

DO Day



Osteopathic Advocacy Conference



2026 ATTENDEE WORKBOOK

March 25 - 26, 2026



AMERICAN
OSTEOPATHIC
ASSOCIATION

[#DODay26](#)



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Welcome and Introduction

Welcome to DO Day on Capitol Hill!

I am honored you are joining us in building something greater than ourselves, that connects with why you went into osteopathic medicine. Cultivating strong osteopathic advocates and facilitating relationships with lawmakers to advance health policy is central to the AOA's mission. When we harmonize our efforts through DO Day, we amplify our voices and drive meaningful policy change.

This Osteopathic Advocacy Conference provides two important opportunities:

- **Virtual conference CME sessions:** Saturday, March 21 and Sunday, March 22. Virtual session recordings will be available for viewing on-demand through mid-June.
- **In-person briefing sessions and Congressional meetings on Capitol Hill:** Wednesday, March 25 and Thursday, March 26.

Please note participation will be capped for each state and registration limits will be based on the size of the state's Congressional delegation and state osteopathic association. Each state delegation will have space reserved for physicians and students, and small groups will be organized according to home voting addresses.

Thank you in advance for honoring our profession by participating in our annual conference and advocating on behalf of our community and the patients you serve.

I look forward to standing together to champion the issues that matter most to our profession and patients.

Sincerely,

Robert G.G. Piccinini, DO, D.FACN
President
American Osteopathic Association





Congressional Meetings / In-Person Session Descriptions

Wednesday, March 25

DO Day Preparation: In-Person

TIME	EVENT	LOCATION
10 a.m.-4 p.m.	Student poster sessions	Hemingway 1
12-2 p.m.	OBI Induction Ceremony (by invitation)	Hemingway 2 & 3
4-5:30 p.m.	Congressional meeting preparation	Fitzgerald Ballroom
5:30-7 p.m.	Networking reception/student poster session viewing	Fitzgerald Ballroom/ Hemingway 1
7-9 p.m.	General Session: Keynote presentation and awards recognition dinner	Fitzgerald Ballroom

Thursday, March 26

DO Day Congressional Meetings: In-Person

TIME	EVENT	LOCATION
7-8 a.m.	OPAC breakfast and student poster session recognition	Fitzgerald AB
7:30-8 a.m.	Continental breakfast	Fitzgerald CDE
7:50-8 a.m.	Group photo (prior to Hill departure)	Outside
8-8:45 a.m.	Shuttle bus/metro to Capitol Hill	Westin Arlington
8:45 a.m.-9 a.m.	Capitol Hill group photo	Capitol Hill
9:30 a.m.-5 p.m.	Congressional meetings	Capitol Hill
9:30 a.m.-5 p.m.	D.C. Office Open House	D.C. Office 511 2nd Street, NE Washington, DC 20005

All times listed are Eastern Daylight Time

Congressional Meeting Preparation Description

Important information about your Congressional meetings will be presented during this session. Participants will learn about the legislative issues that they will be advocating for during their meetings with lawmakers. They will also receive an update on lobby day logistics, receive their updated meeting schedules and have an opportunity to get organized and practice with their fellow participants.

Congressional Appointments

Contact Soapbox at 202-362-5910 if you are unable to make your scheduled appointment or have questions about your schedule.

OPAC Booth

Stop by the OPAC booth adjacent to registration to learn more about the Osteopathic Political Action Committee and how it helps support the osteopathic profession in the political process. Staff will be available to answer questions and share more about OPAC's work.



General Information

DO Day Hotel

The Westin Arlington Hotel
801 North Glebe Road
Arlington, Virginia

Transportation – Thursday, March 26

There will be two options for transportation to and from the hotel and Capitol Hill: Metro Cards and Shuttle Bus.

Metro Cards: Each attendee will receive a Metro card to be utilized to take the public train to and from Capitol Hill. The Metro is a short walk from the hotel and the drop-off location is close to Capitol Hill. The closest Metro stops to the Capitol complex are Capitol South (Blue, Orange, and Silver Lines), located near the House office buildings, and Union Station (Red Line), which is a short walk to the Senate office buildings and the Capitol Visitor Center.

