



GEORGIA OSTEOPATHIC  
MEDICAL ASSOCIATION  
1902

## Your monthly GOMA news & update

Welcome to GOMA's monthly newsletter where you can stay up-to-date on the latest osteopathic news and happenings in the GOMA community.



COUNTING DOWN TO:

### GOMA's Annual CME Conference November 6-8, 2020

Friday 11/6: (1-5:30 pm)  
Sat & Sun 11/7 & 8: (8 am - 1:30 pm)

## REGISTER NOW

AN ONLINE EVENT

REGISTRATION FEES for FULL 3-DAY EVENT  
\$425 member / \$550 non-member / \$0 student registrants

offering 14 hours of AOA Category 1-A CME

The Georgia Osteopathic Medical Association is accredited by the American Osteopathic Association to provide osteopathic continuing medical education for physicians.

GOMA designates this program for a maximum of 14 of AOA Category 1-A credits and will report CME and specialty credits commensurate with the extent of the physician's participation in this activity.

**Don't Miss Out**

**UPDATE! See the detailed Agenda for GOMA Fall CME Conference via ZOOM November 6-8 November.**

The GOMA Fall CME Conference is a great way to earn 14 hours of CME. Starting Friday afternoon at 1pm on November 6th and Saturday/Sunday mornings on the following days will allow doctors to get high quality CME but no more than 5 hours at a time which make it easier on the body. It allows doctors to still enjoy the weekend and get that CME that is needed.



One change in the agenda since we last wrote about the conference is that Kevin Treffer, DO, FACOPF will be presenting “OMM Workshop: The Application of Osteopathic Concepts and Principles for Lower Respiratory Illness in the Age of COVID-19”.

Dr. Treffer is Chair of the Osteopathic Manipulative Medicine Department at the Kansas City University of Medicine and Biosciences. He plans on discussing how osteopathic medicine was helpful to patients during the 1918 Influenza Pandemic and theories of how those techniques can help patients get back to fully functional lives after COVID infection. Go to [https://goma.org/2020\\_annual\\_conference](https://goma.org/2020_annual_conference) to get the full agenda and more details on this great opportunity including biographies of the faculty and learning objectives of each presentation. The Zoom platform allows faculty to come from around the country to present the latest information on timely subjects so GOMA is certain that you will find it worthwhile.

## Health Care Waivers & Other 2020 Legislation Updates



Rather than expanding Medicaid for Georgians under the 100% poverty threshold, Governor Brian Kemp submitted a proposal for an alternative. On October 15th, **the 1332 waiver plan** was greenlighted by the Trump administration. While it is possible that Kemp’s plan will be challenged in court, the plan has multiple facets. Thousands of Georgia’s poor and uninsured adults who meet a work or activity requirement will soon be eligible for Medicaid, with perhaps 50,000 added to the rolls within two years. Within three years, hundreds of thousands of Georgians with individual health insurance plans may see noticeable drops in their premiums: 25% or more for higher-income rural residents, perhaps 4% for Atlantans. At the same time, the 400,000 Georgians who bought individual health insurance plans on the federal healthcare.gov Affordable Care Act shopping website will find they can’t do that anymore. Instead they will be directed to contact information for private brokers or insurance companies. And more than 350,000 very poor, uninsured Georgia adults still won’t meet Georgia’s requirement for Medicaid.

“The status quo is simply unacceptable,” Kemp said, citing the state’s high premium costs, paltry number of insurance options, and high level of uninsured people – second-worst in

the nation. “This opportunity will help hard working Georgians climb the ladder, while having a health care safety net below them,” he said. “We are making insurance accessible for those who need it the most.”

Earlier in the year Governor Kemp signed quite a few of the health care laws that we had featured in previous newsletters, but a couple of the Georgia Senate bills stalled in the Georgia House (SB 352 requiring insurers to cover physician charges at in-network rates even if the provider departs the network, and SB 323 regarding rules of sedation use in dentist offices & MediSpas).

**HB 987** is now known as Act 403 and became effective June 30, 2020. HB 987 increases training requirements and safety protections for seniors in private-pay assisted living communities and large personal care homes. It would also increase fines for abuse and neglect in homes.

**HB 791** is now known as Act 590 and became effective August 5, 2020. HB 791 allows pharmacists to convert a maintenance medication prescription from a 30-day supply to a 90-day supply up to the quantities that have been authorized through refills by the physician – although this would not be permitted on the initial fill of the prescription or whenever the physician specifies that the refills should not be combined.

