



GEORGIA OSTEOPATHIC  
MEDICAL ASSOCIATION  
1902

## GOMA News & Updates

Volume 36, February 2022

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

### KPCOM Friendship Flowers into Love for Floyd Intern Rachael Candela, DO



Casey proposes to Candela atop a rooftop restaurant in New York.



*Truncated version of article in KPCOM's COM Outlook Fall 2021 by Scott Colton, B.A., APR*

Their recollections of when they first laid eyes on each other may differ, but that's about the only discordant detail shared by class of 2021 graduate Rachael Candela, DO, and class

of 2020 alumnus Derek Casey, DO, who met and fell in love while doing their clinical rotations at Nova Southeastern University's (NSU's) Dr. Kiran C. Patel College of Osteopathic Medicine (KPCOM).

Although they officially met at Broward General Medical Center in Fort Lauderdale, Florida, Casey recalled Candela making an immediate impact on him during a student meeting at the Fort Lauderdale/Davie Campus. "My first memory of Rachael was when she introduced herself as the incoming president of the KPCOM's Geriatrics Club," he said. "We didn't introduce ourselves to each other, but Rachael had to say a few words to the group. I instantly felt drawn to her, her shyness but willingness to be a leader, and her smile. I thought she was adorable."

Candela's initial interaction with Casey at Broward General Medical Center in the summer of 2019 was pleasant but didn't set her heart racing or her mind conjuring thoughts of matrimony. "It was the first rotation of my third year, and I was with another third-year student waiting for the internal medicine residents to meet us. We were sitting at a table, and in walks Derek," she recalled. "He introduced himself as a fourth-year student who would be rotating with us that month. I remember initially feeling intimidated having him there and knowing he knew a lot more than I did, but the three of us bonded quickly."

During the next few months, as the pair spent more time together, a true friendship blossomed. Casey, however, yearned for more. "We started off being good friends and fellow students on our clinical rotations. Rachael was actually in a relationship at the time, so I knew she was off limits," he explained. "I was drawn to her and really enjoyed spending time together at the hospital, but I obviously couldn't ask her out. Finally, about six months into our friendship, she became single. I wanted to be there to support her as a friend, but I really liked her." According to Candela, she initially resisted Casey's overtures to go on an actual date for fear of ruining their friendship. "I really liked being his friend and didn't want to lose that," she said. "But I finally agreed to go to a Florida Panthers hockey game with

him, and he ended up kissing me at the end of the date. After that, we were inseparable.”

By the time Casey graduated from the college in May 2020, the couple had fallen deeply in love. Fortunately, their burgeoning relationship was able to flourish, as Casey launched his internal medicine residency training at Broward Health Medical Center while Candela completed her fourth year at NSU’s KPCOM, which allowed them to remain geographically intact.

In March, after Candela successfully matched into the family residency program of her choice at Floyd Medical Center in Rome, Georgia, the couple and several friends decided to celebrate by taking a trip to New York. “I knew I wanted to ask Rachael to marry me before she started the hustle and bustle of residency. I was in the process of buying the perfect ring and thinking of the perfect place to propose when one of Rachael’s friends suggested we go to New York to celebrate the residency match,” Casey explained. “I knew that New York would be the ideal place to propose,” he added. “Rachael sent me suggestions of places to eat and visit while in New York, and she mentioned this cute rooftop restaurant where you can rent your own ‘igloo.’ It took a lot of coordinating with Rachael’s friends and a few fibs to throw Rachael off my trail.”

Casey’s subterfuge had worked. The next day, after visiting the Statue of Liberty, the duo had lunch with their friends at a rooftop restaurant called The Greens. “Assuming my friend had made these plans, I had no idea that when we went to take pictures of the city view, it was a setup to capture the moment of Derek’s proposal. I’m usually good at figuring out surprises, but I had no idea. It was perfect.”

Although they will be spending the next few years apart as they complete their residency programs in different states, they’re already doing preliminary planning for their wedding, which is scheduled to occur at some point in 2022. “I am sad to be away from Derek for two years while he finishes up in Florida, but I am so lucky to have a significant other who understands and supports my career choices,” Candela said.

Candela and Casey, who love animals and are interested in pursuing careers in both inpatient and outpatient primary care when they complete their residency training, are aware of how fortunate they are to have each other to love and lean on in the months and years ahead. “Because of our relationship, I think the biggest change in my life is the improvement in my mental health,” Candela revealed. “Our career path creates so much stress, so having someone who listens to you vent and helps you relax is more than I could ask for.”