Shuttle Bus: Shuttle transportation will be available on Thursday, March 26, beginning at 8:00 a.m. through 6:00 p.m. Shuttles will run on a continuous loop from the Westin Arlington Hotel to Capitol Hill. Transportation will take approximately 30 minutes from the hotel to the Capitol. Shuttles will drop off at the Capitol Visitor Center.

DO Day Hospitality Suite

DO Day participants are encouraged to utilize the AOA DO Day Hospitality Suite between congressional meetings on Thursday, March 26. Refreshments and light snacks will be available throughout the day, and AOA staff will be on-site to answer any questions or help you with your travel plans.

Location: National Osteopathic Advocacy Center – AOA DC Office: 511 2nd Street N.E. Washington, DC 20002
Metro Stop: Union Station, Red Line

Luggage

Before breakfast, please check your luggage with the hotel concierge OR bring your luggage on the shuttle to drop off at the AOA DC office. Luggage is not allowed in Capitol Hill office buildings. Please allow adequate time to return to the hotel or the DC office to retrieve your luggage before your journey home.

Group Photos

The first group photo will take place at the Westin Arlington Hotel at 8 a.m.

DO Day participants are encouraged to make their way to the front steps of the U.S. Capitol Building by 8:45 a.m. to join the photo. The ideal drop-off location for ride-share and taxis is: “Capitol Visitors Center.”

Lunch

In addition to light snacks and complimentary refreshments available at the AOA DC Office, many lunch options are available within the House and Senate Office buildings.

DO Day brings physicians and students together to advocate for patients, connect as a profession and recognize the impact we have beyond the clinic walls.”

Syed Rizvi, DO
EM & IM resident



ABOUT THE AOA

The American Osteopathic Association (AOA) is the professional association representing more than 207,000 osteopathic physicians (DOs) and osteopathic medical students (OMS). We promote public health, support scientific research and serve as the primary certifying body for physicians who practice osteopathically. Our mission is to advance the philosophy and practice of osteopathic medicine and promote the delivery of high-quality, cost-effective care within a distinct, unified profession.

WHAT IS A DO?

Doctors of Osteopathic Medicine, or DOs, are fully licensed physicians who practice in every medical field and specialty, combining medical expertise with a **whole-person approach centered on caring for the body, mind and spirit**. DOs are trained to promote the body’s natural tendency toward health and self-healing. They practice evidence-based medicine, utilizing the latest technologies, prescribing medications and performing surgery when needed. Listening to patients and partnering in their care are at the heart of the distinctive osteopathic philosophy.

GROWING THE OSTEOPATHIC WORKFORCE

Osteopathic medicine remains one of the fastest-growing health care professions in the country. **DOs now represent 11% of all U.S. physicians and 25% of all U.S. medical students.**

167,216

Osteopathic physicians
in the U.S.

39,942

Osteopathic medical
students in the U.S.

98,220

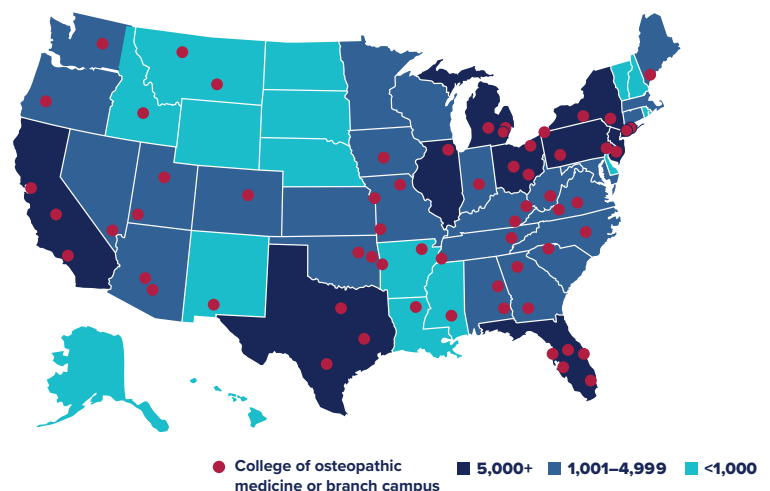
DOs under the age of 45

This past spring, nearly 9,000 new DOs joined the profession, further strengthening our impact. Currently, almost 40,000 osteopathic medical students are enrolled for the 2025-26 academic year, bringing the **total number of DOs and osteopathic medical students nationwide to approximately 207,000.**

