

MAOPS
Positions
and Policies
Compendium

2026



MAOPS
MISSOURI ASSOCIATION OF OSTEOPATHIC
PHYSICIANS & SURGEONS

Last updated: April 2026

Missouri Association of Osteopathic Physicians and Surgeons

Policy Compendium

Administrative – Review of Association Policies

#2026-11

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons Board of Trustees shall review resolutions on the fifth anniversary of their passage to determine whether it continues to reflect the current position of the Association, and further be it

RESOLVED, that polices remain in effect until any active review process is completed and that policies be allowed to sunset if not acted on by the Board of Trustees within one year following their fifth anniversary.

*Approved by the MAOPS House of Delegates, 2006, 2011
Reaffirmed with amendments, MAOPS Board of Trustees, 2016, 2021*

Administrative – MAOPS Resolutions Policy

#2022-4

RESOLVED, that all “whereas” statements on Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) resolutions are considered explanatory and only the “RESOLVED” statements will be published as official MAOPS policy, and further be it

RESOLVED, that only the “RESOLVED” statements will be considered when MAOPS policies are subject to review.

*Approved by the MAOPS House of Delegates, 2012
Reaffirmed by the MAOPS Board of Trustees, 2016, 2022*

Assistant Physicians – Transparency

#2026-22

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) supports increased transparency requirements for assistant physicians including adding the words, “Assistant Physician” after their D.O. or M.D. credential on all promotional materials, name badges, signage, and documents signed by the assistant physicians.

Approved by the MAOPS Board of Trustees, 2016, 2021

Assistant Physicians II

#2022-1

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) supports postgraduate training for all graduates of medical school in order that they are able to receive full independent licensure as a physician in the State of Missouri, and further be it

RESOLVED, that MAOPS supports a time-limit on the Assistant Physician license, and finally be it

RESOLVED, that if an individual practicing as a licensed assistant physician in Missouri is unable to obtain a postgraduate residency within three years, MAOPS does not support the continued licensure of the assistant physician.

Approved by the MAOPS Board of Trustees, 2016, 2022

Certificate of Need – Elimination of

#2023-18

RESOLVED, the Missouri Association of Osteopathic Physicians and Surgeons will urge the State of Missouri to discontinue the Certificate of Need program.

*Approved by the MAOPS House of Delegates, 2013
Reaffirmed by the MAOPS Board of Trustees, 2018, 2023*

Clinical Training Sites – Protecting

#2026-21

The Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) opposes anti-competitive practices and any monopolization of clinical rotation sites or affiliation agreements that limit, exclude, or otherwise unreasonably restrict osteopathic medical students from participating equitably in clinical training opportunities within Missouri when educational capacity and appropriate supervision exist, and affirms that such practices may conflict with Missouri’s statutory prohibition on unreasonable restraint of trade under Missouri Revised Statutes §416.031.

Approved by the MAOPS Board of Trustees, 2026

CMS –Burdensome Requirements

#2023-10

RESOLVED, that CMS develop a less burdensome procedure for physicians to provide documentation of medical necessity for diabetic supplies and other covered CMS services that protects patient confidentiality and does not result in duplication of documentation.

*Approved by the MAOPS House of Delegates, 2013
Reaffirmed by the MAOPS Board of Trustees, 2018, 2023*

Collaborative Practice Arrangement - Compliance

#2022-13

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) considers it inappropriate for a physician to enter into a Collaborative Practice Arrangement without assuming the responsibility for carrying out the mandates of the statute, rule and regulation, and further be it

RESOLVED, MAOPS considers it unprofessional and unethical for a physician to jeopardize a patient’s well-being by delegating medical responsibilities to an individual not trained in medicine without a willingness to supervise and closely review care, and further be it

RESOLVED, that MAOPS considers it unethical for a physician to sign an employment contract which requires the physician to enter into a Collaborative Practice Arrangement, when the physician will not be fulfilling the Collaborative Practice Agreement by physician supervision and patient encounters at the site where the extender is seeing patients, and finally be it.

RESOLVED, MAOPS strongly encourages its members entering into a Collaborative Practice Arrangement to comply with state law and their responsibilities to the patient, as a collaborating physician.

Approved by the MAOPS House of Delegates, 2000, 2007, 2012

Reaffirmed by the MAOPS Board of Trustees, 2016, 2022

Confined Animal Feeding Operations Moratorium **#2022-5**

RESOLVED, that the Missouri Association of Osteopathic Physicians & Surgeons supports restrictions on new and existing confined animal feeding operations in the state of Missouri to ensure that hazards to the health and welfare of our citizens are resolved and citizen safety can be reasonably assured.

*Approved by the MAOPS House of Delegates, 2007, 2012
Reaffirmed by the MAOPS Board of Trustees, 2016, 2022*

Credentialing - Medical Staff Autonomy **#2026-19**

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons will support legislation to eliminate economic credentialing, and further be it

RESOLVED, MAOPS supports granting medical staffs' autonomy on decisions relating to medical staff privileges, physician competency, and quality of care issues.

*Approved by the MAOPS House of Delegates, 2006, 2011
Reaffirmed by the MAOPS Board of Trustees, 2016, 202, 2025*

Credentialing New Graduate Physicians **#2025-2**

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) supports legislation for the rapid credentialing of newly graduated resident physicians; and, be it further

RESOLVED, that MAOPS supports retroactive payments to the date of application submission for physician services during the credentialing process.

Approved by the MAOPS Board of Trustees, 2020; Reaffirmed February 2025

Department of Health and Human Services – Director of **#2022-3**

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons recommend that the Governor of Missouri appoint a Missouri licensed physician with education, training and experience in public health, as the Director of Missouri Department of Health and Human Services.

*Approved by the MAOPS House of Delegates, 1997, 2007, 2012
Reaffirmed by the MAOPS Board of Trustees, 2016, 2022*

Direct-to-Consumer Screening and Testing **#2024-11**

RESOLVED, that the Missouri Association of Osteopathic Physicians & Surgeons is opposed to unnecessary exams and testing marketed directly to consumers and encourages its members to educate their patients and follow evidence-based guidelines.

*Approved by the MAOPS House of Delegates, 2009, 2014
Reaffirmed by the MAOPS Board of Trustees, 2018, 2024*

Disclosure-Transparency

#2023-17

RESOLVED, that the collaborating physician request the advanced practice nurse, physician assistant or assistant physician with whom they are collaborating at a remote location to post the collaborating physician's name and contact information in the clinic; and further be it

RESOLVED, that the collaborating physician be strongly encouraged to terminate his/her collaborating agreement with an advanced practice nurse, physician assistant or assistant physician unwilling to post the physician contact information at the practice site.

*Approved by the MAOPS House of Delegates, 2008, 2013
Reaffirmed by the MAOPS Board of Trustees, 2018, 2023*

Discrimination

#2026-7

WHEREAS, the osteopathic profession was founded by A.T. Still, MD, DO, in 1874, and

WHEREAS, Dr. Still believed in fair and equal treatment for all humans regardless of gender, race, religion, socioeconomic status, etc., and

WHEREAS, Dr. Still has documented in his writings that his religion is "to love all people and treat all people fairly," and he strived in his practice to provide care with this in mind, now therefore be it

RESOLVED, the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) supports fair and equal treatment of all humans, and further be it

RESOLVED, MAOPS believes that every physician has the professional responsibility to respect human life and the dignity of every individual; treat the sick and injured with competence and compassion without prejudice.

Affirmed by the MAOPS Board of Trustees 2020, 2025

Discrimination Against Osteopathic Physicians

#2013-17

RESOLVED, the Missouri Association of Osteopathic Physicians and Surgeons encourage the AOA to continue to ensure that legislation and regulatory policy specifies that any reference at the national level in an executive order, an administrative regulation, or in the federal revised statutes to "medical doctor", "MD", "physician", "allopathic physician", an allopathic medical specialty board, or reference to any medical student, or postgraduate, shall be deemed to include and pertain to a "doctor of osteopathic medicine", "DO", AOA specialty board, and osteopathic medical students and postgraduates.

