those who only underwent rehabilitation.[23] Another study evaluating hemodynamic effects of OMT on post CABG patients revealed patients who received OMT had increased venous oxygen saturation, decreased thoracic impedance (demonstrating better circulation to the periphery), and improved cardiac index (a measurement of cardiac output/body surface area).[24] OMT may also influence modulation of immune function.[25] A study in healthy volunteers measuring the levels of IgA secretion showed enhanced IgA secretion in patients who have received OMT compared with those who did not receive OMT.[26] Enhanced secretion of immunoglobulin may result in a strengthening of immune function and protection at the mucosal membrane barrier in hospitalized patients. In this case a treatment such as the suboccipital release may be considered.

Autonomic Considerations

OMT also effects the autonomic nervous system.[27] An experiment measuring heart rate variability demonstrated that patients who received OMT had an improvement in heart rate variability, indicating increased parasympathetic tone.[28] Heart rate variability is the timed interval between each heartbeat and is indicator of autonomic balance and cardiac health.[29] Osteopathic physicians are trained to direct their treatments to spinal regions and address viscerosomatic reflexes known to serve cardiovascular, gastrointestinal, and respiratory systems to promote balanced autonomic function. Treatments such as rib raising and paraspinal inhibition may also be beneficial.

Inpatient OMT Studies

Utilizing the principles of osteopathic medicine and addressing autonomic tone, biomechanical motion, and improving circulation of blood and lymph may improve the health of our hospitalized patients.[30] The Multicenter Osteopathic Pneumonia Study in the Elderly (MOPSE) study looked at the length of stay, ventilator dependent respiratory failure, and mortality in hospitalized patients diagnosed with pneumonia.[31] Patients were split into three groups, those who received a standardized OMT therapy, those who were exposed to a light touch protocol, and patients who received only standard pneumonia therapy.[32] The results indicate that patients who received OMT had an overall reduction in length of stay (3.5 days), compared to patients who received light touch (3.9 days) or conventional care (4.5 days).[33] In addition, patients who received OMT were less likely to need IV antibiotics or die of respiratory failure compared to the conventional care group.[34] A follow up study analyzing a subgroup of this study population found that patients aged 50-74 had a reduced length of stay, and patients who were 75 years or older had an overall reduction in mortality compared to the conventional care.[35] Patients who were the most ill (PSI class V) responded to the OMT protocol to a greater degree than patients who were less ill.[36]

Several studies have indicated OMT efficaciousness in patients in the postsurgical setting. One study measured FEV1 and FVC in low risk cholecystis patients prior to surgery and in the postoperative

Applying Osteopathic Principles in the Inpatient Setting

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period who received either thoracic manipulation or used incentive spirometry.[37] This study showed that those who received thoracic manipulation had a quicker return to baseline FEV1 and FVC values, concluding that OMT may be at least equivalent to incentive spirometry, if not better, in preventing atelectasis in postoperative patients.[38] A retrospective study conducted on length of stay for patients hospitalized with pancreatitis found that patients who received OMT had an average decrease of 3.5 days in length of stay compared those who did not.[39] Another study conducted as a retrospective cohort study found that OMT on post-operative patients who underwent gastrointestinal surgery and received OMT had decreased length of stay and time until first flatus.[40] In this study, the patients who received OMT had an average length of stay of 6.1 days, versus 11.5 days in the group who did not receive OMT.[40] The patients in the OMT group also had their first post-operative flatus on an average of 3.1 days, versus 4.7 days in the group who did not receive OMT.[40] These small studies demonstrate that OMT may decrease length of stay and aid in preventing post-operative complications, though larger, prospective, randomized trials are needed.

OMT for the hospitalized patient isn't only for adults. Length of stay in the NICU has been shown to be directly related to the degree of prematurity and gestational birthweight.[41] Neonates may not be discharged until they no longer have apneic events, vitals and weight are stable, and they are able to feed.[42] One study demonstrated that OMT reduced the length of stay and GI symptoms in neonates, compared to those who did not receive OMT.[43] Another case study on twins showed OMT helped improve nipple feeding function, avoiding gastrostomy placement and earlier discharge home.[44]

Mind, Body & Spirit

The tenets of osteopathic medicine also include the unity of mind, body and spirit. A study evaluating the perception of OMT among hospitalized patients showed a strongly positive attitude towards their experience.[45] 98% of respondents indicate that OMT was helpful for their recovery and they would recommend OMT to other hospitalized patients.[46] Additionally, 90% of patients reported reduced anxiety following their OMT treatment.[47]