DOs ARE ANSWERING THE CALL

DOs practice in communities across all 50 states, often remaining near the areas where they complete their education and training. Because the majority of osteopathic medical schools are located in rural or medically underserved regions, DOs help bridge critical health care gaps in communities with limited access to care.

This map shows colleges of osteopathic medicine along with the approximate number of DOs located in each state.





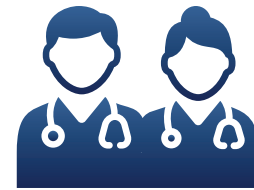
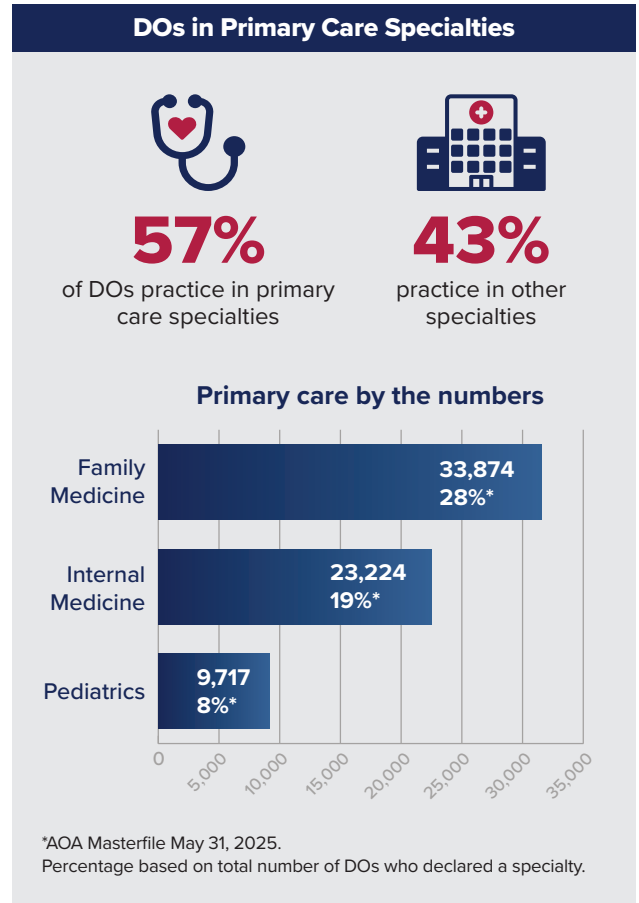
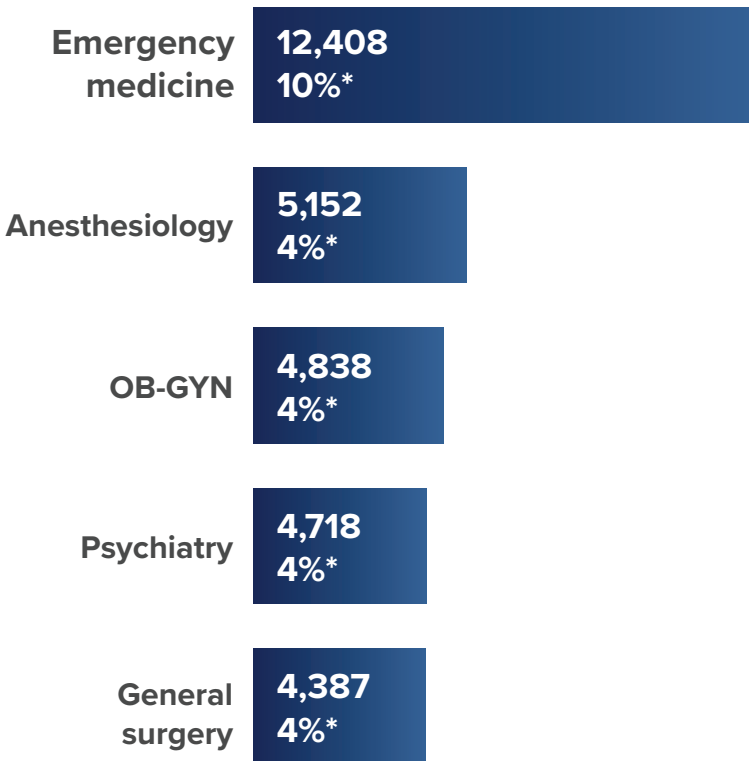
PRIMARY CARE IS IN DEMAND

