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OKLAHOMA D.O.

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FALL 2018

Tyler Lenz, *Editor-in-Chief*



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THE PRESIDENTIAL REPORT

Christopher A. Shearer, DO, FACOI
2018-2019 OOA President

There is an old Chinese quote, “May you live in interesting times.” I could never have imagined, as physicians, we would be put on the front line of the opioid crisis with criminal consequences at stake while at the same time being asked to consider providing our patients with a federally illegal substance for medical purposes. This is not going to be an article speaking about the pro’s or the con’s for either Medical Marijuana or the Opioid Crisis. There has been much talk in the media, both mainstream and social media, from groups supporting both sides of these issues. My only purpose is to reach the DOs in our state with a plea to educate yourself on the changes in the law for opioid prescribing and how to protect yourself after November 1, 2018.

osteopathic license in jeopardy, you put yourself in jeopardy of criminal prosecution. A separate bill, HB 2798, will form an Opioid Overdose Fatality Review Board. This board will review all overdose fatalities in the state. We will have two DOs on this board but, it is also made up of law enforcement, district attorneys, opioid victims’ families, and others. What that means is that the Oklahoma State Board of Osteopathic Examiners, our licensure board, will still have oversight of DOs and making sure we follow these rules. The biggest change is that you will also have the possibility of local law enforcement, district attorneys, and the Attorney General’s office choosing to take action in these matters. This is why it is so important that all DOs educate themselves on these new laws.

As everyone should have heard by now, HB 1446 was signed into law this past spring. This is the first law to specifically mandate how we prescribe opioid medications. This law actually spells out the definition for acute pain and chronic pain. It instructs us on the steps we must take to protect our patients from opioid dependence, opioid overdose and death. This law has been placed, not in the medical statute, but in the criminal statutes. Yes, you read that correctly, if you fail to heed this law, not only do you put your

I would like to outline three big issues that will be looked at in the law. This is not all inclusive, but everyone should be aware of these items. One concern is having your patient on opioid pain medication for greater than three months. By definition, these are “chronic pain patients.” We all have chronic pain patients. The important thing is to have as specific diagnosis that you can, document your findings, and have a treatment plan. Our job is to treat the patients, their illness, and the cause of the pain with the

idea that we are vigilant in trying to reduce the total amount of opioids when we can.

The second issue is morphine equivalents of greater than 100. If you have a patient on 100 or more morphine equivalents, you need to be able to document “why” in your treatment plan. I have spoken with some of our pain doctors in the state and, even in their specialty, they are getting their patients below 100 morphine equivalents. For some, this is going to be a slow and difficult process.

The final issue is mixing benzodiazepines or soma and opioids. Benzodiazepine in combination with opioids have been a major player in overdose fatalities. This one is difficult for many because of the classification of Tramadol as a semi-synthetic opioid. Many patients are going to have to make the difficult decision of having their anxiety treated or their pain treated. Again, this is not an absolute, but if you choose to use this combination, make sure you have documented why and how you will progress in your treatment plan.

I have chosen to expound on the issues with chronic pain. If you see acute pain, make sure you understand that you can only write opioids for seven days and then the patient has to be seen and evaluated again for the next seven days. If a third prescription is needed, then they fall into the chronic pain guidelines.

So, at the end of the day, it is you and your patient sitting in the exam room. As physicians we are going to be forced to have some very difficult conversations. As a general internist, who has been in practice for over 23 years, I understand this very well and have already had some of these conversations. We all have the patient who cannot take a nonsteroidal because of their kidney function or because they are on anticoagulation and “Tylenol just doesn’t work.” My advice would be to have a plan and an office policy on how you are going to handle these new rules. Refills are going to be a big issue. Set expectations up front. Patients are going to have to be seen and evalu-

ated every three months at a minimum. For some the policy will be not to prescribe at all. I know from statistics that my employer keeps on our EMR, that I am not a big prescriber of opioids. This should make me feel better but with this new set of rules, it only takes one bad outcome to place you in a very difficult situation.

After actually putting all of this on paper, it made me realize that the patient’s needs are lost in all of this. Our chronic pain patients are very scared and some feel abandoned. There is an idea out there that patients are bad if they take opioids and doctors are bad if we write for them. In my years of practice, I have had many good patients who have had chronic pain. With routine checking of the PMP over the last few years, I realized that most of my patients are doing what they are supposed to do. I am trying to put myself in the patient’s position when I have these conversations. If you know the rules and prescribe appropriately and document why you are prescribing, I think this will keep us out of trouble. We all became DOs because we treat the whole patient. The one bright spot in all of this is that we are DOs, and we have more to offer than “just pills.” We can help our patients with osteopathic manipulation and have a whole other modality than most other practitioners can offer. With all of the convergence with osteopathic education and the ACGME, this our chance to maintain and spotlight our Osteopathic identity.

The bottom line is to take the time between now and November 1st and get educated on these new laws. Be sure to see more of this information on the OOA website listed below.

Interesting times indeed!

Visit <https://www.okosteo.org/page/A9> for a direct URL, or visit www.okosteo.org and click on the “Legislation” tab.