Pain Considerations

Finally, many if not most of the patients who are hospitalized have some form of pain. The Joint Commission (JCAHO), has tasked hospitals with effectively managing pain in patients, while maintaining records of good stewardship of opioid prescriptions. Long term opiate prescription can have an adverse effect on recovery of patients, leading to increased mortality.[48] This is likely due to cardiopulmonary depression, but could also be related to altered mental status, effects on the enteric nervous system, or unidentified risks with these prescriptions.[49] Starting patients on opioids places them at risk of dependence or addiction, while other non-opioid medications such as NSAIDS have significant risks in various systems including gastrointestinal, renal and cardiovascular. One study comparing intramuscular ketorolac to OMT in the treatment of acute neck pain in the emergency department, found that OMT provided a significantly greater decrease in pain intensity an hour after intervention.[50]

JCAHO now requires hospitals to offer non-pharmacologic alternatives to pain relief. Listed in the new guidelines are modalities such as cognitive-behavioral therapy, OMT, acupuncture, chiropractic medicine, relaxation therapy, and massage therapy. Of these therapies, OMT stands out. Of note, a survey conducted on hospitalized patients who received OMT, 43% reported decreased use of pain medications and 74% reported decreased pain.[51]

How to Include OMT in the Inpatient Setting

OMT is generally a safe technique with very few documented severe adverse outcomes. Of those, most are related to some of the more aggressive articulatory or HVLA techniques which are often avoided in an inpatient setting.[52] The most common adverse effects of OMT include mild to moderate increase in pain, soreness at site of manipulation, local stiffness, increased fatigue, headaches, and dizziness.[53] In comparison to the relative incidence and severity of the adverse effects of pharmaceuticals used for pain management, OMT is a safer alternative for many patients.

It should be noted that there are some absolute and relative contraindications to OMT. For instance, OMT should not be done directly at surgical incision sites, fracture sites, suspected sites of deep vein thrombosis, areas of infection or directly over tumor.[1] Caution should be taken in patients who are in a state of fluid overload, severely reduced vitality, overwhelming infection, or may have increased intracranial pressure.

Osteopathic manipulative treatment protocols are usually different for the inpatient setting. Techniques that are commonly utilized in this setting are considered gentle and require little effort from the patient. Examples include myofascial release, osteopathic cranial manipulative medicine, balance ligamentous tension, lymphatic

mobilization, and passive stretching.[54] The aim for inpatient treatment is to increase mobility, reduce tension, enhance circulation, alleviate somatic dysfunction and improve comfort to the patient. The techniques should not be overly aggressive or prolonged as to not add stress on the body. Treatments are usually administered in short intervals; 5-20 minutes, versus 30-60 minutes in outpatient.[55] The treatments are provided more frequently; up to 1-2 times per day, versus 1 time per week in outpatient.[56] Only one or two of the most severe body segments or junctions are treated during each session. This contrasts with an outpatient setting where many more segments of the body may be treated in one visit due to a generally higher vitality of the patient in this setting.

Hospitals and their providers have a difficult mission of avoiding iatrogenic adverse outcomes and unnecessary interventions, while reducing pain, supporting physiology and connecting with each patient, all while balancing the judicious use of hospital resources and optimizing productivity. OMT is a low resource treatment modality which could provide benefit by reducing pain, promoting homeostasis, improving vitality, reducing stress, and enhancing patient perception of care provided by the hospital. More research on the mechanisms, outcomes, and risk-benefit of OMT could help challenge perceived barriers and increase usage. Furthermore, within the single accreditation system starting in 2020, ACGME residencies can receive "osteopathic recognition" with noted emphasis on osteopathically distinct training. Both MDs and DOs are eligible to enter these training programs. This could be an opportunity to include allopathic and other healthcare colleagues in osteopathic education. Lastly, utilization and education of providers about the use of OMT in the hospital setting may help make this modality more available nationwide. ■

References available upon request.

Meet the New Executive Director of the OMBC

Mark Ito

My name is Mark Ito and I am the new Executive Director of the Osteopathic Medical Board of California (OMBC). I have 20 years of experience working for the Department of Consumer Affairs (DCA) in various capacities. Most recently, I worked in DCA's Budget Office where I led a team responsible for managing the budgets of multiple clients under the umbrella of DCA. I personally managed the budget for the OMBC for the previous five years before being appointed to my current capacity. I assisted the previous Executive Director of the OMBC with all budget related workload, including, but not limited to budget change proposals, legislation, regulations and ensuring that the OMBC annually spent within its spending authority.