In 2025, 53% of osteopathic candidates matched into primary care residencies, reinforcing the profession’s commitment to addressing the nation’s physician shortage, which is projected to be as high as 86,000 by 2036. Osteopathic medical schools also lead in primary care training; nine of the top 20 schools that produce the most primary care physicians are DO schools.

EXPANDING IN EVERY SPECIALTY

Approximately 43% of DOs currently practice in non-primary care specialties, a 16% increase over the past decade. As the demand for well-rounded physicians continues to grow, **DOs are playing an increasingly critical role in both primary care and specialized fields.**

TOP 5 OSTEOPATHIC SPECIALTY FIELDS



47%

Graduating DO students matched into specialty care programs

47,623

Female DOs in active practice under age 45

70%

of female DOs actively practicing in 2025 have graduated in the last 14 years



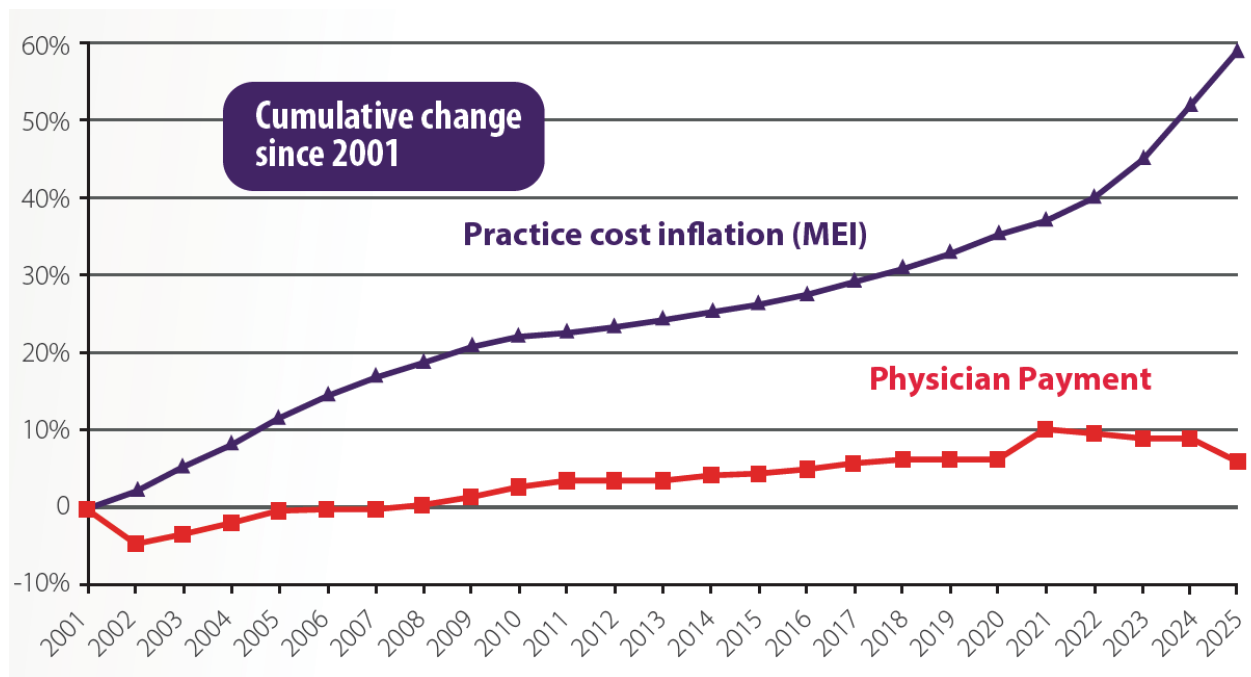
H.R. 6160 – Strengthening Medicare for Patients and Providers Act