“A big part of why our relationship works so well is because we enjoy a lot of the same hobbies. We have become scuba certified, gotten into rock climbing, hiked mountains, and binged countless television series together,” Casey explained. “Being adventurous and enjoying our time together has paved a lot of the changes in our lives. I think the most profound change in my life is knowing what my future holds. Finding someone who has the same ideals and prospects has allowed me to simply be happy in the present and not stress so much about the unknowns of the future.”

## Love is in the Hair: A Q&A with Joseph Dyer, DO



Hair loss or alopecia can have major impact on self-esteem of patients. And it has been said that self-love is the first ingredient to a romantic relationship. So, we caught up with Joseph “Joe” Dyer, DO, FAAD who is a dermatologist in Peachtree City, south of

Atlanta. Dr. Dyer works for Epiphany Dermatology there. He described his practice by saying, “I see patients of all ages – from newborns with infantile hemangiomas to centenarians with stasis dermatitis. My special interest is medical dermatology, but I also love surgical dermatology.” He graduated from PCOM –

Georgia in Suwanee in 2013, and completed a 1-year traditional rotating internship at Delaware County Memorial Hospital in Drexel Hill, Pennsylvania, followed by a 3-year dermatology residency at Largo Medical Center in Largo, Florida. He summarized his residency when he said, "Learning about skin disease in the 'Sunshine State' allowed for wide exposure to skin cancer diagnosis and treatment." Besides his clinical practice, Dr. Dyer serves as a Clinical Assistant Professor in the Department of Internal Medicine at GA-PCOM.

Dr. Dyer's responses to our questions about hair loss are indicated by **JD**:

**Q.** *Describe pearls that a clinician should look for when looking at the scalp of a patient with hair loss.*

**JD:** A chief complaint of hair loss is an opportunity for an astute clinician to practice detective skills. While a few types of alopecia may be "augenblick" diagnoses, a good history must be coupled with a close clinical exam. I use a dermatoscope to look for miniaturized hairs (androgenic alopecia), tapered "exclamation hairs" (alopecia areata), perifollicular erythema (lichen planopilaris), or loss of follicular ostia (cicatricial alopecias). If warranted, a diagnosis may be supported by a potassium hydroxide test (for tinea capitis), laboratory studies (alopecia associated with thyroid dysfunction, iron deficiency, or vitamin D deficiency), or a scalp biopsy. To allow for adequate analysis, a scalp biopsy should be a punch biopsy with minimum diameter of 4 mm.

**Q.** *Androgenic Alopecia: most clinicians are familiar with 5-alpha-reductase inhibitors and Minoxidil. Where do you see their role?*

**JD:** Yes, currently only 2 medications are FDA-approved for androgenic alopecia: topical minoxidil and oral finasteride. The standard starting point of therapy, topical minoxidil is available as an over-the-counter solution or foam in 2% or 5% concentrations. Hair growth peaks after 6 to 12 months and is more



appreciable on the crown than frontotemporal scalp. I commonly discuss adding oral finasteride at 1 mg once daily in adult men with androgenic alopecia. I counsel that sexual side effects, including erectile dysfunction, are reported and may persist after discontinuation. I do discuss that finasteride may artificially lower levels of prostate-specific antigen. Oral finasteride also improves crown hair density moreso than the frontal scalp. Combining topical minoxidil and oral finasteride may yield superior results over monotherapy.

**Q.** *While most clinicians are familiar with bimatoprost (Latisse) for eyelashes, what is the status of it for Androgenic Alopecia?*

**JD:** While topical bimatoprost 0.03% is only FDA-approved for hypotrichosis of eyelashes, I do use it off-label for thinning eyebrows (idiopathic madarosis) with variable success. I occasionally utilize a topical compound with bimatoprost, minoxidil, and finasteride for off-label treatment of androgenic alopecia.

**Q.** *Platelet-rich plasma injections seem to have great data to support its use, but it's not FDA approved for Androgenic Alopecia. What is your opinion on PRP for this use?*

**JD:** I think the concept of centrifuging autologous blood, drawing off the platelet-rich plasma, and injecting that into the scalps of patients with androgenic alopecia is an innovative approach. The idea is that the growth factors and stimulatory cytokines will promote new hair growth. I have read many studies that report positive effect and some that do not. My concern is that there is great variability in the reported protocols. Until there is a standardized approach that is clearly superior, it is not something I can confidently recommend to my patients, though I do discuss it as an adjunctive treatment.