Approved by the MAOPS House of Delegates, 2013

Drug Diversion - MO HealthNet Recipients

#2026-9

RESOLVED, that the Missouri Association of Osteopathic Physicians & Surgeons supports legislation and/or regulation that defines the role of MO HealthNet and other government entities in curtailing drug diversion by MO HealthNet recipients.

Approved by the MAOPS House of Delegates, 2011
Reaffirmed by the MAOPS Board of Trustees, 2016, 2020, 2025

Early Elective Deliveries **#2023-8**

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons supports efforts by physicians and hospitals to ensure that inductions of labor and cesarean deliveries do not occur before 39 weeks of gestation without a medical or obstetric indication.

Approved by the MAOPS House of Delegates, 2013
Reaffirmed by the MAOPS Board of Trustees, 2018, 2023

Eating Disorders **#2022-6**

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) supports legislation that encourages the education, in regard to eating disorders, of Missouri school healthcare professionals, teachers, counselors, and coaches, and be it further

RESOLVED, MAOPS supports legislation that encourages expanded treatment and insurance coverage for eating disorders.

Approved by the MAOPS House of Delegates, 2012
Reaffirmed by the MAOPS Board of Trustees, 2016, 2022

Teen Electronic Nicotine Delivery System Access and Abuse **#2024-13**

RESOLVED, the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) supports state and federal legislation, regulation, and initiatives to 1) restrict advertising of all ENDS products such as JUUL in the same manner as cigarettes, cigars and chewing tobacco products in order to stop the targeting of minors, and 2) make illegal the online purchase of nicotine products similar to most alcoholic beverages, thus limiting sales to brick and mortar establishments where age restrictions can be enforced.

Approved by the MAOPS House of Delegates, 2014
Reaffirmed by the MAOPS Board of Trustees, 2018, 2024

Executions – Physician Participation & Ethics **#2023-12**

RESOLVED, that no osteopathic physician shall be required to deliver a lethal injection for the purpose of execution in capital crimes that violates his or her conscience including his or her religious, moral or ethical principles, and finally be it

RESOLVED, that the Missouri Association of Osteopathic Physicians & Surgeons considers it an unethical act for any osteopathic physician to participate in an execution for a capital crimes case.

Approved by the MAOPS House of Delegates, 2013

Reaffirmed by the MAOPS Board of Trustees, 2018, 2023

Expert Witnesses

#2024-10

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons adopt the position of the American Osteopathic Association on “Expert Witnesses and Peer Review.”

Approved by the MAOPS House of Delegates, 2009, 2014

Reaffirmed by the MAOPS Board of Trustees, 2018, 2024

Firearms - Mandatory Reporting/Disclosing of Ownership Information

#2023-14

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons opposes any mandatory reporting by physicians or healthcare providers regarding firearm possession or firearm issues unrelated to direct patient care and, be it further

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons opposes the mandatory maintenance of, or documentation within, a patient’s medical records whether such patient owns a firearm if such firearm is unrelated to direct patient care.

Approved by the MAOPS House of Delegates, 2013

Reaffirmed by the MAOPS Board of Trustees, 2018, 2023

Health Education – Support of School-based

#2023-22

RESOLVED, the Missouri Association of Osteopathic Physicians and Surgeons supports the Centers for Disease Control and Prevention’s Whole School, Whole Community, Whole Child (WSCC) model as a framework for collaboration between health and education to improve health trajectories for students.

Approved by the MAOPS Board of Trustees, 2023

Healthcare Workplace Violence

#2022-2

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons supports the adoption of policies by all healthcare facilities to

- reduce and prevent all forms of workplace violence
- have standardized, universal workplace violence reporting tools that can be easily accessed and completed, with anonymity if necessary
- oversee and evaluate reported workplace violence incidents
- provide formal training courses to all employees, trainees, and rotating students on workplace violence prevention and de-escalation in the healthcare setting

Approved by the MAOPS Board of Trustees, 2022

Immunizations – Increasing Compliance Rate

#2022-11

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) take the opportunity to work with local, state, private, and professional organizations to implement immunization programs for Missouri children; and further be it

RESOLVED, that established programs include the distribution of vaccine to the private sector physician offices, encourage safe vaccine use, and educate the public as to vaccine safety; and finally be it

RESOLVED, that MAOPS continue to support improved statewide pediatric immunization programs and assist in implementing the programs and strongly encourage member participation.

Approved by the MAOPS House of Delegates, 1996, 2007, 2012

Reaffirmed by the MAOPS Board of Trustees, 2016, 2022

Immunizations – Increasing Compliance Rate and Payment

#2023-6

RESOLVED, that the Missouri Association of Osteopathic Physicians & Surgeons supports the Centers for Disease Control and Prevention in its efforts to achieve a high immunization compliance rate among infants, children and adults; and be it further

RESOLVED, the Missouri Association of Osteopathic Physicians and Surgeons encourages osteopathic physicians to immunize patients according to Centers for Disease Control (CDC) guidelines; and be it finally

RESOLVED, that Missouri Association of Osteopathic Physicians and Surgeons encourages third party payers to reimburse for vaccines and their administration.

Approved by MAOPS House of Delegates, 2013

Reaffirmed by the MAOPS Board of Trustees, 2018, 2023

Immunizations – Support for

#2026-19

RESOLVED, that MAOPS encourages physician members to educate their patients on the benefits and safety of immunizations with a reliable evidence-based history of effectiveness.

Approved by the MAOPS House of Delegates, 2004, 2011

Reaffirmed by the MAOPS Board of Trustees, 2015, 2021, 2026

Immunizations - Statewide Immunization Directory

#2024-4

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) encourages physicians to participate in the development of immunization registries in their communities and to use such registries in their practice, but opposes mandated reporting of vaccinations to a statewide registry and any financial fines imposed for not reporting.

Approved by the MAOPS House of Delegates, 2014

Reaffirmed by the MAOPS Board of Trustees, 2018, 2024

Insurance Company-employed Physicians – Licensure of

#2023-3

RESOLVED, the Missouri Association of Osteopathic Physicians and Surgeons supports state and federal requirements that all insurance company physicians and medical directors participating in reviewing, approving, and denying prior authorization and pre-certification requests, and engaging in peer-to-peer reviews and appeals processes, be licensed to practice medicine in the state in which the patient resides.

Approved by the MAOPS Board of Trustees, January 2023

Insurance Company Peer Reviewers – Board Certification of

#2023-2

RESOLVED, the Missouri Association of Osteopathic Physicians and Surgeons supports state and federal requirements that all insurance company medical directors and any physicians employed by a plan that make medical determinations, including peer-to-peer reviews, be board certified by the American Osteopathic Association or the American Board of Medical Specialties in a specialty or subspecialty related to the requesting physician's specialty and/or subspecialty and to the specific medical needs of the patient for which the requesting physician is seeking prior authorization/pre-certification.

Approved by the MAOPS Board of Trustees, January 2023

Insurance Denials

#2023-1

RESOLVED, MAOPS supports timely resolution of prior authorizations and pre-certifications and that a time limit be placed on insurers responding to appeals of denials so that patient care is not delayed beyond a reasonable amount of time for the condition in question and if the time limit is not met, approval is deemed granted, and further be it

RESOLVED, MAOPS supports simplification of healthcare plans so that patients, healthcare providers, and hospitals easily understand coverage and the patient's out-of-pocket expenses, and finally be it

RESOLVED, that MAOPS seek like-minded collaborative partners to achieve the above-mentioned goals.