BACKGROUND

While the cost of practicing medicine has risen dramatically in recent years, Medicare physician payment has not kept pace. The Medicare Economic Index (MEI) measures the average annual price change for inputs of physician services. According to the Medicare Trustees' Report, physician payment dropped by 33% from 2001-2025 when adjusted for inflation. For 2026, the Centers for Medicare and Medicaid Services estimate that MEI will increase by 2.7% while physician payment remains flat only because of Congressional intervention to implement a one-time payment increase of 2.5% for this calendar year, which only offsets inflation. Rising costs associated with staff wages, equipment, infrastructure, and inflation, compounded by challenges associated with recovering from the pandemic, are hampering physicians' ability to deliver care to patients.

PROBLEM

Osteopathic physicians across the nation, including many in rural and underserved communities, are struggling to keep their practices open due to increasing expenses and insufficient, unstable payment rates. Analysis of Medicare Trustees data found that inflation-adjusted Medicare payments to clinicians have decreased by 33% from 2001-2025. While payment is flat for 2026, cuts are expected to continue in 2027 and beyond.



SOLUTION

Congress must act to protect patients' access to care by cosponsoring H.R. 6160, the *Strengthening Medicare for Patients and Providers Act*, to avert harmful cuts to physician payment, and protect patients' access to care.

SPONSORS

- Rep. Raul Ruiz (D-CA), Rep. Gus Bilirakis (R-FL), Rep. Jimmy Panetta (D-CA), Rep. Ami Bera (D-CA)



H.R. 5509 / S. 2903 – Safe Step Act

BACKGROUND

Step therapy, also known as “fail first,” is utilized by insurers to determine drug coverage and requires patients to try and fail on insurers’ preferred medications before covering the initial therapy prescribed by their physician.

This practice requires patients to take medications they may have already tried and failed or have had adverse effects from in order to step through to the physician recommended treatment.

PROBLEM

- **Physician-patient relationship** – step therapy defies physicians’ clinical judgment of appropriate treatment for their patients.
- **Lack of cost-savings** – utilized by insurers to control costs, step therapy protocols can lead to patient complications that require more physician visits, emergency department visits, or even costly hospitalizations.
- **Treatment delays** – while patients cycle through required step therapy treatments, their disease progresses. Delayed treatment can put a patient’s life at risk.
- **Administrative burden** – Appealing step therapy protocols is time-consuming for physician practices and the patient.

SOLUTION

The *Safe Step Act* provides a clear and timely appeals process when a patient is subjected to step therapy.

Specifically, this legislation:

- **Establishes a clear exemption process:** Requires insurers to implement a clear and transparent process for physicians or patients to request an exception to a step therapy protocol.
- **Exceptions to fail first protocols.** Requires insurers to grant an exception if an appeal clearly demonstrates any of the following:
 - Patients have already tried and failed on the required drug.
 - Insurer-preferred treatment will cause irreversible consequences.
 - Required treatment is contraindicated and likely to cause an adverse reaction.
 - Required treatment will/is expected to prevent a patient from working or fulfilling activities of daily living.
 - The patient is stable on their current medication.
- **Requires an insurer to respond to an exemption request within 72 hours under normal circumstances, and within 24 hours if life threatening.**

The *Safe Step Act* does not eliminate step therapy, but provides exceptions when warranted. AOA urges Congress to enact the legislation so that patients can access the most effective treatment in a timely manner and physicians are able to decide the best treatment for their patients.

SPONSORS

- Senators Lisa Murkowski (R-AK), Maggie Hassan (D-NH), Roger Marshall (R-KS), Jacky Rosen (D-NV)
- Representatives Rick Allen (R-GA), Lucy McBath (D-GA), Raul Ruiz (D-CA), Mariannette Miller-Meeks (R-IA)



H.R. 4731 / S.2439 – Resident Physician Shortage Reduction Act

BACKGROUND

The United States faces a nationwide physician shortage projected to grow to 187,130 physicians by 2037. Congress has acknowledged this problem and funded residency expansion in 2021 by authorizing 200 new residency slots every year for 5 years. These slots prioritize training programs in areas hardest hit by the physician shortage.