**Q.** *Low-level laser therapy is used for Androgenic Alopecia. What is your opinion on laser therapy?*

**JD:** It is a non-medical, non-surgical option where the patient would purchase a comb-like or helmet-like phototherapy device to use at home a few times per

week. There is literature to suggest low-level laser therapy has a positive effect for men with androgenic alopecia. I interpret the studies cautiously, though, since many are supported by industry and may not have a placebo.

*Q. Hair Implants are still being done. What is their role with so many offerings these days?*

**JD:** I discuss hair transplantation with patients who have stable, non-inflammatory alopecias. It requires a reservoir of unaffected scalp for the donor hair follicles, and the results are operator-dependent.

*Q. Are any of the above not appropriate for females with Androgenic Alopecia? Any other pearls for caring for the female with hair loss?*

**JD:** Oral finasteride's use is off-label in women and contraindicated during pregnancy. I do use oral spironolactone off-label for androgenic alopecia in women, but not men. As far as other pearls, I think we underestimate the importance of hair on self-image and self-esteem, especially for women. When it's lost, especially suddenly, the psychosocial impact can be devastating. I try to empathize and sincerely listen. This helps build rapport and may also provide useful historical clues to making an accurate diagnosis.

*Q. Now, JAK inhibitors are being used for Alopecia Areata. How well do these work? How long do they take to help? Are they being injected or used topically? What are the warning for JAK inhibitors?*

**JD:** Currently, there are no FDA-approved treatments for alopecia areata. This is unfortunate, especially in cases where alopecia areata extends to the entire scalp (alopecia totalis) or entire body (alopecia universalis). I have read reports of oral JAK inhibitor use for patients with alopecia areata. I have not used them myself due to lack of access and potential adverse effects of major cardiovascular events, cancer, blood clots, and death. I have not had an alopecia patient where the benefit would outweigh the risks.

**Q.** *If we've learned anything from the COVID-19 pandemic, it's to expect the unexpected. Some patients are describing a loss of hair in large clumps after COVID-19 infection, what is happening with those patients?*

**JD:** Yes, I am glad you asked about this. In my practice during the pandemic, I am seeing a notable increase in patients presenting with telogen effluvium (TE), a phenomenon corroborated by the literature. One study (PMID: 34708909) estimates that 1 in 4 patients with SARS-CoV-2 infection will experience TE. With normal hair cycles, about 90% of human hairs are actively growing, anagen hairs while 10% are in the shedding, telogen phase. TE occurs when greater than 20% of hairs synchronize in the telogen phase. The patient notices a sudden "effluvium" (Latin for flowing out) of shedding hairs, classically 2 to 4 months after an inciting event. Examples of triggers may include surgery, parturition, a psychosocial stressor, or febrile infection, including COVID-19. While it provokes concern in patients, the good news is TE is a self-limited alopecia, with most cases resolving after 6 to 12 months.

**Q.** *Thank you Dr. Joe Dyer for contributing to the GOMA Newsletter allowing the membership to know you and alopecia a little better.*

## **Intimacy Advice from the Osteopathic "Sexpert" Draion Burch, DO**

Draion Burch, DO is an OB/Gyn who graduated in 2007 from Ohio University's College of Osteopathic Medicine and completed his residency in Warren, Michigan at St. John Macomb – Oakland Hospital (Michigan State University). He has practiced in Atlanta and Pittsburgh, Pennsylvania over the past decade, and recently returned to Pittsburgh



for clinical practice. “Dr. Drai” is a nationally-recognized author, speaker, consultant, and go-to media expert on women’s health and transgender health issues. Dr. Burch’s on-point advice on off-the-wall questions about sexual health issues has many calling him a “sexpert.” He also founded Momentum Intimacy, a company that provides high-quality personal lubrication and condoms for #MomentumMen and



#MomentumWomen who want to add more excitement to their relationships. His product lines are designed to promote safety, health, and pleasure for both partners. [The web site allows physicians to order samples for their office.](#)

### Lu Mitchell, DO Published in Pain Magazine

Congratulations to Lu Mitchell, DO of Rome, Georgia who was one of the authors along with lead author Zina Trost, PhD of the Mayo Clinic in the February 2022 issue of Pain Magazine in a research article



entitled Immersive interactive virtual walking reduces neuropathic pain in spinal cord injury: findings from a preliminary investigation of feasibility and clinical efficacy. Dr. Mitchell did her Physical Medicine & Rehabilitation residency and Pain Medicine fellowship at Mayo Clinic in Minnesota. She now is working as a pain specialist at the Harbin Clinic in Rome.