Prior to working in the Budget Office, I worked at the Board of Vocational Nursing and Psychiatric Technicians for 15 years. I learned valuable experience on how a Board operates by working in the licensing, examinations, enforcement and administration units. I believe that my previous experience working for DCA prepared me for my transition to the Executive Director of the OMBC.

My vision for the OMBC is to continue to fulfill our mission of protecting the public by ensuring that only qualified osteopathic physicians and surgeons are licensed by the Board. I am planning to invest resources in outreach activities to ensure the ongoing viability of the profession. The practice of osteopathic medicine is a growing profession and I want to make certain that this trend continues in California.

Additionally, one of my main focuses is to research different ways to create efficiencies and reduce barriers in the OMBC's licensing process. I understand the frustration that the applicants and licensees are experiencing with the OMBC's processing times and I am committed to finding a solution that will create efficiencies while at the same time remaining consistent with the Board's mission of protecting the public.

I have worked collaboratively with Nick Birtcil, OPSC's Executive Director, on a few occasions. We have a good working relationship and I will continue to lean on Mr. Birtcil on key topics that affect osteopathic physicians. I believe that the OMBC and the OPSC will continue to work collaborative to ensure that our profession continues to grow in California. ■

Welcome New Members

ACTIVE

Mayank Amin, DO | Fremont | WesternU/COMP-Pomona, CA | Internal Medicine

Ashley Anderson, DO | Davis | UNTHSCFW/TCOM-Univ North Texas, TX | Family Practice

Rita Azzam Caso, DO | Folsom | MWU/CCOM-Downers Grove, IL | Family Practice

Phillip Baldi, DO | Rancho Cordova | KCUMB-COM-Kansas City, MO | Internal Medicine

Gurraj Singh Bedi, DO | Fremont | TUCOM-Vallejo, CA

Denis Bouvier, DO | San Francisco | DMU-COM-Des Moines, IA | Hospice and Palliative Care, Oncology

Therese Chan Tack, BA, MPH, DO | San Francisco | MWU/CCOM-Downers Grove, IL

Michael A. Conte, DO | Santa Barbara | ATSU-KCOM-Kirksville, MO | Family Practice/OMT

Blair Cushing, DO | Salinas | UNTHSCFW/TCOM-Univ North Texas, TX | Family Practice

Esther Dunn, DO | San Jose | WesternU/COMP-Northwest-Lebanon, OR | Emergency Medicine

Matthew Fields, DO | Folsom | MWU/AZCOM-Glendale, AZ | Family Practice

Andrew Frerking, DO | Lompoc | KCUMB-COM-Kansas City, MO | Family Practice

Mariah Grace, DO | Menlo Park | TUNCOM-Henderson, NV | OBGYN

Kimberly Singh Grueneisen, DO | Venice | MWU/AZCOM-Glendale, AZ | Family Practice

Maylene Hejin Han, DO | Dublin | TOUROCOM-NY | Family Practice

Elly Hann, DO | Reseda | WesternU/COMP-Pomona, CA | Geriatrics

Jameel M Hourani, DO | Culver | WVSOM-Lewisburg, WV | Pulmonary Medicine

George C Hsu, DO | Fresno | WesternU/COMP-Pomona, CA | Otorhinolaryngology

Anthony Huynh, DO | Roseville | NSU-COM-Fort Lauderdale | Nutrition

Britton Jewell, DO, MHA | Palm Springs | LMU-DCOM-Harrogate, TN | Internal Medicine

Robert Johnson, DO | Costa Mesa | MWU/CCOM-Downers Grove, IL | Addiction Medicine, Psychiatry

Derek Johnson, DO | Brentwood | WesternU/COMP-Pomona, CA | Family Practice

Jasmine Lahel, DO | Elk Grove | TUCOM-Vallejo, CA

Matthew Greg Lefferman, DO | Los Angeles | MWU/AZCOM-Glendale, AZ | Geriatrics-Internal Medicine

Karen Leu, DO | Santa Clara | WesternU/COMP-Pomona, CA | Hospice and Palliative Medicine-IM, Internal Medicine