REGISTRATION FORM

2019 Winter CME Seminar | January 11-13, 2019
 Hard Rock Hotel & Casino
 777 W. Cherokee St., Catoosa, OK 74105

For hotel reservations call 1.800.760.6700
 Mention 'OOAJAN2019' to receive the group rate.

2019 WINTER CME SEMINAR

"PHYSICIAN WELL-BEING"

JONATHAN K. BUSHMAN, DO
 PROGRAM CHAIR



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Name _____ Degree _____

Preferred First Name for Badge _____ Guest(s) _____

City of Practice _____ Phone _____ Email Address _____

Special Needs or Dietary Requests* _____

*Must be submitted before January 4, 2019

REGISTRATION FEES

	ON OR BEFORE 01.04.19	AFTER 01.04.19
<input type="checkbox"/> DO Member Registration*	\$ 370	\$ 420
<input type="checkbox"/> DO Member Proper Prescribing & Risk Management Only Registration*	\$ 210	\$ 260
<input type="checkbox"/> Retired DO Member Registration*	\$ 110	\$ 160
<input type="checkbox"/> DO NonMember Registration*	\$ 970	\$1,020
<input type="checkbox"/> DO NonMember Proper Prescribing & Risk Management Only Registration*	\$ 810	\$ 860
<input type="checkbox"/> MD/Non-Physician Registration*	\$ 370	\$ 420
<input type="checkbox"/> MD/Non-Physician Proper Prescribing & Risk Management Only Registration*	\$ 210	\$ 260
<input type="checkbox"/> Student Intern Resident Fellow Registration*	free	free

* Includes: Proper Prescribing Course, Risk Management Course, two continental breakfasts & Saturday luncheon
 + Four hours of AOA Category 1-A credit on SATURDAY, including Proper Prescribing and Risk Management

\$	Registration Total
\$	Membership Fee Total*
\$	Total Enclosed/Due

*if applicable

NOTE: Membership dues must be current at the time of registration and at the time of the conference to qualify for member rates. Requests for refunds must be received before **January 4, 2019**, and a \$30 service fee will be charged. **No refunds after January 4, 2019.** A printed syllabus will not be available.

MEMBERSHIP FEES

<input type="checkbox"/> 3 or more years in practice	\$ 600
<input type="checkbox"/> 2nd Year of Practice	\$ 400
<input type="checkbox"/> 1st Year of Practice	\$ 300
<input type="checkbox"/> Military	\$ 100
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TO COMPLETE YOUR REGISTRATION

- Mail this form to 4848 N. Lincoln Blvd., OKC, OK 73105
- Fax this form to 405.528.6102
- Register online at www.okosteo.org/event/winter2019

PAYMENT INFORMATION:

- Check enclosed** (check must be made payable to OOA representing payment for items checked.)
- Credit Card Information Below** (all information must be provided below for your card to be processed.)
- VISA MASTERCARD DISCOVER AMERICAN EXPRESS

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Important Proper Prescribing News

Effective November 1st : To obtain proper prescribing credit through OSBOE a physician should attend a proper prescribing course that has been approved through the licensure board (speaker and material) and that also has a licensure board member in attendance.



OKLAHOMA OSTEOPATHIC ASSOCIATION
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SO YOU CAN



DO

As healthcare becomes more complex on the state and national level, it's more important than ever that the Oklahoma Osteopathic Association continues to represent your interest and those of your patients to the state legislators and state leaders. ***That is, the OOA is the voice for all Oklahoma DOs, no matter what your specialty, no matter where you work or who you work for.*** We are the only organization in the state that advocates for DO physicians and their patients. As a member physician, please know that your opinions, thoughts, and concerns are important to the OOA. Please, renew your membership or join the OOA today, so that we can continue to serve you and the osteopathic profession.

RENEW OR BEGIN YOUR MEMBERSHIP TODAY.

Together we can fight for the osteopathic profession and our patients.

NETWORKING

Get where you want to go faster by joining over 2,000 DOs in Oklahoma & have the opportunity to connect instantly.

MENTORSHIP

Shape the future of health care in Oklahoma by partnering with incoming OSU-COM students and guarantee they're prepared to champion their patients and the profession.

ADVOCACY

Stand with us as we work on your behalf to:

- » Ensure funding for OSU Medical Center & Physician Manpower Training Commission
- » Protect Medicaid & provider rates
- » Defend against scope of practice overreaches

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Questions? Contact Tyler Lenz at 405-528-4848 or tyler@okosteo.org.

Oklahoma Health Care Authority

Oklahoma Health Care Authority to Increase Provider Reimbursement Rates for the First Time Since 2009

OKLAHOMA CITY –Oklahoma providers who see patients covered by Medicaid could soon get their first rate increase in almost a decade.

The Oklahoma Health Care Authority, which administers the state’s Medicaid program, known as SoonerCare, announced Wednesday that it is considering raising rates paid to providers. If the authority’s board approves, it would be the first increase since 2009.

The board will consider the increases at its Sept. 13 meeting. If it votes to approve them, providers would start receiving higher rates on Oct. 1.