### PCPC: Legislative Day Wednesday, March 9

The Patient Centered Physicians’ Coalition of Georgia (PCPC) is having a virtual event on Wednesday, March 9,

2022, from 6 to 7:30 PM (*please note the new date*). [Registration is open here](#). All osteopathic physicians are encouraged to attend. We will be joined by MDs & DOs from Georgia OBGyn Society, Georgia Chapter – American College of Physicians, Georgia Academy of Family Physicians and Georgia Chapter of American Academy of Pediatrics.

Five Georgia health associations comprise PCPC and meet eight times a year to discuss legislative issues on the State and National level. Make plans to attend on Wednesday, March 9, 2022!



GOMA is once again partnering with state societies from around the country to offer up to 48 hours of AOA Category 1-A and AMA PRA Category 1 Credit™ for continuing education at the Virtual Osteopathic Conference. The live stream will be February 18-20, and all programming will be available on-demand to registrants through June 30.

Last year 62 doctors from Georgia took advantage of the live-broadcast and/or on-demand offerings. 98% of last year's attendees said they would recommend the VOC to colleagues.

The VOC will be full of great family medicine, internal medicine, psychiatry and dermatology subjects. [See the schedule and register here!](#)

## **February is Cancer Prevention Month: Revisit Q&A with Laura Makaroff, DO**

We are not going to reprint last year's Q & A



with Laura Makaroff, DO, senior vice president of Prevention and Early Detection for the American Cancer Society. It was so popular that [GOMA posted it permanently on its website](#). It has multiple hyperlinks to get patients

and physicians the latest information on HPV vaccinations, diagnosing lung cancer at early stages, colon cancer screening, breast cancer screening, prostate cancer screening, cervical cancer screening and finally pancreatic cancer.

Tragically, Dr. Makaroff's husband Jason was diagnosed with pancreatic cancer soon after that article was published. Jason documented his treatment over the next ten months by starting a Twitter account entitled JMak's Dream Team and a podcast "Awake with JMak". Jason's tweets and each podcast episode exhibited a deep faith in God as he, Dr. Makaroff and their two sons experienced a terminal illness. "Astronaut" Jason "launched" on December 27. Dr. Makaroff and the boys continue [JMak's Dream Team continued into "Season 2"](#).

This year, Dr. Makaroff had one final comment for February being Cancer Prevention Month, "One thing on the clinical side that I might just add in is both a thank you to all the D.O.s out there taking good care of patients and navigating this ongoing pandemic and a reminder to not forget cancer screening and preventive care amidst all the other priorities and acute needs. We really are continuing to see declines in cancer screening and HPV vaccination across the nation. National Cancer Prevention Month is great time to remind patients to get their screenings done and stay up to date with all vaccinations."

## PCOM South Georgia Hosted Regional Legislators



PCOM South Georgia hosted regional legislators alongside Southern Regional Technical College and Colquitt Regional Medical Center in Moultrie on December 15 at the Tallokas Road campus for an annual pre-legislative meeting. The College provided updates on campus life and academic programs and facilitated a conversation regarding recently requested state support and funding aimed at growing key programs at the College. [Click here to read more.](#)

## Georgia Legislation 2022



### House committee introduces comprehensive mental health bill

H.B. 1013 was introduced by Rep. David Ralston (R-Blue Ridge) and is an omnibus bill to enact the recommendations of the Georgia Behavioral Health Reform and Innovation Commission. Besides its ironic numbering, the bill has over



twenty components including forcing insurance companies to treat mental health problems equally with medical problems; implementing medical loss ratios on Medicaid HMOs forcing them to spend 85% of the annual money on actual care for patients, and a loan forgiveness program for doctors going into mental health and substance abuse fields. H.B. 1013 was referred to the House Health & Human Services Committee.

### **Key Bills Passed by Committees**

The House Health and Human Services Committee passed H.B. 752, which would implement a Psychiatric Advance Directive (PAD). The PAD would allow patients with mental illness to make their wishes in relation to mental health care known and designate a health care agent related to mental health care. This legislation now goes to the House Rules Committee.