**HB 888** is now known as Act 470 and becomes effective January 1, 2021. HB 888 will 1. set the price that should be paid for out-of-network emergency care and unanticipated out-of-network non-emergency care at A) the previously contracted rate between the provider and the insurer or B) the 2017 median contracted rate, adjusted annually according to the Consumer Price Index (CPI) – whichever is greater – and paid without the need for prior authorization and without any retrospective payment denials; 2) allow a patient to choose out-of-network elective care by consenting in writing and orally at least 48 hours in advance with an estimate of the charges; 3) require an insurer to use the most recent in-network contract rates as the initial payment for a physician/provider when a contract is terminated without cause by the insurer or with cause by a physician/provider within one year of the effective date of the legislation; 4) establish a “baseball-style” arbitration system (i.e., the insurer and physician/provider would each submit a payment amount and an arbitrator would choose one of the numbers and the “loser” would pay the arbitration costs and the bundling or batching of claims would be allowed, with no thresholds).

**SB 303** is now known as Act 567 and becomes effective July 1, 2021. SB 303 will require health insurers to make certain patient cost comparison information available on an interactive and publicly accessible website. This legislation would allow patients to 1) see how much in-network physicians are paid by insurers and 2) see the average amount that in-network physicians actually agree to be paid by insurers and 3) get an estimate for how much out-of-pocket money they will owe their physicians/providers and 4) compare quality metrics for the physicians/providers that are in their network in major diagnostic categories, adjusted for risk and severity.

**SB 359** is now known as Act 588 and became effective August 5, 2020. SB 359 allows 1) set the price that should be paid for out-of-network emergency care and unanticipated out-of-network non-emergency care at 1) the previously contracted rate between the provider and the insurer or 2) the 2017 median contracted rate, adjusted annually according to the Consumer Price Index (CPI) – whichever is greater – and paid without the need for prior authorization and without any retrospective payment denials and 2) allow a patient to choose out-of-network elective care by consenting in writing and orally at least 48 hours in advance with an estimate of the charges and 3) require an insurer to use the most recent in-network contract rates as the initial payment for a physician/provider when a contract is terminated without cause by the insurer or with cause by a physician/provider within one year of the effective date of the legislation and 4) establish a “baseball-style” arbitration system (i.e., the insurer and physician/provider would each submit a payment amount and an arbitrator would choose one of the numbers and the “loser” would pay the arbitration costs and the bundling or batching of claims would be allowed, with no thresholds).

**SB 321** is now known as Act 563 and becomes effective January 1, 2021. SB 321 will change the rules allowing P.A.s and N.P.s to not be limited where they practice being near their supervising physician, and additionally it revises the number of P.A.s and N.P.s a physician can authorize and supervise at one time from four (4) to six (6).

**SB 359** was called the Surprise Billing bill and is now known as Act 588 and became effective August 5, 2020. We featured it earlier in the year since John Sy, DO was so involved in pushing it through the legislature. In summary, SB 359 1) provides for certain consumer protections against surprise billing; 2) provides mechanisms to resolve payment disputes between insurers and out-of-network providers regarding the provision of healthcare services; 3) requires the department to provide for the maintenance of an all-payer health claims data base; 4) provides for in-network cost-sharing amounts in healthcare plan contracts; and 5) establishes an arbitration process.

## From the Field

### FIGS Scrubs Controversy #womenDOctors



Sandra Holseth, DO, left, FIGS ad, center, and Lindsay F. Dowis, DO, right

*In mid-October, an advertisement for FIGS, a medical apparel company, showed up on social media that was insensitive to female osteopathic physicians.*

The short [YouTube video](#) shows a woman reading *Medical Terminology for Dummies* while holding the book upside down and wearing neon pink scrub pants. As the camera gets a closer look at the waist and drawstring, one can see that the name tag label shows that she is D.O.

Osteopathic female physicians were upset. #boycottfigs was one of many of the responses on social media. Sandra Holseth, DO [pictured far left above] who recently returned to Georgia in August is one of the many who are encouraging others to boycott FIGS clothing. Dr. Holseth admits that she has never bought clothes from FIGS previously, but that she had been close to purchasing from them when she immediately resolved to not give them her business. After seeing the advertisement by FIGS, Dr. Holseth “was truly disappointed and shocked” adding “I have a lot of friends that have worn FIGS and love them. They are good quality scrubs, good cuts and comfortable from what people have told me. I also was under the impression that the company is owned and run my female medical personnel. So to have them put out an ad like that is so disgusting to me. That they would disrespect their own kind. I was also hurt that ads like this are published, especially with the times we live in and the struggles that women in medicine have overcome.”