SoonerCare covers about 796,000 people. Two-thirds are children. Most of the adults are older people living in nursing facilities, people with serious disabilities and low-income parents. Some adults have limited SoonerCare benefits that only cover contraception.

Jo Stainsby, spokeswoman for the authority, said the plan won’t require any new state money. That’s in compliance with Senate Bill 1605, which Gov. Mary Fallin signed in May, she said. The law required the authority to use savings and drug rebates to increase rates.

Most of the money comes from larger rebates on prescription drugs, though reduced payroll costs during a hiring freeze also helped, Stainsby said. Limiting prenatal cystic fibrosis screening and ending ineligible members’ coverage faster also led to more savings than anticipated, she said.



Long-term care facilities would receive a 4 percent increase in their rates, according to the authority. The actual increase would be closer to 3.2 percent, because it would be partially offset by patients paying less toward their care, said Nico Gomez, CEO of the Oklahoma Association of Health Care Providers.

It costs nursing facilities \$165.38 per day, on average, to care for patients, Gomez said. The rate increase would raise the state's contribution from \$146.06 to \$150.74. Nursing facilities still would have to make up the difference with the higher rate they charge private-pay residents, though the increased rate would make that balancing act easier, he said.

"We're grateful" for the increase, he said. "We just have

a little further to go."

Physicians, hospitals and pharmacies would receive a 3 percent increase in their rates. After the increase, doctors who perform a service for a patient covered by Medicaid would be paid, on average, 89 percent of what they are paid to do the same service for a Medicare patient. Nationwide, Medicaid generally pays less than Medicare.

Rick Snyder, vice president of finance and information services at the Oklahoma Hospital Association, said the increase is "welcome and needed." Hospital rates have fallen by about 14 percent since 2010, he said.

"Some of Oklahoma's rural hospitals have closed, more have needed bankruptcy protection, and quite a few are

struggling to make payroll," he said in an email. "We are encouraged that the legislative leaders have made this step in the right direction."

Wes Glinnman, executive director of the Oklahoma State Medical Association, said the increase is a "step in the right direction," though it doesn't solve all of doctors' funding problems.

"Maintaining adequate provider rates is vital to ensuring Oklahomans in rural and other underserved areas have access to the health care they need," he said in an email. "After several rate cuts in recent years, we are pleased that the Legislature and the Health Care Authority are making access to care a priority for Oklahoma's most vulnerable citizens."

Meg Wingerter
The Oklahoman

AOA CATEGORY 1-A CREDITS WHENEVER • WHEREVER

The DO CME Education Center, a collaboration with other state associations, is a hub for on-demand programs, webinars, and live educational opportunities addressing a broad spectrum of topics covering practice management, healthcare regulation and relevant clinical issues.

Visit www.docme.org, create an account & access over 150+ CMEs instantly! With more constantly being added, DO CME is the place to get the latest on-demand lectures.



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<https://goo.gl/AjmBoZ>

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Eligibility Criteria

1. **Non-independent students** must have at least one parent, step parent or court-appointed guardian who is an Oklahoma resident and who has claimed the applicant as a dependent on his/her federal income tax return for the previous year.
2. **Independent students** must have lived in Oklahoma in some capacity other than as a full-time student at a post-secondary institution for a period of at least 12 consecutive months prior to matriculation to medical school.

Other Considerations

1. Preference will be shown to applicants who have completed two years of osteopathic medical education and who indicate a desire to practice in Oklahoma.
2. While class standing and cumulative grade point averages are determining factors, your application, level of need and letters of support will be heavily considered during the decision-making process.

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WE NEED YOUR HELP.

The OOA building is now 33 years old and we are proud of the visibility it provides to the OOA profession. It is used by OOA members, board members, legislators, partner groups, community organizations on a weekly basis and it is home to the OOA staff and the Oklahoma State Board of Osteopathic Examiners.

Because funds of the OEFOM are used primarily for student scholarships and educational matters, we would like to ask you for your consideration of a tax-deductible contribution of \$100, \$250, \$500 or a \$1,000 or more to the OEFOM Building Maintenance Fund.

We know that continuing maintenance will be necessary to keep our building in a condition which will maintain its usefulness and our pride in its ownership. Our next greatest need is replacing one air conditioner unit and making needed repairs to the roof.

Tax deductible gifts can be easily made to OEFOM in the following ways:

- Make a secure donation online at www.okosteo.org (» Foundation Tab at top of page » Support the OEFOM – OEFOM Building Maintenance Fund.
- Mail this form with your check or credit card information to 4848 N. Lincoln Blvd., OKC, OK 73105.
- Fax your form to the OOA’s central office at (405) 528-6102.

OEFOM Building Maintenance Fund

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Card CID# (three digits on back of card) _____ Zip code: _____

Name on Card _____

Signature _____ Gift amount: \$ _____



2018 AOA House of Delegates

The 2018 Annual Business Meeting and House of Delegates of the AOA took place July 20-22, 2018, at the Chicago Marriott Downtown Magnificent Mile Hotel. Each July, more than 500 DOs and medical students gather to adopt policy, elect officers and celebrate the osteopathic profession.

Oklahoma was well represented with 15 delegates and 8 alternate delegates.