Approved by the MAOPS Board of Trustees, January 2023

Interference Laws

#2022-24

RESOLVED, the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) adopts the position of the American Osteopathic Association on interference laws, and further be it

RESOLVED, MAOPS will closely monitor the AOA's position statement for future amendments and will re-examine its position whenever amendments are made to the position by the AOA House of Delegates.

INTERFERENCE LAWS

The American Osteopathic Association approved the following policy paper and recommendations to assist in responding to state and federal proposals and agencies that attempt to adopt interference laws (2013; 2019 Reaffirmed as Amended).

A number of states have pursued legislation that dictates how physicians treat and counsel patients during a medical exam. These laws interfere with the patient-physician relationship and undermine physician judgment and represent a departure from evidence-based medicine. As a result, these laws are collectively referred to as "interference laws."

Interference laws fall into one of four different classifications.¹ The first prevents physicians from asking their patients about risk factors that may affect their health or the health of their families (PHYSICIAN “GAG LAWS”). One example of a Gag Law is a 2011 Florida law which barred physicians from asking questions about a patient’s gun ownership.² The law was enjoined in 2012 on first amendments grounds, a decision which was upheld by a federal appeals court in 2017.³ although 14 other states have considered similar laws, none have passed.⁴

The second type of interference law requires physicians to discuss specific treatments that may not be appropriate or medically necessary.⁵ One example of this is New York’s Palliative Care Information Act of 2011, which requires health care providers to offer to discuss end-of-life options and palliative care services with terminally ill patients, without discretion as to how and when to raise the issues.⁶ some argue that requiring physicians to discuss this subject with all patients is inappropriate, because physicians are not able to use their judgment to determine if or when patients should receive such sensitive information.

The third type of interference law requires physicians to provide tests or treatments which are not supported by evidence, including ones that are invasive or required without the patient's consent.⁷ Examples of this are laws which require physicians who perform abortions to first perform a fetal ultrasound. It is argued that a fetal ultrasound is medically unnecessary and there is no legitimate medical purpose for requiring one in this circumstance.

The fourth type of interference law places restrictions on the content of information that physicians can disclose to patients.⁸ Examples of this include laws which limit a physician from providing information about the dangers of chemicals used in the hydraulic fracturing process, also known as “fracking.”

A FIFTH TYPE OF INTERFERENCE LAW HAS BEEN IDENTIFIED. THESE LAWS AND REGULATIONS INTERFERE IN THE PATIENT-PHYSICIAN RELATIONSHIP BY PROHIBITING, LIMITING, OR MANDATING PHYSICIANS, IN THE DISCUSSION, RECOMMENDATION AND/OR PROVISION OF EVIDENCE BASED MEDICAL CARE OR TREATMENTS. AN EXAMPLE OF THIS ARE LAWS WHICH PROHIBIT OR LIMIT THE ABILITY OF PHYSICIANS TO PRESCRIBE CERTAIN MEDICATIONS BASED ON THE PHYSICIAN’S SPECIALTY.

Impact on the Osteopathic Medical Profession and the Patient-Physician Relationship

Interference laws threaten the osteopathic medical profession, in particular due to the intrusion into the patient-physician relationship, which is an essential component of the osteopathic care model’s emphasis on preventive medicine and treatment of the whole patient.⁹ The patient-physician relationship is based on ethical principles of trust, confidentiality, respect, autonomy and open communication between the physician and patient.¹⁰

Another critical element of osteopathic medical practice in general and the patient-physician relationship in particular is the concept of physician and patient autonomy and “patient-centered” care. The Institute of Medicine (IOM) defines patient-centered care as “providing care that is respectful of and responsive to individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions.”¹¹ Patient-centered care is an essential element in the practice of evidence-based medicine. The American Osteopathic Association (AOA) supports the use of evidence-based medicine and the implementation of appropriate methods to optimize natural healing and to address the primary cause of disease.

The patient-physician relationship is a critical aspect of osteopathic care, due in large part to a partnership that is created between the physician and patient which relies heavily on communication. “Osteopathic physicians (DOs) consider the impact that lifestyle and community have on the health of each individual, and they work to break down barriers to good health. DOs are trained to look at the whole person, and osteopathic physicians integrate the patient into the health care delivery process as a partner.”¹³ Interference laws which prevent DOs from discussing certain health-related subjects such as the safe storage of firearms

or the health implications of fracking undermine this partnership and violate the osteopathic principle of preventive medicine. DOs help prevent pediatric deaths by counseling caregivers on the importance of seatbelt and helmet use, but without the ability to adequately counsel a patient on the importance of safe firearm storage they may be unable to help prevent similar deaths from improperly stored firearms. “[T]he purpose of [a firearms] inquiry is so that the practitioner can determine what subject matters require further follow-up in the practice of preventive medicine.”¹⁴ The AOA rejects any censorship of professional communication, supports enactment of legislation protecting the patient-physician relationship and opposes any attempt to interfere with the patient-physician relationship.¹⁵

Additionally, interference laws that require DOs to discuss treatments which are not medically necessary or are not supported by evidence-based guidelines violates the osteopathic principle of treating the whole patient and can undermine patient trust. In Kansas, for example, physicians are required to provide misleading information to patients regarding an unproven link between breast cancer and abortion.¹⁶ Twenty-three states currently require health care providers to refer patients to state-created “informed consent” materials, and according to a 2016 audit by Rutgers University, 31 percent of the information included in these materials was found to be medically inaccurate.¹⁷ Blanket requirements that DOs provide information on a particular treatment, or medically inaccurate information, to all patients prevents them from exercising their independent medical judgment and treating the whole patient in an objective, evidence-based manner. Similarly, interference laws which require DOs to perform certain procedures or treatments violate the osteopathic principle of providing individualized patient-centered care. If a DO is required to perform a certain procedure or treatment for every patient, there is no individualized assessment as to what is in a particular patient’s best interests and there is no discussion with the patient because the patient has no choice. Instead of individualized care, this is a “one size fits all” approach. Ultimately, DOs are prevented from rendering individualized, evidence-based care, and patients are prevented from being involved in patient-centered care.

Legal Challenges

Two types of interference laws have been challenged in court. Florida’s controversial Firearm Owner’s Privacy Act, which restricted physicians from asking patients about firearm ownership, was enjoined in June 2012 when a Florida district court found that it violated physicians’ First Amendment rights, a decision which was upheld by a federal appeals court in 2017. In granting the injunction, the judge stated the law “chills practitioners’ speech in a way that impairs the provision of medical care and may ultimately harm the patient.”¹⁸ The court also held that physician questioning did not violate patients’ Second Amendment rights stating, “[t]he law does not affect nor interfere with a patient’s right to continue to own, possess, or use firearms.

Protecting the right to keep and bear arms is irrelevant to this law.”¹⁹ In addition, a similar 2012 law which prevented physicians in Pennsylvania from discussing how fracking chemicals may be affecting their patients’ health was struck down by the state supreme court in 2016.²⁰

Mandatory ultrasound laws have also been challenged on First Amendment grounds. North Carolina’s mandatory ultrasound law was struck down as a violation of physician and patient First Amendment rights. The court held that “[t]he Act goes well beyond requiring disclosure of those items traditionally a part of the informed consent process. In this case, the state compels the provider to physically speak and show the state’s non-medical message to patients unwilling to hear or see [that message].”²¹

Conversely, a nearly identical Kentucky law was upheld by a federal appeals court, which found that the law was reasonably related to the “informed consent” process and did not violate the First Amendment rights of physicians and patients.²² Significantly, the circuit split between the courts sets up a probable hearing by the United States Supreme Court on the issue of mandatory ultrasound laws.