The House Judiciary Committee passed H.B. 961 by Rep. Chuck Efstration (R-Dacula), which would allow for evidence of a non-party's fault and authorize apportionment of damages in single-defendant lawsuits. This legislation is now in the House Rules Committee.

The House Special Committee on Access to Quality Health Care passed H.B. 867 by Rep. Mark Newton, M.D. (R-Augusta), which would require pharmacy benefit managers (PBMs) and insurers to disclose to patients the final true net cost for a prescription drug, less all rebates actually received by the pharmacy benefits manager or its health plan client subsequent to the point of sale and base the patient's cost-sharing on the final true net cost. This legislation now goes to the House Rules Committee.

The Senate Insurance & Labor Committee passed S.B. 330 by Sen. John Albers (R-Roswell) that would (1) prohibit insurers from cancelling, modifying coverage, refusing to issue, or refusing to renew life insurance policies solely because the applicant or insured donated a liver or kidney, (2) provide for a tax credit for individuals who donate all or part of their liver, pancreas, kidney, intestine, lung, or bone marrow, and (3) create an income tax credit for employers



that provide paid leave to employee donors for periods of medically necessary leave from work. This legislation was scheduled for a vote in the Senate on Tuesday, February 1.

### **Key Bills Introduced**

H.B. 856 by Rep. Kim Schofield (D-Atlanta) would create the Legislative Commission on the Disparate Impact of COVID-19. This legislation was referred to the House Rules Committee.

Rep. Sharon Henderson (D-Covington) introduced H.B. 937 which would provide for Medicaid coverage for annual mammograms at no cost to the recipient. This legislation was referred to the House Health & Human Services Committee.

Rep. Mesha Mainor (D-Atlanta) introduced H.B. 939 that would provide for notice of admission and daily updates from a facility to the parent or legal guardian of an involuntary minor patient under 12 years of age. This legislation was referred to the House Health & Human Services Committee.

H.B. 972 was introduced by Rep. Dave Belton (R-Buckhead) and would make changes to the “Professional Counselors, Social Workers, and Marriage and Family Therapists Licensing Law,” including deleting that under their practice act that, “diagnose shall not mean the diagnosis of any neuropsychological functioning or conditions” and a number of other updates the law. This legislation, which has been referred to the House Regulated Industries Committee.

Rep. Kasey Carpenter (R-Dalton) introduced H.B. 996 allow individuals credentialed in the field of nutrition to provide advice, counseling, or evaluations in matters of food, diet, or nutrition under certain circumstances without receiving a dietetics license. This legislation, which dramatically changes who is allowed to provide nutrition counseling has been referred to the House Regulated Industries Committee.

H.B. 1000 was introduced by Rep. Stan Gunter (R-Blairsville) and would provide an exception for rabies vaccination of dogs and cats for animals where that vaccine would compromise the animal's health or if it is medically

unnecessary. This legislation was referred to the House Agriculture & Consumer Affairs Committee.

Rep. Erick Allen (D-Smyrna) introduced H.B. 1003 that would prevent the Department of Community Health from entering into or renewing any contract with an otherwise qualified entity for the State Health Benefit Plan who has either terminated early without cause or forced a renegotiation of an unexpired contract with a Georgia-based hospital or health care system within the prior 24 months, unless the qualified entity is the only available qualified entity. This legislation was referred to the House Insurance Committee.

Rep. Sharon Cooper (R-Marietta) introduced H.B. 1038, which would update the tax credit for physicians and health care professionals who practice in rural areas. This legislation was assigned to the House Ways & Means Committee.

Rep. Rick Jasperse (R-Jasper) introduced H.B. 1042, which would authorize authorities to administer grants to developers who open "primary care medical facilities" in health shortage areas. These facilities would then be operated by a dentist, physician, or "mental health care providers" (psychiatrist, psychologist, professional counselor, marriage and family therapist, clinical social worker, or clinical nurse specialist in psychiatric/mental health). This legislation has been assigned to the House Health & Human Services Committee.

H.B. 1057 was introduced by Rep. Gerald Greene (R-Cuthbert) and would set a standard suite of services that community service boards are required to provide in their respective service areas. This legislation was assigned to the House Health & Human Services Committee.

The House Industry and Labor Committee heard H.B. 855 by Rep. Gregg Kennard (R-Lawrenceville) that would provide workers' compensation coverage for first responders for post-traumatic stress disorder arising in the course and

scope of employment. This legislation will be vetted by the Workers' Compensation Advisory Council.