Delegates:

- Christopher A. Shearer, DO
- C. Michael Ogle, DO
- David F. Hitzeman, DO*
- Layne E. Subera, DO
- Joseph R. Schlecht, DO
- Dennis J. Carter, DO
- LeRoy E. Young, DO
- Kayse M. Shrum, DO
- Bret S. Langerman, DO
- Timothy J. Moser, DO
- Dale Derby, DO
- Jason L. Hill, DO
- Clayton H. Royder, DO
- Jonathan K. Bushman, DO
- Brooke Cloud, OMS- Student Delegate

Alternate delegates:

- Thomas J. Carlile, DO
- Richard W. Schafer, DO
- Rebecca D. Lewis DO
- William J. Pettit, DO
- Kenneth E. Calabrese, DO
- Trudy J. Milner, DO
- Trevor Bickford, OMS - Alt. Student Delegate

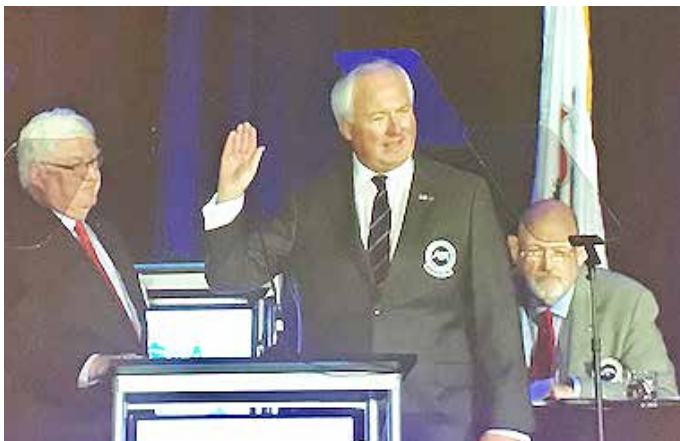
*David F. Hitzeman, DO, served as OOA's Chief Delegate

The OOA had three delegates appointed to reference committees this year. They were Kayse M. Shrum, DO, Educational Affairs Committee, David F. Hitzeman, DO, Constitution & Bylaws Committee, and Clayton H. Royder, DO, Ad Hoc Committee.

The Oklahoma caucus met on Thursday, July 19, to review and discuss proposed resolutions. More than 160 resolutions were submitted, reviewed, and taken action on during the three day HOD meeting. These can be found on the AOA website at www.osteopathic.org

William S. Mayo, DO, of Oxford, Mississippi, was inducted as the 122nd President of the AOA during the HOD business meeting. Dr. Mayo is a board-certified ophthalmologist practicing in Oxford and is a clinical instructor at the William Carey University College of Osteopathic Medicine in Hattiesburg, Mississippi, where he has served as chairman of the Department of Ophthalmology.

“Single accreditation brings tremendous promise for the expansion of osteopathic medicine,” said Dr. Mayo. “In order to realize that potential, we’ll need to ensure our continuing education and board certification offerings are cost and time efficient, and designed to leverage the best advanced technology.”



William S. Mayo, DO - Induction Ceremony

Congratulations to C. Michael Ogle, DO

C. Michael Ogle, DO, who practices Emergency Medicine in Enid, was elected to a three-year term on the AOA Board of Trustees on July 22. Dr. Ogle is a past OOA President and was first elected to the AOA Board of Trustees in 2016.



C. Michael Ogle, DO



Past and present AOA Presidents: Robert S. Juhasz, DO, William S. Mayo, DO, and Karen J. Nichols, DO. All are graduates from the same medical class at Kansas City University College of Osteopathic Medicine.



Welcome new members!

The OOA Board of Trustees welcomes the following:

Colin Morgan, DO
Family Medicine
Edmond, OK

Valerie Pack, DO
Family Medicine
Wagoner, OK

Janel Johnson, DO
Family Medicine
Stilwell, OK

Michael L. Gearhart, DO
Emergency Medicine
Lawton, OK

Crystal Dockery, DO
Family Medicine
Oklahoma City, OK

Alice Pangle, DO
Retired
Henriette, TX

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SHOWCASE YOUR RESEARCH

10th ANNUAL POSTER SYMPOSIUM

during the Oklahoma Osteopathic Association 2019 Winter CME Seminar

Cash awards sponsored by the Oklahoma Osteopathic Association,
Osteopathic Founders Foundation and Oklahoma Educational Foundation for Osteopathic Medicine



AWARD SPONSORS

OOA | \$2,500
OFF | \$2,000
OEFOM | \$1,500

DUE DATES

11/30/2018 | Abstracts & Posters Due
01/06/2019 | Finalists' Presentations Due
01/12/2019 | Presentations

DETAILS AT WWW.OKOSTEO.ORG

RESEARCH 10th ANNUAL POSTER SYMPOSIUM

Osteopathic medical students and residents are invited to showcase your research during the Oklahoma Osteopathic Association's 2019 Winter CME Seminar in Catoosa! All entrants must be a current osteopathic medical student or an osteopathic physician currently in a postgraduate training program. The judging panel will select first, second and third place winners, and the top three finalists will present their research Saturday, January 12, 2019. The OOA will digitally display all participants' posters at the Winter CME Seminar at the Hard Rock Hotel. All students and residents in postgraduate training programs receive free registration to the 2019 Winter CME and are encouraged to attend.