Mandatory ultrasound laws have also been challenged in court on Fourteenth Amendment Substantive Due Process grounds. A mandatory ultrasound law in Oklahoma was ruled to be unconstitutional as a violation of

patients' Fourteenth Amendment due process rights, because it placed an "undue burden" on a woman's right to seek an abortion.²³

Efforts of Medical Associations

Several medical associations have developed policies or taken action in opposition to interference laws. In 2015, the American Medical Association (AMA) reaffirmed a 2011 resolution which opposes any intrusion into patient-physician relationships and supports physician judgment. In May 2018, the American Academy of Family Physicians (AAFP), the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists and the American College of Physicians issued a set of joint principles based upon their organizations' policies which oppose governmental interference with physicians' obligations to provide comprehensive, evidence-based information to patients.²⁵

The American Bar Association (ABA) also has policy specifically opposing laws which prevent physicians from asking patients about firearm ownership. The ABA policy states that these laws clearly violate the First Amendment rights of physicians and patients, and physician questioning does not in any way violate Second Amendment rights of patients.²⁶

Finally, several state medical associations have adopted resolutions on the issue of interference laws. Many of these policies are very basic and simply state the association's opposition to any interference with the patient-physician relationship. Additionally, these policies often promote the use of evidence-based medicine, seek to preserve physician judgment and support litigation which blocks the enforcement of interference laws.

Conclusion

The AOA supports the protection of the patient-physician relationship as especially paramount to the osteopathic medical profession. The osteopathic care model is based upon the treatment of the whole patient and the use of preventive medicine. The patient-physician relationship is a fundamental aspect of osteopathic care, due in large part to a partnership that is created between the physician and patient which relies heavily on communication and trust. Interference laws encroach on this relationship and undermine the osteopathic care model by preventing DOs from providing treatment in a manner that is based upon evidence they believe is best for their patients.

The AOA affirms that legislation which interferes with the patient-physician relationship impairs the autonomy of osteopathic physicians and prevents osteopathic physicians from using their independent medical judgment based on years of rigorous education and training.

The AOA asserts that physicians must be able to communicate freely with patients without fear of government intrusion in order to assure safe, comprehensive and effective medical treatment.

The AOA considers legislation that undermines physician judgment to be a barrier to evidence-based medicine.

The AOA supports the use of evidence-based medicine to ensure high quality patient care. Statutorily required medical practices interfere with evidence-based medicine by mandating a "one size fits all approach," thereby preventing an individualized assessment of what is in a particular patient's best interests.

The AOA affirms that legislation which interferes with the patient-physician relationship undermines patient-centered care. Patient-centered care actively involves the patient in making decisions regarding their own medical care. Statutorily required medical practices prevent patients from being involved in making medical decisions, because the patient has no choice.

The AOA believes that the ethical principle of informed consent is undermined when patients are statutorily required to undergo certain treatments or procedures, because the patient has no choice.

The AOA opposes all legislation at the state and federal level that requires physicians to discuss or perform certain treatments or procedures not supported by evidence-based guidelines, because such legislation undermines physician judgment.

The AOA opposes all legislation at the state and federal level which prevents physicians from discussing certain health-related risk factors with their patients, because such legislation violates the First Amendment rights of physicians and patients and is in conflict with evidence-based medical best practices.

The AOA believes that physicians should be free to counsel patients on end-of-life care on a case-by-case basis rather than as a result of an across-the-board mandate.

The AOA supports legal challenges to interference laws that violate First Amendment and Fourteenth Amendment rights of physicians and patients under the State and Federal Constitutions.

THE AOA OPPOSES ALL LEGISLATION AT THE STATE AND FEDERAL LEVEL WHICH PREVENTS, LIMITS, OR MANDATES PHYSICIANS FROM DISCUSSING, RECOMMENDING, OR PROVIDING AN EVIDENCE BASED TREATMENT WHICH IN THE PHYSICIAN'S CLINICAL JUDGMENT IS IN THE PATIENT'S BEST INTEREST BECAUSE SUCH LEGISLATION ERODES THE SANCTITY OF THE PATIENT-PHYSICIAN RELATIONSHIP AND UNDERMINES THE PHYSICIAN'S CLINICAL JUDGMENT.

The AOA will monitor state and federal interference laws on an ongoing basis and update this policy as needed.

Affirmed by the MAOPS Board of Trustees, September 2022

Kratom and 7-OH

#2026-20

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) supports regulation of the manufacture, distribution, and retail sale of 7-hydroxymitragynine-containing products and regulation of the retail sale and advertising of all kratom products intended for human consumption; and be it further

RESOLVED, that MAOPS will communicate this position to the Missouri General Assembly, the Governor, the Missouri Department of Health and Senior Services, and other relevant agencies; and finally be it

RESOLVED, that MAOPS encourages physicians to educate patients and communities about the addiction potential, organ damage, severe withdrawal symptoms, and long-term treatment requirements associated with kratom and 7-OH products.

Approved by the MAOPS Board of Trustees, 2026

Laser Use by Extenders

#2022-15

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons supports the use of laser therapy when provided by a physician or an extender immediately supervised on site by a physician licensed under Chapter RSMo 334.

*Approved by the MAOPS House of Delegates, 2000, 2012
Reaffirmed by the MAOPS Board of Trustees, 2016, 2022*

Licensure – Changes to Criteria in Missouri

#2024-6

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) opposes any legislative or regulatory efforts to increase postgraduate training requirements for medical licensure in the state.

*Approved by the MAOPS House of Delegates 2014,
Reaffirmed by the MAOPS Board of Trustees, 2018, 2024*

Maintenance of Licensure

#2026-4

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons opposes Maintenance of Licensure (MOL), Osteopathic Continuous Certification (OCC), and/or board certification as a requirement for medical licensure, insurance credentialing or staff privileges at hospitals.

Affirmed by the MAOPS Board of Trustees, 2015, 2021, 2025

Mandates - Unfunded

#2023-21

RESOLVED, Missouri Association of Osteopathic Physicians and Surgeons does not support unfunded healthcare mandates, unless supported with evidence-based research to have a positive impact on public health.

*Approved by the MAOPS House of Delegates, 2013
Reaffirmed by the MAOPS Board of Trustees, 2018, 2023*

Marijuana – Medical Use of

#2023-7

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons does not support the use of marijuana for treatment of any medical condition until the United States Food & Drug Administration extensively has studied approved and regulated both the production and administration, including dosing, of the said treatment, and further be it

RESOLVED, that MAOPS supports a DEA classification for marijuana to allow and promote ease of access for research; and finally, be it

RESOLVED, that MAOPS supports research and education for appropriate use and dosing of cannabis where medically supported.

Approved by the MAOPS Board of Trustees, 2018, 2023

Marijuana Products – Preventing Unintentional Pediatric Ingestion

#2025-4

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) urges that mandates be enacted to ensure child protective packaging for all marijuana and tetrahydrocannabinol (THC) containing products, and further be it

RESOLVED, that marijuana and tetrahydrocannabinol (THC) containing products should not be labeled to be appealing to children.

Approved by the MAOPS Board of Trustees, January 2020; Amended and reaffirmed February 2025

Marijuana – Recreational Use Position Statement **#2022-24**

RESOLVED, the Missouri Association of Osteopathic Physicians and Surgeons does not support recreational use of marijuana due to public health and safety concerns.

Affirmed by the MAOPS Board of Trustees, September 2022

Motorcycle Helmets – Mandatory **#2024 - 5**

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons agrees that motorcycle helmets save lives and reduce serious injury and supports state laws that mandate helmet use by motorcycle operators and passengers of all ages.

Reaffirmed by the MAOPS Board of Trustees, 2018, 2024

New Medical Schools – Creation of **#2026-10**

RESOLVED, the Missouri Association of Osteopathic Physicians and Surgeons will not endorse proposed new medical schools until sufficient quality, in-state student rotation sites are consistently available without compromising existing rotation spots utilized by existing medical schools, and finally be it
RESOLVED, that MAOPS will not endorse new medical schools proposed in Missouri until sufficient new postgraduate training programs/positions accredited by the Accreditation Council on Graduate Medical Education. have been established to ensure all medical school graduates can obtain excellent postgraduate training.

