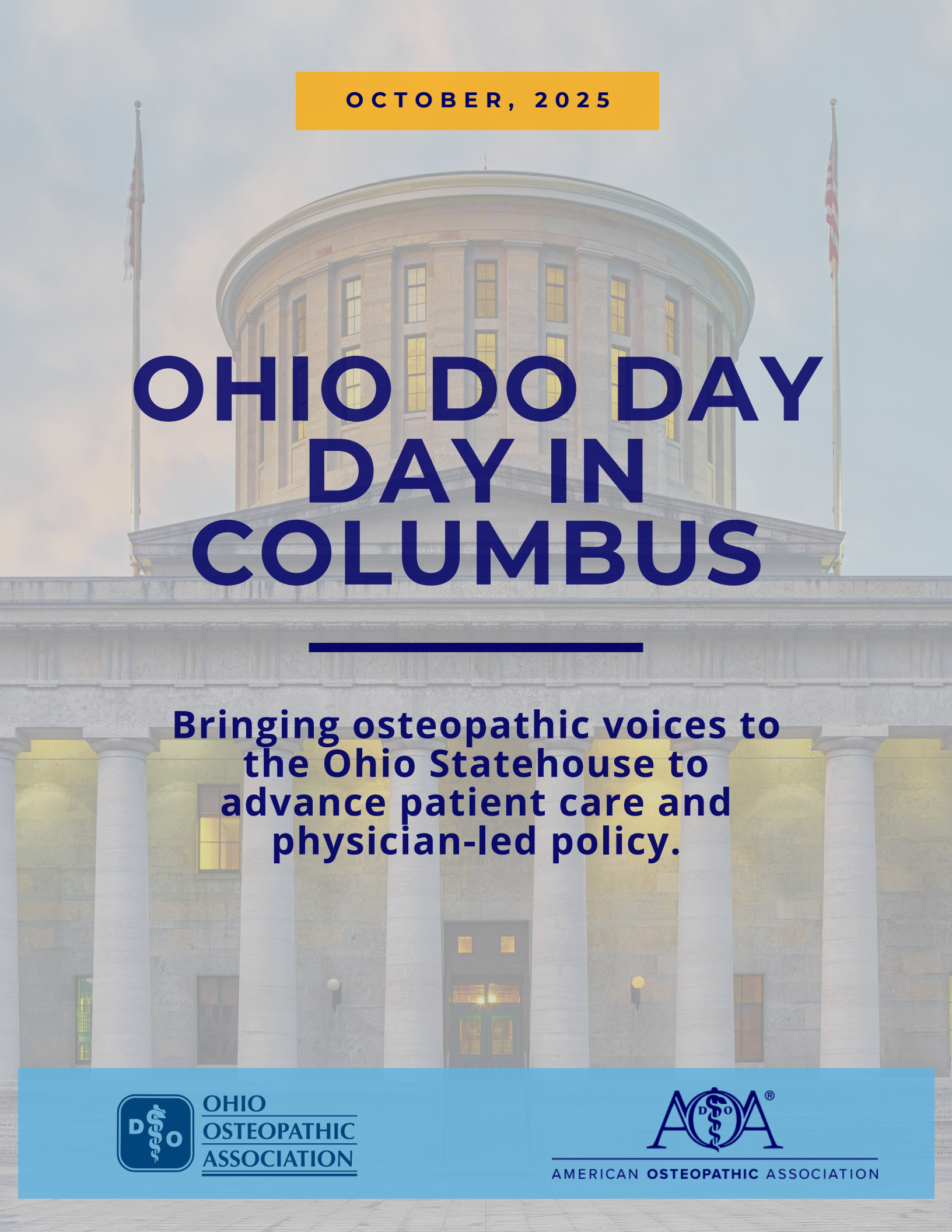

OCTOBER, 2025

OHIO DO DAY
DAY IN COLUMBUS

Bringing osteopathic voices to the Ohio Statehouse to advance patient care and physician-led policy.