MISSION

The mission of the Oklahoma Osteopathic Association's Research Poster Symposium is to showcase current osteopathic research and stimulate interest in future research projects. This will be accomplished through the exchange of ideas and information between participants of the symposium and attendees of the OOA Winter CME Seminar.

AWARDS

- First place will be awarded \$2,500, sponsored by the Oklahoma Osteopathic Association.
- Second place will be awarded \$2,000, sponsored by the Osteopathic Founders Foundation.
- Third place will be awarded \$1,500, sponsored by the Oklahoma Educational Foundation for Osteopathic Medicine

**In order to receive award money, winners must present their research at the Winter CME Seminar.*

- All participants—whether students, interns, residents or fellows—will be eligible to win.
- All participants will receive a participation certificate and commemorative t-shirt. The three winners will receive award money and a certificate of special recognition.
- All participants are encouraged to attend the presentation of awards Saturday, January 12, 2019 as part of the OOA's 2019 Winter CME Seminar in Catoosa, Oklahoma. The OOA will reimburse up to \$100 of traveling fees for the three finalists. Receipts must be presented to Tyler Lenz by February 1, 2019.
- Research of the three winners will be published in a future edition of the *Oklahoma D.O.*



ABSTRACTS

Please read all guidelines before you submit your abstract. Abstracts must be sent to tyler@okosteo.org by 5 p.m. on Friday, November 30, 2018.

ABSTRACT REQUIREMENTS

- Only one abstract will be allowed per individual. Multiple submissions from the same person will be automatically rejected.
- Length is not to exceed 250 words. The 250-word limit applies only to the body of the abstract. The limit does not include the list of authors and their respective institutions, nor does it include the title.
- Format:
 - o Abstract should be double spaced and sent (in Microsoft Word.doc format) via email to tyler@okosteo.org. Your email should include the following information:
 - Name
 - Research title
 - Cell phone number
 - Email address
 - T-shirt size
 - Year of osteopathic medical school and school
or year of postgraduate training, specialty and postgraduate institution
 - o The title needs to be centered and bold-faced.
 - o Immediately under the title, list your name and year (OMS I, OMS II, PGY I, PGY II, etc.).
 - o List authors and their respective institution(s). The student or physician who will present the poster must be listed as the first author. The principal investigator must be listed as the last author. Only the entrant is required to be an osteopathic student or physician in training.
 - o The body must include purpose of research and brief overview on method, result and conclusion.
 - o No diagrams or tables should be included in the abstract.
 - o Do not include references.
 - o Your abstract can be about previously reported or current results. If your abstract has been previously accepted and/or presented at other conferences and/or published, please provide the following relevant information (this information will not be considered as part of the 250-word limit):
 - Conference name
 - Conference location
 - Date
 - Format or journal name
 - Journal volume
 - Journal edition
 - Journal date
 - Page numbers

Abstracts that do not meet the requirements stated above will need to be reformatted before acceptance. Individuals whose abstracts are accepted will be notified via email.

CRITERIA FOR EVALUATING ABSTRACTS

The judging panel will be evaluating the abstracts submitted based on the following criteria:

- Statement of the hypothesis.
- Clear organization of the project.
- Effective use of the scientific method is evident.
- All significant variables have been identified. Efforts to eliminate bias between control and experimental groups are clear.
- The conclusion is consistent with the data and/or observations.
- Potential pitfalls of methodology or interpretation have been addressed.
- The potential significance of the experiments is placed in the proper perspective.
- Abstract is in required form and organized, well written, concise, and readable.
- The project demonstrates a novel approach and/or idea.

POSTERS

Research posters must be received in digital format by 5 p.m. on Friday, November 30, 2018. Please send digital posters to tyler@okosteo.org.

POSTER REQUIREMENTS

- Submit digital posters in the form of a PowerPoint slide (no animations), high resolution JPEG or PDF via email by the submission deadline.
- By submitting a poster to the OOA Research Poster Symposium, you certify that the poster is your original work or—if original work conducted by you and another author—any co-authors are appropriately credited for their contribution and have been informed of the submission. Infringements will result in disqualification from the symposium.
- Any research involving human research subjects must attach a copy of IRB approval with your abstract.
- Posters should be free of commercial bias, product endorsement or marketing.

CRITERIA FOR EVALUATING POSTERS

Research posters will be judged to include the following key components:

- Clear statement of a research question
- Abstract
- Evidence to support research
- Explanation of methodology
- Graphic materials to illustrate results, such as a table or graph
- Significance of findings
- Cited references

The judging panel will judge each poster individually using the following objectives:

Quality of Argument

- Is there a clear statement of research question or relationship being investigated?
- Does the poster require additional explanation? Does it stand alone?
- Is there a logical and thorough explanation of the research question?
- Are all components of the research given appropriate levels of attention?
- Is there adequate consultation of sources cited correctly?
- Are the research objectives outlined precisely?
- Was an appropriate research methodology selected and explained effectively?
- Is the significance of findings stated clearly?