Approved by the MAOPS House of Delegates, 2011

Reaffirmed by the MAOPS Board of Trustees, 2015, 2021, 2025

Non-compete Clauses in Physician Contracts **#2023-19**

RESOLVED, it is the position of the Missouri Association of Osteopathic Physicians and Surgeons that non-compete clauses in physician employment contracts 1) upset continuity of care for patients, 2) exacerbate physician shortages in Health Professional Shortage Areas, and 3) dissuade employers from justly negotiating new contracts with their employed physicians, and further be it

RESOLVED, that MAOPS opposes the use of non-compete clauses in physician employment contracts and supports legislation prohibiting the inclusion of non-compete clauses in physician employment contracts, especially in designated Health Professional Shortage Areas.

Approved by the MAOPS Board of Trustees, August 2018

Reaffirmed 2023

Non-physician Clinicians **#2026 - 20**

RESOLVED, the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) supports the continued collaborative practice between physicians, advanced practiced registered nurses (APRNs), physician assistants (PAs), and assistant physicians (APs) under current regulations (2020); and further be it

RESOLVED, MAOPS opposes further weakening of collaborative practice agreements through either legislation or regulation; and further be it

RESOLVED, MAOPS opposes the independent practice of APRNs, PAs and APS, but recognizes the continued advancement of this practice nationwide, including in the Veterans Administration (VA); and further be it

RESOLVED, MAOPS supports a legislated license for APRNs under the regulatory purview of the physician-led Board of Healing Arts aligning with other non-physician clinician licensures, ensuring oversight provided by those most highly trained in the healing arts, and providing maximum patient protections; and finally, be it

RESOLVED, MAOPS strongly opposes an APRN license under the Board of Nursing.

Approved by the MAOPS Board of Trustees 2021, 2025

Obesity - A Health Problem

#2026-13

RESOLVED, the Missouri Association of Osteopathic Physicians and Surgeons encourages the osteopathic physician community to aggressively educate their patients, parents, and children on the importance of nutrition, healthy eating habits and daily exercise; and finally, be it

RESOLVED, that osteopathic physicians take an active role in their community to encourage education on healthy diets and physical exercise for our children.

Approved by the MAOPS House of Delegates in 2001, 2006, 2011

Reaffirmed by the MAOPS Board of Trustees, 2015, 2020, 2025

Office Based-Procedures - Guidelines for Physician Office Practices

#2026-5

RESOLVED, that the Missouri Association of Osteopathic Physicians & Surgeons supports and encourages physician office-based procedures and finally, be it

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons supports evidence-based guidelines for physicians performing office-based procedures to ensure patient safety without unnecessarily burdening physicians.

Approved by the MAOPS House of Delegates, 2001, 2011

Reaffirmed MAOPS Board of Trustees, 2016, 2021, 2025

Opioids and Prescription Drug Monitoring

#2022-11

RESOLVED, the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) Board of Trustees adopts the following recommendations and position:

MAOPS Position:

Physicians are ideally situated to assist in the development of a solution to the current opioid crisis. MAOPS present the following recommendations and actions:

- 1.) Voluntary prescriber education
 - Not all physicians prescribe opioids, thus mandatory provider education is not a reasonable action, nor does MAOPS believe mandatory continuing medical education will solve the opioid crisis. However, MAOPS does believe physicians who prescribe opioids owe it to themselves and their patients to stay abreast of the current evidence and guidelines for their use. Physicians are encouraged to expand their knowledge regarding opioids, their prescribing, and alternative forms of treatment for pain.
 - MAOPS will provide prescriber education opportunities at its educational events and encourages physicians to take advantage of these opportunities.
 - MAOPS will maintain an “opioid library” on its website and encourages physicians to review the materials, including prescribing guidelines from a variety of resources. Physicians are encouraged to be aware of the variety of guidelines and recommendations available and to make educated decisions based on them and their patients’ specific needs.
- 2.) Enhanced patient education
 - Physicians should educate their patients about opioid use and the opioid crisis and encourage them to visit turnthetidrx.com to learn more about managing their pain, taking opioids and safe storage and disposal of opioids.
 - Physicians are encouraged to look for opportunities in their communities to educate citizens on opioids and the dangers of misuse.
- 3.) Increased Access to Treatment for Opioid Abuse Disorder
 - MAOPS believes that opioid abuse disorder is a legitimate disease and should be treated as a chronic disease.
 - As a chronic disease, MAOPS believes payers should pay for the treatment of opioid abuse disorder. MAOPS supports expanded access to treatment, including both public and private payer coverage of opioid abuse disorder.
 - MAOPS supports increased access to naloxone as an overdose antidote, and coverage by both public and private payers.
- 4.) Pain Clinic Regulation
 - MAOPS recognizes the need for physicians to be able to make evidence-based decisions regarding their patients’ pain without fear of reprisal and supports their ability to be able to do so.
 - MAOPS recognizes that pain clinics are positioned to make a difference in curbing the opioid epidemic and supports reasonable regulation of pain clinics that does not over-burden the physician or restrict access to pain management services for patients in need.
 - MAOPS supports harsh penalties for prescribers who are consistently not meeting the appropriate standard of care when prescribing opioids.
- 5.) Prescription Drug Monitoring Program

- MAOPS strongly supports a state prescription drug monitoring program that:
 - i. Is fiscally responsible,
 - ii. Requires pharmacist data input with reasonable reimbursement,
 - iii. Provides real-time to 24-hour data,
 - iv. Allows physician access, and
 - v. Protects patient data

- MAOPS supports voluntary physician use of a prescription drug monitoring program, with guidelines and recommendations for use of the program clearly developed and promoted.
- MAOPS supports strict protections on the data in a prescription drug monitoring program, and strongly opposes its use by drug enforcement authorities as a method to identify potential prescriber or patient opioid abusers. The program should be used only as a tool for prescribers and dispensers to make educated decisions regarding patients.
- MAOPS supports local efforts to curb the opioid epidemic, including county and regional prescription drug monitoring programs.
- MAOPS supports harsh penalties for individuals and organizations that intentionally or unintentionally allow and/or cause data breaches in prescription drug monitoring programs and/or use the data in any way other than its intended purpose.

Approved by the MAOPS Board of Trustees, 2017, 2022

Opioid Prescribing Guidelines – For Hospital and Emergency Departments #2024-1

RESOLVED, the Missouri Association of Osteopathic Physicians and Surgeons adopt the position below as official association policy.

Hospital and Hospital Emergency Department Prescribing Guidelines for Reduced Opioid Misuse and Abuse

- A focused pain assessment prior to determination of treatment plan should be conducted. If the patient's pain prohibits a comprehensive assessment, then judicious use of opioids to alleviate pain is suggested. While the pain assessment should include risk factors for addiction and the incorporation of non-narcotic analgesics, a specific written, comprehensive assessment is not required.ⁱ
- The Centers for Disease Control and Prevention Guideline for Prescribing Opioids for Chronic Pain should serve as a primary resource. The clinical decision to prescribe opioids in excess of, or for longer duration than the guidelines suggest, should be documented.^{ii, viii}
- Diagnoses based on evidence-based guidelines and appropriate diagnostics whenever possible.ⁱⁱⁱ
- Non-narcotic treatment of symptomatic, non-traumatic tooth pain should be utilized when possible.ⁱⁱⁱ
- Treatment of patients with acute exacerbation of existing chronic pain should begin with an attempt to contact the primary opioid prescriber or primary care provider, if circumstances are conducive.^{i, iii, iv}
- In the emergency department, opioid analgesic prescriptions for chronic conditions, including acute exacerbation of existing chronic pain management, should be limited to no more than 72 hours, if clinically appropriate and after assessing the feasibility of timely access for follow-up care.^{v, vi}
- For new conditions requiring narcotics, the length of the opioid prescription should be limited to the shortest duration needed, but not to exceed seven days. Outpatient access to follow-up care should be taken into consideration regarding the length of the prescription.^{vii, viii, ix}