Alice Wen Lin, DO | Sacramento | NSU-COM-Fort Lauderdale | Internal Medicine

Steven D Macina, DO | Huntington Beach | KCUMB-COM-Kansas City, MO | Psychiatry

Paulina Mendoza-Mancini, DO | Placentia | LECOM-Erie, PA | Emergency Medicine

Runjhun Misra, DO | Walnut Creek | TUNCOM-Henderson, NV

Shankha Nandi, DO | Wildomar | WesternU/COMP-Pomona, CA | Nephrology

Namiko Nerio, DO | Long Beach | WesternU/COMP-Pomona, CA | Family Practice

Than Nguyen, DO | Vacaville | LECOM-Erie, PA | Gastroenterology

Quoc Nguyen, DO | Antioch | MSUCOM-East Lansing, MI | Family Practice

Hanh Nguyen, DO | Ontario | ATSU/COM-Mesa, AZ | Family Practice

Jennifer Ong, DO | San Francisco | TUCOM-Vallejo, CA | Family Practice

Maricar Pacquing, DO | Burlingame | PCOM-Philadelphia, PA | Internal Medicine

Harsh Patel, DO | San Leandro | WesternU/COMP-Pomona, CA

Scott Piazza, DO, BA | Santa Maria | MWU/AZCOM-Glendale, AZ | Family Practice

Chi-Ling Que, DO | Milpitas | TUCOM-Vallejo, CA

Mary Raleigh, DO | Irvine | KCUMB-COM-Kansas City, MO | Family Practice/OMT

Paula Scariati, DO | San Francisco | NYCOM, NY

Chris Sessa, DO | Fairfield | NYCOM, NY | Family Practice

Bronwyn Singh, DO | Vallejo CA

Lisa C Underwood, DO | San Diego | TUNCOM-Henderson, NV | Obstetrics & Gynecologic Surgery

Timothy D. Ungerer, DO | Santa Rosa | PCOM-Philadelphia, PA | Anesthesiology

Kiana Vala, DO | San Francisco | LECOM-Bradenton, FL | Family Practice

Terry Vien, DO | Stockton | WesternU/COMP-Pomona, CA | Interventional Pain Management

Quoc Vo, DO | San Francisco | WesternU/COMP-Pomona, CA | OMT

Michael Warner, DO | Vallejo | DMU-COM-Des Moines, IA

Kevin Wong, DO | Rancho Mirage | PCOM-Philadelphia, PA | Pain Management

John Yashou, DO | Emergency Medicine

Ray Yeh, DO | Alameda | WesternU/COMP-Pomona, CA

Hans Yu, DO | San Francisco | KCUMB-COM-Kansas City, MO

Yen-Hua Yu, DO | Pleasanton | LECOM-Bradenton, FL | Emergency Medicine

ASSOCIATE

Ronald Centric, DO | Reno, NV | ATSU-KCOM-Kirksville, MO | Psychiatry

Angie Huxley, DO | Glendale, AZ | WesternU/COMP-Pomona, CA

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Tobi Shuman, DO | MSUCOM-East Lansing, MI | Critical Care-Medicine, Pulmonary Medicine

OPSC as the Gold Standard

Alexandra Myers, DO,
Chair of Membership Committee

I have the fortune and privilege to sit on the board of several physician-lead organizations. Each organization has their own mission and vision statement, their own budget, and their own goals. The boards are highly variable – some members are very experienced, and some have never served in such a capacity. Most people that are involved, engaged, and excited about the work ahead of them, although there are a few who are simply there to observe. No matter which organization I am working with, I ultimately compare them to OPSC as the gold standard.

OPSC focuses on truly serving the membership. OPSC is not a sub-organization of AOA, but sees itself as a partner. Nor is OPSC the "Osteopathic CMA" – it is a distinct organization with a unique mission. OPSC leaders spend a great deal of time considering the fiduciary responsibility to the membership, and are reluctant to invest in opportunities that are not thoroughly vetted.

In this rapidly changing climate, both political and environmental, it is reassuring to see that OPSC is steadfastly serving the DOs in California. I challenge you to share this with any DO you know, member or otherwise. As the membership grows, so does the strength and power of OPSC to protect the practice rights of California DOs. ■

New Members

Continued

An Tran, DO | WesternU/COMP-Pomona, CA Medical Toxicology

RETIRED

Stuart L. Bloom, DO | Los Angeles | MWU/CCOM-Downers Grove, IL | Anesthesiology

Caroline Capitano, DO | WesternU/COMP-Pomona, CA

Richard Gross, DO | Coeur D Alene, ID | KCUMB-COM-Kansas City, MO | Internal Medicine

Summer Legislative Update

Continued from page 13

SB 377 (McGuire D) Juveniles: psychotropic medications: medical information.

Status: Re-referred to Com. on APPR.