As most resident physicians practice in the communities near the geographic location of their training, targeted investment in graduate medical education (GME) at rural hospitals, hospitals serving health professional shortage areas (HPSAs), and other training sites in those areas makes a lasting impact in improving access to care.

As of June 2024, approximately 75 million people live in a primary care HPSA.

PROBLEM

Despite Congress funding 1,000 new residency slots in 2021, much more must be done to adequately address the projected shortage of 187,130 physicians by 2037.

Without action, patients will find it increasingly difficult to access the care they need, and certain communities will struggle to retain physicians and patients will be more adversely affected.

SOLUTION

The *Resident Physician Shortage Reduction Act* would fund 14,000 new Medicare residency slots while again prioritizing communities with the greatest access to care issues.

Specifically, this legislation:

- **Funds 2,000 new residency positions each year for 7 years.**
- **Prioritizes distribution of new residency positions to areas of need:**
 - 10% of slots to rural hospitals
 - 10% of slots to hospitals serving HPSAs
 - Additional priority to historically Black medical schools
 - 10% of slots to hospitals already training above their resident limit
 - 10% of slots to hospitals in states with new medical schools

SPONSORS

- Senators John Boozman (R-AR), Raphael Warnock (D-GA)
- Representatives Teri Sewell (D-AL), Brian Fitzpatrick (R-PA)





Sample Talking Points

Meeting Introduction

INCLUDE THE FOLLOWING: [NAME, ORGANIZATION, LEADERSHIP ROLE, RELEVANT GEOGRAPHICAL INFORMATION]. Thank you for meeting with us. We are here on behalf of the American Osteopathic Association, which represents more than 207,000 osteopathic physicians and osteopathic medical students, meeting with Congressional offices today to discuss issues of great importance to medical students, physicians, and patients.

- **PARTICIPANT #1:** Thank you for taking the time to meet with us today.
- My name is PARTICIPANT NAME, I am an osteopathic SPECIALTY physician (OR STUDENT) from COMMUNITY, STATE here on behalf of the American Osteopathic Association.
- **PARTICIPANT #2:** My name is PARTICIPANT NAME and I am an osteopathic SPECIALTY physician (OR STUDENT) from COMMUNITY, STATE.
- We are part of a group of osteopathic physicians and medical students from around the country meeting with members of Congress today to discuss three issues that are critically important to physicians and medical students and support patient access to care in our state and across the country.
- Before we discuss the issues, I want to share a brief update on the osteopathic workforce and tell you a bit about the role that DOs are playing in healthcare in STATE and the United States.
- As you likely know, there are two types of licensed physicians in the United States: DOs and MDs. Our education is similar, but osteopathic physicians receive distinctive training, including osteopathic manipulative treatment, or OMT.
- OMT is a hands-on treatment where physicians use techniques such as stretching, gentle pressure, and resistance to diagnose and treat problems involving the muscles and joints. It is commonly used for conditions like back pain, headaches, and sports injuries, helping improve mobility, relieve pain, and sometimes reduce the need for medications
- Osteopathic medicine is guided by a philosophy of treating the whole person, recognizing that the body's systems are interconnected and that factors like lifestyle, environment, and overall wellness influence health and healing
- The number of DOs in the U.S. has tripled over the past three decades.
 - Nearly 70% of actively practicing DOs are under the age of 45; so, at a time when the broader physician workforce is aging, the osteopathic workforce is growing and getting younger.
 - Today the osteopathic medical profession represents approximately 11% of all physicians and more than 25% of all medical students in the U.S.
 - It is also worth noting that while DOs practice in every medical specialty, 55% are in a primary care specialty.
- Because of the role that DOs have in our healthcare system, we want to make sure our voice is heard on several critical issues.
- Our focus today is on three important healthcare issues: supporting access to care for Medicare beneficiaries by providing stability in Medicare physician payment, removing insurance barriers for patients to access treatment, and increasing the physician workforce pipeline.