- Emergency department physicians and providers should not provide prescriptions for controlled substances that are claimed to be lost or destroyed.^{iii, iv}
- Unless otherwise clinically indicated, emergency department physicians and providers should not prescribe long-acting or controlled release opioids. If indicated, prescribers should provide tamper-resistant, or abuse deterrent, forms of opioids.^{iii, iv, vi}
- When narcotics are prescribed, emergency department staff should counsel patients on proper use, storage, and disposal of narcotic medications.^x
- Health care providers should evaluate and consider discharging patients at risk of overdose with prescriptions for naloxone.^{xi}
- Healthcare providers should evaluate for and counsel patients on opioid-induced hyperalgesia (OIH) prior to prescribing opiates given OIH can occur at any opioid dosage.^{xii}

Reaffirmed by the MAOPS Board of Trustees 2018, 2024

Osteopathic Physician Appointments to Boards

#2023-15

RESOLVED, that osteopathic physicians should be included in full membership on regulatory and healthcare governing bodies and their action committees in the same manner as are other knowledgeable and effective individuals, and further be it

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons ensures, to the best of its ability, that osteopathic physicians are provided the opportunity to serve on state boards, committees, advisory panels, and related entities.

Approved by the MAOPS House of Delegates, 2013

Reaffirmed by the MAOPS Board of Trustees, 2018, 2023

Osteopathic Unity and Identity

#2022-7

RESOLVED, that the osteopathic colleges and osteopathic professional organizations clearly identify themselves as osteopathic entities and utilize the word “osteopathic” on all their signage, letterhead, marketing, and public relations materials.

Reaffirmed by the MAOPS House of Delegates, 2007, 2012

Reaffirmed by the MAOPS House of Delegates May, 201, 2016, 2022

Palliative Care

#2022-9

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) support Palliative Care Guidelines which may be utilized as a resource to guide the family and physician providing palliative care, realizing a flexible care plan must be developed by the attending physician to meet the needs of the specific patient and their family, and finally be it

RESOLVED, that MAOPS support educational programs for the physician community on appropriate palliative care, to include the terminally ill child and urge members to participate in palliative care education in order to be prepared to support their patients and their families.

Approved by the MAOPS House of Delegates, 2000, 2007, 2012,

Reaffirmed by the MAOPS Board of Trustees, 2016, 2022

Paraprofessionals/Physician Extenders

#2022-14

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) ethically and professionally cannot endorse any rule, regulation or statute that allows, non-physicians to diagnose and initiate treatment without physician supervision to patients for illness, disease, injury or the maintenance of health; and further be it

RESOLVED, that MAOPS will continue to advocate for Missourians, opposing non-physicians attempting to diagnose and initiate treatment for injury, illness, disease or to determine wellness without physician supervision and support; and will endorse statutes and rules which hold accountable individuals and or entities responsible for non-physicians diagnosing and treating without a license to practice medicine without physician supervision or collaboration; and further be it

RESOLVED, that MAOPS will continue to urge physicians working with healthcare extenders to diagnose and initiate the patient's treatment prior to members of the healthcare team delivering and managing the patient's care; and finally be it

RESOLVED, that osteopathic physicians will continue to support collaborative practice arrangements where extenders are practicing in collaboration with a licensed physician under RSMo 334.00.

Approved by the MAOPS House of Delegates, 1996, 2007, 2012

Reaffirmed by the MAOPS Board of Trustees, 2016, 2022

Partner Therapy

#2023-5

RESOLVED, MAOPS supports partner therapy for sexually transmitted diseases (STDs) if an appropriately established patient-physician relationship exists or is established.

Approved by the MAOPS House of Delegates, 2008, 2013

Reaffirmed by the MAOPS Board of Trustees, 2018, 2023

Patients - Access in Rural Areas

#2023-11

RESOLVED, that the Missouri Association of Osteopathic Physicians & Surgeons supports legislation at the state and federal levels that would require all managed care health plans, including Managed Medicaid, to allow a non-network physician to provide services for patients located in a designated Health Professional Shortage Area, should no physician in the necessary specialty be available in the network, and the plans should compensate the physician as if they were an in-network provider at no additional cost to the patient.

Reaffirmed by the MAOPS House of Delegates, 2013

Reaffirmed by the MAOPS Board of Trustees, 2018, 2023

Patients - Co-Management of Care

#2022-20

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons position on co-management of a patient, requires the patient to have an examination by the physician who will be performing the procedural and/or specialty care; and further be it

RESOLVED, that the physician providing the procedural and/or specialty care be available for the follow-up care of the patient; and further be it

RESOLVED, that if for any reason the physician providing the procedural or specialty care cannot provide the pre-procedural and/or specialty and post-procedural and/or specialty care to the patient, that he/she arrange for a physician of comparable training to provide the pre-procedural/specialty and post-procedural/specialty care.

*Approved by the MAOPS House of Delegates, 2003, 2011
Reaffirmed by the MAOPS Board of Trustees, 2022*

Patient Interpreters – CMS Requirements

#2022-17

RESOLVED, MAOPS supports efforts to remove from Section 1557 of the Affordable Care Act the unfunded mandate on physicians to provide interpreters for those patients with Limited English Proficiency (LEP) by revising the current federal policy to include adequate reimbursement for physicians for this service, and further be it

RESOLVED, that the American Osteopathic Association increase advocacy efforts and make this a high priority issue in the AOA’s annual Legislative Agenda to hasten policy change, and finally be it

RESOLVED, that the AOA report efforts and results on this issue to the AOA House of Delegates on an annual basis until desired policy change is enacted.

Approved by the MAOPS Board of Trustees, 2017, 2022

Payment Parity – Mo HealthNet

#2025-3

RESOLVED, the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) strongly supports payment parity for both primary care and specialty care at least equal to the reimbursement rate from Medicare for treating MoHealthNet patients, and further be it

RESOLVED, that MAOPS work with both the state legislature and the American Osteopathic Association in their efforts to gain payment parity for all specialties at the federal level.

Approved by the MAOPS Board of Trustees, 2015, 2019, 2024; Reaffirmed February 2025

Periprocedural Care

#2026-18

RESOLVED, that the Missouri Association of Osteopathic Physicians & Surgeons position on periprocedural care of a patient, requires the patient to have an examination by the physician who will be performing the procedure; and further be it

RESOLVED, that the physician providing the procedure be available for the follow-up care of the patient; and further be it

RESOLVED, that if for any reason the physician providing the procedure cannot provide the pre-procedural and post-procedural care to the patient, that he/she arrange for an osteopathic or allopathic physician or another qualified provider to provide the pre-procedural and post-procedural care.

*Approved by the MAOPS House of Delegates, 2011
Reaffirmed by the MAOPS Board of Trustees, 2015, 2020, 2025*

Pharmacist Medication Therapy **#2026-12**

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons encourages physician members that enter into agreements with pharmacists for medication therapy management to insist on a close working relationship with the pharmacist to ensure such pharmacist medication therapy management is appropriate for their patient.

*Approved by the MAOPS House of Delegates, 2011
Reaffirmed by the MAOPS Board of Trustees, 2016, 2021, 2025*

Pharmacist Diagnosis & Treating – Opposition to **#2024-7**

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons opposes pharmacies and pharmacists diagnosing and treating patients.