OHIO OSTEOPATHIC ASSOCIATION

AMERICAN OSTEOPATHIC ASSOCIATION

WELCOME AND INTRODUCTION

The Ohio Osteopathic Association (OOA), in collaboration with the American Osteopathic Association (AOA), is proud to host Osteopathic Advocacy Day at the Ohio Statehouse - a premier event empowering physicians, residents, and students to make their voices heard on the issues shaping health care in Ohio.

This program offers a unique opportunity to engage directly with policymakers, share the osteopathic perspective on health policy, and strengthen our profession's presence at the state level. Attendees will participate in advocacy training, receive issue briefings, and meet with members of the Ohio General Assembly to discuss legislation that impacts patient care and physician practice.

By joining us, you are continuing a proud tradition of physician-led advocacy and ensuring lawmakers understand the value of osteopathic medicine. The materials in this workbook will help guide your conversations and deepen your understanding of key policy priorities.

Thank you for representing the osteopathic profession with pride and purpose. Your advocacy makes a difference - for your patients, your community, and the future of osteopathic medicine in Ohio.

Sincerely,

Edward E. Hosbach II, DO
President
Ohio Osteopathic Association

#OhioDODay25

OHIO DO DAY IN COLUMBUS

Osteopathic Advocacy Network

OHIO OSTEOPATHIC ASSOCIATION

AMERICAN OSTEOPATHIC ASSOCIATION

OHIO DO DAY 101 AND FAQs

The Ohio DO Day in Columbus provides DOs, osteopathic medical students, and the osteopathic community the opportunity to become osteopathic advocates. This year, osteopathic physicians and medical students will meet with their state lawmakers to discuss issues important to the profession. Most importantly, the profession raises its visibility amongst state policymakers as a trusted resource and advocate for high-quality patient care.

Q. What is the schedule for Ohio DO Day in Columbus?

A. On Tuesday, October 28 you and your fellow osteopathic advocates will meet with your state lawmakers at the state Capitol in Columbus, Ohio. A complete schedule for the day will be provided to all participants a few days before the event. Your final schedule will be provided to you in person. Anyone who does not check in person, is considered a "no-show" and may have their state meetings canceled.

Q. Do I schedule my own appointments?

A. No, once your registration was completed online, we matched your voting address with the Ohio General Assembly database and requested appointments with your elected state legislators. Please do not contact state legislative offices directly to schedule appointments, as this could result in confusion or the cancellation of a previously scheduled meeting for other Advocacy Day attendees.

Q. Will I meet my state lawmakers personally?

A. We make every effort to schedule meetings directly with each elected official; however, our success varies from meeting to meeting as state lawmakers have hectic schedules. Between votes, Committee hearings and meetings with other constituents, their time is scheduled to the minute. If the state lawmaker is not available, you may meet with their designated staff, who will report the details of the discussion to the lawmaker.

Q. Am I able to join my colleagues at their meetings if my schedule permits?

A. State lawmakers prefer to meet with their constituents and have been provided a list of meeting attendees well in advance of the meeting for that purpose.

Q. What if I am unable to answer a question about a particular issue?

A. Ohio DO Day is your opportunity to share your story about osteopathic medicine and to build a relationship with your elected officials. Therefore, it is perfectly acceptable to say 'I don't know' and tell the office you will follow-up with the answer. Be sure to write the question down and share it with staff when appropriate.

Q. When will I receive my schedule of appointments?

A. You will receive your Ohio DO Day schedule by Friday, October 24. However, staff is continually scheduling or moving meetings until late into the day before and during Ohio DO Day. The official schedule will be provided to you the day of.

Q. Where do I eat lunch?

A. Box lunches will be provided.

OHIO DO DAY IN COLUMBUS

Osteopathic Advocacy Network

OHIO OSTEOPATHIC ASSOCIATION

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Q. **What if I am the only person from my district?**

A. Our staff will work to review the schedules and ensure ‘ Ohio Advocacy Veterans’ are available to accompany first-time participants, so they are not alone.