Current law requires the Medical Board of California to review specified data provided by the State Department of Health Care Services and the State Department of Social Services regarding Medi-Cal physicians and their prescribing patterns of psychotropic medications and related services for dependents and wards of the juvenile court in order to determine if any potential violations of law or excessive prescribing of psychotropic medications inconsistent with the standard of care exist and, if warranted, to conduct an investigation. This bill would require, by July 1, 2020, the forms developed by the Judicial Council to include a request for authorization by the child or the child's attorney to release the child's medical information to the Medical Board of California in order to ascertain whether there is excessive prescribing of psychotropic medication inconsistent with a specified standard of care. **Position**: Watch

SB 441 (Galgiani D) Electronic health records: vendors.

Status: 2 YEAR BILL

Would enact the California Interoperability Enforcement Act to regulate electronic health record vendors operating in California. The bill would require the Office of Health Information Integrity to review federal law and policy for opportunities to regulate electronic health record vendors and to establish an interoperability enforcement structure. The bill would require the office to promulgate regulations for this purpose. The bill would establish a Complaint and Technical Assistance Division within the office and the Interoperability Enforcement Fund, which would be available, upon appropriation, to fund the administration of these provisions. **Position**: Watch

SB 476 (Stone R) Pharmacy: Pharmacist Employer Advisory Task Force.

Status: 2 YEAR BILL

Would enact the Professional Pharmacist Integrity Act. The bill would create the Pharmacist Employer Advisory Task Force comprised of specified individuals, including the executive officer or their designee and various other designated representatives. The bill would require the task force to study and submit a report to the Legislature on the prevalence of management interference upon ability of pharmacists-in-charge to do their jobs, and any legislative recommendations for improvement. **Position**: Watch ■

College Updates

Touro Dean's Report

Michael Clearfield, DO, Dean, Touro University College of Osteopathic Medicine

For the 10th consecutive year the COM was noted by *US News and World Report* as one of the top 10-15 medical schools nationally in having its graduates pursue a primary care residency.

GROUPIE: The GROUPIE program is an acronym for seven areas of investigation that are ongoing at Touro California: Global Health, Research, Osteopathic Manipulative Medicine, Obesity, Ultrasound, Public Health, Inter-professionalism and Empathy. The COM published the second installment about GROUPIE in a series of six new *JAOA* articles in the November 2018 Volume 118 Issue.

Diabetes Prevention: The DREAM team under the leadership of Jay Shubrook, DO partnered with Solano County Public Health on earning CDC Full Recognition for the Diabetes Prevention Program. This designation is reserved for programs that have effectively delivered a quality evidence-based program that meets all the standards for CDC recognition.

Teachers of the Year: Congratulations to our faculty recognized by the Class of 2021 as Teachers of the Year: Jordan Keys, DO for the Osteopathic Manipulative Medicine Department, Chitra Pai, MD, D(ABMM) for the Basic Sciences Department, and David Coffman, DO, PhD for the Primary Care Department.

OPSC Distinguished Service Award: Congratulations to Howard Feinberg, DO who was awarded the 2019 OPSC Distinguished Service Award

IN MEMORY OF DR. BERNARD ZELIGER

On a sad note, the founding Dean and Provost, Dr. Bernard Zeliger passed away on December 15, 2018. Dr. Zeliger will be remembered by students and faculty alike. TUCOM honored Dr. Zeliger for his stewardship of TUCOM when he was granted the degree of Doctor of Human Letter Honoris Causa on June 8, 2003. On September 17, 2017 Dr. Zeliger was again honored as one of the five original founders of our campus during our 20th Anniversary Gala celebration. His portrait is enshrined with the other founders in the COM academic building H83. The passing of Dr. Zeliger will leave a large void on our campus, as well as in the lives of all those who had the honor and privilege of knowing him.

STUDENT NEWS:

GRADUATION: With their hearts full of joy, the COM faculty is pleased and proud to congratulate the Graduating Class of 2019 for a job well done. Stephen Shannon, DO, MPH, President of the American Association of Colleges of Osteopathic Medicine provided the keynote address and Mrs. Balraj K. Singh was awarded the inaugural Dean's Award for Community Service and Advocacy.

The class of 2019 Awards:

- Bernard I. Zeliger Leadership/Service Award – Dr. Eric Donn
- Basic Science Award – Dr. Matthew Tunzi
- COM Student Doctor of the Year – Dr. Roshni Kakaiya
- Osteopathic Manipulative Medicine Award – Dr. Erin Hoppin Lee
- Outstanding DO Student Award – Dr. Mohammad Khorsand
- Pediatrics Distinguished Student Award – Dr. Shiree Segev & Dr. Mohammad Khorsand

Albert Schweitzer Foundation: We are delighted to announce that Hiroe Hu, OMS 4 and Yasmin Baines OMS 3 join a distinguished list of Albert Schweitzer Foundation Bay Area Fellows. Their project is entitled "Project I: Co-creating Mental and Emotional Wellbeing Curriculum with Asian American Adolescents"

OPSC: Alex Wulff, OMS 2 was awarded OPSC Student Leader of the Year and Student Doctor Emma Schatz, OMS1 was chosen as the new student member to the OPSC Board of Directors.