Some of the GOMA members may have heard of Sandra Holseth, DO. She got her D.O. degree at the Georgia Campus of PCOM in 2015, and then made news as the 2017 Outstanding Resident of the Year in OMM awarded by the American Osteopathic Foundation and the American Academy of Osteopathy while she did her Family Medicine/ Neuromuscular Medicine Integrated residency at Larkin Community Hospital (FL), and then spent another year of postgraduate training at NOVA Southeastern University doing a Sports Medicine Fellowship. She had played college rugby at the University of Minnesota – Duluth when she experienced osteopathic manipulative medicine as a patient after an injury on the field. Dr. Holseth is currently practicing Family Medicine, Sports

Medicine and doing OMT. “I am at St. Francis Emory Columbus Clinic. I do all family medicine full spectrum, no OB. I do nonsurgical orthopedics/ full spectrum sports medicine. I incorporate OMT in all aspects.”

Another graduate of PCOM – Georgia (2010) who was upset is Lindsay F. Dowis, DO (pictured far right above) Dr. Dowis said, “I was a bit in disbelief. It was so overtly wrong...I had to look a few times to really get what I was seeing! The silly portrayal of a female physician, zoomed in on as a DO, a little sexualized, not only an upside down book but “for dummies” series...everything about it was tasteless.” Dr. Dowis who is originally from Pinehurst, North Carolina and attended UNC – Chapel Hill to get her dual degrees in Biology and Chemistry went on to complete a family practice residency at Medical College of Georgia in Augusta. She and her husband Jeff own two urgent care/primary care practices in Dahlonoga & Clarkesville, and she notes an increase in scrubs use due to doing COVID-19 testing at their offices. But Dr. Dowis won't be buying her scrubs from FIGS; she is supportive of the boycott. “I think it's more than appropriate and plan to continue inevitably. Truly, was getting ready to order my first pair [from FIGS]”.

FIGS posted a response on their website saying “A lot of you guys have pointed out an insensitive video we had on our site – we are incredibly sorry for any hurt this has caused you, especially our female DOs (who are amazing!) FIGS is a female founded company whose only mission is to make you guys feel awesome. We dropped the ball and and (sic) we are so sorry. We love you guys and we'll always listen to what you have to say!” Some female doctors were unimpressed that the apology used the word “guys” and felt that the “sorry for any hurt this has caused you” was disingenuous.

Within hours, the AOA CEO Kevin Klauer, DO, responded with “REMOVE YOUR DO offensive web ad immediately or the AOA will proceed promptly with a defamation lawsuit on behalf of our members and profession”. He also commented in another post “How offensive to DOs, women physicians, women leaders and especially women who are osteopathic physician leaders. My friends and colleagues, we will not allow you to be disrespected.”

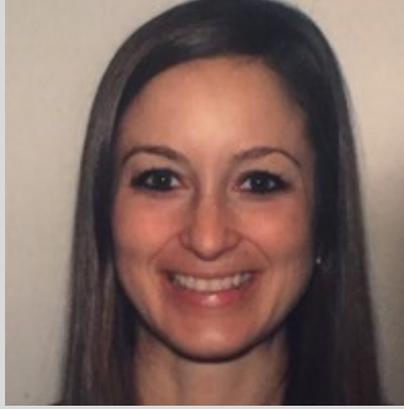
FIGS agreed to donate \$100,000 to the AOA as support of diversity in medicine project, but that did not necessarily satisfy these female osteopathic physicians. “I have no respect for this company and will never support them. It's like a payoff. ‘Oh we messed up, so sorry, let me give you money’...because that makes everything better,” said Dr. Holseth. Dr. Dowis felt similarly, “Their initial apology, no...it was basically ‘we are sorry you are upset.’ Their second apology was much better. Honestly I'd still like to know who approved it and what the reasoning was behind thinking it was comical/appropriate.”

GOMA respects the female osteopathic physicians in Georgia. GOMA's position on gender balance is reflected in its Executive Board as well as the faculty for its CME programs, and GOMA's web site has a link to the 2017 WEDU documentary about how osteopathic medicine was the first branch of medicine to allow females to become physicians. GOMA respects the competence and intelligence of our female D.O.s.

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## Let's DO it Right!

**CDC Doctor Talks Travel Tips Amid COVID-19 Pandemic**



Edited from a TravelPulse article by Janeen Christoff dated 8/17/2020 (Kristina Angelo, DO, pictured above)

As we approach Thanksgiving and holiday travel, many people are once again confronted with the perils of vacationing during a pandemic and the inherent risks that come with travel these days.

TravelPulse spoke one on one with Kristina Angelo, DO in the CDC's Travelers' Health Branch to find out what types of travel are safe, if any, during a global health crisis and while the CDC does recommend staying at home, they do have guidance on how those who choose to travel can protect themselves.