Q. **What do I wear and what should I bring?**

A. Dress for the event is professional – this is a business meeting. Please keep in mind that you will be doing a lot of walking, so be sure to wear comfortable shoes. Each state office may have slightly different rules about security protocols, so be sure to bring your ID.

AMERICAN OSTEOPATHIC ASSOCIATION

DOs MAKING A DIFFERENCE IN:

OHIO

OHIO OSTEOPATHIC ASSOCIATION

CONTACT: OHIO OSTEOPATHIC ASSOCIATION

614.299.2107 hweber@ohiodo.org 53 West Third Avenue Columbus, Ohio 43201

THE DO PROFESSION

The osteopathic medical profession added more than 8,200 osteopathic physicians (DOs) to the physician workforce in 2024, and approximately 40,000 osteopathic medical students are expected to matriculate during the 2024-25 academic year. Osteopathic physicians account for 11% of all U.S. physicians and 28% of all U.S. medical students are enrolled in a college of osteopathic medicine. In total, there are more than 200,000 osteopathic physicians and medical students in the United States.

STATE PRIORITIES

- SUPPORTING PHYSICIANS AND THEIR ABILITY TO CARE FOR PATIENTS
- STRENGTHENING THE PHYSICIAN WORKFORCE WHERE IT IS NEEDED MOST
- INCREASING ACCESS TO AFFORDABLE HEALTHCARE

167,216 OSTEOPATHIC PHYSICIANS IN THE U.S.

39,942 OSTEOPATHIC STUDENTS IN THE U.S.

DOs ARE GROWING RANKS IN: OHIO

7,807 OSTEOPATHIC PHYSICIANS

978 OSTEOPATHIC MEDICAL STUDENTS

3 COLLEGES OF OSTEOPATHIC MEDICINE

1,833 FAMILY MEDICINE

1,144 INTERNAL MEDICINE

535 PEDIATRICS

46% PRIMARY CARE

54% NON-PRIMARY CARE

DOs PRACTICING NON-PRIMARY CARE SPECIALTIES IN-STATE

Emergency Medicine	735
Anesthesiology	315
Obstetrics & Gynecology	315
Psychiatry	232

OHIO OSTEOPATHIC ASSOCIATION

Preserve the Physician-Led, Team-Based Care Model

Background

House Bill 353, which would change the title of “physician assistant” to “physician associate.” Patients in Ohio deserve access to high-quality, physician-led care. Patients deserve to know who is providing their care. They are often confused about the differences between various types of health care practitioners.

Physicians Are Trained to Lead

	Physicians	Nurse Practitioners (NPs)	Physician Assistants (PAs)
Education	4 years of medical school	2–3 years graduate program	2–2.5 years
Training	12,000–16,000 clinical hours	500–720 clinical hours	2,000 clinical hours
Residency	3–7 years (required)	Not Required	Not Required

Issue

- Changing the title from *Physician Assistant* to *Physician Associate* blurs established roles.
- Using unfamiliar or ambiguous terminology reduces clarity in healthcare settings.
- Equating non-physician titles more closely with “physician” devalues distinctions in education and training.

Effect

- Patients may incorrectly assume they are being treated by a physician or someone with equivalent training.
- Patients become confused about who is responsible for diagnosis and treatment decisions.
- Could compromise patient safety when complex medical decisions are made without physician-level training.

- **Support** the physician-led, team-based model of care.
- **Oppose** House Bill 353
- **Protect** Ohio patients by ensuring care decisions are guided by the most trained member of the care team: physicians.

OHIO OSTEOPATHIC ASSOCIATION

Protect Patient Access by Reforming Non-Compete Agreements in Healthcare

Background

Non-compete agreements in health care contracts restrict where physicians can practice after leaving their workplace, often preventing them from continuing to care for their patients in the same community. These restrictions disrupt continuity of care, limit patient access, and contribute to physician shortages, especially in rural and underserved areas. By reducing workforce mobility and suppressing competition, non-compete clauses undermine physician autonomy and limit patients' ability to choose and remain with their trusted doctor. Reform is necessary to protect patient access and strengthen Ohio's physician workforce.