AWMA: Four graduating students, Sarah Azam, Darcy Wilson, Naveetha Nandakumar and Lindsay Nausin, received the AWMA (American Women's Medical Association) Glascow-Rubin Citation for Academic Achievement for being women in the top 10% of their graduating class

TUCOM Gold Humanism Honor Society, whose members are nominated by their peers based on their embodiment of the ideals of humanism in medicine (Compassion, Professionalism, Highest standard to patient care, Ethics and Volunteering in the Community) proudly, announces its 10th cohort:

Catherine Weir	Derek Ochi
James Kimpo	Janani Sridharan
Jihun Yeo	Julia Eicher
Madeline Bach	Maya Gattupalli
Rachit Anand	Roman Roque
Sheena Song	Sruthi Bonda
Yasmin Baines	Young Kim

ALUMNI NEWS:

American Association of Colleges of Osteopathic Medicine (AACOM): Two TUCOM alumni received first and second place awards at the American Association of Colleges of Osteopathic Medicine (AACOM) annual meeting resident Research Poster competition:

- Roland Haj, DO, Class of 2015, received first place for his poster on "Ultrasound First the Correct Approach for Pediatric Appendicitis a Community Hospital?" from Flushing Hospital Medical Center.
- James Wilson, DO, Class of 2011 and US Naval Reserve, received second Place for his poster on "Smallpox Vaccination in the Setting of Autoimmune Disease:" Franciscan Health Olympia Fields, Internal Medicine.

Second Generation TUCOM Graduate: Steven Joye, DO, Class of 2005 and Emergency Physician in Sonora is now joined by our new alumnus Ashlin Joye, DO, Class 2019 who matched in Ophthalmology at Oregon Health Sciences University as our first *second* generation TUCOM graduate.

Inspirational: Daniel Gilbert, DO Class of 2006, Urologist, was featured when he donated surgery to help an uninsured Napa man so he may live without pain. https://bit.ly/2Zaq6Uf What an inspirational story!

GLOBAL HEALTH NEWS:

The Consortium of Universities for Global Health (CUGH) annual conference Poster Competition was held in Chicago, IL (March 8-10, 2019).

- Joshua Lee (Class of 2021) presented the poster the "Implication of HbA1c Monitoring in Preventing ESRD Progression – A Short Term Analysis." The poster which Joshua Lee (Class of 2021), Y.C. Chen, Athena Lin worked on was selected as one of the two finalists for the Lancet Student Poster Competition and won second place.
- The CUGH poster "Identifying Contributing factors for pediatric HIV loss to follow-ups in a rural Tanzanian Population" was presented by Kavitha Gilroy (Class of 2021), Mikaela Rico (Class of 2021), and Eiman Mahmoud, MD.
- Kavitha Gilroy, OMS2 and Mikaela Rico, OMS2 also presented a poster at the American Academy of Osteopathy Convocation.
- David Weiss (OMS 4) presented a poster at the Unite for Sight Innovation Conference at Yale in April 2019. ■

WesternU/COMP Dean's Report

Paula M. Crone, DO, Dean, WesternU/COMP, COMP-Northwest

FACULTY SPOTLIGHT:

Alan Cundari, DO (COMP Class of '85) was the recipient of the Distinguished Service Award at this year's East West Scholarship Dinner benefitting students of Western University of Health Sciences.

Assistant Dean of Academic Affairs Jesus Sanchez, DO (COMP Class of 2004) and Associate Professor/Vice Chair of OMM Janice Blumer, DO, FAAO (COMP Class of 1991) are recipients of the Arnold P. Gold Foundation's Leonard Tow Humanism in Medicine Award. The award recognizes a faculty member who demonstrates both clinical excellence and outstanding compassion in the delivery of care, and who shows respect for patients, their families, and health care colleagues.

STUDENT SPOTLIGHT:

The following students had research featured in the Medical Journal of Southern California Clinicians:

- OMS4, Sareen Sandhu for her research in Sex differences in Type 2 diabetes.
- OMS3, Millie Mae Hathaway for her research in Pregnancy-Associated Breast Cancer.
- OMS4, Jaee Tamhane for her research on a patient with a cutaneous horn.