Sample Talking Points

Stabilize Medicare Patient Access to Care: Cosponsor H.R.6160, Strengthening Medicare for Patients and Providers Act

IMPORTANT NOTE: Please check your Soapbox meeting schedule to see if your member is a cosponsor of this bill. If your member is a cosponsor, please thank them for their support and provide a brief overview of the bill and why it is important to you.

- The first issue we'd like to discuss is patient access to medical care and Medicare physician payment.
- Osteopathic physicians practice in every medical specialty and 55% are in primary care specialties.
- Osteopathic physicians play an essential role in our healthcare system, and sustainable payment rates in Medicare fee-for-service are essential to keeping the doors of physician practices open.
- Maintaining a physician practice has become increasingly challenging as operating costs, including staff labor, equipment, technology, and other infrastructure, have increased while payment rates have gone down.
- Between 2001 and 2025, the cost of operating a medical practice increased by 33%, while Medicare physician payment only increased by 6%. The Medicare Economic Index (MEI), which measures the inflation in the costs of operating a medical practice, is predicted to increase by another 2.7% in 2026.
- Every other provider, under Medicare fee-for-service, receives an automatic annual payment update to reflect rising costs. For example, base payments for inpatient and outpatient hospital services received 2.8% and 2.6% increases for 2026 respectively.
- Meanwhile, adjustments to physician payment require Congressional action. We are appreciative of the one-year 2.5% payment increase passed by Congress for the 2026 payment year.
- Osteopathic physicians, in particular, play an essential role in providing care to rural and underserved communities, and stable and predictable payment that reflects the rising cost of practicing medicine is essential to keep physician practices open.
- We ask that you COSPONSOR H.R.6160

Senate Ask: Please cosponsor and support Senate companion legislation to H.R.6160 when introduced

House Ask: Please cosponsor H.R.6160



You can only vote for your federal representatives every couple of years. DO Day is amazing because you can come every year. And you can join the AOA's Osteopathic Advocacy Network and start making contacts multiple times a year."

Ross Thompson, OMS III
ACOM





Sample Talking Points

Remove Insurance Barriers to Treatment: Cosponsor S. 2903 / H.R. 5509, Safe Step Act

IMPORTANT NOTE: Please check your Soapbox meeting schedule to see if your member is a cosponsor of this bill. If your member is a cosponsor, please thank them for their support and provide a brief overview of the bill and why it is important to you.

- Next, we want to discuss patients' barriers to receiving care.
- Specifically, we want to focus on step therapy, a tool utilized by insurers to determine drug coverage following a prescription from a patient's physician.
- Also known as "fail first", step therapy requires patients to try and fail on insurers' preferred medications before covering the initial therapy prescribed by their physician.
- This can require patients to take medications they may have already tried and failed or have had adverse effects from before they can "step through" to their physician's recommended treatment.
- Sadly, as patients go through the step therapy process, their disease continues progressing. These treatment delays can put a patient's life at risk.
- Insurers justify this process by claiming step therapy controls costs. However, these protocols can lead to patient complications requiring more physician visits, emergency department visits, or even costly hospitalizations.
- Additionally, step therapy strains the physician-patient relationship as the process defies physicians' clinical judgment of appropriate treatments for their patients.
- To preserve that relationship and fight for the right treatments for their patients, physician practices devote time to appealing step therapy protocols. This time-consuming administrative burden weighs heavily on practices and their patients.
- The *Safe Step Act* would provide a clear and timely appeals process when a patient is subjected to step therapy.
- The legislation requires insurers to establish a clear and transparent exemption process for physicians or patients to request an exemption from the protocols. Exemption requests must be responded to within 72 hours under normal circumstances, and within 24 hours if life-threatening.
- The legislation also requires insurers grant exceptions to fail first protocols should an appeal clearly demonstrate that:
 - Patients have already tried and failed on the required drug.
 - Insurer-preferred treatment will cause irreversible consequences.
 - Required treatment is contraindicated and likely to cause an adverse reaction.
 - Required treatment will/is expected to prevent a patient from working or fulfilling activities of daily living.
 - The patient is stable on their current medication.
- While this bill does not eliminate step therapy, it would provide a more transparent appeal process and exemptions when warranted. We ask that you COSPONSOR the *Safe Step Act*.