Problem

Despite being intended to protect business interests, non-compete clauses in nonprofit hospital contracts:

- **Limit patient access to care** when physicians are forced to relocate or stop practicing locally.
- **Restrict physician mobility**, reducing competition and innovation in health care delivery.
- **Exacerbate workforce shortages**, particularly in primary care and rural communities.
- **Undermine patient-physician relationships** by prohibiting physicians from continuing to treat their patients.

Solution

Support SB 301 - Legislation to Limit Non-Compete Clauses for Health Care Providers

This legislation would:

- restricts the terms of non-competes used by non-profit hospitals to six months' duration and a 15-mile radius..
- Ensure continuity of care for patients.
- Improve workforce retention and reduce barriers for physicians who want to stay in their communities.

Reform Non-Compete Agreements - Support SB 301

OHIO OSTEOPATHIC ASSOCIATION

End the Practice of Non-Medical Switching: Support SB 160

Background

Non-medical switching occurs when insurance companies change their list of covered medications in the middle of a plan year, forcing patients to switch from the medication that their physician prescribed to a different, insurer-preferred drug for reasons unrelated to the patient's medical needs.

This practice interrupts stable treatment plans, particularly for patients with chronic or complex conditions, where physicians may have spent years tailoring a specific medication regimen to manage their health safely and effectively.

Problem

Non-medical switching disrupts patient care and jeopardizes patient safety.

Forced changes to medication can lead to ineffective treatment or harmful reactions, resulting in complications and avoidable hospital visits. While insurers claim savings, the downstream medical costs and risks to patients are significantly higher. Patients are locked into their plans, while insurers can change coverage mid-year without accountability.

Solution

Senate Bill 160 would protect patients by preventing insurers from changing medication coverage mid-year for non-medical reasons, ensuring treatment stability and reducing avoidable healthcare costs.

We urge your support to end this harmful practice and safeguard patient care.

Support SB 160 – End Non-Medical Switching

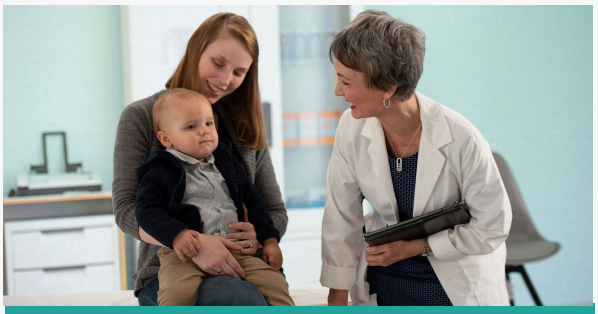
OHIO OSTEOPATHIC ASSOCIATION

Strengthen the Physician Workforce in Ohio by Supporting the Osteopathic Medicine Equivalency Act

Background

Osteopathic physicians (DOs) are fully licensed medical doctors who graduate from colleges accredited by the Commission on Osteopathic College Accreditation (COCA) and complete rigorous residency training. DOs are licensed to practice medicine and surgery in all its branches in every U.S. state, just like their MD counterparts. They often specialize in primary care and serve patients in rural and underserved areas.

DOs bring a whole-person approach to care and may incorporate osteopathic manipulative treatment (OMT), a hands-on technique to support diagnosis and healing.



Problem

Despite equivalent education and licensure, DOs sometimes face:

- Unequal recognition in laws and regulations;
- Limited access to training programs;
- Exclusion of their AOA board certifications in favor of ABMS-only requirements.

These disparities worsen physician shortages and restrict patient access to care.

Solution

The Osteopathic Medicine Equivalency Act:

- Ensures DOs have the same rights and privileges as MDs;
- Guarantees DO students equal access to state-funded training programs.
- Strengthens truth in advertising and cuts down on loophole exploitation.

The Impact

- ☑ Expands access to care in underserved areas.
- ☑ Strengthens the physician workforce.
- ☑ Supports equitable treatment for all licensed physicians.
- ☑ Aligns state law with federal standards and professional realities.