Congratulations to the newest Pre-Doctoral NMM/OMM Teaching Fellows:

- Nadar Batal
- Robert Camarillo
- Myra Gutierrez
- Michael Jaso
- Victoria Nguyen
- Mitchell Sauder
- Justine Tran
- Pari Vanjara

ALUMNI SPOTLIGHT:

Niraj Bhalani (COMP Class of 2018) was featured in the *Medical Journal of Southern California Clinicians* for his case report titled, "Rapid onset of post-traumatic orbital cellulitis associated with "trivial" blunt head trauma."

College Updates

Continued from page 21

2019 WesternU Alumni Reunion is scheduled for Saturday, September 28th, 2019. Join us for an evening of reminiscing, dining and reconnecting with classmates! Registration can be found at: commerce.cashnet.com/WesternU.AlumniReunion. ■

CHSU COM Dean's Report

John Graneto, DO, MEd, FACOP, FACOEP-dist, FNAOME
Dean, College of Osteopathic Medicine

The California Health Sciences University College of Osteopathic Medicine (CHSU COM), is excited to be the first four-year medical school in the Central Valley. Additionally, CHSU COM also has the distinction of being the third Osteopathic Medical school in California and the thirty-fifth in the Nation.

Thousands of applications to the CHSU COM are steadily arriving in our Admissions Office. We are pleased to report the numbers have greatly exceeded our expectations. The interview season begins in September 2019 with our first cohort of 75 students will begin on July 20, 2020. The total student body will grow to 600 students in the program at one time.

Construction of the new campus for California Health Sciences University began last May and the College of Osteopathic Medicine building will be the first to be completed in spring 2020. The three-story, College of Osteopathic Medicine building features state-of-the-art classrooms to facilitate the Team-based learning pedagogy to enhance active learning. We are excited to offer a Teaching Kitchen to demonstrate nutritional components in the medical school curriculum, as a well as to ensure students and patients understand how to prepare healthy meals and the importance of proper diet in relation to good health.

There is an expansive, 20,000 sq.ft. Simulation Center complete with an OSCE suite that mocks an actual outpatient clinic/doctor's office and replicated 7 bed in-patient hospital facility.

Anatomy Curriculum in Collaboration with Case Western Reserve University School of Medicine

CHSU COM is collaborating with Case Western Reserve University (CWRU) to utilize its HoloAnatomy™ software suite with Microsoft HoloLens 2™ devices.

The CHSU COM will follow the pioneering decision that Case Western Reserve's School of Medicine made in 2015 to develop a 3D holographic anatomy program that dramatically expands students' opportunities to examine the intricacies of the human body. HoloAnatomy™, as it is known, not only allows students to examine every organ and system from every angle, but also view the anatomy together as a class.

The HoloAnatomy™ curriculum that Case Western Reserve University developed for use with Microsoft HoloLens is truly remarkable and has been proven to be highly effective. We are proud to be one of the first partner Universities in this prestigious program to offer innovative, anatomy education technology to our Valley medical students.

The Microsoft HoloLens 2™ headset brings the digital world into the real world by projecting holograms into the wearer's visual field. With CWRU's HoloAnatomy™ software as a foundation, CHSU COM can customize their highly realistic and interactive curriculum to elevate the educational experience for their medical students studying human anatomy for each body system.

"Our 3D holographic anatomy curriculum will revolutionize how students learn, enhancing their interactions during both simulated and real patient cases," states Leslie Catron, RN, Simulation Center Manager at the CHSU College of Osteopathic Medicine. "Students can use holograms to easily separate and enlarge small organs and functions, giving them access to body systems like never before."

The ribbon cutting ceremony for the new medical school with Simulation Center facilities is planned for April 2020.

CHSU COM Receives a Grant from AACOM

Despite having not yet enrolled students, CHSU COM was already awarded a grant from AACOM's Medical Education Research Grant Review Board. Dr. John Graneto, Dean and Leslie Catron, Simulation Center Manager, collaborated to submit the grant application, which is titled, "A Pilot Study of Faculty Student Advisor Training Using Standardized Participant Encounters to Develop Competency in Difficult Student Conversations Involving Complex Feedback Skills." CHSU COM has already hired an experienced Simulated Patient Educator to facilitate the training of the faculty in Simulation in Medical Education.