Rep. Darlene Taylor (R-Thomasville) introduced H.R. 629 that would create the House State Health Benefit Plan Study Committee. This legislation was assigned to the House Health & Human Services Committee.

S.B. 338 by Sen. Dean Burke, M.D. (R-Bainbridge) would increase postpartum coverage under Medicaid from six months to one year following birth. GOMA support this legislation (similar to bill last year that GOMA supported) which was referred to the Senate Health & Human Services Committee.

Sen. Kay Kirkpatrick, M.D. (R-Marietta) introduced three bills (S.B. 340, S.B. 341, & S.B. 342). S.B. 340 updates provisions related to funding of medical education provided by hospital authorities and designated teaching hospitals. S.B. 341 would provide guidelines for the prior authorization of a prescribed medication for chronic conditions requiring ongoing medication therapy under certain circumstances. S.B. 342 would provide for annual reporting regarding mental health parity in health care plans. S.B. 340 was referred to Senate Health and Human Services while S.B. 341 and 342 were referred to Senate Insurance and Labor. S.B. 345 was introduced by Sen. Jeff Mullis (R-Chickamauga) would prohibit state and local governments from mandating vaccine passports. This legislation in its current form could be interpreted to prohibit schools from requiring immunizations. GOMA opposes this legislation in its current form, which has been assigned to the Senate Health & Human Services Committee.

Sen. Bruce Thompson (R-White) introduced S.B. 351, which would extensively revise the "Women's Right to Know Act", including requiring the use of an informed consent authorization form and expanding reporting requirements. Additionally, the legislation would make prescribing abortion pills without following the state law a crime and allow civil penalties of up to \$100,000 per violation. Reporting violations may threaten a physician's license and open them

up to malpractice suits even where no physical injury occurs. Physicians would be required to have the patient sign off on 15 different statements prior to prescribing the pills and a follow-up visit two weeks later would be required. Finally, abortion pills could not be provided on the campus of any public or private school, college or university in the state. This legislation has been referred to the Senate Health & Human Services Committee.

Sen. Thompson also introduced S.B. 352, which would allow for licensure by endorsement for certain licenses to spouses of firefighters, health care providers, and law enforcement officers who relocate to the State of Georgia. This legislation was referred to the Senate Regulated Industries & Utilities Committee.

Sen. Thompson introduced S.R. 376 as well, which creates the Senate Occupational Licensing Study Committee. This resolution has been assigned to the Senate Rules Committee.

S.B. 372 was introduced by Sen. Brandon Beach (R-Alpharetta) that would (1) prohibit a person or governmental entity from refusing, withholding from, or denying a person any local or state services, goods, facilities, advantages, privileges, licensing, educational opportunities, health care access, or employment opportunities based on the person's vaccination status or whether the person has an immunity passport, (2) prohibit an employer from refusing employment to a person, barring a person from employment, or discriminating against a person in compensation or in a term, condition, or privilege of employment based on the person's vaccination status or whether the person has an immunity passport, and (3) prohibit a public accommodation from excluding, limiting, segregating, refusing to serve, or otherwise discriminating against a person based on the person's vaccination status or whether the person has an immunity passport. This legislation would not apply to schools and would allow health care facilities to ask for vaccination status to determine whether reasonable accommodations should be provided. An individual may not be required to receive any vaccine which is allowed for use

under an emergency use authorization or any vaccine undergoing safety trials. A skilled nursing facility, personal care home, or assisted living community shall be exempt from compliance with this Code section during any period of time that such compliance would result in a violation of regulations or guidance issued by the federal Centers for Medicare and Medicaid Services or the federal Centers for Disease Control and Prevention. This legislation has been assigned to the Senate Judiciary Committee.

In other words...

***“Your task is not to seek for love, but merely to seek and find all the barriers within yourself that you have built against it.”***

-- Jalal ad-Din Mohammad Rumi, more popularly known simply as “Rumi”, 13th century Persian poet



## Support GOMA!

*Help your professional society as it helps advocate for you and all of Georgia's licensed DOs.*

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

Georgia Osteopathic Medical Association | 2133 Lawrenceville-Suwanee Rd, Suite 12-347,  
Suwanee, GA 30024

[Unsubscribe\\_gomaosteo@outlook.com](mailto:Unsubscribe_gomaosteo@outlook.com)

[Update Profile](#) | [Constant Contact Data Notice](#)

Sent by gomaosteo@outlook.com in collaboration with



Try email marketing for free today!