Quality of Evidence

- Is the argument well supported by extensive primary research, evidence and examples?
- Are accurate evidence and examples provided?

Use of Graphic Material

- Are figures, tables, illustrations, maps and other illustrative material used effectively?
- Are the illustrations correctly cited and presented well?
- Does the visual material integrate well into the evidence of the argument?
- Is the material presented well organized?

Relevance

- Is the research presented relevant to osteopathic physicians today?

PRESENTATIONS

Finalists will be notified by January 2, 2019. In order to receive award money, winners must present their research at the 2019 Winter CME Seminar. The first, second and third place winners will present their research for 15 minutes each on Saturday, January 12, 2019 at a time to be determined. Presentations should be free of commercial bias, product endorsement or marketing. Any supporting materials for presentations, such as PowerPoints, must be submitted to tyler@okosteo.org by 5 p.m. on Thursday, January 6, 2019.

GRANTS

As research is conducted in preparation to submit to the OOA's Research Poster Symposium, applications can be made to the OOA for reimbursement of research expenses such as the cost for materials or fees. The OOA seeks to affirm and promote ongoing research among osteopathic students and physicians in training through disbursement of 10 individual \$200 grants.

Eligibility

Grant recipients must submit an abstract and poster for the 2019 Research Poster Symposium. Grants will not be disbursed until after the November 30, 2018 submission deadline.

Application and Review Process

In order to be considered for an OOA grant, you must submit receipts for the amount requested as well as an explanation of how the materials were used in your research. The applications will be reviewed following the November 30, 2018 submission deadline to ensure the applicant is participating in the 2019 poster symposium. Applicants who meet all requirements and are selected will be awarded monies within 30 days of approval from the OOA selection committee. Grant applications must be submitted by December 21, 2018 to be considered for this year's symposium. It is possible all of the grants will be allocated prior to the December 21, 2018 deadline.

IMPORTANT DATES

- Friday, November 30, 2018 Abstracts & posters due to tyler@okosteo.org
- Friday, December 21, 2018 Grant applications due
- Thursday, January 6, 2019 Finalists' presentations due by email to tyler@okosteo.org
- Friday-Sunday, January 11-13, 2019 Posters digitally displayed throughout the Winter CME weekend
- Saturday, January 12, 2019 Finalists' presentations, time to be determined
- Saturday, January 12, 2019 Presentation of awards, time to be determined
- Friday, February 1, 2019 Deadline for finalists to submit receipts for reimbursement

QUESTIONS

Anyone with questions regarding the OOA's 2019 Research Poster Symposium can contact Tyler Lenz, Director of Membership, Marketing and Communications, at 405-528-4848 or tyler@okosteo.org.



LANA G. IVY, MBA, CFRE

CHANGES IN OPIOID LAWS AND MUCH MORE

It was a busy legislative session this past year and many of the opioid related bills that passed will affect you as a physician. Let me assure you that the OOA worked tirelessly to get the best possible outcomes for our DO physicians. As an Association we decided early on that we wanted to be a part of the solution in addressing our state's opioid epidemic without putting undue burdens on our physicians.

With this being an election year we have a lot of work ahead of us, as over three-fifths of legislators in the 2019 session will have less than four years of legislative experience, even if every single incumbent on the ballot is re-elected. That means we have to continue to educate our legislators about health care and why we know what is best for physicians and patients. We hope you will stay active and engaged. Our Bureau on Legislation is open to all members and now meets remotely in the eve-

LEGISLATIVE UPDATE

ning through a Zoom platform. Call or email our office if you would like to be added to this Bureau.

As a result of the Oklahoma Opioid Commission that was formed in the fall, 2017, there were many opioid and opioid related bills introduced this past session. Some were recommendations of the Oklahoma Opioid Commission. Following are the opioid bills that passed along with other bills the OOA was following and/or involved with during session.

- **SB 1446** addresses the over-prescription of opioids by requiring doctors and chronic- pain patients to enter into a treatment agreement. Requires a patient be staged through a limited initial prescription, a limited second prescription, and then be formally advised that continued opioid use can result in addiction. This bill also requires all physicians to receive no less than one hour of education in pain management or one hour of opioid use or addiction each year preceding application for renewal of license.
- **SB 937** includes tribal governments on the list of entities that can be investigated by the Oklahoma State Bureau of Narcotics.
- **SB 939** includes the salts, isomers, and salts of isomers of methyphenidate under schedule II drugs.
- **SB 940** adds various compounds of fentanyl to Schedule I.
- **SB 1078** adds fentanyl to the list of trafficked substances; adds penalty of \$100,000 to \$500,000.
- **HB 2795** directs medical facility owners that prescribe opioids to patients on a monthly basis to register with the Oklahoma Bureau of Narcotics and Dangerous Drugs Control annually and to pay an annual fee of \$300.
- **HB 2798** creates the Opioid Overdose Fatality Review Board and establishes duties and responsibilities of the board in reviewing opioid deaths

across the state.