Support the Introduction of the Osteopathic Medicine Equivalency Act

IN THE GENERAL ASSEMBLY OF THE STATE OF OHIO

Osteopathic Medicine Equivalency Act

Be it enacted by the General Assembly of the State of Ohio:

Section 1. **Title**. This act shall be known as and may be cited as the "Osteopathic Medicine Equivalency Act."

Section 2. **Purpose**. To ensure adequate access to medical care, and address workforce shortages by providing universal recognition of osteopathic medical education, training, certification and practice.

Section 3. **Definitions**.

(a) American Board of Medical Specialties (ABMS) is an organization of approved medical boards representing areas of specialty medicine. Member boards certify specialists in medical specialties and subspecialties.

(b) American Osteopathic Association (AOA) is the entity that serves as the primary certifying body for osteopathic physicians and formerly served as the accrediting agency for osteopathic graduate medical education.

(c) Commission on Osteopathic College Accreditation (COCA), is an independent accrediting agency recognized by the United States Department of Education to accredit colleges of osteopathic medicine in the United States.

(d) Comprehensive Osteopathic Medical Licensing Examination of the United States (aka "COMLEX-USA") is a three-level, national exam developed by the National Board of Osteopathic Medical Examiners (NBOME) for osteopathic licensure, assessing medical knowledge, skills, and is a graduation requirement for DO degrees.

(e) Doctor of Osteopathic Medicine or Osteopathic Physician (DO) means a graduate of a COCA-accredited college of osteopathic medicine *(drafting note: insert practice act citation)*.

(f) Liaison Committee on Medical Education (LCME), is an independent accrediting agency recognized by the United States Department of Education to accredit colleges of medicine in the United States.

(g) Medical Doctor or Doctor of Medicine (MD) means a graduate of a school of medicine accredited by the Liaison Committee on Medical Education or international equivalents, as recognized in *(drafting note: insert practice act citation)*.

(h) Osteopathic Manipulative Medicine (OMM) means the application of osteopathic philosophy, structural diagnosis and use of Osteopathic Manipulative Treatment (OMT)

in the diagnosis and management of the patient, by a physician licensed to practice in this state.

(i) Osteopathic Manipulative Treatment (OMT) means the therapeutic application of manually guided forces by a physician licensed to practice in this state under (drafting note: insert practice act citation) to improve physiologic function and/or support homeostasis that has been altered by somatic dysfunction.

(j) Physician means a doctor of osteopathic medicine/osteopathic physician, or a medical doctor/doctor of medicine, as defined above.

(k) United States Medical Licensing Examination (aka "USMLE) is a three-part examination that medical students and graduates must pass to become licensed to practice medicine in the United States. The USMLE is developed and sponsored by the Federation of State Medical Boards (FSMB) and the National Board of Medical Examiners (NBME).

Section 4. **Requirements**.

(a) A person holding a license to practice medicine and surgery as a Doctor of Osteopathic Medicine shall be authorized to exercise all the same rights, privileges, duties and responsibilities possessed by licensed Doctors of Medicine in this state.

(b) Holders of MD degrees and DO degrees shall be accorded equal professional status and privileges as licensed physicians and surgeons. Any reference to "Medical doctor", "MD" or "physician" shall be deemed to include a Doctor of Osteopathic Medicine, DO or an osteopathic physician, unless any of those terms is specifically excluded; however, physicians shall only use the abbreviation corresponding with the school of medicine/osteopathic medicine from which they graduated, as outlined in the definitions

(c) Any entity that requires that the physician be granted or eligible for certification by an appropriate member board of the American Board of Medical Specialties (ABMS) must also recognize equally certification by the AOA. In the absence of explicit recognition, it shall be construed that ABMS also includes AOA.

(d) Students of colleges of osteopathic medicine and schools of medicine shall be accorded equal access (including via fees) to state funded training institutions including clinical rotations, postgraduate residency training programs and fellowships.

(e) Any reference to the USMLE (or its predecessor exams) shall also be deemed to include reference to the COMLEX (or its predecessor exams) for osteopathic physicians, unless specifically excluded.

Section 5. Effective. This Act shall become effective immediately upon being enacted into law.