MCAT Prep Summer Camp at CHSU COM

The CHSU COM is hosting its first MCAT Prep Summer Camp, facilitated by Samuel Kadavakollu, PhD, Associate Professor of Biomedical Education, and other faculty members. The 8-week camp is held every

weekend for the 74 pre-medical students. To support our mission of attracting local, diverse students with a heart for serving our region, we made it a priority to offer an affordable, on-site active learning course designed to meet the needs of students from the Central Valley. Participants are receiving practical tips and techniques for taking the MCAT, as well as rigorous didactic preparation. The pre-med students expressed their appreciation for the opportunity, and the feedback received so far has been very positive.

Preparing for Fall Interviews

Our CHSU COM campus community is gearing up for our first interview day sessions that will begin in September. Faculty hiring is on track and we expect to have 40-50 employees on campus by the time interview season starts. Applicants selected for on-site interviews will be able to experience our unique curriculum through Microsoft HoloLens demonstrations and participate in actual Team Based Learning activities, among other engagement opportunities. ■

A Time of Milestones

Continued from page 3

and provided important feedback. We will be discussing this at our next board meeting in September in Monterey. Speaking of Monterey, Alexander Myers, DO, who chairs this year's fall conference is working hard with the Education Committee on putting together a spectacular program. This conference is always very well attended, so please make sure you sign up early. I hope to see you all in beautiful Monterey.

One of the things that we are actively working on is the issue with the new California licensing rules requiring three years of continuous practice for residents in order to obtain a full license in California. We heard from residents regarding the delay in getting their licenses as well as the challenges for those who may have difficulty in completing the three year requirements. We are working with Joseph Zammuto, DO and the Osteopathic Medical Board as well as the osteopathic colleges to see how we can assist and facilitate this process. Please continue to send us issues regarding this so that we can get all stakeholders involve to develop and to assess longtime solutions.

Spring is indeed a time of many changes and these changes will lead to new milestones, but it takes the day to day efforts. As I visit with DOs across the state, it is clear to me that we have some of the best and brightest physicians in the state committed to patient care and improving the lives of all patients. Together, I have no doubt that we are continuing the efforts of our predecessors on building an even stronger professional organization that represents all DOs in California. ■

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What You Need to Know: CalHealthCare Student Loan Repayment Program

Physicians for a Healthy California (PHC) in partnership with the California department of Health Care Services announced a commitment to pay off $67.3 million in educational loan debt for 278 physicians and dentists. Specifically, $13 million in educational loans will be repaid for 50 Doctors of Osteopathic Medicine under a new program titled CalHealthCares created to expand access to care for Medi-Cal patients.

Nearly 1,300 health care providers applied to the CalHealthCares loan repayment program, which pays up to $300,000 in debt relief in exchange for meeting certain criteria such as maintaining a patient caseload of at least 30% Medi-Cal patients, being in good standing with state licensing boards and other service time obligations. The awards are intended to improve access to care for low-income patients by creating economic incentives for physicians and dentists to provide care to Medi-Cal beneficiaries.

"The overwhelming response we received shows that providers are eager to serve communities that need more access to care," said PHC CEO Lupe Alonzo-Diaz. "We want to thank all of the awardees for their commitment to bring quality health care to medically underserved communities."

All awardees in the program will be providing services to Medi-Cal patients in 39 counties throughout California. They represent 40 specialty areas of medicine including pediatrics, psychiatry and OB/GYN. Additionally, the awardees vary in different practice settings including academic, community clinic or Federally Qualified Health Centers (FQHCs), government, group practice, hospital and private practice.

A total of $340 million has been allocated to the CalHealthCares program from Proposition 56 revenue. The recent announcement of awardees is the first of at least five rounds of funding.

In 2018, SB 849 established the Proposition 56 Medi-Cal Physicians and Dentists Loan Repayment Act Program and appropriated $220 million for the loan assistance program for recently graduated physicians and dentists. An additional $120 million was added to the program in Governor Newsom's revised 2019-20 budget.

The Department of Health Care Services (DHCS) administers the CalHealthCares program, with PHC contracted to manage daily operations.

CalHealthCares will accept applications for its next round of awards in January 2020.

All DO awardees must:

- Have an unrestricted license and be in good standing with the Osteopathic Medical Board of California.
- Be an active enrolled Medi-Cal provider without suspensions, disbarments or revocations; or have applied to DHCS to become a Medi-Cal provider
- Have graduated from a physician residency program and/or completed a fellowship within the past five years (on or after January 1, 2014)
- Not currently be participating in another loan repayment program
- Practice in California
- Have existing educational loan debt incurred while pursuing a medical degree
- Maintain a patient caseload of 30% or more Medi-Cal beneficiaries

For more information, visit calhealthcares.org. To subscribe and receive more information about this program, send an email to CalHealthCares@phcdocs.org.

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