- **SB 1124** requires pain management clinics to register with the Board of Medical Licensure and Supervision. It creates registration procedures for revocation and suspension of registration. The bill creates pain management clinic physician responsibilities and quality assurance requirements and provides for penalties for failing to meet such requirements.
- **HB 2796** requires manufacturers and distributors to make certain data available to the Director of the State bureau of Narcotics and Dangerous Drugs Control.
- **HB 2931** requires electronic prescribing for Schedules II, III, IV, and V. Exceptions are noted in the bill. Effective date January 1, 2020.
- **SB 1367** states that a law enforcement officer may not take a person into custody if the officer was contacted by the person in question for medical assistance (either for themselves or another person).
- **HB 3037** permits epinephrine auto-injectors to be prescribed to and administered by an authorized individual.
- **SB 1475** creates the Occupational Licensing Review Act. The bill establishes membership requirements for the 12 member Occupational Licensing Advisory Commission. The purpose of the commission is to conduct a review of each occupational or professional licensing act in the state not less than once every four years and make recommendations to the Legislature. It requires the commission to develop a four-year schedule showing when each licensing act will be reviewed.

Nurse Practitioners

SB 570 which was a cosmetology bill was replaced/substituted with language allowing full practice authority to advanced practice registered nurses (APRN) on April 26. It was authored by Senator AJ Griffin and Representative Josh Cockroft. Thanks to all the DO physicians who advocated to oppose this bill. It certainly made a difference. The bill was not heard on the floor and it died. The OOA also thanks Senators Michael Bergstrom, Julie Daniels, James Leewright, and Anastasia Pittman who opposed this bill and kept it from being heard on the floor.

Medical Marijuana

State Question 788 - The OOA opposed this question as written because it appeared to be more focused on recreational marijuana than medical marijuana. The group that wrote the question did not consult with the state's physicians' groups when crafting of this referendum, even though they claim they want physicians to decide what's best for patients. As a result, this is essentially recreational marijuana in disguise. A statewide vote on this question passed easily on June 26, 2018. The OOA is still working to make this focused on medical marijuana. The Medical Marijuana Coalition of which the OOA is a part of spoke on August 29th to the legislative working group on medical marijuana to share their concern and present their recommendations. The presentation can be viewed on the OOA's Facebook page.

Joining the OOA Bureau on Legislation is easier than ever with the implementation of Zoom, a remote video conferencing platform.

The bureau is open to all members and is a place for you to express your opinion and to keep up to date on legislative issues. The Bureau meets in Oklahoma City and by Zoom throughout the year. Zoom is very easy and allows those that can't drive to Oklahoma City to participate. All you need is a phone, I-Pad, or PC to participate remotely. All meetings are in the evening.

Please call the OOA office at 405-528-4848 and let us know you would like to join. All we need is your email address.

Support your OOPAC

OOPAC contributions provide support to legislators and legislative candidates. Please, consider a gift to this important PAC. Gifts can be made online at <https://www.okosteo.org/page/69>. Alternatively, you can visit www.okosteo.org and select "OOPAC" under the "Legislation" tab, or call the OOA office at 405-528-4848.



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no matter what your specialty,
no matter where you work,
or who you work for.”

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There are many organizations that have committed to an ongoing partnership with the OOA and provide our members with the very best service. We are proud of our partnerships and hope that you will take advantage of them as an OOA member.

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The Oklahoma Tobacco Helpline is Here for You!

Talking to your patients about quitting tobacco can be difficult, but it's important. Many patients face different challenges when trying to quit tobacco, and the Oklahoma Tobacco Helpline offers specialized assistance for support.

When female smokers find out they are pregnant, they might come to their doctor for advice on their next steps. Pregnant smokers tend to feel very nervous about quitting tobacco. Many want to quit for their baby's health, but they often think it's too late to quit or that their baby will suffer withdrawal symptoms. Advising them on the impact tobacco can have on their baby — and that quitting is the best option — can help your patients improve their health and their child's health.

The Oklahoma Tobacco Helpline provides FREE, nonjudgmental support to help pregnant women quit their own way. They can speak to a Quit Coach™, who can help them through the process. Plus, they can utilize customizable services such as text, email and phone support. Patients may need additional approval from their doctor to receive nicotine replacement therapies (NRTs).

Nearly half of all cigarettes produced are smoked by people with mental health problems. Some mental health providers and facilities may focus solely on treating the mental illness of their patients, and not their tobacco use. However, patients are often interested in quitting. Research has shown that adult smokers with mental illness can still benefit from tobacco cessation treatments. The Oklahoma Tobacco Helpline's Quit Coaches are specially trained to help those struggling with tobacco use and mental health.

The Oklahoma Tobacco Helpline is available to any and all Oklahomans who want to quit tobacco. With free services — including free nicotine replacement therapies and 24/7 quit coaching — freedom from tobacco is just a phone call away. Call 1-800-QUIT NOW or visit OKhelpline.com. Free promotional materials such as fact sheets, brochures and posters are available at OKhelpline.com. Providers can offer support in a quitting journey so patients know they have the encouragement to succeed.