*Approved by the MAOPS House of Delegates, 2006, 2014
Reaffirmed by the MAOPS Board of Trustees, 2018, 2024*

Physical Therapists – Direct Patient Access to... **#2026 – 21**

RESOLVED, the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS), supports physical therapy as a valid treatment for appropriate physician diagnosed conditions including pain management, and further be it

RESOLVED, MAOPS opposes physical therapists providing primary care services or receiving payment for primary care services, and finally be it

RESOLVED, MAOPS opposes direct patient access to physical therapists without a prescription from a licensed physician.

Approved by the MAOPS Board of Trustees 2021, 2025

Physical Therapists – Physician Employment of **#2022-16**

RESOLVED, the Missouri Association of Osteopathic Physicians and Surgeons supports the ability of physicians to employ physical therapists to provide continuity of care and allow patients convenient access.

Affirmed by the MAOPS Board of Trustees, 2017, 2022

Physician Assisted Suicide **#2022-10**

RESOLVED, osteopathic physicians take the Osteopathic Oath as a declaration of professional values and ethics and therein state in part, “I will be mindful always of my great responsibility to preserve the health and the life of my patients,” and further be it

RESOLVED, that continuing medical education programs include information and resources for physicians on supportive, palliative, and hospice care valuable to their patients, and further be it

RESOLVED, that the osteopathic profession take a leadership role in providing the public information on the alternatives to physician assisted suicide and the potential abuse of this kind of public policy both morally and economically; and further be it

RESOLVED, that the Missouri Association of Osteopathic Physicians & Surgeons opposes legislation to legalize or mandate physician assisted suicide; and finally, be it

RESOLVED, that the Missouri Association of Osteopathic Physicians encourages the American Osteopathic Association to oppose legislation to legalize physician assisted suicide.

Approved by the MAOPS House of Delegates, 1997, 2007, 2012

Reaffirmed by the MAOPS Board of Trustees, 2016, 2022

Physician Negotiations

#2022-8

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) supports a mechanism for physicians to come together as a group, to develop an agenda to present to third party payers, agencies, or organizations, on policies which control or limit medical care and other professional issues; and finally be it

RESOLVED, that MAOPS support physicians' ability to negotiate as a group on professional and ethical issues.

Approved by the MAOPS House of Delegates, 2000, 2012

Reaffirmed by the MAOPS Board of Trustees, 2016, 2022

Physician Payment Sunshine Act – Open Payments

#2024-8

RESOLVED, the Missouri Association of Osteopathic Physicians and Surgeons encourages all physicians to ensure the validity of their personal Open Payments data at least annually using the Center of Medicare and Medicaid Services' (CMS) tracking tool.ⁱ

ⁱ<https://openpaymentsdata.cms.gov/>

Approved by the MAOPS House of Delegates, 2014

Reaffirmed with Amendments by the MAOPS Board of Trustees, 2018, 2024

Physicians Selling Products/Services

#2022-12

RESOLVED, that physicians selling products and/or equipment in their offices, limit the items to medical products, and further be it

RESOLVED, that the physician has a responsibility to advise the patient of any financial benefit the physician receives from selling or promoting a product(s), and provide the patient options for obtaining the products and/or equipment, and further be it

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons

considers the use of the physician/patient relationship to influence patients to purchase products and/or equipment, solely for the financial gain of the physician, to be inappropriate, and finally be it

RESOLVED, that the physician maintain a professional demeanor with patients and avoid any undue pressure or influence on the patient to purchase items from the physician's practice.

*Approved by the MAOPS House of Delegates, 2000, 2012
Reaffirmed by the MAOPS Board of Trustees, 2016, 2022*

Physicians - Unrestricted Practice by **#2026-3**

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons oppose any legislation and/or rules which limit physicians licensed under Chapter 334.00 from providing an unlimited scope of practice.

*Approved by the MAOPS House of Delegates, 2005, 2011
Reaffirmed, MAOPS Board of Trustees, 2016, 202, 2025*

Confidentiality of Physician Health in Physician Licensing – Non-disclosure **#2023-20**

RESOLVED, the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) supports physicians seeking care through state physician health programs recognized by the Federation of State Physicians Health Programs for health issues including but not limited to mental, emotional, behavioral, or substance use disorders without fear of repercussions from state licensing boards that could negatively impact their ability to practice medicine, and further be it

RESOLVED, the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) supports non-disclosure provisions in physician licensure and licensure renewal applications for licensees under treatment and/or monitoring and compliant with a recognized state physician health program, and found able to practice in a professional, competent, and safe manner.

Affirmed by the MAOPS Board of Trustees 2018, 2023

Policy Development and Monitoring – MAOPS Protocol **#2026-6**

RESOLVED, the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) may rely on AOA policy on issues for which the organization has no specific policy or has policy but with specific gaps, and further be it

RESOLVED, the MAOPS Delegation to the AOA shall annually identify affirmed and reaffirmed AOA policy that does not, or potentially does not, represent the philosophy and principles of MAOPS, and encourage development of policy that better reflects the will of the organization.

Affirmed by the MAOPS Board of Trustees, 2020, 2025

Preparation of Inpatients for Discharge **#2026-8**

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons continue to collaborate with the Missouri Hospital Association to keep medication reconciliation protocols in place in all hospitals for

patient discharge.

Affirmed by the MAOPS Board of Trustees, 2015, 2020, 2025

Prior Authorization – A Standard Form

#2024-9

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) supports legislation that ensures the criterion required for approval of prior authorizations are made available to physicians in a transparent manner by the insurer to ensure appropriate utilization of services, and further be it

RESOLVED, MAOPS supports standardization and simplification of forms requesting prior authorization, and further be it

RESOLVED, that the aforementioned standard form include the ability for the physician to designate the request for expedited review in the event that a patient's health could be seriously jeopardized, and that said expedited review be responded to by the payer within 48 hours, and may it finally be it

RESOLVED, that the standard prior authorization form be made available for electronic retrieval and submission via electronic medical records.

Approved by the MAOPS House of Delegates, 2014
Reaffirmed by the MAOPS Board of Trustees, 2018, 2024

Private Practice of Medicine – MAOPS Support of

#2023-9

RESOLVED that the Missouri Association of Osteopathic Physicians and Surgeons supports the continuing private practice of medicine and the right of physicians to provide medical care to patients without having to enroll as providers or participants in either private or government funded health care plans.

Approved by the MAOPS House of Delegates, 2013
Reaffirmed by the MAOPS Board of Trustees, 2018, 2023

Quarantines for Infectious Disease

#2026-15

RESOLVED, the Missouri Association of Osteopathic Physicians & Surgeons (MAOPS) supports mandatory quarantine when necessary to protect the public from the spread of disease; and finally, be it
RESOLVED, MAOPS is committed to providing members with information on a disease outbreak/epidemic if/when quarantines become necessary.

Affirmed by the MAOPS House of Delegates in 2004, 2011
Reaffirmed by the MAOPS Board of Trustees, 201, 2020, 2025

Referrals

#2023-16

RESOLVED, that a patient referred to a physician specialist should be seen and evaluated by a physician specialist; and further be it

RESOLVED, that this be considered the appropriate standard of care for the practice of medicine; and further be it

RESOLVED, that any care by a non-physician in a specialist's office/clinic be disclosed to the patient before the care is provided.