"We say all types of travel increase your risk of getting or spreading COVID-19," said Angelo. "Our recommendation is that you stay at home. You can get it during any form of travel.

"The issue is also that people can feel well and not have symptoms but still spread it so any mode of transportation becomes a way that you can spread the disease, especially if you and your travel companions don't live in the same household, are children or in vulnerable populations," she added.

***Here is the complete interview with Angelo on travel safety:***

TravelPulse: Are there certain types of travel that are safer than others?

Dr. Kristina Angelo: We don't really differentiate between the types of travel, but we do create a series of questions on our website that march people through the process of if a trip should be embarked upon.

The first question is 'Is COVID-19 spreading where you are going?' Obviously the more cases at your destination the more you are likely to get infected and spread it to others. 'Do you live with or are traveling with someone who is in those high-risk groups?' Obviously you don't want that vulnerable person to be placed in an unfortunate situation or are you in a high-risk group.

We have seen a lot of states that have requirements and restrictions now for people coming in and mask requirements and some states are requiring quarantines, so we recommend checking.

TP: When you do go and travel, what are the best ways to protect yourselves?

KA: Wear a mask, keep your nose and mouth covered in a public setting, avoid close contact and stay six feet apart, which I measure with two arm lengths.

It's important to wash your hands, use hand sanitizer, stay away from people who could be ill, and don't touch your eyes, nose or mouth.

TP: How far off are we from rapid testing and do you see that as something that would help? Do you think that would alleviate some of the stress and would people be able to travel more?

KA: There are new tests in the pipeline but it is hard for me to say how that would impact

travel because we don't know currently how sensitive the tests would be, meaning how good is it at detecting infection.

## GOMA nominated for AOA COVID-19 Initiative Award

GOMA has been nominated for a COVID-19 Initiative Award through the American Osteopathic Association. The nomination included the impressive job that GOMA did informing osteopathic physicians, legislators and the general public about every facet of the COVID-19 pandemic.

In March, GOMA immediately began an information campaign to educate about the novel coronavirus. "Flatten the curve" was a common term in those early days. An animation of how to slow the spread of the virus by staying out of circulation and how the curve did indeed smooth out the numbers. That animation was shared from GOMA's Facebook page 210 times. When practices and hospitals were struggling getting PPE shortages, GOMA shared techniques to reuse PPE safely as well as ways to reduce spoilage by moving IV pumps away from the bedside. As pockets of COVID-19 developed in different counties, GOMA gave weekly summaries so that practicing physicians had access to the patterns of spread. GOMA President Elect Karen Turner, DO spoke to the state legislators about the pandemic and ways to keep themselves and their constituents safe. GOMA also wants to keep the osteopathic community of Georgia mentally well, and featured mental health hotlines. GOMA used its Facebook page almost daily as well as its monthly newsletter to share information as well as telling the stories from the field.



**"We as women should shine light on our accomplishments and not feel egotistical when we do. It's a way to let the world know that we as women can accomplish great things!"**

– Dolores Huerta, co-founder of National Farm Workers Association with César Chávez



**Support GOMA!**

*Helping your professional society,  
and the osteopathic community weather these  
uncertain times.*

**CLICK HERE to: Renew or Join GOMA!**

## DO'ing for Others...

With many college and high school pre-med students across the state, GOMA is seeking practicing osteopathic physicians across all specialties and regions of the state for mentoring opportunities. These opportunities can be as limited as a student-physician phone call or as involved as shadowing and longitudinal mentorship. GOMA is not looking for particular levels of commitment, simply a list of physicians who would be willing to help students. Please email Executive Director, [Valerie Okrend](#) indicating your interest including your preferred level of mentoring for students.

Your information will not be explicitly listed on the website for privacy, rather, GOMA will facilitate the start of communication between physician and student. The objective is for GOMA to reach out to students to learn about osteopathic medicine and provide networking opportunities."



**Physician Support Line**  
Free Confidential Peer Support Line by  
Volunteer Psychiatrists for US Physician Colleagues  
during the COVID19 Pandemic

**1-888-409-0141**  
NOW LIVE

7 days a week  
8am - 12am EST

[www.physiciansupportline.com](http://www.physiciansupportline.com)

The graphic features a dark blue background with a silhouette of a person standing in a doorway, looking out. The text is white and arranged in a clear, hierarchical layout.

On April 6, 2020, a free confidential peer support line by volunteer psychiatrists was started. It is supported 8 AM to Midnight seven days a week. **(See left)**

Mona Masood, DO is a general adult psychiatrist in the greater Philadelphia area is the founder and chief organizer of the Physician Support Line.

[Visit our website](#)