

SUBJECT: ACOFP Sunsetting Position Statements (Amended & Reaffirmed)
SUBMITTED BY: ACOFP Constitution & Bylaws Committee
REFERRED TO: 2022 American College of Osteopathic Family Physicians (ACOFP)
Congress of Delegates

RESOLUTION NO. 5

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) approves the reaffirmation of the ACOFP Position Statements as recommended and submitted by the ACOFP Constitution & Bylaws/Policy & Organization Review Committee. (Red Font: Old material crossed out, new material capitalized.)

The ACOFP Constitution and Bylaws Committee recommends the following policies be amended and reaffirmed:

1 **1. LEGISLATION/REGULATION**

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3 **(3.) Coverage for Uninsured and Underinsured Minors** C/17, 12

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5 The ACOFP encourages the U.S. Congress to fully fund the State Children’s Health Insurance Program
6 (SCHIP).

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8 **(6.) HPV Vaccine Coverage** C/17, 12, 07

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10 The ACOFP endorses the recommendation of the Advisory Council on Immunization Practices (ACIP)
11 of the Center for Disease Control (CDC) that HPV vaccine be made available to all eligible recipients
12 and covered by insurance or be made available through public vaccine sources.

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15 **(19.) Physician Gag Rule** C/17

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17 The ACOFP opposes any legislation or initiatives advocating physician gag rules that limit physicians’
18 right to free speech and clinical inquiry and patient care.

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20 Explanatory Statement: This specific law is no longer in place, but we remain oppose to any gag rules.

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23 **5. PATIENT EDUCATION**

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25 **(6.) Use of Electronic Devices While Driving** C/17, 12

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27 The ACOFP opposes use of all handheld devices while operating motorized vehicles.

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(10.) Collaboration with Organizations Advocating for the Prevention and Treatment of Prescription Narcotic Abuse and Dependence

C/17

The ACOFP initiates, develops and maintains collaborative relationships with local, state and national organizations to provide education to physicians, patients, policymakers and other stakeholders regarding controlled substance abuse and dependence prevention. The ACOFP advocates for appropriate, adequate, and available treatment options for those individuals suffering from controlled substance abuse disorder and dependencies.

7. BEST PRACTICE

(2.) Physician and Medical Product Manufacturer Financial Relationship Transparency C/17

The ACOFP supports public transparency , through efficient, effective reporting - inclusive of appropriate safeguards to ensure accuracy and appropriateness - of physician financial relationships with pharmaceutical and medical device manufacturers.

(3.) Needle Exchange Programs

C/17

The ACOFP encourages the creation of needle and/or syringes exchange programs based upon the Department of Health and Human Services implementation guidelines.

(4.) HIV Consent Form Elimination

C/17

The ACOFP supports the elimination of the requirement of physicians and health care settings to have consent forms completed before an HIV test

12. NON-PHYSICIAN

(1.) Non-Physician Practitioners

C/17, 12, 07, 01

The AOA Policy Statement on Non-Physician Practitioners shall be adopted as ACOFP Policy on Non-Physician Practitioners.

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

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

A. Patient Safety

The AOA supports the “team” approach to medical care, with the physician as the leader of that team. The AOA further supports the position that patients should be made clearly aware at all times whether they are being treated by a non-physician clinician or a physician. The AOA recognizes the growth of

80 non-physician clinicians and supports their rights to practice with appropriate physician involvement
81 within the scope of the relevant state statutes.

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83 **B. Independent Practice**
84 It is the AOA's position that roles within the "team" framework must be clearly defined, through
85 established protocols and signed agreements, so physician involvement in patient care is sought when
86 a patient's case dictates. The AOA feels non-physician clinician professions that have traditionally been
87 under the supervision of physicians must retain physician involvement in patient care. Those non-
88 physician clinician professions that have traditionally remained independent of physicians must
89 involve physicians in patient care when warranted. All non-physician clinicians must refer a patient to
90 a physician when the patient's condition is beyond the non-physician clinician's scope of education,
91 training or expertise.

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93 **C. Liability**
94 The AOA endorses the view that physician liability for non-physician clinician actions should be
95 reflective of the quality of supervision being provided and should not exonerate the non-physician
96 clinician from liability. It is the AOA's position that non-physician clinicians acting autonomously of
97 physicians should be held to the equivalent degree of liability as that of a physician. Within this
98 independent practice framework, the AOA further believes that non-physician clinicians should be
99 required to obtain malpractice insurance in those states that currently require physicians to possess
100 malpractice insurance.

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102 **D. Educational Standards**
103 DO's/MD's have proven and continue to prove the efficacy of their education, training, examinations,
104 and regulation and physician involvement for the unlimited practice of medicine and it is the AOA's
105 firm conviction that only holders of DO and MD degrees be licensed for medicine's unlimited practice.
106 The osteopathic profession has continually proven its ability to meet and exceed standards necessary
107 for the unlimited practice of medicine, as non-physician clinicians seek wider roles, standards of
108 education, training, examination, and regulation and physician involvement must all be adopted to
109 protect the patient and ensure that proper patient care is being given. The AOA holds the position that
110 education, training, examination, and regulation must all be documented and reflective of the
111 expanded scopes of practice being sought by non-physician clinicians. The AOA recognizes there may
112 be a need for an objective, independent body to review and validate non-physician clinician standards.

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114 Explanatory Statement: This was updated as AOA's policy was amended in order to strengthen the
115 response to the large and varied scope of practice expansion attempts we continue to see by non-
116 physician clinicians, in order to clarify the position that the practice of medicine must be reserved for
117 physicians (DOs and MDs).

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119 FINAL ACTION: APPROVED as of March 16, 2022