*Approved by the MAOPS House of Delegates, 2008, 2013
Reaffirmed by the MAOPS Board of Trustees, 2018, 2023*

Retail-based Health Clinics and Urgent Care Centers

#2026-14

The Missouri Association of Osteopathic Physicians and Surgeons recommends that retail based health clinics and urgent care clinics adhere to the following principles and standards to guide their establishment and operation:

1. Retail based health clinics and urgent care centers must establish arrangements by which their healthcare practitioners have direct access to and supervision by physicians at levels that meet or exceed respective state laws.
2. Retail-based health clinics and urgent care centers must encourage patients to establish care with a primary care physician to ensure continuity of care. If a patient's conditions or symptoms are beyond the scope of services provided by the clinic, that patient must immediately be referred to an appropriate physician or emergency facility. Also, retail-based health clinics and urgent care centers should be encouraged to use electronic health records as a means of communicating information with the patient's primary provider physician and facilitating continuity of care.
3. Whether by electronic communication, or some other acceptable means, retail-based health clinics and urgent care centers must send detailed information on services provided to the patient's primary care physician in a timely manner to ensure continuity of care.
4. The clinic must have a well-defined and limited scope of clinical services and not expand into programs offering management of chronic or complex conditions. Services offered must not exceed the on-site health provider's scope of practice, as determined by state law.
5. Retail-based health clinics and urgent care centers must use standardized medical protocols developed from evidence-based practice guidelines and must comply with all applicable standards of state and federal regulations expected of physician offices.

Affirmed by the MAOPS Board of Trustees, 2015, 2020, 2025

Right to Die

#2023-13

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons believes that the decision to withhold or withdraw treatment from a patient whose prognosis is terminal, or when death is imminent, shall be based upon the wishes of the patient or his/her family or legal representative if the patient lacks capacity to act on his/her own behalf as mandated by applicable law.

*Reaffirmed by the MAOPS House of Delegates, 2013
Reaffirmed by the MAOPS Board of Trustees, 2018, 2023*

Right to Try – Experimental Drugs

#2022-18

RESOLVED, the Missouri Association of Osteopathic Physicians and Surgeons supports the ability of terminally ill patients to access investigational treatments that have passed Phase 1 clinical trials of the Food and Drug Administration approval process for their disease if the patient has exhausted approved treatments and gives informed consent, and further be it

RESOLVED, that since such experimental therapies in terminally ill patients are highly unlikely to fundamentally alter the course of their disease, physicians and drug manufacturers should be protected from legal action by patients who choose to try an investigative treatment but experience adverse effects or no noticeable improvements in their condition, and further be it

RESOLVED, physicians be protected from legal liability for not informing patients of potential experimental therapies as experimental/investigational therapies have not yet been accepted as meeting the appropriate standard of care, and further be it

RESOLVED, that the American Osteopathic Association (AOA) support “Right to Try” legislation at the federal level that protects the patient, physician, and drug manufacturer, and finally be it

RESOLVED, that the AOA work with the United States Food and Drug Administration to simplify and expedite the application and approval process of terminally ill patients seeking a compassionate use exception for investigational treatments.

Affirmed by the MAOPS Board of Trustees, 2017, 2022

Sample Medications

#2026-17

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons supports policies that allow physicians to provide drug samples and/or vouchers free-of-charge to patients.

Approved by the MAOPS House of Delegates, 2001, 2011

Reaffirmed by the MAOPS Board of Trustees, 2016, 2021, 2025

Secondhand Smoke

#2026-16

RESOLVED, that the health and welfare of Missourians be protected from secondhand smoke to reduce health care costs and illnesses related to secondhand smoke; and further be it

RESOLVED, that the Missouri Association of Osteopathic Physicians & Surgeons supports legislation, regulation, and city and county ordinances to stop smoking in all public places, and finally be it

RESOLVED, that MAOPS supports the Centers for Disease Control’s guidelines on preventing exposure to second-hand smoke.

Approved by the MAOPS House of Delegates, 2011

Reaffirmed by the MAOPS Board of Trustees, 2016, 2020, 2025

Social Determinants of Health

#2022-22

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons acknowledges the importance of physician knowledge and understanding of SDH in clinical practice and will promote resources on the topic to members including offering continuing medical education opportunities.

Affirmed by the MAOPS Board of Trustees, September 2022

Syringe Service Programs

#2024-12

RESOLVED, the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) supports community-based syringe service programs including needle exchange programs, safe disposal containers, and all associated patient education and referral efforts for substance abuse treatment, and finally be it

RESOLVED, that MAOPS supports legislation providing legal protections for physicians and healthcare providers working or volunteering in syringe service programs from legal actions for adverse events associated with a syringe service program.

Approved by the MAOPS Board of Trustees, 2019, 2024

Tanning Devices

#2023-4

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons supports appropriate governmental action to impose safety precautions and development of educational materials which are needed regarding the use of tanning devices, especially for minors.

Approved by the MAOPS House of Delegates, 2013

Reaffirmed by the MAOPS Board of Trustees, 2018, 2023

Telemedicine

#2026-2

RESOLVED, the Missouri Association of Osteopathic Physicians and Surgeons asserts that telemedicine should be held to the same standard of care as “in-person” medical care, and further be it

RESOLVED, that the practice of medicine occurs at the location of the patient, therefore the physician/provider must be licensed in the jurisdiction where the patient is located at the time of the telemedicine encounter, and further be it

RESOLVED, that reimbursement rates and policies for both private and public payers for telemedicine services should apply similarly to in-person encounters, and finally be it

RESOLVED, that telemedicine providers are encouraged to ensure the appropriate continuity of care and should emphasize the importance of a patient-primary care physician relationship.

Approved by the MAOPS Board of Trustees, 2016, 2020, 2025

Telemedicine II

#2026-1

RESOLVED, the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) adopts the American Osteopathic Association’s “AOA Policy Statement – Telemedicine,” specifically the following components that MAOPS:

- recognizes the benefits of online technology to the medical field, and its ability to assist many patients who may not have access to medical care.
- recognizes the need to provide a broad framework that establishes recommendations to address telemedicine at the national level, while providing enough flexibility to allow each state to incorporate policies that meet the health care needs of their citizens.
- supports that a physician is practicing medicine, in the absence of physical interaction, when medical services are being provided through simultaneous two-way communication, recognizing that some services may require appropriate and corresponding delays in said communication.
- supports that the utilization of technology in patient care should be used to increase access to care and must not be used in a way that would diminish patient centered comprehensive personal medical care or the quality of care being provided to the patient.
- supports the concept of telemedicine and advocates that public and private payers adopt payment systems that are inclusive of telemedicine.
- supports that the standard of care provided through the use of technology should be equivalent to that of care provided when the physician and patient are within close physical proximity.
- supports that the technological network being used to deliver patient care must have protocols in place that ensure the stability and security of that network to comply with applicable state and federal laws regarding patient privacy issues.
- supports that the scope of care being delivered by the physician and other health care providers through telemedicine should not exceed education training and applicable state and federal law.
- supports that the state-based licensure and ability of states to govern activities within their borders is paramount and would oppose any national licensure or efforts to preempt state statutes.
- supports that malpractice claims that arise from care provided through technological means, when the physician and patient are located in separate jurisdictions, should be adjudicated under the process currently utilized by the judicial system; whereby, the plaintiff has the ability to determine the venue where the case is filed, within the constraints of that system.
- supports physicians must provide complete transparency to their patients regarding their location, jurisdiction of licensure and any limitations of the technology used to deliver care.
- supports that as physicians provide care in a variety of new ways, including telemedicine, advanced technology can be used to improve patient care. The AOA further supports that online medicine policies directly tie into the Patient-Centered Medical Home (PCMH) model for care and recognizes that we must simultaneously implement advancements in telemedicine in order to be successful in that new model.
- will monitor developments in telemedicine on an ongoing basis and update this policy as needed.

Reaffirmed by the MAOPS Board of Trustees, October 2025

Vaccination – Daycare Notification to Parents

#2025-1

RESOLVED the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) supports current Missouri state law requiring daycare facilities to notify parents that their facility has in its care unvaccinated children who may pose a health risk to high-risk populations, and further be it

RESOLVED that MAOPS recognizes and appreciates that the American Osteopathic Association House of Delegates adopted this policy in 2015 and reaffirmed it in 2020.

**Note: MAOPS successfully advocated and passed a Missouri statute in 2015 to address this issue.
Approved by the MAOPS Board of Trustees, April 2015, 2019; Amended and reaffirmed, February 2025.*