Section 6. **Severability**. If any provision of this Act is held by a court to be invalid, such invalidity shall not affect the remaining provisions of this Act, and to this end the provisions of this Act are hereby declared severable.

Meeting Introduction

INCLUDE THE FOLLOWING: [NAME, ORGANIZATION, LEADERSHIP ROLE, RELEVANT GEOGRAPHICAL INFORMATION]. Thank you for meeting with us. We are here on behalf of the Ohio Osteopathic Association and the American Osteopathic Association, which represents more than 200,000 osteopathic physicians and osteopathic medical students. Today we are meeting with Ohio lawmakers to discuss issues of great importance to medical students, physicians, and our patients.

- **PARTICIPANT #1**: Thank you for taking the time to meet with us today.
- My name is PARTICPANT NAME, I am an osteopathic SPECIALTY physician (OR STUDENT) from COMMUNITY, STATE here on behalf of the OOA.
- **PARTICIPANT #2**: My name is PARTICIPANT NAME and I am an osteopathic SPECIALTY physician (OR STUDENT) from COMMUNITY, STATE.
- We are part of a group of osteopathic physicians and medical students from around the state of Ohio to discuss issues that are important to physicians and medical students and support patient access to care in our state and across the country.
- Our focus today is on three important healthcare issues:

Changing the Title of “Physician Assistant” to “Physician Associate”

- The first issue we would like to discuss is House Bill 353, which would change the title of “physician assistant” to “physician associate.”
- Patients deserve to know who is providing their care. They are often confused about the differences between various types of health care practitioners.
- Ambiguous terminology used by health care practitioners, as well as misleading advertisements, only serve to increase patient confusion. As a result, patients often think they are seeing a physician when they are not.
- Patients have an even harder time identifying the qualifications for specific professions. For example, in patient surveys, many believe that optometrists, psychologists, and doctors of nursing practice are physicians, and changing PAs’ title, which patients understand to mean “physician assistant,” to a title that patients do not recognize, only serves to further confusion.
- We believe that all provider groups bring value to the patient care team; however, only physicians complete comprehensive medical education, training, and competency demonstration requirements, which uniquely prepare them for the unlimited practice of medicine and oversight of the patient care team.
- There is a significant difference in the amount of education and training that PAs and physicians receive.
- However, changing their title to “Physician Associate” may lead patients to believe they are going to be seeing another physician, rather than a PA. This is misleading and prevents patients from being able to make informed choices about who provides their care.

- Again, we want to emphasize that PAs are a valuable part of the medical care team for patients. They help us provide accessible, patient-centered, coordinated care.
- However, roles within the medical care team must be clearly labeled and defined so that they are readily understandable and empower patients to make appropriate healthcare decisions for themselves.

To that end, we ask that you support healthcare truth in advertising by voting NO on House Bill 353.

End the Practice of Non-Medical Switching: Support Senate Bill 160

- Another important issue we'd like to discuss is the harmful practice of "non-medical switching," which Senate Bill 160 seeks to eliminate.
- Non-medical switching is when insurance companies or other payers change the list of medications they will cover in the middle of the plan year, forcing patients to switch from their current medication to a different medication for reasons completely unrelated to their health. This "bait and switch" comes at the cost of the patient's health and safety.
- Unfortunately, non-medical switching is a common practice that can have a significant and potentially dangerous impact on a patient's health, especially for patients with chronic or complex conditions.
- Physicians may spend years of trial and error finding a treatment regimen that effectively manages a patient's condition, carefully balancing the patient's unique medical history, comorbidities, and any side effects from drug interactions.
- Non-medical switching not only disrupts the patient's treatment regimen but can also adversely affect the patient's health. The new medication could worsen the condition, create adverse reactions, and even cause life-threatening events, leading to emergency room visits and hospitalizations.
- Insurance companies claim that the practice of non-medical switching generates cost-savings and keeps insurance premiums down, while in reality, the costs generated by non-medical switching are much higher than any purported savings: emergency room visits, hospitalizations, additional treatment trials, and time spent by physicians convincing insurance companies to provide necessary medication are extremely costly.
- From a contract standpoint, it is also an unfair business practice: insurance companies can change the terms of a contract in the middle of a plan year, but patients have little leverage to fight against this change.
- Senate Bill 160 would alleviate the costs of non-medical switching both to patients *and* to our healthcare system by prohibiting health insurers from changing the terms of their contract in the middle of a contract year; therefore,

We strongly encourage you to support Senate Bill 160.