Senate Ask: Please cosponsor S. 2903

House Ask: Please cosponsor H.R.5509



Sample Talking Points

Increase Physician Workforce: Cosponsor S.2439 / H.R.4731, Resident Physician Shortage Reduction Act

IMPORTANT NOTE: Please check your Soapbox meeting schedule to see if your member is a cosponsor of this bill. If your member is a cosponsor, please thank them for their support and provide a brief overview of the bill and why it is important to you.

- Last, we would like to discuss the growing physician shortage in the U.S. and its impacts on access to care for patients.
- The U.S. faces a nationwide physician shortage projected to grow to 187,130 physicians by 2037, and many communities already hold a health professional shortage area (HPSA) designation.
- The U.S. Health Resources and Services Administration (HRSA) estimates that approximately 75 million people live in a primary care HPSA as of June 2024.
- HRSA also contends that the maldistribution of the health care workforce results in severe shortages in rural communities and other non-metro areas.
- As communities lose physicians, patients must travel increasingly far to receive routine care and sometimes farther for specialized care. Oftentimes, this results in patients opting not to see a physician for the care they need.
- Most resident physicians practice in the communities near the geographic area where they train, so targeted investment in graduate medical education (GME) at rural hospitals, hospitals serving HPSAs, and other training sites in those areas makes a lasting impact in improving access to care.
- We are grateful for Congress' recognition of this issue and subsequent action in 2021 to authorize and fund 1,000 new residency slots prioritizing the areas hardest hit by the physician shortage.
- The *Resident Physician Shortage Reduction Act* would build on this physician workforce investment by:
 - Funding 2,000 new residency positions each year for 7 years (14,000 total slots)
 - Prioritizing distribution of new positions to areas of need:
 - 10% of slots to rural hospitals.
 - 10% of slots to hospitals serving HPSAs
 - 10% of slots to hospitals already training above their resident limit
 - 10% of slots to hospitals in states with new medical schools
- Please support this critical investment in America's physician workforce and COSPONSOR the *Resident Physician Shortage Reduction Act*.

Senate Ask: Please cosponsor S. 2439

House Ask: Please cosponsor H.R. 4731

Closing

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



Join the OAN

Stay Engaged: Join the Osteopathic Advocacy Network

Advocacy does not end when DO Day concludes. The Osteopathic Advocacy Network (OAN) connects osteopathic physicians, medical students, and supporters who want to stay informed and engaged in shaping health policy.

Members receive timely updates on federal and state legislative developments, opportunities to take action on key issues impacting the osteopathic profession, and invitations to advocacy briefings and events throughout the year.

Scan the QR code to join the Osteopathic Advocacy Network and stay connected to advocacy efforts year-round.





Thank You Affiliate Sponsors!

#DODay26

The AOA and the affiliates who sponsored DO Day 2026 are committed to expanding access to high-quality care and advocating for solutions that benefit patients nationwide.



GEORGIA OSTEOPATHIC MEDICAL ASSOCIATION
1902



Pennsylvania Osteopathic Medical Association





Awards Recognition

The General Session on Wednesday, March 25 will also feature a plated dinner and the recognition of the AOA Advocacy award recipients for the following awards:

Individual Excellence in Advocacy (Physician)



Emily K. Hurst, DO

Individual Excellence in Advocacy (Resident)



Austin Vaughan, DO

Individual Excellence in Advocacy (Student)



Laura (Lu) Wolff, OMS III

Organizational Excellence in Advocacy Award



Congressional Champion of Osteopathic Medicine Award



Representative John Joyce, MD



Representative Suzan DelBene



DO Day

★ ★ ★ ★ ★

Osteopathic Advocacy Conference



A M E R I C A N
O S T E O P A T H I C
A S S O C I A T I O N

#DODay26