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December

State Questions on the November Ballot

SQ 800: Oklahoma Vision Fund

The Legislature proposes amending the state constitution to create the Oklahoma Vision Fund, which would receive an escalating portion of state gross production taxes beginning with 5 percent in 2020. Additional money could be appropriated to the fund.

The fund would essentially be an endowment managed by the state treasurer. It would be exempt from the constitutional prohibition against investment of state funds in private equities such as shares of stock. Four percent of the fund would be apportioned annually to the general fund.

SQ 793: Eye care

The OOA opposes this state question, specifically, the process of using an initiative to change the state constitution. An initiative petition financed largely by Walmart, SQ 793 would insert language into the state constitution that would effectively override certain statutes regulating optometrists and opticians. The end goal is to allow big box retailers like Walmart to have optometrists and opticians in their stores without a so-called “second door.”

Under current law, stores that sell prescription eyewear must derive more than 50 percent of their revenue from eye care. Otherwise, eye clinics attached to a retailer must have a separate outside entrance – a “second door.”

Supporters – including large retailers – say SQ 793 will drive down prescription eyewear costs by increasing competition. Opponents – mostly optometrists -- say the proposed constitutional amendment would allow those retailers to offer lower quality of care and is unlikely to save consumers money in the long run.

SQ 801: School millages

The Legislature proposes lifting the constitutional restrictions on the permanent school millages authorized in Article X, Section 10. Currently, 10 of the 15 mills allowed must be spent on operations, and the remaining 5 mills on construction and maintenance of buildings. SQ 801 would allow local districts to decide how to spend the proceeds from the 15 mills.

Supporters say this would give schools more budget flexibility. Opponents say it will not increase overall school funding and could be used to rationalize reducing appropriations.

SQ 794: Marsy’s Law

Also known as Marsy’s Law, SQ 794 is a constitutional amendment proposed by the Legislature that would guarantee certain rights to crime victims and their families. These include expanding the opportunities for a victim to be heard during court proceedings, speedy resolution of a case, the right to talk to prosecutors and the right to refuse interviews with defense attorneys.

Victim advocates and many district attorneys say Marsy’s Law gives those affected by crime a louder voice in judicial proceedings. Opponents – mostly defense attorneys, public defenders and civil rights advocates – say parts of the proposed law undermine the principle of presumed innocence and is likely to prove expensive to implement.

SQ 798: Combined ticket

This measure, proposed by the Legislature, would change the state constitution so that the governor and lieutenant governor are elected as a “team” instead of independently, as has been the case since statehood. The process for these joint nominations is not specified in the proposed amendment and would be determined by law.



In Memorial: Deaths in the Osteopathic Family



Robert Stanley Warren, DO, the son of Virgil and Thelma (McCormack) Warren, was born on June 19, 1949 in South Bend, Indiana. Bob grew up in Cedar Falls, Iowa where he played trombone in the high school band. From high school through his young adult years, he played guitar in rock and blue-grass bands. He was drafted into the US Army, serving as a Field Radio Mechanic stationed in Korea during the Vietnam era. In the mid-1970s, he accepted Jesus Christ as his Savior through the television ministry of Billy Graham.

Bob moved to Tulsa in the summer of 1980 and began working as a biomedical technician at St. John Medical Center. A year later, Bob met Billye in a singles class at First United Methodist Church. They were married on May 28, 1983 and Bob became a father to Sunnee, age two. Bob and Billye were blessed with two more daughters, Andrea in 1984 and Cyndi in 1985.

Bob continued working at St. John while completing his undergraduate degree. At the age of 38, he began his medical training at Oklahoma State University College of Osteopathic Medicine. After graduation and postdoctoral training, Bob and the family moved to the Grand Lake area and started a family medical practice. Bob later worked for the Cherokee Nation, serving as the Medical Director for the Sam Hider Health Center in Jay, Oklahoma. Following his retirement in 2013, Bob and Billye

moved to Claremore, where they served faithfully at Destiny Life Church.

Bob is survived by his wife of 35 years, Billye Warren of the home; three daughters and sons-in-law: Sunnee and Chance Meek of Tulsa, OK, Andrea and Matthew Dzak of Centerville, IA, and Cyndi and Rob Armbrister of Claremore, OK; brother and sister-in-law, Richard and Teresa Warren of Springfield, MO; grandchildren: Levi, Abigail, Theo, and Heidi Meek; Evelyn and Josiah Dzak; Hannah and Asa Armbrister; as well as many nieces, nephews, relatives, and friends.



Calendar of Events

Dec. 6, 2018

OOA Bureaus & Board of Trustees Meetings
OSU-COM Advisory Council Meeting
Oklahoma City, OK

Jan. 3, 2018

OOA Bureaus & Board of Trustees Meetings
OOA Nominating Committee Meeting
OOA Awards Committee
Oklahoma City, OK

Jan. 11 - 13, 2018

2019 Winter CME Seminar
"Physician Well-Being"
Catoosa, OK

Jan 11, 2018

Past President's Council and District President's
Council Meeting
OOA Bureau on Legislation Meeting
Oklahoma City, OK

Feb. 7, 2018

OOA Bureaus & Board of Trustees Meetings
OSU-COM Advisory Council Meeting
Oklahoma City, OK

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