Limiting Non-Compete Agreements for Health Care Practitioners: Support SB 301

- The third issue we would like to talk about today pertains to non-compete agreements for physicians and other healthcare practitioners.
- Currently, non-compete agreements (also known as restrictive covenants) are common in contracts for health care professionals. Employers claim they are necessary to prevent healthcare professionals from leaving and taking a job with a competitor nearby, and there is little room for prospective employees to object or negotiate.
- In reality, many of these agreements are overbroad, and not only interfere with the physician-patient relationship and continuity of care, but they also exacerbate provider shortages in regions or communities that are already underserved.
- In order to comply with the conditions set forth in a typical restrictive covenant, if a healthcare provider leaves their employment, they are forced to relocate outside the restricted area, which usually results in their patients having to find a new provider who does not know their history, if they are even accepting new patients at all.
- It also often forces providers to uproot their families and move to a different location, or practice in a different field than their chosen specialty, which creates unnecessary limitations and hardships.
- In short, non-compete agreements are inherently anti-free enterprise. They hinder fair market competition and prevent an individual's ability to earn a living as they choose.
- Senate Bill 301 helps to address this issue by restricting the terms of non-competes used by non-profit hospitals to six months' duration and a 15-mile radius.
- By implementing reasonable restrictions on non-competes, SB 301 protects employers' interests while ensuring that these agreements are used in a manner that does not unnecessarily harm patient care or place an unreasonable restraint on trade.

We believe that Senate Bill 301 is an important step in the right direction to protect Ohio's patients and the sustainability of its health care workforce. Therefore, we urge you to support Senate Bill 301.

Recognizing Equivalency between DOs and MDs: The Osteopathic Medicine Equivalency Act

- The final issue we would like to talk about today is our model bill, the Osteopathic Medicine Equivalency Act, which helps to celebrate the contributions that osteopathic physicians (or DOs) make to Ohio's healthcare system and ensure equal recognition for DOs and MDs, our allopathic counterparts.
- The US medical model is unique in that it trains two types of physicians for the unlimited practice of medicine – DOs and MDs.

- Both complete the same core educational and training requirements, and many go on to sit for optional certifying board exams, which serve as a mark of excellence in a given specialty.
- In addition to these core requirements, DOs *also* complete 200 hours in osteopathic principles and practice, which provides them with an additional tool for treating patients via a hands-on approach to care.
- The osteopathic philosophy, and the fact that many DO schools are located in rural or underserved areas – including the Ohio University Heritage College of Osteopathic Medicine in Athens – means that DOs enter primary care specialties and areas of high need at a disproportionately high rate compared to MDs.
- Although DOs currently make up 11% of physicians in the U.S., 40% of physicians serving in rural areas are DOs, and more than half of DOs practice primary care medicine, which includes family medicine, internal medicine, and pediatrics.
- Despite the immense value that DOs bring, particularly to patients in rural and underserved areas, their credentials have inadvertently been left out of some legacy statutes and regulations.
- Weak truth-in-advertising laws allow unregulated providers to use misleading titles, leading patients to believe they are being treated by a licensed physician when they are not, leaving them at risk and with little recourse if harm occurs.

For these reasons, we urge your support for the Osteopathic Medicine Equivalency Act, which affirms the equal credentials of DOs and MDs and protects patients from misleading claims by unlicensed or unrecognized providers.

Closing

Thank you again for taking the time to meet with us. Today, we have leave-behind materials for your office, which provide additional details on these issues and the osteopathic profession. Please let us know how we can be a resource on these and other healthcare issues. We look forward to working with you.

M Y N O T E S